



Ontario  
Chiropractic  
Association

# **OCA Recommended Service Codes and Fee Schedule**

September 2022



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## PREAMBLE

### INTRODUCTION

The OCA Recommended Service Codes and Fee Schedule (“The Fee Schedule”) has been prepared for chiropractors, patients and payers to provide guidance regarding fair and reasonable billing for chiropractic services. The schedule is comprehensive, covering general and specialist chiropractic services.

The structure and content of the schedule have changed over the years to reflect the needs of practitioners, patients and payers. Recommended fees are adjusted periodically to reflect changes in the cost of rendering care and in the socio-economic circumstances of the day. Historically, adjustments made to the guide have aligned with general inflation.

### FEES ARE RECOMMENDATIONS

**The fee schedule for 2022 includes adjustments for the inflation index since 2018.** In the coming year, the OCA will undertake a comprehensive review and evaluation of the entire fee schedule process. This will be a significant project that will take some time to complete. Aside from any additional adjustments for the inflation index, other influencing factors such as marketplace trends, regional cost of living variances and the benchmarking of related organizations and fraternal partners’ fee structures will be considered, with an overall objective of simplifying the schedule and making it more user-friendly.

For members’ convenience, the appendices include a link to Health Claims for Auto Insurance (HCAI) provider support (i.e., step-by-step instructions and video walkthroughs) for filling out, submitting, and tracking each Ontario Claims Form (OCF) and WSIB and FSRA/FSCO guidelines.

Chiropractors may not necessarily offer all the services scheduled, however, where provided, services should be in accordance with the OCA’s Code of Ethics, Regulations of the College of Chiropractors of Ontario, Standards of Practice as established by the College of Chiropractors of Ontario and Clinical Practice Guidelines.

The Fee Schedule reflects services commonly provided by chiropractors, but not all services. The omission of a specific service from The Fee Schedule does not imply that any such service cannot or should not be rendered by a chiropractor or that such service is not within the scope of practice of a chiropractor. For services not included in The Fee Schedule, the use of the recommended hourly rate is suggested as a guideline.



## HOW DOES THE OCA ESTABLISH RECOMMENDED FEES?

Recommended fees are based on the OCA's opinion of the value of each service. To arrive at these values, consideration is given to many factors including, but not necessarily limited to:

- Time requirements to prepare for and deliver the service;
- Education and training requirements;
- Intensity of cognitive and physical work required to deliver the service;
- Level of skill required to deliver the service;
- Level of risk associated with delivering the service; and
- Costs associated with the provision of the service.

A “common office visit” is defined as a visit consisting of spinal manipulation/adjustment. All other services (with the exception of those services provided on an hourly-rated basis) are assigned a relative value (weighting) based on this value. Relative value weighting is derived from an assessment of the average time required to treat an average patient by the typical practitioner in a typical practice in a typical town and the factors listed above for 2022.



## SERVICE CODE COMBINATIONS: ALLOWANCE FOR MULTIPLE INTERVENTIONS

Assessment Services are always stand-alone interventions or the first intervention performed during a patient encounter. Therapeutic interventions may be stand-alone interventions or may be provided in conjunction with assessment services or other therapeutic intervention(s) during the same patient encounter. In this case, a reduced fee is recommended for the second or subsequent services. Orthotic and X-ray services do not have reduced fees because of the specialized nature of these services.

Where The Fee Schedule provides a range (recommended minimum and recommended maximum) the factors that should be taken into consideration in establishing the fee include:

- Practitioner experience and qualifications;
- Geography, including the impact of location on the cost of providing the service;
- Complexity of care (the same service may be more time-consuming and costly to provide to some patients);
- Specialty (chiropractors with designated specialties apply knowledge and skills based on their specialized training); and
- Reporting requirements.

## BILLING BY INDIVIDUAL SERVICE OR BY ENCOUNTER (VISIT OR SESSION)

For administrative ease, some chiropractors may choose to bill on a per-visit basis. The Fee Schedule also accommodates this (see Service Code 2900). Where fees are established on a per-visit basis (also called per session or per patient encounter), the fee should reflect the component interventions. To ensure patient understanding of the services performed, it is recommended that the components of the session be individually recorded on the invoice even if not priced individually.



## 1000 CLINICAL SERVICES

### 1200 ASSESSMENTS

<b>1200</b>	<p>The Clinical Assessments described below comprise the case assessment and management of patient interactions. Chiropractors are required by the <i>Regulated Health Professions Act (1991)</i>, the <i>Chiropractic Act (1991)</i>, the regulations under those acts, and the standards of practice, guidelines, and policies of the College of Chiropractors of Ontario to perform a diagnosis before initiating treatment.</p> <p>Varying levels of examination, evaluation, conference with or concerning patients, and the administration of each case are included. The key determinant components of Assessment services include history, examination, review of documentation, and chiropractic decision-making. Case management contributory factors are counselling, coordination of care and the nature of the presenting problem. Management services and subsequent time requirements vary with the level of complexity of respective case-determinant components and contributory factors.</p>
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OCA Service Code	OCA Service Categories	Description	September 2022 Recommended Fee	
			Minimum	Maximum
<b>1201</b>	Initial or Primary (one region)	For a new or established patient, shall comprise a full history of the presenting complaint, the review of any relevant documentation, a detailed inquiry concerning the complaint and a detailed examination of the affected part, region or system (more particularly the neuromusculoskeletal system) as required to (a) arrive at a diagnosis (functional or pathological); (b) complete an appropriate record of findings; (c) advise the patient on course of treatment; (d) where appropriate, refer the patient for other health care. The large majority of first assessments will be "Initial or Primary Assessments." Time requirement is generally 20-40 minutes.	\$101.00	\$171.00
<b>1202</b>	Extended (more than one region)	For a new or established patient, shall comprise an initial assessment, but in circumstances where this is extended to a detailed examination of more than one region or system, or where the complaint is of a complicated nature necessitating significantly more time and comprehensive examination to differentially diagnose the condition. Time required is generally 30-60 minutes.	\$169.00	\$338.00



