

OCA Recommended Service Codes & Fee Schedule



Ontario
Chiropractic
Association

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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 for fair and reasonable billing for chiropractic services according to a clear and consistent model. The schedule is comprehensive, covering general and specialist chiropractic services.

The OCA has published The Fee Schedule since the early 1970s. The structure and content of the schedule has 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. The adjustments made to the guide over the past decade have been in line with general inflation.

For 2017, fees have been increased by the All Items Ontario Inflation Index since the last adjustment (1.72%) then rounded to the nearest full dollar.

Chiropractors will appreciate that they do not necessarily offer all 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.

FEES ARE RECOMMENDATIONS

The Fee Schedule is issued for information purposes only. Adoption of the recommended fees remains at the discretion of the practitioner. The Ontario Chiropractic Association does not set fees for chiropractors.

Recommended fees represent the full fee for each service, inclusive of any partial or full insurance provisions. They are also the recommended fee for each service and should, therefore, be used by chiropractors as a guide to establish fees.

The OCA recognizes that chiropractic fees may vary across the province. As with other health care professions a number of factors affect the establishment of a given fee for a given service. These include the cost to provide the service, regional and economic factors, and considerations of reasonable and customary practice for patient and practitioner.



The fee established by a chiropractic office for a given service should be charged to all patients who receive that particular service, and should be charged without reference to, for example, the existence of any third-party insurance under which the patient may be covered.

According to Standards of Practice established by the College of Chiropractors of Ontario, patients must be informed of the cost of service before the service is performed regardless of the payer. Where the practitioner's fee is significantly at variance with the recommended fee, it is suggested that the patient and/or payer be informed of the reasons for the variance.

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.

Because OHIP historically mandated chiropractic billing on a 'per visit' basis and not by service/intervention, the relative value used to derive recommended fees has been, and continues to be, based on the recommended cost of a common office visit.

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. No changes have been made to weighting or relative values for 2017.

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 (BY 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

1200	<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 is 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	1-Jan-2017 Recommended Fee	
			Minimum	Maximum
1201	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 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.	\$88.00	\$150.00
1202	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.	\$148.00	\$296.00



OCA Service Code	OCA Service Categories	Description	1-Jan-2017 Recommended Fee	
			Minimum	Maximum
1204	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.	\$30.00	\$51.00
1205	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.	\$240.00	\$408.00
1206	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. See Service Code 1420.	
1209	Assessment Services billed at Hourly Rate	Clinical services including assessment services may be billed on an hourly (time based) basis.	Bill at hourly rate. See Service Code 1420.	



1300-1400 OTHER SERVICES

OCA Service Code	OCA Service Category	Definition	CCI Code	1-Jan-2017 Recommended Fee
1301	Consultation (patient, third party)	Opinion or advice regarding evaluation and/or management of a specific problem is requested by a patient, another chiropractor or other 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	\$83.00
1303	Planning	Includes planning for care, team conferencing, and other patient care planning activities. Time requirement is generally per 10-20 minutes.	7.SF.12	\$40.00
1304	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	\$40.00
1305	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	\$40.00



OCA Service Code	OCA Service Category	Definition	CCI Code	1-Jan-2017 Recommended Fee
1310	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"> • Nutritional counselling • Exercise and physical fitness counselling 	7.SP.10	\$60.00
1401	Out-of-Hours Supplement	Surcharge when chiropractor attends the office at the request of the patient outside of usual office hours.	N/A	\$64.00
1402	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	\$80.00
1403	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	\$0.00
	DOCUMENTATION			
1407	Detailed Narrative Report	Detailed narrative report (legal, insurance, etc.) may be charged at an hourly rate.	N/A	Bill at hourly rate. See Service Code 1420.



OCA Service Code	OCA Service Category	Definition	CCI Code	1-Jan-2017 Recommended Fee
1408	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 any or all of the following services:</p> <ul style="list-style-type: none"> • Receipt and clarification, if necessary, of a request for a record. • Providing an estimate of the fee that will be payable under subsection 54(10) of the Act in connection with the request. • Locating and retrieving the record. • 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. • Preparation of a response letter. • Preparation of the record for photocopying, printing or electronic transmission. • 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. • Packaging of the photocopied or printed copy of the record for shipping or faxing. • 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. • 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. • Supervising examination of the original record for not more than 15 minutes. <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"> • Health Order 14: http://decisions.ipc.on.ca/ipc-cipvp/phipa/en/item/134659/index.do 		
1412	Form or Note: simple sick note / return to work	<p>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.</p>	7.SJ.30	\$26.00



