Ontario Society of Chiropodists

Guide to Chiropody
Service Codes and Fee Schedule

2020

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Service Codes and Fee Schedule

Diagnostic Services

Examination and Diagnosis includes the following in each category:

	A.	History (medical, overall health, physical and occupational demands, socioeconomic factors, and demographic specific factors)
	B.	Clinical examination and diagnosis including generalized dermatological, vascular, neurological, musculoskeletal, biomechanics, footwear and orthoses
	C.	Treatment plan including best outcomes with case presentation

(Examination and Diagnosis fee. May or may not include treatment)

OSC Fee Code	Description	From	To
1100	Examination and Diagnosis, Complete; recording history, review medical history, charting, treatment planning and case presentation	$70.00	$120.00
1101	Examination and Diagnosis, Previous Patient (has not been treated for 3 years or more)	60.00	120.00
1102	Examination and Diagnosis, Specific - Examination and diagnosis of a specific new situation	62.00	100.00
1103	Examination and Diagnosis, Emergency - Examination and diagnosis for the investigation of discomfort and/or infection in a localized area	60.00	100.00
1104	Examination and Diagnosis, Diabetic - Examination and diagnosis specifically for patients with diabetes	64.00	120.00

House, Institutional and Contract

	A.	See Examination and Diagnosis (above)
	B.	Practitioner must travel to secondary location. Could include but not limited to personal dwelling, hospital, long-term care, nursing or retirement home or other.

OSC Fee Code	Description	From	To
1200	House Call: Examination and Diagnosis, Complete; recording history, review medical history, charting, treatment planning and case presentation. (Initial)	$70.00	$130.00
1201	House Call: Examination and Diagnosis, Podiatric care (return). May include treatment	60.00	95.00

1202	Institutional: Examination and Diagnosis, Complete; recording history, review medical history, charting, treatment planning and case presentation	70.00	120.00
1203	Institutional: Examination and Diagnosis, Podiatric care (return). May include treatment	60.00	85.00

Radiographs

	A.	Does not include examination, diagnosis and/or interpretation

OSC Fee Code	Description	From	To
1300	Radiographs – 2-3 views	$35.00	
1301	Radiographs – 4 views or more	44.00	
1303	Musculoskeletal ultrasound	50.00	
1304	Radiographs, Foot and Ankle - Radiographs, Foot and Ankle (as a diagnostic aid for podiatric treatment) per case	110.00	310.00
1305	Radiographs, Magnetic Resonance Images (M.R.I), Interpretation (either the radiographs, MRI scans, or the interpretation must be received from another source) - Each additional unit over two (15 minutes) + Expense	300.00	465.00

Test and Analysis

	A.	Does not include examination, diagnosis and/or interpretation

OSC Fee Code	Description	From	To
1400	Test/Analysis, Microbiological/Mycological (technical procedure only) - Microbiological Test/Analysis for the Determination of Pathologic Agents + Lab fee	$33.00	$55.00
1401	Test/Analysis, Bacteriological (technical procedure only) - Bacteriological Test/Analysis for the Determination of Pathologic Agents + Lab fee	33.00	55.00
1402	Test/Analysis, Histological, Soft Tissue (technical procedure only) - Biopsy, Soft Tissue - by Puncture + Lab fee	185.00	200.00
1403	Test/Analysis, Histological, Soft Tissue (technical procedure only) - Biopsy, Soft Tissue - by Incision + Lab fee	185.00	200.00
1404	Test/Analysis, Histological, Hard Tissue (technical procedure only) - Biopsy, Hard Tissue - by Puncture + Lab fee	185.00	200.00
1405	Test/Analysis, Histological, Hard Tissue (technical procedure only) - Biopsy, Hard Tissue - by Incision + Lab fee	185.00	200.00