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Categories	Description	September 2022 Recommended Fee	
			Minimum	Maximum
<b>1204</b>	Minor (includes re-assessment)	For a new or established patient, shall comprise a brief history and examination of the affected part or region, an appropriate record, and advice to the patient. Examples: extremity trauma, such as a serious sprain where active chiropractic treatment is not a priority; re-evaluation to monitor progress, or where clinical judgment results in planned treatment interventions not being provided. Time requirement is generally 5-15 minutes.	\$34.00	\$58.00
<b>1205</b>	Complex Consultation	Performance of comprehensive history and examination, detailed review of existing documentation and/or radiographs which requires a highly complex chiropractic opinion and results in a summary report to the referring agent.	\$275.00	\$468.00
<b>1206</b>	Detailed Report	Preceded by a Complex Consultation, and would include specifics on the comprehensive history, examination, document and/or radiograph review, clinical impression, prognosis and recommendations.	Bill at hourly rate	
<b>1209</b>	Assessment Services Billed at Hourly Rate	Clinical services including assessment services may be billed on an hourly (time-based) basis.	\$248.00	\$424.00



## 1300-1400 OTHER SERVICES

OCA Service Code	OCA Service Category	Definition	CCI Code	September 2022 Recommended Fee
<b>1301</b>	Consultation (patient, third party)	Opinion or advice regarding evaluation and/or management of a specific problem is requested by a patient, another chiropractor or another appropriate source. The request should be documented in the patient's record along with any advice and services described and/or recommended. This does not include the reporting of previously performed or ordered tests, assessments, or evaluations. This may be face-to-face or remotely delivered (telephone). Time requirement is generally per 20 minutes.	7.SF.12	\$96.00
<b>1303</b>	Planning	Includes planning for care, team conferencing, and other patient care planning activities. Time requirement is generally per 10-20 minutes.	7.SF.12	\$46.00
<b>1304</b>	Brokerage	Assisting with insurance claims, referrals, monitoring delegated or other third-party services, etc. Time requirement is generally per 10-20 minutes.	7.SF.15	\$46.00
<b>1305</b>	Education	Education provided as the sole intervention or one of the interventions on a patient encounter to enhance knowledge and skill that directly or indirectly assists the patient to understand, monitor and manage their situation/condition/ impairment. Includes, where applicable, provision of educational materials such as pamphlets, tapes, books and videos but not the cost of these materials. Time requirement is generally per 15 minutes.	7.SP.60	\$46.00





OCA Service Code	OCA Service Category	Definition	CCI Code	September 2022 Recommended Fee
<b>1310</b>	Counselling	Therapeutic communication (i.e. discussion between service provider and service recipient), provided to or on behalf of a client, to identify and evaluate, introduce and/or eliminate, reinforce and/or reduce certain attitudes on the part of the client regarding a given situation/ condition/impairment, which could alter attitudes and in turn change/modify behaviour. Such counselling sessions may be provided on a "one-to-one" or "one-to-many" basis. For example: <ul style="list-style-type: none"> <li>• Nutritional counselling</li> <li>• Exercise and physical fitness counselling</li> </ul>	7.SP.10.ZZ	\$69.00
<b>1401</b>	Out-of-Hours Supplement	Surcharge when chiropractor attends the office at the request of the patient outside of usual office hours.	N/A	\$73.00
<b>1402</b>	Home Visit (or alternate out-of-clinic location) Supplement	Surcharge when chiropractor travels to the patient's home or an alternate location for service delivery.	N/A	\$91.00
<b>1403</b>	Missed Appointment	Appointments scheduled with the consent of the patient and not attended without reasonable notice being given may result in billing the patient equal to the value of the service scheduled. The chiropractor should use discretion and consider the circumstances surrounding the missed appointment.	N/A	
<b>DOCUMENTATION</b>				
<b>1407</b>	Detailed Narrative Report	Detailed narrative report (legal, insurance, etc.) may be charged at an hourly rate. See Service Code 1420.	N/A	Bill at hourly rate



OCA Service Code	OCA Service Category	Definition	CCI Code	September 2022 Recommended Fee
<b>1408</b>	Copies of Patient Records	<p>The Information and Privacy Commissioner of Ontario has established that “reasonable cost recovery” for accessing and disclosing health information shall not exceed \$30 for <b>any or all</b> of the following services:</p> <ul style="list-style-type: none"> <li>• Receipt and clarification, if necessary, of a request for a record.</li> <li>• Providing an estimate of the fee that will be payable under subsection 54(10) of the Act in connection with the request.</li> <li>• Locating and retrieving the record.</li> <li>• Review of the contents of the record for not more than 15 minutes by the health information custodian or an agent of the custodian to determine if the record contains personal health information to which access or disclosure may or shall be refused.</li> <li>• Preparation of a response letter.</li> <li>• Preparation of the record for photocopying, printing or electronic transmission.</li> <li>• Photocopying the record to a maximum of the first 20 pages or printing the record, if it is stored in electronic form, to a maximum of the first 20 pages, excluding the printing of photographs from photographs stored in electronic form.</li> <li>• Packaging of the photocopied or printed copy of the record for shipping or faxing.</li> <li>• If the record is stored in electronic form, electronically transmitting a copy of the electronic record instead of printing a copy of the record and shipping or faxing the printed copy.</li> <li>• The cost of faxing a copy of the record to a fax number in Ontario or mailing a copy of the record by ordinary mail to an address in Canada.</li> <li>• Supervising examination of the original record for not more than 15 minutes.</li> </ul> <p>If photocopying a record that is longer than 20 pages, practitioners may charge 25 cents per page after the first 20 pages. Please consult the IPCO website for more information on related services:</p> <ul style="list-style-type: none"> <li>• Health Order 14: <a href="http://decisions.ipc.on.ca/ipc-cipvp/phipa/en/item/134659/index.do">http://decisions.ipc.on.ca/ipc-cipvp/phipa/en/item/134659/index.do</a></li> </ul>		
<b>1412</b>	Form or Note: simple sick note / return to work	Certificate completion requiring minimal input and signature by the chiropractor. Examples of certificates included are disability forms, institutional benefit program applications and handicap parking applications.	7.SJ.30	\$30.00
<b>1415</b>	Other Documentation		7.SJ.30	Fees vary with complexity



