

Ontario Society of Chiropractors

Guide to Chiropractic Service Codes and Fee Schedule

2026

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Introduction

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The purpose of the Ontario Society of Chiropractors **Procedure Codes and Suggested Fee Guide** is to primarily be a reference fee guide to help establish effective method of communication between Chiropractic Practices and Insurance Companies processing Extended Health Care Claims on behalf of their members and Chiropractic patients.

The Ontario Society of Chiropractors **Procedure Codes and Suggested Fee Guide** has been published based on the scope of practice within the Chiropractic Profession under normal conditions. The Ontario Society of Chiropractors **Procedure Codes and Suggested Fee Guide** is to serve only as reference to enable the development of structured and standardized procedure codes, and fee structures that are fair and reasonable to both the patient and the practitioner.

The fees listed within this Fee Guide are not mandatory, only suggested, and each practitioner is expected to determine the fees that will be charged for the services performed.

The College of Chiropractors of Ontario has published guidelines for proper patient communication as well as Fees Billings and Accounts Guideline See <https://cocco.on.ca/code-of-ethics/> and <https://www.cocco.on.ca/pdf/guidelines/Fees.pdf> for further details.

The Ontario Society of Chiropractors **Guide to Chiropractic Service Codes and Fee Schedule** includes specific descriptions of Chiropractic procedures along with a corresponding code.

Chiropractors are encouraged to use the codes that describe the treatment performed.

Every effort has been made to list the most common procedures within the scope of practice as well as some in anticipation of expanded scope of practice.

As a self-governed professional, it is the Chiropractor's responsibility to only perform procedures within their expertise and scope of practice and it is the sole responsibility of the practitioner to judge what is within that practice based on College Statutes and Bylaws that may change from time to time.

Service Codes and Fee Schedule

Diagnostic Services

Examination and Diagnosis includes the following in each category:

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|----|---|
| 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	\$84.08	\$144.14
1101	Examination and Diagnosis, Previous Patient (has not been treated for 3 years or more)	\$73.29	\$146.59
1102	Examination and Diagnosis, Specific - Examination and diagnosis of a specific new situation	\$75.74	\$122.16
1103	Examination and Diagnosis, Emergency - Examination and diagnosis for the investigation of discomfort and/or infection in a localized area	\$73.29	\$122.16
1104	Examination and Diagnosis, Diabetic - Examination and diagnosis specifically for patients with diabetes	\$78.19	\$146.59

House, Institutional and Contract

- | | |
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| 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)	\$84.08	\$156.15
1201	House Call: Examination and Diagnosis, Podiatric care (return). May include treatment	\$72.06	\$114.11

1202	Institutional: Examination and Diagnosis, Complete; recording history, review medical history, charting, treatment planning and case presentation	\$84.08	\$144.14
1203	Institutional: Examination and Diagnosis, Podiatric care (return). May include treatment	\$72.06	\$102.10

Radiographs

	A.	Does not include examination, diagnosis and/or interpretation		
OSC Fee Code	Description	From	To	
1300	Radiographs – 2-3 views	\$42.04	I.C	
1301	Radiographs – 4 views or more	\$52.85	I.C	
1303	Musculoskeletal ultrasound	\$60.05	I.C	
1304	Radiographs, Foot and Ankle - Radiographs, Foot and Ankle (as a diagnostic aid for podiatric treatment) per case	\$132.13	\$372.35	
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	\$360.34	\$558.53	

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	\$39.63	\$66.06	
1401	Test/Analysis, Bacteriological (technical procedure only) - Bacteriological Test/Analysis for the Determination of Pathologic Agents + Lab fee	\$34.47	\$57.45	
1402	Test/Analysis, Histological, Soft Tissue (technical procedure only) - Biopsy, Soft Tissue - by Puncture + Lab fee	\$222.20	\$240.23	
1403	Test/Analysis, Histological, Soft Tissue (technical procedure only) - Biopsy, Soft Tissue - by Incision + Lab fee	\$222.20	\$240.23	
1404	Test/Analysis, Histological, Hard Tissue (technical procedure only) - Biopsy, Hard Tissue - by Puncture + Lab fee	\$222.20	\$240.23	
1405	Test/Analysis, Histological, Hard Tissue (technical procedure only) - Biopsy, Hard Tissue - by Incision + Lab fee	\$222.20	\$240.23	