OCA Service Code	OCA Service Category	Definition	CCI Code	1-Jan-2017 Recommended Fee
1415	Other Documentation		7.SJ.30	Fees vary with complexity
CLINICAL PRODUCTS				
	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	1-Jan-2017 Recommended Fee	
			Minimum	Maximum
1420	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 fee 1209 and 2950).	\$216.00	\$370.00



2000 THERAPEUTIC INTERVENTIONS

2000	<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>Brief Assessment</i> (Service Code 1207).</p>
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2100 MANUAL CARE

OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2101	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.	\$40.00	\$25.00
2110	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.	\$34.00	\$19.00



OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2201	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	\$16.00
2203	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. See Service Code 1420.	



2200 PHYSIOLOGICAL MODALITIES

OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2205	Ultrasound	Inaudible acoustic vibrations of high frequency that may produce either thermal or non-thermal physiological effects.	\$31.00	\$16.00
2206	Electrical Current Therapy	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.	\$31.00	\$16.00
2216	Hydrotherapy	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.	\$28.00	\$13.00



2240 ORTHOTICS

2240	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	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2240	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 (Service Code 1204).	\$320.00	
	Product Cost	Products are provided at cost plus a reasonable handling charge.		



2300 ACUPUNCTURE

2300	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	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2310	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.	\$52.00	\$37.00



2400 PHYSIOLOGICAL MODALITIES (CONTINUED)

OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2401	Heat or 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 (such as ethyl chloride) that cool by evaporation.	\$26.00	\$11.00
2403	Traction	Long-axis mechanical distraction (static or intermittent) of a body area to provide mobilization.	\$28.00	\$13.00
2406	Paraffin Bath Therapy	A method of delivering heat to an affected body part, often joints of the hand.	\$28.00	\$13.00
2407	Micro Current Therapy	Exposure of body part or parts to a low frequency wave between 300 MHZ and 30,000 MHZ.	\$28.00	\$13.00
2409	Infrared therapy	Exposure of body part or parts to a device creating an infrared spectrum which provides superficial heating of tissues via radiant energy.	\$28.00	\$13.00
2411	Interferential Current Therapy	Electrotherapy to body part or parts utilizing two currents of differing frequency producing an interference pattern in the area treated.	\$28.00	\$13.00



OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2412	TENS	Transcutaneous electrical nerve stimulation by an alternating current with pulse widths from 20–100 microseconds and a frequency range of 50–200 HZ.	\$26.00	\$11.00
2413	Laser Therapy	Phototherapy involving the application of low power light. Including Low Level Laser Therapy (LLLT) and Light Emitting Diode Therapy (LEDT). Per 20 minutes.	\$50.00	\$35.00
2415	Shockwave Therapy	Radial Shockwaves are high energy acoustic waves that are transmitted through the surface and spread radially (spherically) through the body.	\$100.00	\$85.00



2500 REHABILITATION

OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2501	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.	\$28.00	\$13.00
2502	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.	\$68.00	\$53.00
2503	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.	\$56.00	\$41.00



OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2504	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.	\$38.00	N/A
2505	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. See Service Code 1420.	
2506	Aquatherapy	Supervised exercise in the gravity reduced environment of a pool. Per hour.	Bill at hourly rate. See Service Code 1420.	
2510	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.	\$38.00	N/A
2525	Work Hardening (per half 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 1420.)	\$108.00	N/A



2600 OTHER ASSESSMENTS

OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2601	Environmental Analysis; Job Site Assessment (per hour)	<p>On-site 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.</p> <p>Ergonomic/environmental factors may also be itemized with recommendations regarding concerns/deficiencies. (Service Code 1209.)</p>	Bill at hourly rate. See Service Code 1420.	
2602	Environmental Analysis; Home (per hour)	<p>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.</p> <p>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.)</p>	Bill at hourly rate. See Service Code 1420.	



OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			As a stand alone service	As second or subsequent intervention on same visit/session
2603	Environmental Analysis; Work Space (Ergonomic) Assessment (per hour)	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 body positioning with recommendations to improve deficient areas and education regarding reduction of postural fatigue. (Service Code 1209.)	Bill at hourly rate. See Service Code 1420.	
2604	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. See Service Code 1420.	



2900 SESSIONAL (PER/VISIT) AND TIME BASED FEES

OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			Minimum	Maximum
2900	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.	\$44.00	\$73.00
2950	Therapeutic Intervention (per hour)	Clinical services including therapeutic interventions may be billed on an hourly (time based) basis.	Bill at hourly rate. See Service Code 1420.	