OCA Service Code	OCA Service Category	Definition	CCI Code	September 2022 Recommended Fee
	<b>CLINICAL PRODUCTS</b>			
	Clinical Products and Materials	Clinical Products (i.e. orthotics, splints) and materials (i.e. educational material) are provided at practitioner cost plus a reasonable handling charge.		

OCA Service Code	OCA Service Category	Definition	September 2022 Recommended Fee	
			Minimum	Maximum
<b>1420</b>	Other Professional Activity (per hour)	Professional activity including, for example preparation for and testifying as a witness may be charged at an hourly rate. The hourly rate established by individual chiropractors will vary depending, for example, on specialized education and training, experience, geographical location, etc. Clinical Services may also be billed on an hourly basis. See Service Codes 1209 and 2950.	\$248.00	\$424.00



## 2000 THERAPEUTIC INTERVENTIONS

<b>2000</b>	<p>The following therapeutic interventions may be provided at the same patient encounter as an assessment service, or at a subsequent patient encounter. They may be provided as stand-alone services or in combination as dictated by the clinical judgement of the chiropractor. Each patient encounter includes an assessment function. In the case of a patient encounter for treatment (therapeutic intervention) this brief pre-treatment assessment to ensure that the planned treatment is still appropriate is not billed separately but is included in the intervention. Where multiple therapeutic interventions are provided on the same patient encounter this brief assessment need only be performed once, so the second and subsequent therapeutic interventions are billed at a reduced rate. If the chiropractor concludes from this brief pre-treatment assessment that no therapeutic intervention is appropriate, the encounter is billed as a <i>Minor Assessment</i> (Service Code 1204).</p>
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## 2100 MANUAL CARE

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2101</b>	Adjustment/ Manipulation, Spinal; one or more regions	A specific adjustment/manipulation procedure, directed to a spinal or intervertebral joint is a manoeuvre during which the joint is moved within its anatomical range of motion using a fast, low amplitude thrust.	\$46.00	\$29.00
<b>2110</b>	Adjustment/ Manipulation/Mobilization, Non-spinal; one or more joints	A specific adjustment/manipulation procedure, directed to a non-spinal joint, is a manoeuvre during which the joint is moved within its anatomical range of motion using a fast, low amplitude thrust.	\$39.00	\$22.00



OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2201</b>	Supportive Myofascial Therapy	Brief application of myofascial therapy in support of manipulation and/or mobilization. Various manual therapeutic procedures which are applied to the elastocollagenous tissues in order to restore normal flexibility and tone; may include manual traction, ischemic compression, trigger point therapy, massage, post-facilitation stretch, proprioceptive neuromuscular facilitation, post-isometric relaxation, reciprocal inhibition, and patient production of voluntary muscle contraction against manual passive resistance etc. Cannot be billed in conjunction with 2203, Comprehensive Myofascial Therapy. Time requirement is generally less than 10 minutes.	N/A	\$18.00
<b>2203</b>	Comprehensive Myofascial Therapy (per hour)	Therapeutic procedures which are applied to the elastocollagenous tissues in order to restore normal flexibility and tone; may include manual traction, ischemic compression, trigger point therapy, massage, post-facilitation stretch, proprioceptive neuromuscular facilitation, post-isometric relaxation, reciprocal inhibition, and patient production of voluntary muscle contraction against manual passive resistance, etc. Cannot be billed in conjunction with 2201, Supportive Myofascial Therapy. Bill at hourly rate; Service Code 1420.	Bill at hourly rate	N/A



## 2200 PHYSIOLOGICAL MODALITIES

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2205</b>	<b>Ultrasound</b>	Inaudible acoustic vibrations of high frequency that may produce either thermal or non-thermal physiological effects.	\$35.00	\$18.00
<b>2206</b>	<b>Electrical Current Therapy</b>	Includes the use of any electrical modality for iontophoresis, muscle stimulation, galvanic currents, Russian Faradic currents, combination therapy (linkage of the electrical current with concurrent application of ultrasound) and micro-current applications where the therapist utilizes a moving electrode over the treatment area.	\$35.00	\$18.00
<b>2216</b>	<b>Hydrotherapy</b>	Use of therapeutic equipment such as a Hubbard Tank (not a "hot tub") for the purpose of mobilizing a body part or parts to facilitate movement in a gravity-reduced environment. Time requirement is generally 15 minutes or less.	\$32.00	\$15.00



## 2240 ORTHOTICS

<b>2240</b>	There are currently three popular procedures — foam impression, plaster casting and electronic sensor pad — which result in the creation of in-shoe orthotics. Each of these requires two components: the professional service (including assessment, fitting, and any necessary adjustment of the orthotic device) and the product cost.
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OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2240</b>	Orthotics Professional Services	Includes all professional services relating directly to the provision of custom in-shoe orthotics including the assessment, casting, fitting, and follow up assessment. If following the assessment the chiropractor determines that custom orthotics are not necessary, the assessment will be billed as a Minor Assessment. See Service Code 1204.	\$368.00	N/A
	Product Cost	Products are provided at cost plus a reasonable handling charge.		