1406	Test/Analysis, Cytological (technical procedure only) - Cytological Smear + Lab fee	\$120.12	\$180.17
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Photographic

A.	Does not include examination, diagnosis and/or interpretation		
OSC Fee Code	Description	From	To
1500	Photographs, Diagnostic - Single photograph (digital camera)	\$12.01	I.C
1501	Photographs, Diagnostic - Two photos	\$14.41	I.C
1502	Photographs, Diagnostic - Three photos	\$16.81	I.C
1503	Photographs, Diagnostic - Each additional photo over three	\$2.40	I.C

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	\$180.17	\$270.26
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	\$96.09	\$240.23
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	\$96.09	\$240.23

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

OSC Fee Code	Description	From	To
1700	Casts, Diagnostic, Bilateral Subtalar Neutral Foot Casting	\$96.09	\$180.17
1701	Casts, Diagnostic, Bilateral Slipper Foot Casting	\$96.09	\$180.17
1702	Casts, Diagnostic, Bilateral Bi-Valve Foot Casting	\$210.19	\$300.28
1703	Casts, Diagnostic, Ankle Foot Orthoses Casting (one leg)	\$210.19	\$300.28
1704	Casts, Diagnostic, Bilateral Custom Shoe Casting	\$240.23	\$300.28
1705	Casts, Diagnostic, Bilateral Molded Shoe Cast	\$240.23	\$300.28

1706	Casts, Diagnostic, Bilateral Digital or Heel Cast	\$90.09	At Discretion

Treatment Planning

A.	This service is only for unusually complicated cases, or when the patient requires an unusual amount of time. Also may include diagnostic material and/or medical reports from another source.
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OSC Fee Code	Description	From	To
1800	Treatment planning & Management - One unit of time (15 minutes)	\$36.03	\$42.30
1801	Treatment planning & Management- Two units (30 minutes)	\$72.06	\$83.04
1802	Treatment planning & Management- Three units (45 minutes)	\$108.10	\$123.77
1803	Treatment planning & Management- Four units (60 minutes)	\$150.14	\$180.17
1804	Treatment planning & Management - Each additional unit over four (15 minutes)	\$36.03	\$42.30

Consultation

OSC Fee Code	Description	From	To
1900	Consultation & Education with patient - One unit of time (15 minutes)	\$36.03	\$42.30
1901	Consultation & Education with patient - Two units (30 minutes)	\$72.06	\$83.04
1902	Consultation & Education with patient - Each additional unit over two (15 minutes)	\$36.03	\$42.30
1903	Consultation with Specialist and referral if required - One unit of time (15 minutes)	\$36.03	\$42.30
1904	Consultation with Specialist and referral if required - Two unit (30 minutes)	\$72.06	\$83.04
1905	Consultation with Specialist and referral if required - Each additional unit over two (15 minutes)	\$36.03	\$48.04
1906	Consultation with Specialist and admit patient to hospital - One unit of time (15 minutes)	\$36.03	\$48.04

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	\$60.05	\$108.10	
2102	Podiatric Care (treatment) LEVEL TWO - basic footcare w mild diseased nails and/or skin pathology or disease	\$66.06	\$114.11	
2103	Podiatric Care (treatment) LEVEL THREE - advanced footcare w combination mild to moderate diseased nails and/or skin pathology or disease	\$78.08	\$132.13	
2104	Podiatric Care (treatment) LEVEL FOUR - specialized footcare w combination of moderate to severe diseased nails and/or skin pathology or disease	\$90.09	\$144.14	
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	\$90.09	\$150.14	

Laser Therapy

	A.	Treatment for onychomycosis (fungal nail).		
OSC Fee Code	Description	From	To	
2201	Fungal Nail Laser: One Nail	\$120.12	\$360.34	
2202	Fungal Nail Laser: Two - Five Nails	\$180.17	\$360.34	
2203	Fungal Nail Laser: Six to Eight Nails	\$270.26	\$480.45	
2204	Fungal Nail Laser: All Toenails	\$600.57	\$960.90	
2205	Fungal Nail Laser: Full Case Fee	\$600.57	\$3,002.82	