3000 SPECIALIST SERVICES

3000	<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>FCCS Fellow of the College of Chiropractic Sciences</p> <p>FRCCSS(C) Fellow of the Royal College of Chiropractic Sports Sciences (Canada)</p> <p>FCCOS(C) Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)</p> <p>FCCPOR Fellow of the Canadian Chiropractic Specialty College of Physical & Occupational Rehabilitation</p> <p>FCCR Fellow of the College of Chiropractic Radiologists</p>
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OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			Minimum	Maximum
3001	FCCS Standard Specialist 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.	\$160.00	\$272.00
3002	FCCS Complex Specialist 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.	\$280.00	\$476.00



OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			Minimum	Maximum
3003	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. See Service Code 3501.	
3101	FRCCSS(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.	\$160.00	\$272.00
3102	FRCCSS(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.	\$280.00	\$476.00
3103	FRCCSS(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. See Service Code 3501.	



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			Minimum	Maximum
3201	FCCOS(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.	\$160.00	\$272.00
3202	FCCOS(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.	\$280.00	\$476.00
3203	FCCOS(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. See Service Code 3501.	
3301	FCCPOR 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.	\$160.00	\$272.00



OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	Description	1-Jan-2017 Recommended Fee	
			Minimum	Maximum
3302	FCCPOR 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.	\$280.00	\$476.00
3303	FCCPOR 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. See Service Code 3501.	
3401	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.	\$60.00	\$102.00
SPECIALIST'S HOURLY RATE				
3501	Other Unlisted Activity	Billed at hourly rate.	\$324.00	\$629.00



5000-6000 DIAGNOSTIC RADIOGRAPHY

5000 GENERAL RADIOGRAPHIC SERVICES

5000	<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	1-Jan-2017 Recommended Fee		
			Technical Component % of total fee:	Professional Component % of total fee:	Total Fee
			70%	30%	
	CERVICAL SPINE				
5001	two or fewer views	3.SC.10.CXA	\$38.50	\$16.50	\$55.00
5002	three or four views	3.SC.10.CXB	\$50.40	\$21.60	\$72.00
5003	five or six views	3.SC.10.CXC	\$62.30	\$26.70	\$89.00
5004	more than six views	3.SC.10.CXD	\$75.60	\$32.40	\$108.00



OCA Service Code	OCA Service Category	CCI code	1-Jan-2017 Recommended Fee		
			Technical Component % of total fee: 70%	Professional Component % of total fee: 30%	Total Fee
THORACIC SPINE					
5011	two or fewer views	3.SC.10.THA	\$45.50	\$19.50	\$65.00
5012	three or four views	3.SC.10.THB	\$55.30	\$23.70	\$79.00
LUMBAR OR LUMBOSACRAL SPINE					
5021	two or fewer views	3.SC.10.LBA/LSA	\$44.10	\$18.90	\$63.00
5022	three or four views	3.SC.10.LBB/LSB	\$53.90	\$23.10	\$77.00
5023	five or six views	3.SC.10.LBC/LSC	\$64.40	\$27.60	\$92.00
5024	more than six views	3.SC.10.LBD/LSD	\$75.60	\$32.40	\$108.00
5032	Entire Spine: survey study, two views (A-P and lateral)	3.SC.10.A	\$66.50	\$28.50	\$95.00
PELVIS					
5041	two or fewer views	3.SQ.10.A	\$44.10	\$18.90	\$63.00
5042	three or four views	3.SQ.10.B	\$53.20	\$22.80	\$76.00



OCA Service Code	OCA Service Category	CCI code	1-Jan-2017 Recommended Fee		
			Technical Component % of total fee: 70%	Professional Component % of total fee: 30%	Total Fee
SACRUM AND COCCYX					
5051	two or fewer views	3.SF.10.A	\$44.10	\$18.90	\$63.00
5052	three or four views	3.SF.10.B	\$53.20	\$22.80	\$76.00
SACRO-ILIAC JOINTS					
5061	two or fewer views	3.SF.10.A	\$44.10	\$18.90	\$63.00
5062	three or more views	3.SF.10.B	\$53.20	\$22.80	\$76.00
RIBS					
5071	two or fewer views	3.SL.10.A	\$34.30	\$14.70	\$49.00
5072	three to four views	3.SL.10.B	\$44.10	\$18.90	\$63.00
CLAVICLE					
5081	two or fewer views	3.SM.10.A	\$34.30	\$14.70	\$49.00
5082	three or four views	3.SM.10.B	\$44.10	\$18.90	\$63.00
SCAPULA					
5091	two views	3.SN.10.A	\$34.30	\$14.70	\$49.00
5092	three or four views	3.SN.10.B	\$44.10	\$18.90	\$63.00