## 2300 ACUPUNCTURE

<b>2300</b>	As provided for in the <i>Regulated Health Professions Act</i> and the <i>Chiropractic Act</i> , chiropractors who are not members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists may practice acupuncture under their chiropractic registration with the College of Chiropractors of Ontario. The CCO has an Acupuncture Standard of Practice to which all Ontario chiropractors utilizing acupuncture must comply.
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OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2310</b>	Acupuncture (including needle and electro acupuncture)	The technique of inserting thin needles through the skin at specific points on the body involving stimulation of anatomical locations. This may incorporate a variety of techniques including electrical stimulation of the needles.	\$59.00	\$42.00





## 2400 PHYSIOLOGICAL MODALITIES (CONTINUED)

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2401</b>	Heator Cold Therapy	The application of heat in the form of heating pads, heat wraps, hot baths, warm gel packs, etc., or the application of cold using various methods including but not limited to the use of an ice bag, a cold pack, ice massage or fluids (e.g. ethyl chloride) that cool by evaporation.	\$30.00	\$13.00
<b>2403</b>	Traction	Long-axis mechanical distraction (static or intermittent) of a body area to provide mobilization.	\$32.00	\$15.00
<b>2406</b>	Paraffin Bath Therapy	A method of delivering heat to an affected body part, often joints of the hand.	\$32.00	\$15.00
<b>2407</b>	Micro Current Therapy	Exposure of body part or parts to a low frequency wave between 300 MHZ and 30,000 MHZ.	\$32.00	\$15.00
<b>2409</b>	Infrared therapy	Exposure of body part or parts to a device creating an infrared spectrum which provides superficial heating of tissues via radiant energy.	\$32.00	\$15.00
<b>2411</b>	Interferential Current Therapy	Electrotherapy to body part or parts utilizing two currents of differing frequency producing an interference pattern in the area treated.	\$32.00	\$15.00
<b>2412</b>	TENS	Transcutaneous electrical nerve stimulation by an alternating current with pulse widths from 20–100 microseconds and a frequency range of 50–200 HZ.	\$30.00	\$13.00
<b>2413</b>	Laser Therapy	Phototherapy involving the application of low power light. Including Low Level Laser	\$57.00	\$40.00



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
		Therapy (LLLT) and Light Emitting Diode Therapy (LEDT). Per 20 minutes.		
<b>2415</b>	<b>Shockwave Therapy</b>	Radial Shockwaves are high energy acoustic waves that are transmitted through the surface and spread radially (spherically) through the body.	\$114.00	\$97.00



## 2500 REHABILITATION

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2501</b>	Exercise: Brief instruction for self-directed exercise	Instruction of proper exercise technique(s) and an appropriate program to an individual patient for one or more body areas for patient use in a self-directed, unsupervised manner. This may be provided in office depending on the nature of the program and the equipment available to the provider. Time requirement is generally less than 10 minutes.	\$32.00	\$15.00
<b>2502</b>	Exercise/ Functional Restoration: In office constant supervised (one-on-one)	Designed for and provided to an individual patient under constant supervision and administered by suitably qualified individuals such as the chiropractor, an occupational therapist and/or a kinesiologist in order to prevent improper technique and further injury. Includes comprehensive instruction for a self-directed program. Per 20 minutes. Example, for 60 minutes bill one "stand alone" and two "subsequent" fee.	\$78.00	\$61.00
<b>2503</b>	Exercise/ Functional Restoration: In office intermittent supervision or group	For patients performing prescribed therapeutic exercises in the chiropractor's facility where supervision is intermittent, for example when part of a group session or working semi-independently. Per 30 minutes.	\$64.00	\$47.00



OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2504</b>	Neuromuscular (Functional) Retraining	Includes one-on-one procedures developing patient neuromuscular co-ordination through repetitive activity movements under a variety of mechanical conditions to pattern the motor system for particular activities. Time requirement is generally less than 15 minutes.	\$43.00	N/A
<b>2505</b>	Work/Physical Conditioning (per hour)	Program designed for an individual patient targeting daily living activities as well as constituent components of work-related activities.	Bill at hourly rate	N/A
<b>2506</b>	Aquatherapy	Supervised exercise in the gravity reduced environment of a pool. Per hour.	Bill at hourly rate	N/A
<b>2510</b>	Gait Training	Re-education of appropriate gait pattern after serious lower limb/pelvic injury (not to be used in conjunction with orthotic prescription.) Time requirement is generally less than 15 minutes.	\$43.00	N/A
<b>2525</b>	Work Hardening (per 1/2 day)	Service provided in conjunction with an appropriate job task analysis. The patient engages in activities of work, with or without modifications, in a transitional environment or in a specialized clinical environment offering similar or identical essential tasks as required to reach a level of work-specific conditioning to return to employment. Bill at hourly rate. See Service Code 2950.	\$124.00	N/A