2210	Laser Treatment for Verruca/Plantar Wart: Single Session (variation in cost will also depend on number of verrucaes and size)	\$150.14	\$300.28
2220	Microwave Therapy for Verruca Pedis	\$180.17	\$360.34
2300	Nail Replacement - Per toe	\$90.09	\$180.17
2350	Toenail Brace - Per toe	\$90.09	\$180.17

Therapy

OSC Fee Code	Description	From	To
2400	Biostimulation Therapy	\$54.05	\$90.09
2401	Combination Therapy	\$66.06	\$108.10
2402	Interferential Current Therapy	\$66.06	\$114.11
2403	Low Level Laser Therapy	\$66.06	\$150.14
2404	Maggot Debridement Therapy	\$66.06	\$114.11
2405	Magnetic Biostimulation Therapy	\$66.06	\$180.17
2406	Monochromatic Infrared Light Therapy	\$66.06	\$114.11
2407	Paraffin Wax Bath Therapy	\$48.04	\$72.06
2408	Podiatric Joint Mobilization	\$66.06	\$180.17
2409	Shockwave Therapy	\$66.06	\$180.17
2410	T.E.N.S.	\$54.05	\$72.06
2411	Therapeutic Foot Therapy Session	\$66.06	\$114.11
2412	Ultrasound Therapy	\$54.05	\$90.09

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	\$348.32	\$420.40	
2501	Total Contact Cast System - Serial application	\$348.32	\$420.40	

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)	\$552.52	\$828.77	
3101	Custom made Prescription Foot Orthotic (Bilateral - Case Fee). Case fee includes Biomechanical Assessment, Casting, Orthotic, dispensing and follow-up review	\$602.97	\$828.77	
3102	Custom made Prescription Foot Orthotic 2nd pair (before 12 months)	\$534.50	\$630.59	
3110	Ankle Foot Orthoses (unilateral)	\$960.90	\$1,020.96	
3111	Ankle Foot Orthoses (unilateral) Case Fee. Case fee includes Biomechanical Assessment, Casting, Orthotic, dispensing and follow-up review	\$1,089.42	\$1,801.70	
3112	Sliding Foot Orthoses	\$660.62	\$1,201.13	
3113	Custom Made Orthopaedic Footwear (Case Fee) from a custom last. Case fee includes Biomechanical Assessment, Casting, Footwear, and follow-up review	\$1,441.35	\$3,363.16	
3114	Dispense prescription custom foot orthoses			At Discretion
3115	Follow-up to the dispensing of prescription custom foot orthoses with adjustment			At Discretion

Prefabricated

OSC Fee Code	Description	From	To	
3120	Prefabricated Ankle-Foot Orthoses (unilateral)	\$360.34	\$540.50	
3121	Prefabricated Ankle Brace	\$48.04	\$300.28	
3122	Prefabricated Walking Cast	\$120.12	\$360.34	
3123	Prefabricated Night Splint	\$60.05	\$300.28	
3124	Prefabricated Orthopaedic Braces (unilateral)	\$30.03	\$480.45	
3125	Prefabricated Foot Orthoses - Customized (non-casted)	\$120.12	\$300.28	

3130	Custom made or Customized Accommodative Insoles (non-casted)	\$120.12	\$300.28
3131	Customized Insoles (in-house)	\$90.09	\$300.28
3132	Custom made Orthopaedic Braces (unilateral) Case Fee	\$1,441.35	\$2,162.03
3133	Custom made Orthodigital Device (single)	\$24.02	\$150.14

Footwear

OSC Fee Code	Description	From	To
3140	Custom made (custom lasted) Orthopaedic Footwear (Bilateral)	\$1,501.41	\$3,363.16
3141	Subsequent Custom made (custom lasted) Orthopaedic Footwear (Bilateral) from original cast and measurements	\$1,201.13	\$2,041.92
3142	Custom made Orthoses custom fit to Sandal	\$780.73	\$1,201.13