1406	Test/Analysis, Cytological (technical procedure only) - Cytological Smear + Lab fee	100.00	150.00

Photographic

A.	Does not include examination, diagnosis and/or interpretation	

OSC Fee Code	Description	From	To
1500	Photographs, Diagnostic - Single photograph (digital camera)	$10.00	
1501	Photographs, Diagnostic - Two photos	12.00	
1502	Photographs, Diagnostic - Three photos	14.00	
1503	Photographs, Diagnostic - Each additional photo over three	2.00	

Detailed and Specific Biomechanical and Gait Analysis

A.	See examination and diagnosis to determine necessity
B.	Assessments include treatment plan, expected outcomes and case presentation

OSC Fee Code	Description	From	To
1600	Biomechanical Assessment including gait analysis	$150.00	225.00
1601	WebCam Recordings of patient to investigate a wide range of parameters like joints motion and load, muscles activation, both in healthy and pathologic feet	80.00	200.00
1602	3D-Three Dimensional Recordings of Patient's to investigate a wide range of parameters like joints motion and load, muscles activation, both in healthy and pathologic feet	80.00	200.00

Cast Diagnostic (For technical procedure only and/or laboratory processing)

OSC Fee Code	Description	From	To
1700	Casts, Diagnostic, Bilateral Subtalara Neutral Foot Casting	$80.00	150.00
1701	Casts, Diagnostic, Bilateral Slipper Foot Casting	80.00	150.00
1702	Casts, Diagnostic, Bilateral Bi-Valve Foot Casting	175.00	250.00
1703	Casts, Diagnostic, Ankle Foot Orthoses Casting (one leg)	175.00	250.00
1704	Casts, Diagnostic, Bilateral Custom Shoe Casting	200.00	250.00
1705	Casts, Diagnostic, Bilateral Molded Shoe Cast	200.00	250.00

1706	Casts, Diagnostic, Bilateral Digital or Heel Cast	75.00	

Treatment Planning

	A.	This service is only for unusually complicated cases, or when the patient requires an unusual amount time. Also includes diagnostic material and/or medical reports from another source.

OSC Fee Code	Description	From	To
1800	Treatment planning & Management - One unit of time (15 minutes)	$30.00	$40.00
1801	Treatment planning & Management- Two units (30 minutes)	60.00	70.00
1802	Treatment planning & Management- Three units (45 minutes)	90.00	100.00
1803	Treatment planning & Management- Four units (60 minutes)	125.00	150.0.00
1804	Treatment planning & Management - Each additional unit over four (15 minutes)	30.00	40.00

Consultation

OSC Fee Code	Description	From	To
1900	Consultation & Education with patient - One unit of time (15 minutes)	$30.00	$40.00
1901	Consultation & Education with patient - Two units (30 minutes)	60.00	70.0
1902	Consultation & Education with patient - Each additional unit over two (15 minutes)	30.00	40.00
1903	Consultation with Specialist and referral if required - One unit of time (15 minutes)	30.00	40.00
1904	Consultation with Specialist and referral if required - Two unit (30 minutes)	60.00	70.00
1905	Consultation with Specialist and referral if required - Each additional unit over two (15 minutes)	30.00	40.00
1906	Consultation with Specialist and admit patient to hospital - One unit of time (15 minutes)	30.00	40.00

Treatment & Preventive Services

Preventive Services:

	A.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes
	B.	Podiatric Care Definition: This includes the majority of all nail and skin pathologies. It does not include muscle, joint, ligament, nerve or other foot conditions not related to nails or skin. Those will be assessed and addressed accordingly either with a biomechanical assessment, gait analysis, musculoskeletal assessment, neurological, vascular, orthopedic, orthotics or surgical treatment plans and the procedure code(s).