## 2600 OTHER ASSESSMENTS

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
<b>2601</b>	<b>Environmental Analysis; Job Site Assessment (per hour)</b>	Onsite analysis of work activity and work environment, and preparation of a required report; provided for a patient, supervisor or manager with regard to appropriateness of the work function as it applies to the health of the patient(s) or employee(s). This may include a definition of the occupation(s), including references to essential physical demands, frequency of occurrence and job strength ratings, utilizing accepted national databases such as the D.O.T. (U.S.) or N.O.C. (Canada) where appropriate.  Ergonomic/environmental factors may also be itemized with recommendations regarding concerns/deficiencies. Service Code 1209.	Bill at hourly rate	N/A
<b>2602</b>	<b>Environmental Analysis; Home (per hour)</b>	An evaluation, and preparation of a required report, of the patient's home to compile an inventory of activities of daily living including: self-care i.e. bathing, dressing, grooming, toileting, eating; household duties i.e. meal preparation, clean-up, laundry, ironing, bed-making, light and heavy cleaning, shopping, and driving; caregiving responsibilities; and outdoor maintenance activities. Evaluation and report is made with respect to barriers to recovery and/or the need for assistance in performing essential components of these tasks. Service Code 1209.	Bill at hourly rate	N/A
<b>2603</b>	<b>Environmental Analysis; Work Space</b>	Analysis and preparation of a required report of an individual's work space to assess ergonomic issues as they related to seating, work surfaces, equipment and	Bill at hourly rate	N/A



OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			As a stand-alone service	As second or subsequent intervention on same visit/session
	(Ergonomic) Assessment (per hour)	body positioning with recommendations to improve deficient areas and education regarding reduction of postural fatigue. Service Code 1209.		
<b>2604</b>	Functional Capacity/ Functional Abilities Evaluation (per hour)	The evaluation of physical capacity for the purpose of determining tolerances for the performance of home and/or work related tasks. The evaluation of lifting capacity is a key ingredient of most FCE's, which can be assessed on a static and/or dynamic basis and should include measures of consistency of effort. Testing may include: aerobic, anaerobic and metabolic capacity analysis; while strength testing can be isometric, isotonic or isokinetic. The preparation of a detailed report should include a synopsis of the client's consistency of effort, synopsis of pertinent work and/or home tasks and a battery of tests that focus on tolerances for those tasks. Correlation with other aptitudes to determine job match may also be included. Service Code 1209.	Bill at hourly rate	N/A
<b>2605</b>	Complex Consultation	Performance of comprehensive history and examination, detailed review of existing documentation and/or radiographs which requires a highly complex chiropractic opinion and results in a summary report to the referring agent.	\$228.00	\$388.00
<b>2606</b>	Detailed Medical Report	Preceded by a Complex Consultation, and would include specifics on the comprehensive history, examination, document and/or radiograph review, clinical impression, prognosis and recommendations.	\$367.00	\$624.00



## 2900 SESSIONAL (PER/VISIT) AND TIME-BASED FEES

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			Minimum	Maximum
<b>2900</b>	Per Visit (Session) Fees Treatment Session	Used when a practitioner elects to bill for treatment by the visit/session/patient encounter rather than by the specific service or intervention. The session components should be identified. Fees may vary between practitioners and between patients depending on the specific nature of the interventions used, time requirements, etc.	\$50.00	\$83.00
<b>2950</b>	Therapeutic Intervention (per hour)	Clinical services including therapeutic interventions may be billed on an hourly (time based) basis.	\$248.00	\$424.00



## 3000 SPECIALIST SERVICES

<b>3000</b>	<p>Services from this category may be provided by a certified Fellow whose opinion or advice regarding evaluation and/or management of a patient or a specific problem is requested by another chiropractor or other appropriate outside agency. The following are recognized Colleges:</p> <p><b>FCCS</b> Fellow of the College of Chiropractic Sciences</p> <p><b>FCCSS(C)</b> Fellow of the Royal College of Chiropractic Sports Sciences (Canada)</p> <p><b>FCCO(C)</b> Fellow of the College of Chiropractic Orthopaedists (Canada)</p> <p><b>FCCPOR(C)</b> Fellow of the Canadian Chiropractic Specialty College of Physical &amp; Occupational Rehabilitation (Canada)</p> <p><b>FCCR</b> Fellow of the College of Chiropractic Radiologists</p>
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OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			Minimum	Maximum
<b>3001</b>	<b>FCCS Standard Specialist Consultation</b>	Performance of a focused history and examination directed to a limited area or complaint which requires a straightforward or moderately complex chiropractic opinion and results in a brief report to the referring agent; the majority of consultations will be Standard Consultations.	\$183.00	\$311.00
<b>3002</b>	<b>FCCS Complex Specialist Consultation</b>	Performance of comprehensive history and examination, detailed review of existing documentation and/or radiographs which requires a highly complex chiropractic opinion and results in a summary report to the referring agent.	\$321.00	\$546.00





# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			Minimum	Maximum
<b>3003</b>	FCCS Detailed Report	Preceded by a Complex Consultation, and would include specifics on the comprehensive history, examination, document and/or radiograph review, clinical impression, prognosis and recommendations.	Bill at hourly rate	
<b>3101</b>	FCCSS(C) Standard Consultation	Performance of a focused history and examination directed to a limited area or complaint which requires a straightforward or moderately complex chiropractic opinion and results in a brief report to the referring agent; the majority of consultations will be Standard Consultations.	\$183.00	\$311.00
<b>3102</b>	FCCSS(C) Complex Consultation	Performance of comprehensive history and examination, detailed review of existing documentation and/or radiographs, requires a highly complex chiropractic opinion and results in a summary report to the referring agent.	\$321.00	\$546.00
<b>3103</b>	FCCSS(C) Detailed Report	Preceded by a Complex Consultation, and would include specifics on the comprehensive history, examination, document and/or radiograph review, clinical impression, prognosis and recommendations.	Bill at hourly rate	