Stock Items

OSC Fee Code	Description	From	To
3150	Stock Orthopaedic Footwear	\$180.17	\$480.45
3151	Stock Therapeutic Footwear	\$180.17	\$600.57
3152	Surgical Shoes	\$90.09	\$300.28
3153	Wound Healing Shoe	\$180.17	\$480.45
3154	Wound Healing Boot	\$300.28	\$540.50
3155	Walking Boot for Total Contact Cast	\$228.21	\$300.28

Refurbishing

A.	Fees is based on technical procedure and/or laboratory processing with materials required to complete
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OSC Fee Code	Description	From	To
3160	Custom Orthoses Refurbishing or Recovering (in house)	\$24.02	\$180.17
3161	Custom Orthoses Refurbishing or Recovering (off-site lab)	\$96.09	\$240.23

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	\$120.12	Per shoe
3201	Built in Orthotics (Accommodative)	\$480.45	Per pair
3202	Buttress medical or lateral	\$108.10	Per shoe
3203	Charcot foot	\$204.19	Per shoe
3204	Elastic laces	\$13.21	Per pair
3205	Excavations	\$60.05	Per shoe
3206	Extended heel counter	\$60.05	Per shoe
3207	Extra Depth	I.C.	
3208	Extra Width (split sole)	\$144.14	Per shoe
3209	Filler for toe amputations	\$132.13	Per shoe
3210	Foot lift	\$86.49	
3211	Guide insole removal	\$15.61	Per pair
3212	Heel and sole lift	\$86.49	
3213	Heel lift	\$42.04	
3214	Heel re-shaping by heat forming to cast	\$116.51	
3215	Medial/Lateral flare	\$108.10	Per shoe
3216	Metatarsal bar	\$60.05	Per shoe
3217	Metatarsal pad	\$18.02	Each
3218	Padding at heel counter	\$48.04	Per pair
3219	Plastazote insoles	\$72.06	Per pair
3220	Reinforced heel counter	\$72.06	Per pair
3221	Removable light insole (single density)	\$54.05	Per pair
3222	Removable light insole (dual density)	\$66.06	Per pair
3223	Removable light insole (triple density)	\$78.08	Per pair
3224	Replacement of full sole	\$90.09	Per shoe
3225	Replacement of half sole	\$54.05	Per shoe
3226	Replacement of heels	\$42.04	Per shoe
3227	Reverse last	\$204.19	Per pair
3228	Reverse Thomas heel	\$80.48	Per shoe
3229	Rocker sole	\$180.17	Per shoe
3230	Sach heel	\$108.10	Per shoe
3231	Stretching	\$24.02	Per shoe
3232	Steel shank implant	\$104.50	Per shoe
3233	Stone heel	\$80.48	Per shoe

3234	Straight heel	\$204.19	Per Pair
3235	Thomas Heel	\$80.48	Per shoe
3236	Toe box re-shaping by heat and stretching to cast	\$128.52	Per shoe
3237	Toe filler	\$72.06	Per shoe
3238	Toe slider/shuffle plate	\$96.09	Per shoe
3239	Tongue pad	\$42.04	Per shoe
3240	T-strap (for brace)	\$84.08	Per shoe
3241	Velcro closure	\$84.08	Per shoe
3242	Wedge/flare	\$108.10	Per shoe
3243	Zipper	\$78.08	Per shoe

Padding

A.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes
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OSC Fee Code	Description	From	To
3301	Minor Padding - One site	\$12.01	\$30.03
3302	Minor Padding - Two or more sites	\$36.03	\$60.05
3311	Major Padding - One site	\$36.03	\$60.05
3312	Major Padding - Two or more sites	\$60.05	\$180.17

Strapping

A.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes
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OSC Fee Code	Description	From	To
3321	Minor Strapping - One site	\$12.01	\$30.03
3322	Minor Strapping - Two or more sites	\$36.03	\$60.05
3331	Major Strapping - One site	\$36.03	\$60.05
3332	Major Strapping - Two or more sites	\$60.05	\$180.17

