

Service fees and fee codes for Saskatchewan Workers' Compensation Board primary physical therapy service providers

An **intervention** is an appropriate WCB-coded service provided to the worker by the treating practitioner during the acute, sub-acute or chronic phase of the injury. Practitioners limit interventions to the phases of soft-tissue healing (acute, sub-acute and chronic).

These fees are payable when you follow the negative-response process using the initial report ([PTI](#)) and progress/discharge report ([PTP](#)).

Where the chart lists a prorated fee, **the health-care provider bills using the major portion thereof method.** (The health-care provider may bill an additional unit only after at least half of the minimum time stated in the code has elapsed.)

For all time-based fee codes, the chart notes must include start and end times. The WCB retains the right to audit the records and invoices of health-care providers who have provided services to a WCB customer.

- There is a **collective minimum of 20 minutes and up to 60 minutes per day** as indicated in the fee codes identified by an asterisk.
- There is a collective **weekly limit of 120 minutes per calendar week for workers working full hours (excluding treatment time)** as indicated in the fee codes identified by an asterisk.
- There is a collective **weekly limit of 180 minutes for workers not back to full hours (excluding treatment time) in the workplace**, as indicated in the fee codes identified by an asterisk.

Service	Fee code	Description	Jan. 1, 2025 to Dec. 31, 2025	Jan. 1, 2026 to Dec. 31, 2026	Jan. 1, 2027 to Dec. 31, 2027
* Initial biomechanical assessment (maximum of six units) ^{1, 2}	2000	Per 10 minutes	\$30.00	\$30.90	\$31.83
* Subsequent visit (maximum of three units per day) ²	2001	Per 10 minutes	\$30.00	\$30.90	\$31.83
* Conditioning and functional ability evaluation (maximum of up to six units per day) ^{3, 4}	2008	Per 10 minutes	\$30.00	\$30.90	\$31.83
Initial report with function outcome information (PTI)	2013	Per report	\$80.91	\$80.91	\$80.91

Progress/discharge report with functional outcome information (PTP)	2014	Per report	\$54.94	\$54.94	\$54.94
Return-to-work plan development and monitoring, conferencing and research	2002	Per 10 minutes	\$30.00	\$30.90	\$31.83
Response to WCB request for permanent functional impairment rating information, includes assessment (maximum of 11 units)	2097	Per 10 minutes	\$30.00	\$30.90	\$31.83
Equipment/appliances (requires WCB pre-authorization)	34	Manufacturer's price plus 10 per cent			

Notes:

- 1 Initial assessment includes treatment provided during the initial appointment. This is a maximum of six units available and the number of units should reflect the complexity of the injury.
- 2 Initial and subsequent visits are inclusive of modalities and Theraband.
- 3 A physical therapist must provide the services. Health-care providers cannot bill this fee code for delegation of conditioning or functional abilities evaluation to a kinesiologist, but they must include the duration of any delegated services in the daily and weekly time maximums.
- 4 For any group conditioning containing more than one WCB claimant, the physical therapist will randomly assign the WCB invoice to one of the WCB claimants in the group.

Refer to the [practice standards for primary level physical therapy service providers](#) document for a detailed description of the services listed on this fee schedule.

Contact numbers:

- Medical accounts inquiry line: 306.787.4412, for all billing inquiries.
- Manager of health-care services: 306.787.1803, for inquiries concerning:
 - fee and/or service agreement
 - procedure