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			Minimum	Maximum
<b>3201</b>	FCCO(C) Standard Consultation	Performance of a focused history and examination directed to a limited area or complaint, which requires a straightforward or moderately complex chiropractic opinion and results in a brief report to the referring agent; the majority of consultations will be Standard Consultations.	\$183.00	\$311.00
<b>3202</b>	FCCO(C) Complex Consultation	Performance of comprehensive history and examination, detailed review of existing documentation and/or radiographs, requires a highly complex chiropractic opinion and results in a summary report to the referring agent.	\$321.00	\$546.00
<b>3203</b>	FCCO(C) Detailed Report	Preceded by a Complex Consultation, and would include specifics on the comprehensive history, examination, document and/or radiograph review, clinical impression, prognosis and recommendations.	Bill at hourly rate	
<b>3301</b>	FCCRS(C) Standard Consultation	Performance of a focused history and examination directed to a limited area or complaint, which requires a straightforward or moderately complex chiropractic opinion and results in a brief report to the referring agent; the majority of consultations will be Standard Consultations.	\$183.00	\$311.00
<b>3302</b>	FCCRS(C) Complex Consultation	Performance of comprehensive history and examination, detailed review of existing documentation and/or radiographs, requires a highly complex chiropractic opinion and results in a summary report to the referring agent.	\$321.00	\$546.00
<b>3303</b>	FCCRS(C) Detailed	Preceded by a Complex Consultation, and would include specifics on the	Bill at hourly	



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	Description	September 2022 Recommended Fee	
			Minimum	Maximum
	Report	comprehensive history, examination, document and/or radiograph review, clinical impression, prognosis and recommendations.	rate	
<b>3401</b>	FCCR Consultation	Applies when radiographs made elsewhere are referred to a Fellow of the CCR for an opinion. Includes a written report, administrative and handling charges, per study or anatomical area.	\$69.00	\$116.00
<b>SPECIALIST'S HOURLY RATE</b>				
<b>3501</b>	Other Unlisted Activity	Billed at hourly rate.	\$372.00	\$721.00



## 5000-6000 DIAGNOSTIC RADIOGRAPHY

### 5000 GENERAL RADIOGRAPHIC SERVICES

<b>5000</b>	<p>The professional component, performed by the chiropractor, consists of interpretation of the results including the preparation of a written report.</p> <p>The technical component consists of provision of the premises, clinical supplies, equipment, and personnel, preparation of the patient, performance or supervision of the performance of the procedure, and maintenance of appropriate records.</p> <p>For a given radiological study, a chiropractor may provide the professional component, the technical component, or both. A chiropractor taking and interpreting his own films, or taking and interpreting films requested by another practitioner will bill for both the technical and professional components. A chiropractor taking but not interpreting films requested by another practitioner will bill only the technical component. A chiropractor interpreting films taken at his/her request at another location will bill only the professional component.</p> <p>When either a technical or professional component of a fee is billed independently, the suffix "-T" or "-P" will be added to the service code, for example 5001-T or 5001-P.</p>
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OCA Service Code	OCA Service Category	CCI code	September 2022 Recommended Fee		
			Technical Component % of total fee:  70%	Professional Component % of total fee: 30%	Total Fee
	<b>CERVICAL SPINE</b>				
<b>5001</b>	two or fewer views	3.SC.10.CX.A	\$43.97	\$18.84	\$62.82
<b>5002</b>	three or four views	3.SC.10.CX.B	\$57.56	\$24.67	\$82.23
<b>5003</b>	five or six views	3.SC.10.CX.C	\$71.95	\$30.84	\$102.79
<b>5004</b>	more than six views	3.SC.10.CX.D	\$86.34	\$37.00	\$123.35



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	CCI code	September 2022 Recommended Fee		
			Technical Component % of total fee: <b>70%</b>	Professional Component % of total fee: <b>30%</b>	Total Fee
<b>THORACIC SPINE</b>					
<b>5011</b>	two or fewer views	3.SC.10.TH.A	\$52.77	\$22.61	\$75.38
<b>5012</b>	three or four views	3.SC.10.TH.B	\$63.16	\$27.07	\$90.23
<b>LUMBAR OR LUMBOSACRAL SPINE</b>					
<b>5021</b>	two or fewer views	3.SC.10.LB.A	\$50.37	\$21.59	\$71.95
<b>5022</b>	three or four views	3.SC.10.LB.B	\$62.36	\$26.73	\$89.08
<b>5023</b>	five or six views	3.SC.10.LB.C	\$73.55	\$31.52	\$105.07
<b>5024</b>	more than six views	3.SC.10.LB.D	\$86.34	\$37.00	\$123.35
<b>5032</b>	Entire Spine: survey study, two views (A-P and lateral)	3.SC.10.A	\$75.95	\$32.55	\$108.50
<b>PELVIS</b>					
<b>5041</b>	two or fewer views	3.SQ.10.A	\$50.37	\$21.59	\$71.95
<b>5042</b>	three or four views	3.SQ.10.B	\$60.76	\$26.04	\$86.80