OCA Service Code	OCA Service Category	CCI code	1-Jan-2017 Recommended Fee		
			Technical Component % of total fee: 70%	Professional Component % of total fee: 30%	Total Fee
5100	UPPER EXTREMITY				
	SHOULDER JOINT				
5101	two or fewer views	3.TA.10.A	\$34.30	\$14.70	\$49.00
5102	three or four views	3.TA.10.B	\$44.10	\$18.90	\$63.00
	ACROMIOCLAVICULAR OR STERNOCLAVICULAR JOINTS				
5111	two or fewer views	3.TB.10.A	\$44.10	\$18.90	\$63.00
5112	three or four views	3.TB.10.B	\$53.20	\$22.80	\$76.00
	HUMERUS				
5121	two or fewer views	3.TK.10.A	\$34.30	\$14.70	\$49.00
5122	three or more views	3.TK.10.B	\$44.10	\$18.90	\$63.00
	ELBOW JOINT				
5131	two or fewer views	3.TM.10.A	\$25.20	\$10.80	\$36.00
5132	three or four views	3.TM.10.B	\$34.30	\$14.70	\$49.00
5133	five or six views	3.TM.10.C	\$44.10	\$18.90	\$63.00
	RADIUS AND ULNA				
5141	two or fewer views	3.TV.10.A	\$25.20	\$10.80	\$36.00
5142	three or four views	3.TV.10.B	\$34.30	\$14.70	\$49.00



OCA Service Code	OCA Service Category	CCI code	1-Jan-2017 Recommended Fee		
			Technical Component % of total fee: 70%	Professional Component % of total fee: 30%	Total Fee
WRIST JOINT					
5151	two or fewer views	3.UB.10.A	\$25.20	\$10.80	\$36.00
5152	three or four views	3.UB.10.B	\$34.30	\$14.70	\$49.00
PHALANX OF HAND					
5161	two or fewer views	3.UJ.10.A	\$17.50	\$7.50	\$25.00
5162	three or four views	3.UJ.10.B	\$27.30	\$11.70	\$39.00
HAND					
5171	two or fewer views	3.UL.10.A	\$25.20	\$10.80	\$36.00
5172	three or four views	3.UL.10.B	\$34.30	\$14.70	\$49.00
5200	LOWER EXTREMITY				
HIP JOINT					
5201	two or fewer views	3.VA.10.A	\$34.30	\$14.70	\$49.00
5202	three or four views	3.VA.10.B	\$44.10	\$18.90	\$63.00
FEMUR					
5211	two or fewer views	3.VC.10.A	\$25.20	\$10.80	\$36.00
5212	three or more views	3.VC.10.B	\$34.30	\$14.70	\$49.00



OCA Service Code	OCA Service Category	CCI code	1-Jan-2017 Recommended Fee		
			Technical Component % of total fee: 70%	Professional Component % of total fee: 30%	Total Fee
KNEE JOINT					
5221	two or fewer views	3.VG.10.A	\$34.30	\$14.70	\$49.00
5222	three or four views	3.VG.10.B	\$44.10	\$18.90	\$63.00
5223	five or six views	3.VG.10.C	\$53.20	\$22.80	\$76.00
TIBIA AND FIBULA					
5231	two or fewer views	3.VQ.10.A	\$25.20	\$10.80	\$36.00
5232	three or four views	3.VQ.10.B	\$34.30	\$14.70	\$49.00
ANKLE JOINT					
5241	two or fewer views	3.WA.10.A	\$34.30	\$14.70	\$49.00
5242	three or four views	3.WA.10.B	\$44.10	\$18.90	\$63.00
TARSAL BONES AND INTERTARSAL JOINTS					
5251	two or fewer views	3.WE.10 .A	\$34.30	\$14.70	\$49.00
5252	three or four views	3.WE.10 .B	\$44.10	\$18.90	\$63.00
PHALANX OF FOOT					
5261	two or fewer views	3.WJ.10.A	\$34.30	\$14.70	\$49.00
5262	three or more views	3.WJ.10.B	\$44.10	\$18.90	\$63.00