OSC Fee Code	Description	From	To
2101	Podiatric Care (treatment) LEVEL ONE– basic foot care, normal nail & skin with no pathology or disease	$50.00	$90.00
2102	Podiatric Care (treatment) LEVEL TWO - basic footcare w mild diseased nails and/or skin pathology or disease	55.00	95.00
2103	Podiatric Care (treatment) LEVEL THREE - advanced footcare w combination mild to moderate diseased nails and/or skin pathology or disease	65.00	110.00
2104	Podiatric Care (treatment) LEVEL FOUR - specialized footcare w combination of moderate to severe diseased nails and/or skin pathology or disease	75.00	120.00
2105	Podiatric Care (treatment) LEVEL FIVE - Complex footcare and severe nails and/or skin pathology or disease footcare/wound care **OR** Inactive patient which has returned after 3 years and requires re-evaluation and footcare	75.00	125.00

Laser Therapy

	A.	Treatment for onychomycosis (fungal nail).

OSC Fee Code	Description	From	To
2201	Fungal Nail Laser: One Nail	$100.00	$300.00
2202	Fungal Nail Laser: Two - Five Nails	150.00	300.00
2203	Fungal Nail Laser: Six to Eight Nails	225.00	400.00
2204	Fungal Nail Laser: All Toenails	500.00	800.00
2205	Fungal Nail Laser: Full Case Fee	500.00	2500.00

2210	Laser Treatment for Verruca/Plantar Wart: Single Session (variation in cost will also depend on number of verrucaes and size)	125.00	250.00
2300	Nail Replacement - Per toe	75.00	150.00
2350	Toenail Brace - Per toe	75.00	150.00

Therapy

OSC Fee Code	Description	From	To
2400	Biostimulation Therapy	$45.00	$75.00
2401	Combination Therapy	55.00	90.00
2402	Interferential Current Therapy	55.00	95.00
2403	Low Level Laser Therapy	55.00	125.00
2404	Maggot Debridement Therapy	55.00	95.00
2405	Magnetic Biostimulation Therapy	55.00	150.00
2406	Monochromatic Infrared Light Therapy	55.00	95.00
2407	Paraffin Wax Bath Therapy	40.00	60.00
2408	Podiatric Joint Mobilization	55.00	150.00
2409	Shockwave Therapy	55.00	150.00
2410	T.E.N.S.	45.00	60.00
2411	Therapeutic Foot Therapy Session	55.00	95.00
2412	Ultrasound Therapy	45.00	75.00

Total Contact Cast Systems

	A.	Application of Total Contact Cast to offload pressures in the treatment of diabetic foot ulcers, Charcot joint injuries, and post-op immobilization.

OSC Fee Code	Description	From	To
2500	Total Contact Cast System - Initial application	$290.00	$350.00
2501	Total Contact Cast System - Serial application	290.00	350.00

Biomechanical Services

Custom Made Orthoses

	A.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes
	B.	Cast Diagnostic (for technical procedure and/or laboratory processing) refer to "1100" Codes

OSC Fee Code	Description	From	To
3100	Custom made Prescription Foot Orthotic (Bilateral - Non case fee)	$460.00	$690.00
3101	Custom made Prescription Foot Orthotic (Bilateral - Case Fee). Case fee includes Biomechanical Assessment, Casting, Orthotic, dispensing and follow-up review	502.00	690.00
3102	Custom made Prescription Foot Orthotic 2nd pair (before 12 months)	445.00	525.00
3110	Ankle Foot Orthoses (unilateral)	800.00	850.00
3111	Ankle Foot Orthoses (unilateral) Case Fee. Case fee includes Biomechanical Assessment, Casting, Orthotic, dispensing and follow-up review	907.00	1500.00
3112	Sliding Foot Orthoses	550.00	1,000.00
3113	Custom Made Orthopaedic Footwear (Case Fee) from a custom last. Case fee includes Biomechanical Assessment, Casting, Footwear, and follow-up review	1,200.00	2800.00
3114	Dispense prescription custom foot orthoses		
3115	Follow-up to the dispensing of prescription custom foot orthoses with adjustment		

Prefabricated

OSC Fee Code	Description	From	To
3120	Prefabricated Ankle-Foot Orthoses (unilateral)	$300.00	$450.00
3121	Prefabricated Ankle Brace	40.00	250.00
3122	Prefabricated Walking Cast	100.00	300.00
3123	Prefabricated Night Splint	50.00	250.00
3124	Prefabricated Orthopaedic Braces (unilateral)	25.00	400.00
3125	Prefabricated Foot Orthoses - Customized (non-casted)	100.00	250.00