Digital Splinting or Joint Immobilization

A.	Examination and Diagnosis Procedure Codes - Refer to "1100" Codes
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OSC Fee Code	Description	From	To
3341	Digital Splinting or Joint Immobilization - minor - One site	\$12.01	\$30.03
3342	Digital Splinting or Joint Immobilization - minor - Two or more sites	\$24.02	\$60.06
3351	Digital Splinting or Joint Immobilization - major - One site	\$36.03	\$60.05
3352	Digital Splinting or Joint Immobilization - major - Two or more sites	\$60.05	\$180.17

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)	\$438.41	\$780.73
4102	Total Nail Avulsion (per toe) no phenol	\$360.34	\$720.68
4103	Partial Nail Avulsion & Phenol Matrix destruction (one side)	\$403.58	\$720.68
4104	Partial Nail Avulsion (one side)no phenol	\$360.34	\$720.68
4105	Bilateral Nail Avulsion & Phenol Matrix destruction (two sides of same toe)	\$528.49	\$840.79
4106	Bilateral Nail Avulsion (two sides of same toe) no Phenol	\$510.48	\$780.73
4107	Onychoplasty	\$384.36	\$450.42

Soft Tissue

OSC Fee Code	Description	From	To
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4110	Blunt Curettage (Porokeratosis and/or verruca)	\$276.26	\$540.50
4111	Blunt Curettage (Multiple sites)	\$324.30	\$780.73
4112	V/Y Plasty	\$270.26	\$600.57
4113	Bursa Drainage	\$92.49	\$198.18
4114	Webbing Syndactylism	\$660.62	\$840.79
4115	Medial Foot/Instep Fasciotomy	\$1,081.02	\$2,282.15
4116	Cryosurgical procedure	\$48.04	\$144.14
4117	Electrodessication	\$180.17	\$420.40
4118	Electro Surgery (first lesion)	\$144.14	\$720.68
4119	Electro Surgery (subsequent lesions)	\$240.23	\$720.68
4120	Cryosurgical (per application)	\$62.45	\$144.14
4130	Needling	\$360.34	\$672.63

Tendon and Joint Surgery

OSC Fee Code	Description	From	To
4131	Tenotomy/Capsulotomy	\$420.40	\$552.52
4132	Tenotomy/Capsulotomy for overlying 5th toe	\$420.40	\$570.54
4133	Tenoplasty (Tendon Lengthening)	\$480.45	\$720.68
4134	Capsulotomy 2nd to 4th metatarso-phalangeal joint	\$300.28	\$360.34
4135	Capsulotomy 1st metatarso-phalangeal joint	\$480.45	\$660.62

Neuroma Surgery

OSC Fee Code	Description	From	To
4140	Interdigital Neuroma	\$1,081.02	\$1,441.35
4141	Calcaneal Neuroma	\$840.79	\$1,201.13
4142	Morton's Neuroma -Surgical decompression of the third intermetatarsal space	\$1,081.02	\$1,441.35

Endoscopic Surgery

OSC Fee Code	Description	From	To
4150	Endoscopic Plantar Fasciotomy	\$2,522.37	\$3,002.82
4151	Medial Foot/Instep Fasciotomy	\$750.71	\$1,081.02

Surgical Implant

OSC Fee Code	Description	From	To
4160	Sinus-tarsi stabilisation	\$2,402.26	\$4,804.51

Surgical Exposure

OSC Fee Code	Description	From	To
4221	Surgical Exposure, Complex, Hard Tissue Coverage - Single site	\$354.33	\$450.42
4222	Surgical Exposure, Complex, Hard Tissue Coverage - Each additional site	\$354.33	\$420.40
4223	Surgical Exposure, Complex, Soft Tissue Coverage - Single site	\$354.33	\$450.42
4224	Surgical Exposure, Complex, Soft Tissue Coverage - Each additional site	\$354.33	\$420.40

Excision (Cyst)

OSC Fee Code	Description	From	To
4231	Excision of Cyst-single lesion	\$354.33	\$450.42
4232	Excision of Cyst-two lesions	\$390.37	\$498.47
4233	Excision of Cyst-three or more lesions	\$431.21	\$534.50

Excision (Ganglion)