DIAGNOSTIC RADIOGRAPHY

6000 SPECIALTY RADIOGRAPHIC SERVICES

OCA Service Code	OCA Service Category	1-Jan-2017 Recommended Fee		
		Technical Component % of total fee: 70%	Professional Component % of total fee: 30%	Total Fee
SKULL, RADIOGRAPHIC EXAMINATION				
6001	less than four views	\$40.60	\$17.40	\$58.00
6002	four or more views	\$60.90	\$26.10	\$87.00
SINUSES, RADIOGRAPHIC EXAMINATION				
6003	less than three views	\$27.30	\$11.70	\$39.00
6004	three or more views	\$37.10	\$15.90	\$53.00
CHEST, RADIOGRAPHIC EXAMINATION				
6005	two views	\$49.00	\$21.00	\$70.00
6006	three or more views	\$58.80	\$25.20	\$84.00
6103	CT Scan, Cervical Spine, with or without contrast media	N/A	\$107.00	\$107.00
6104	CT Scan, Thoracic Spine, with or without contrast media	N/A	\$107.00	\$107.00
6105	CT Scan, Lumbar Spine, with or without Contrast Media	N/A	\$107.00	\$107.00
6106	CT Scan, Upper Extremity	N/A	\$107.00	\$107.00



OCA Recommended Service Codes and Fee Schedule

OCA Service Code	OCA Service Category	1-Jan-2017 Recommended Fee		
		Technical Component % of total fee: 70%	Professional Component % of total fee: 30%	Total Fee
6107	CT Scan, Lower Extremity	N/A	\$107.00	\$107.00
6199	Unlisted CT Scan	N/A	\$107.00	\$107.00
6203	MRI, Cervical Spine	N/A	\$107.00	\$107.00
6204	MRI, Thoracic Spine	N/A	\$107.00	\$107.00
6205	MRI, Lumbar Spine	N/A	\$107.00	\$107.00
6206	MRI, Upper Extremity	N/A	\$107.00	\$107.00
6207	MRI, Lower Extremity	N/A	\$107.00	\$107.00
6208	UNLISTED MRI SERVICE			
6401	Bone Age Study	\$49.70	\$21.30	\$71.00
6402	Bone Density Study	N/A	\$54.00	\$54.00
6403	Bone Length Study	\$63.70	\$27.30	\$91.00
6404	Bone scintigraphy, General Survey	N/A	\$54.00	\$54.00
6405	Bone scintigraphy, Single Site	N/A	\$54.00	\$54.00
6407	Arthrogram, Tenogram, or Bursogram	N/A	\$54.00	\$54.00



SAMPLE VISIT BILLINGS

Visit Description	Services		Recommended Fees		
	Code	Service Description	First Treatment Intervention	Additional Treatment Interventions	Total
<p>EXAMPLE 1</p> <p>A treatment visit on which the only intervention is spinal adjustment/manipulation.</p>	2101	Spinal Adjustment/ Manipulation	\$40.00		\$40.00
<p>EXAMPLE 2</p> <p>A treatment visit on which the only intervention is ultrasound therapy.</p>	2205	Ultrasound	\$31.00		\$31.00
<p>EXAMPLE 3</p> <p>A treatment visit on which the patient receives spinal adjustment/manipulation and ultrasound therapy.</p>	2101	Spinal Adjustment/ Manipulation	\$40.00		\$56.00
	2205	Ultrasound		\$16.00	
<p>EXAMPLE 4</p> <p>A treatment visit on which the patient receives spinal adjustment/manipulation, ultrasound therapy, and instruction for home exercises.</p>	2101	Adjustment/ Manipulation	\$40.00		\$69.00
	2205	Ultrasound		\$16.00	
	2501	Home Exercise Instruction		\$13.00	
<p>EXAMPLE 5</p> <p>A treatment visit in which the patient receives one hour of supervised rehabilitation exercise.</p>	2502	Exercise, supervised, first 30 minutes	\$68.00		\$121.00
	2502	Exercise, supervised, subsequent 30 minutes		\$53.00	



Visit Description	Services		Recommended Fees		
	Code	Service Description	First Treatment Intervention	Additional Treatment Interventions	Total
EXAMPLE 6 An initial patient visit where the patient is assessed, and then treated on the same visit with spinal manipulation/adjustment and supportive myofascial therapy.	1201	Initial Assessment	\$88.00		\$129.00
	2101	Spinal Adjustment/ Manipulation		\$25.00	
	2201	Supportive Myofascial Therapy		\$16.00	



Ontario
Chiropractic
Association

20 Victoria St., Suite 200
Toronto ON M5C 2N8
Tel: 416-860-0070
or toll-free at 1-877-327-2273
Fax: 416-860-0857
Email: oca@chiropractic.on.ca



[@ON_Chiropractic](https://twitter.com/ON_Chiropractic)