3130	Custom made or Customized Accommodative Insoles (non-casted)	100.00	250.00
3131	Customized Insoles (in-house)	75.00	250.00
3132	Custom made Orthopaedic Braces (unilateral) Case Fee	1200.00	1800.00
3133	Custom made Orthodigital Device (single)	20.00	125.00

Footwear

OSC Fee Code	Description	From	To
3140	Custom made (custom lasted) Orthopaedic Footwear (Bilateral)	$1,250.00	$2800.00
3141	Subsequent Custom made (custom lasted) Orthopaedic Footwear (Bilateral) from original cast and measurements	1,000.00	1,700.00
3142	Custom made Orthoses custom fit to Sandal	650.00	1,000.00

Stock Items

OSC Fee Code	Description	From	To
3150	Stock Orthopaedic Footwear	$150.00	$400.00
3151	Stock Therapeutic Footwear	150.00	500.00
3152	Surgical Shoes	75.00	250.00
3153	Wound Healing Shoe	150.00	400.00
3154	Wound Healing Boot	250.00	450.00
3155	Walking Boot for Total Contact Cast	190.00	250.00

Refurbishing

	A.	Fees is based on technical procedure and/or laboratory processing with materials required to complete

OSC Fee Code	Description	From	To
3160	Custom Orthoses Refurbishing or Recovering (in house)	$20.00	$150.00
3161	Custom Orthoses Refurbishing or Recovering (off-site lab)	80.00	200.00

Orthopaedic Footwear Modifications

	A.	Modification fees do not include assessment, fitting or follow-up
	B.	I.C. – Independent Consideration is provided where, because of the large variation in a procedure of rendering a service, a suggested fee is difficult to ascertain.

OSC Fee Code	Description	From	
3200	Balloon patch	$100.00/ shoe	
3201	Built in Orthotics (Accommodative)	400.00/ pair	
3202	Buttress medical or lateral	90.00/ shoe	
3203	Charcot foot	170.00/ shoe	
3204	Elastic laces	11.00/ pair	
3205	Excavations	50.00/ shoe	
3206	Extended heel counter	50.00/ shoe	
3207	Extra Depth	I.C.	
3208	Extra Width (split sole)	120.00/ shoe	
3209	Filler for toe amputations	110.00/ shoe	
3210	Foot lift	72.00/ cm	
3211	Guide insole removal	13.00/ pair	
3212	Heel and sole lift	72.00/ cm	
3213	Heel lift	35.00/ cm	
3214	Heel re-shaping by heat forming to cast	97.00	
3215	Medial/Lateral flare	90.00/ shoe	
3216	Metatarsal bar	50.00/ shoe	
3217	Metatarsal pad	15.00/ each	
3218	Padding at heel counter	40.00/ pair	
3219	Plastazote insoles	60.00/ pair	
3220	Reinforced heel counter	60.00/ pair	
3221	Removable light insole (single density)	45.00/ pair	
3222	Removable light insole (dual density)	55.00/ pair	
3223	Removable light insole (triple density)	65.00/ pair	
3224	Replacement of full sole	75.00/ shoe	
3225	Replacement of half sole	45.00/ shoe	
3226	Replacement of heels	35.00/ shoe	
3227	Reverse last	170.00/ pair	
3228	Reverse Thomas heel	67.00/ shoe	
3229	Rocker sole	150.00/ shoe	
3230	Sach heel	90.00/ shoe	
3231	Stretching	20.00/ shoe	
3232	Steel shank implant	87.00/ shoe	
3233	Stone heel	67.00/ shoe	