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	CCI code	September 2022 Recommended Fee		
			Technical Component % of total fee: <b>70%</b>	Professional Component % of total fee: <b>30%</b>	Total Fee
<b>SACRUM AND COCCYX</b>					
<b>5051</b>	two or fewer views	3.SF.10.A	\$50.37	\$21.59	\$71.95
<b>5052</b>	three or four views	3.SF.10.B	\$60.76	\$26.04	\$86.80
<b>SACRO-ILIAC JOINTS</b>					
<b>5061</b>	two or fewer views	3.SF.10.A	\$50.37	\$21.59	\$71.95
<b>5062</b>	three or more views	3.SF.10.B	\$60.76	\$26.04	\$86.80
<b>RIBS</b>					
<b>5071</b>	two or fewer views	3.SL.10.A	\$39.97	\$17.13	\$57.11
<b>5072</b>	three to four views	3.SL.10.B	\$50.37	\$21.59	\$71.95
<b>5081</b>					
<b>5081</b>	two or fewer views	3.SM.10.A	\$39.97	\$17.13	\$57.11
<b>5082</b>	three or four views	3.SM.10.B	\$50.37	\$21.59	\$71.95
<b>SCAPULA</b>					
<b>5091</b>	two views	3.SN.10.A	\$39.97	\$17.13	\$57.11
<b>5092</b>	three or four views	3.SN.10.B	\$50.37	\$21.59	\$71.95



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	CCI code	September 2022 Recommended Fee		
			Technical Component % of total fee: <b>70%</b>	Professional Component % of total fee: <b>30%</b>	Total Fee
<b>5100</b>	<b>UPPER EXTREMITY</b>				
	<b>SHOULDER JOINT</b>				
<b>5101</b>	two or fewer views	3.TA.10.A	\$39.97	\$17.13	\$57.11
<b>5102</b>	three or four views	3.TA.10.B	\$50.37	\$21.59	\$71.95
	<b>ACROMIOCLAVICULAR OR STERNOCLAVICULAR JOINTS</b>				
<b>5111</b>	two or fewer views	3.TB.10.A	\$50.37	\$21.59	\$71.95
<b>5112</b>	three or four views	3.TB.10.B	\$60.76	\$26.04	\$86.80
	<b>HUMERUS</b>				
<b>5121</b>	two or fewer views	3.TK.10	\$39.97	\$17.13	\$57.11
<b>5122</b>	three or more views	3.TK.10	\$50.37	\$21.59	\$71.95
	<b>ELBOW JOINT</b>				
<b>5131</b>	two or fewer views	3.TM.10.A	\$28.78	\$12.33	\$41.12
<b>5132</b>	three or four views	3.TM.10.B	\$39.97	\$17.13	\$57.11
<b>5133</b>	five or six views	3.TM.10.C	\$50.37	\$21.59	\$71.95
	<b>RADIUS AND ULNA</b>				
<b>5141</b>	two or fewer views	3.TV.10.A	\$28.78	\$12.33	\$41.12
<b>5142</b>	three or four views	3.TV.10.B	\$39.97	\$17.13	\$57.11
	<b>WRIST JOINT</b>				



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	CCI code	September 2022 Recommended Fee		
			Technical Component % of total fee: <b>70%</b>	Professional Component % of total fee: <b>30%</b>	Total Fee
<b>5151</b>	two or fewer views	3.UB.10.A	\$28.78	\$12.33	\$41.12
<b>5152</b>	three or four views	3.UB.10.B	\$39.97	\$17.13	\$57.11
	<b>PHALANX OF HAND</b>				
<b>5161</b>	two or fewer views	3.UJ.10.A	\$19.99	\$8.57	\$28.55
<b>5162</b>	three or four views	3.UJ.10.B	\$31.18	\$13.36	\$44.54
	<b>HAND</b>				
<b>5171</b>	two or fewer views	3.UL.10.A	\$28.78	\$12.33	\$41.12
<b>5172</b>	three or four views	3.UL.10.B	\$39.97	\$17.13	\$57.11
<b>5200</b>	<b>LOWER EXTREMITY</b>				
	<b>HIP JOINT</b>				
<b>5201</b>	two or fewer views	3.VA.10.A	\$39.97	\$17.13	\$57.11
<b>5202</b>	three or four views	3.VA.10.B	\$50.37	\$21.59	\$71.95
	<b>FEMUR</b>				
<b>5211</b>	two or fewer views	3.VC.10.A	\$28.78	\$12.33	\$41.12
<b>5212</b>	three or more views	3.VC.10.B	\$39.97	\$17.13	\$57.11
	<b>KNEE JOINT</b>				
<b>5221</b>	two or fewer views	3.VG.10.A	\$39.97	\$17.13	\$57.11
<b>5222</b>	three or four views	3.VG.10.B	\$50.37	\$21.59	\$71.95





# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	CCI code	September 2022 Recommended Fee		
			Technical Component % of total fee: <b>70%</b>	Professional Component % of total fee: <b>30%</b>	Total Fee
<b>5223</b>	five or six views	3.VG.10.C	\$60.76	\$26.04	\$86.80
<b>TIBIA AND FIBULA</b>					
<b>5231</b>	two or fewer views	3.VQ.10.A	\$28.78	\$12.33	\$41.12
<b>5232</b>	three or four views	3.VQ.10.B	\$39.97	\$17.13	\$57.11
<b>ANKLE JOINT</b>					
<b>5241</b>	two or fewer views	3.WA.10.A	\$39.97	\$17.13	\$57.11
<b>5242</b>	three or four views	3.WA.10.B	\$50.37	\$21.59	\$71.95
<b>TARSAL BONES AND INTERTARSAL JOINTS</b>					
<b>5251</b>	two or fewer views	3.WE.10 .A	\$39.97	\$17.13	\$57.11
<b>5252</b>	three or four views	3.WE.10 .B	\$50.37	\$21.59	\$71.95
<b>PHALANX OF FOOT</b>					
<b>5261</b>	two or fewer views	3.WJ.10.A	\$39.97	\$17.13	\$57.11
<b>5262</b>	three or more views	3.WJ.10.B	\$50.37	\$21.59	\$71.95