OSC Fee Code	Description	From	To
4241	Excision of Ganglion-single lesion	\$354.33	\$450.42
4242	Excision of Ganglion-two lesions	\$390.37	\$498.47
4243	Excision of Ganglion-three or more lesions	\$431.21	\$534.50

Wound Care

OSC Fee Code	Description	From	To

4251	Repairs, Lacerations-single lesion	\$118.91	\$150.14
4252	Repairs, Lacerations-two lesions	\$150.14	\$180.17
4253	Repairs, Lacerations-three or more lesions	\$181.37	\$270.26
4261	Secondary Haemorrhage, Control	\$108.10	\$150.14
4262	Haemorrhage Control, using Compression and Haemostatic Agent	\$180.17	\$270.26
4263	Haemorrhage Control, using Haemostatic Substance and Sutures (including removal of bony tissue, if necessary)	\$236.63	\$390.37

Post Surgical Care

OSC Fee Code	Description	From	To
4271	Post Surgical Care, Minor, by Treating Chiroprapist	\$49.24	\$72.06
4272	Post Surgical Care, Minor, by Other Than Treating Chiroprapist	\$49.24	\$72.06
4273	Post Surgical Care, Major (may include appropriate suturing), by Treating Chiroprapist	\$108.10	\$144.14
4274	Post Surgical Care, Major (may include appropriate suturing), by Other Than Treating Chiroprapist	\$108.10	\$144.14

Adjunctive General Services

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|----|--|
| 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

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|----|--|
| 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 Chiroprapists 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
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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)	\$90.09	\$180.17
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)	\$180.17	\$270.26
5002	Cortisone Injection	\$90.09	\$180.17
5003	Injections per region (non-surgical)	\$60.05	\$180.17
5004	Injections per region (surgical)	\$60.05	\$180.17
5005	Topical Application of medicaments	\$30.03	\$66.06

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 Chiropractors of Ontario.
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OSC Fee Code	Description	From	To
5020	Nitrous Oxide and Oxygen- One unit of time (15 minutes)	At Discretion	\$78.08
5021	Nitrous Oxide and Oxygen- Two unit of time (30 minutes)	At Discretion	\$120.12
5022	Nitrous Oxide and Oxygen- Three unit of time (45 minutes)	At Discretion	\$162.15
5023	Nitrous Oxide and Oxygen- Four unit of time (60 minutes)	At Discretion	\$202.99
5029	Nitrous Oxide and Oxygen- Additional unit of time (15 minutes)	At Discretion	\$44.13

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 Chiropractors of Ontario. Examination and Diagnosis Procedure Codes – Refer to "1100" codes
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OSC Fee Code	Description	From	To
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5400	A.R.T. Treatment	\$54.05	\$156.15

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 Chiropractors of Ontario.
B.	Examination and Diagnosis Procedure Codes – Refer to “1100” codes

OSC Fee Code	Description	From	To
5500	Acupuncture Treatment	\$54.05	\$156.15

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 Chiropractors of Ontario.
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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	\$186.17	I.C
5801	Legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative,	\$90.09/ page	I.C

	local, municipal or government agency, etc.) in relation to the patient, with prior patient approval		
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	\$90.09 / page	I.C
5803	Completing Standard Claim Forms	\$42.04	I.C
5804	Upon request, Providing a Written Treatment Plan/Outline for a Patient ODSP/ON Works, etc. Estimate/Claim Form Completion	I.C.	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	\$69.66	I.C
5806	Missed or Canceled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours	\$78.08	I.C
5807	Travelling Expenses	144.13/ hour	
5808	Court Appearance as an Expert Witness - One half day	\$467.82	
5809	Court Appearance as an Expert Witness - Full day	\$935.64	
5810	Identification - opinion as an expert assisting in civil or criminal cases	\$409.34	
5811	Full or Part Time Participation in Civil Disaster	I.C.	
5812	Written Forensic Report	I.C.	
5813	Accessible Parking Permit	\$60.05	
5814	Photocopying Patient File (\$11.50/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	\$9.61	\$21.62
9901	Non-aerosol generating procedures	\$9.61	\$21.62
9902	Aerosol generating procedures	\$9.61	\$21.62
99999	Applicable Taxes + HST	\$0.13	