3234	Straight heel	170.00/ pair	
3235	Thomas Heel	67.00/ shoe	
3236	Toe box re-shaping by heat and stretching to cast	107.00/ shoe	
3237	Toe filler	60.00/ shoe	
3238	Toe slider/shuffle plate	80.00/ shoe	
3239	Tongue pad	35.00/ shoe	
3240	T-strap (for brace)	70.00/ shoe	
3241	Velcro closure	70.00/ shoe	
3242	Wedge/flare	90.00/ shoe	
3243	Zipper	65.00/ shoe	

Padding

	A.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes

OSC Fee Code	Description	From	To
3301	Minor Padding - One site	$10.00	$25.00
3302	Minor Padding - Two or more sites	30.00	50.00
3311	Major Padding - One site	30.00	50.00
3312	Major Padding - Two or more sites	50.00	150.00

Strapping

	A.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes

OSC Fee Code	Description	From	To
3321	Minor Strapping - One site	$10.00	$25.00
3322	Minor Strapping - Two or more sites	30.00	50.00
3331	Major Strapping - One site	30.00	50.00
3332	Major Strapping - Two or more sites	50.00	150.00

Digital Splinting or Joint Immobilization

	A.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes

OSC Fee Code	Description	From	To
3341	Digital Splinting or Joint Immobilization - minor - One site	$10.00	$25.00
3342	Digital Splinting or Joint Immobilization - minor - Two or more sites	30.00	50.00
3351	Digital Splinting or Joint Immobilization - major - One site	30.00	50.00
3352	Digital Splinting or Joint Immobilization - major - Two or more sites	50.00	150.00

Podiatric Surgery

Surgery:

	A.	Includes anaesthesia, dressings, and three follow-up treatments as required.
	B.	All surgical services are preceded by the appropriate diagnostic services.
	C.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes
	D.	Radiograph Procedures Codes - Refer to "1300" Codes

OSC Fee Code	Description	From	To
4101	Total Nail Avulsion & Phenol Matrix destruction (per toe)	$365.00	$650.00
4102	Total Nail Avulsion (per toe) no phenol	300.00	600.00
4103	Partial Nail Avulsion & Phenol Matrix destruction (one side)	336.00	600.00
4104	Partial Nail Avulsion (one side)no phenol	300.00	600.00
4105	Bilateral Nail Avulsion & Phenol Matrix destruction (two sides)	440.00	700.00
4106	Bilateral Nail Avulsion (two sides)	425.00	650.00
4107	Onycholplasty	320.00	375.00

Soft Tissue

OSC Fee Code	Description	From	To
4110	Blunt Curettage (Porokeratosis and/or verruca)	$230.00	$450.00
4111	Blunt Curettage (Multiple sites)	270.00	650.00
4112	V/Y Plasty	225.00	500.00
4113	Bursa Drainage	77.00	165.00
4114	Webbing Syndactylism	550.00	700.00
4115	Medial Foot/Instep Fasciotomy	900.00	1900.00
4116	Cryosurgical procedure	40.00	120.00
4117	Electrodessication	150.00	350.00
4118	Electro Surgery (first lesion)	120.00	600.00
4119	Electro Surgery (subsequent lesions)	200.00	600.00
4120	Cryosurgical (per application)	52.00	120.00
4130	Needling	300.00	560.00

Tendon and Joint Surgery

OSC Fee Code	Description	From	To
4131	Tenotomy/Capsulotomy	350.00	460.00
4132	Tenotomy/Capsulotomy for overlying 5th toe	350.00	475.00
4133	Tenoplasty (Tendon Lengthening)	400.00	600.00
4134	Capsulotomy 2nd to 4th metatarso-phalangeal joint	250.00	300.00
4135	Capsulotomy 1st metatarso-phalangeal joint	400.00	550.00

Neuroma Surgery

OSC Fee Code	Description	From	To
4140	Interdigital Neuroma	$900.00	$1200.00
4141	Calcaneal Neuroma	700.00	1000.00
4142	Morton's Neuroma -Surgical decompression of the third intermetataral space	900.00	1,200.00