## DIAGNOSTIC RADIOGRAPHY

### 6000 SPECIALTY RADIOGRAPHIC SERVICES

OCA Service Code	OCA Service Category	September 2022 Recommended Fee		
		Technical Component % of total fee: <b>70%</b>	Professional Component % of total fee: <b>30%</b>	Total Fee
<b>SKULL, RADIOGRAPHIC EXAMINATION</b>				
<b>6001</b>	less than four views	\$47.17	\$20.22	\$67.38
<b>6002</b>	four or more views	\$69.55	\$29.81	\$99.36
<b>SINUSES, RADIOGRAPHIC EXAMINATION</b>				
<b>6003</b>	less than three views	\$31.18	\$13.36	\$44.54
<b>6004</b>	three or more views	\$42.37	\$18.16	\$60.53
<b>CHEST, RADIOGRAPHIC EXAMINATION</b>				
<b>6005</b>	two views	\$55.96	\$23.98	\$79.95
<b>6006</b>	three or more views	\$67.16	\$28.78	\$95.94
<b>6103</b>	CT Scan, Cervical Spine, with or without contrast media	N/A	\$122.20	\$122.20
<b>6104</b>	CT Scan, Thoracic Spine, with or without contrast media	N/A	\$122.20	\$122.20
<b>6105</b>	CT Scan, Lumbar Spine, with or without contrast media	N/A	\$122.20	\$122.20
<b>6106</b>	CT Scan, Upper Extremity	N/A	\$122.20	\$122.20
<b>6107</b>	CT Scan, Lower Extremity	N/A	\$122.20	\$122.20



# OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	September 2022 Recommended Fee		
		Technical Component % of total fee: <b>70%</b>	Professional Component % of total fee: <b>30%</b>	Total Fee
<b>6199</b>	Unlisted CT Scan	N/A	\$122.20	\$122.20
<b>6203</b>	MRI, Cervical Spine	N/A	\$122.20	\$122.20
<b>6204</b>	MRI, Thoracic Spine	N/A	\$122.20	\$122.20
<b>6205</b>	MRI, Lumbar Spine	N/A	\$122.20	\$122.20
<b>6206</b>	MRI, Upper Extremity	N/A	\$122.20	\$122.20
<b>6207</b>	MRI, Lower Extremity	N/A	\$122.20	\$122.20
<b>6208</b>	<b>UNLISTED MRI SERVICE</b>			
<b>6401</b>	Bone Age Study	\$57.56	\$24.67	\$82.23
<b>6402</b>	Bone Density Study	N/A	\$61.67	\$61.67
<b>6403</b>	Bone Length Study	\$73.55	\$31.52	\$105.07
<b>6404</b>	Bone Scintigraphy, General Survey	N/A	\$61.67	\$61.67
<b>6405</b>	Bone Scintigraphy, Single Site	N/A	\$61.67	\$61.67
<b>6407</b>	Arthrogram, Tenogram, or Bursogram	N/A	\$61.67	\$61.67



## SAMPLE VISIT BILLINGS

Visit Description	Services		Recommended Fees		
	Code	Service Description	First Treatment Intervention	Additional Treatment Interventions	Total
<b>EXAMPLE 1</b> A treatment visit on which the only intervention is spinal adjustment/manipulation.	2101	Spinal Adjustment/ Manipulation	\$46.00		\$46.00
<b>EXAMPLE 2</b> A treatment visit on which the only intervention is ultrasound therapy.	2205	Ultrasound	\$35.00		\$35.00
<b>EXAMPLE 3</b> A treatment visit on which the patient receives spinal adjustment/manipulation and ultrasound therapy.	2101	Spinal Adjustment/ Manipulation	\$46.00		\$64.00
	2205	Ultrasound		\$18.00	
<b>EXAMPLE 4</b> A treatment visit on which the patient receives spinal adjustment/manipulation, ultrasound therapy, and instruction for home exercises.	2101	Spinal Adjustment/ Manipulation	\$46.00		\$79.00
	2205	Ultrasound		\$18.00	
	2501	Home Exercise Instruction		\$15.00	
<b>EXAMPLE 5</b> A treatment visit in which the patient receives one hour of supervised rehabilitation exercise.	2502	Exercise, supervised, first 20 minutes	\$78.00		\$138.00
	2502	Exercise, supervised, subsequent 20 minutes		\$61.00	
<b>EXAMPLE 6</b> An initial patient visit where the patient is assessed, and	1201	Initial Assessment	\$101.00		
	2101	Spinal Adjustment/		\$29.00	



## OCA Recommended Service Codes and Fee Schedule

Visit Description	Services		Recommended Fees		
	Code	Service Description	First Treatment Intervention	Additional Treatment Interventions	Total
then treated on the same visit with spinal manipulation/adjustment and supportive myofascial therapy.		Manipulation			\$147.00
	2201	Supportive Myofascial Therapy		\$18.00	



## APPENDIX

### Workplace Safety and Insurance Board (WSIB)

[Programs of Care](#)

[Fee Schedule: Chiropractic Services](#)

[Health Care Provider: Fee Schedules](#)

[Health Care Fees: Laws and Guidelines](#)

### Financial Services Commission of Ontario (FSCO)

[Minor Injury Guideline](#)

[2018 Health Claims for Auto Insurance Guideline](#)

[Professional Services Guideline](#)

### Health Claims for Auto Insurance (HCAI)

[Provider Support \(Links for information on filling out, submitting and tracking each Ontario Claims Form \(OCF\)\)](#)