Endoscopic Surgery

OSC Fee Code	Description	From	To
4150	Endoscopic Plantar Fasciotomy	$2100.00	$2500.00
4151	Medial Foot/Instep Fasciotomy	625.00	900.00

Surgical Implant

OSC Fee Code	Description	From	To
4160	Sinus-tarsi stabilisation	$2,000.00	$4,000.00

Surgical Exposure

OSC Fee Code	Description	From	To
4221	Surgical Exposure, Complex, Hard Tissue Coverage - Single site	$295.00	$375.00
4222	Surgical Exposure, Complex, Hard Tissue Coverage - Each additional	295.00	350.00

	site		
4223	Surgical Exposure, Complex, Soft Tissue Coverage - Single site	295.00	375.00
4224	Surgical Exposure, Complex, Soft Tissue Coverage - Each additional site	295.00	350.00

Excision (Cyst)

OSC Fee Code	Description	From	To
4231	Excision of Cyst-single lesion	$295.00	$375.00
4232	Excision of Cyst-two lesions	325.00	415.00
4233	Excision of Cyst-three or more lesions	359.00	445.00

Excision (Ganglion)

OSC Fee Code	Description	From	To
4241	Excision of Ganglion-single lesion	$295.00	$375.00
4242	Excision of Ganglion-two lesions	325.00	415.00
4243	Excision of Ganglion-three or more lesions	359.00	445.00

Wound Care

OSC Fee Code	Description	From	To
4251	Repairs, Lacerations-single lesion	$99.00	$125.00
4252	Repairs, Lacerations-two lesions	125.00	150.00
4253	Repairs, Lacerations-three or more lesions	151.00	225.00
4261	Secondary Haemorrhage, Control	90.00	125.00
4262	Haemorrhage Control, using Compression and Haemostatic Agent	150.00	225.00
4263	Haemorrhage Control, using Haemostatic Substance and Sutures (including removal of bony tissue, if necessary)	197.00	325.00

Post Surgical Care

OSC Fee Code	Description	From	To
4271	Post Surgical Care, Minor, by Treating Chiropodist	$41.00	$60.00
4272	Post Surgical Care, Minor, by Other Than Treating Chiropodist	41.00	60.00
4273	Post Surgical Care, Major (may include appropriate suturing), by Treating Chiropodist	90.00	120.00
4274	Post Surgical Care, Major (may include appropriate suturing), by Other Than Treating Chiropodist	90.00	120.00

Adjunctive General Services

	A.	Unclassified treatments
	B.	I.C. – Independent Consideration is provided where, because of the large variation in a procedure of rendering a service, a suggested fee is difficult to ascertain.

Anaesthesia

	A	Must be delivered by a regulated health professional with appropriate training completed at an educational facility that offers a certification program in Local Anaesthetics and Substances and adheres to the Standards of the College of Chiropodists of Ontario. Examination and Diagnosis Procedure Codes – Refer to "1100" codes
	B.	Treatment Codes – Refer to "2000" codes and/or "4000"

OSC Fee Code	Description	From	To
5000	Anaesthesia, Local (not in conjunction with operative or surgical procedures, includes pre-anaesthetic evaluation and post-anaesthetic follow-up) Regional Block Anaesthesia (not in conjunction with operative or surgical procedures)	$75.00	$150.00
5001	Anaesthesia, Local (not in conjunction with operative or surgical procedures, includes pre-anaesthetic evaluation and post-anaesthetic follow-up) Ankle Block (not in conjunction with operative or surgical procedures)	150.00	225.00
5002	Cortisone Injection	75.00	150.00
5003	Injections per region (non-surgical)	50.00	150.00
5004	Injections per region (surgical)	50.00	150.00
5005	Topical Application of medicaments	25.00	55.00

Nitrous Oxide and Oxygen

	A.	Must be delivered by a regulated health professional with appropriate training completed at an educational facility that offers a certification program in Nitrous Oxide and Oxygen and adheres to the Standards of the College of Chiropodists of Ontario.

OSC Fee Code	Description	From	To
5020	Nitrous Oxide and Oxygen- One unit of time (15 minutes)		$65.00
5021	Nitrous Oxide and Oxygen- Two unit of time (30 minutes)		100.00
5022	Nitrous Oxide and Oxygen- Three unit of time (45 minutes)		135.00
5023	Nitrous Oxide and Oxygen- Four unit of time (60 minutes)		169.00
5029	Nitrous Oxide and Oxygen- Additional unit of time (15 minutes)		35.00

A.R.T. (Active Release Technique)

	A.	Must be delivered by a regulated health professional with appropriate training completed at an educational facility that offers a certification program in Active Release Technique and adheres to the Standards of the College of Chiropodists of Ontario. Examination and Diagnosis Procedure Codes – Refer to "1100" codes

OSC Fee Code	Description	From	To
5400	A.R.T. Treatment	$45.00	$130.00

Acupuncture

	A.	Must be delivered by a regulated health professional with appropriate training completed at an educational facility that offers a certification program in Acupuncture and adheres to the Standards of the College of Chiropodists of Ontario.
	B.	Examination and Diagnosis Procedure Codes – Refer to "1100" codes

OSC Fee Code	Description	From	To
5500	Acupuncture Treatment	$45.00	$130.00

Medical Compression Stockings

	A.	Must be delivered by a regulated health professional with appropriate training completed at an educational facility that offers a certification program in Medical Compression Fitting Course and adheres to the standards of the College of Chiropodists of Ontario.

OSC Fee Code	Description	From	To
5600	20-30mmHg Compression Calf length	I.C.	
5601	20-30mmHg Compression Thigh length	I.C.	
5602	20-30mmHg Compression Pantyhose length	I.C.	
5603	20-30mmHg Compression Maternity Full Pantyhose	I.C.	
5700	30-40mmHg Compression Calf length	I.C.	
5701	30-40mmHg Compression Thigh length	I.C.	
5702	30-40mmHg Compression Pantyhose length	I.C.	

5703	30-40mmHg Compression Maternity Full Pantyhose	I.C.	

Other

OSC Fee Code	Description	From	To
5800	Consultation with Member of the Profession or other Healthcare Providers, in or out of the office + Expenses	$155.00	
5801	Legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative, local, municipal or government agency, etc.) in relation to the patient, with prior patient approval	75.00	
5802	Legal opinion - a comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long-term consequences and complications in the development of the conditions. The report will require expert knowledge and judgment with respect to the facts leading to a detailed prognosis	75.00/ page	
5803	Completing Standard Claim Forms	35.00	
5804	Upon request, Providing a Written Treatment Plan/Outline for a Patient ODSP/ON Works, etc. Estimate/Claim Form Completion	I.C.	
5805	For extraordinary time spent, on the telephone with third party administrators or their agents, in relation to claim/treatment plan forms, or the claim problem of the patient (plus long distance charges) + Expenses	58.00	
5806	Missed or Canceled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours	65.00	
5807	Travelling Expenses	120.00/ hour	
5808	Court Appearance as an Expert Witness - One half day	400.00	
5809	Court Appearance as an Expert Witness - Full day	800.00	
5810	Identification - opinion as an expert assisting in civil or criminal cases	350.00	
5811	Full or Part Time Participation in Civil Disaster	I.C.	
5812	Written Forensic Report	I.C.	
5813	Accessible Parking Permit	50.00	
5814	Photocopying Patient File ($10/base up to 25 pages; $0.25 per page thereafter)		
5820	Prescription, Emergency	No Fee	
5821	Emergency Dispensing of one or two doses of a therapeutic drug, plus giving a written prescription	No Fee	

9000	Additional Expense of Materials	I.C.	
9900	PPE Expenses required by the COVID-19 pandemic, per appointment	8.00	18.00
9901	Non-aerosol generating procedures	8.00	18.00
9902	Aerosol generating procedures	8.00	18.00
99999	Applicable Taxes + HST	13%	