

Ontario Society of Chiropractors

Procedure Codes and Suggested Fee Guide

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Ontario Society



of Chiropractors

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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 establish an effective method of communication between Chiropractic Practices and Insurance Companies processing Extended Health Care Claims on behalf of their members and Chiropractic patients. This fee guide is also formulated so that it may be easily used in conjunction with The OSC Chiropractic Approved Standardized Chiropractic Claim Form.

The Ontario Society of Chiropractors **Procedure Codes and Suggested Fee Guide** has been published based on the scope of practice within chiropractic 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. In the interest of the patient, The College of Chiropractors of Ontario has published guidelines for proper patient communication. See <http://www.cocoo.on.ca/ethics.html> 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 obligated to use the codes that describe the treatment performed.** Every effort has been made to list all the procedures within the scope of practice. Practitioners who require assistance in determining which procedure code best matches the treatment provided may contact the OSC for direction.

Goals of Ontario Society of Chiropodists

- ✓ Move the Chiropody profession forward, together as a group
- ✓ Better reflects the entire scope of practice of the Chiropody profession
- ✓ Provide concise reporting related to patients accessing chiropody services including:
 - pertinent data related to the foot health of people living in Ontario
 - relevant background information to assess and measure chiropody cases throughout the province
 - appropriate identification of risks
- ✓ Opportunity to add additional procedure codes and communicate same to insurance providers.
- ✓ Improve communications with insurance companies with the use of consistent procedure codes.
- ✓ Afford Chiropody offices the ability for billing through EDI (Electronic Data Interchange), thus saving Chiropody and Insurance Companies time and reducing the need for paper claims.
- ✓ Reduce the number of phone calls between Insurance Companies and The College of Chiropodists for additional information on procedures.
- ✓ Assist The College of Chiropodists when investigating complaints. They will be able to see exactly what service was provided.

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 Subtalar 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 | 150.00 |
| 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 |

Nail Surgery

| 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 | Onychoplasty | 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 |

Tendon and Joint Surgery

| OSC Fee Code | Description | From | To |
|--------------|---|----------|----------|
| 4130 | Tenotomy | \$275.00 | \$400.00 |
| 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 intermetatarsal 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 site | 295.00 | 350.00 |
| 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 Chiropractors 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 | 78.00 | 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 Chiropractors 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 | | 35.00 |

| | | | |
|--|----------|--|--|
| | minutes) | | |
| | | | |

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 |
|--|----|---|

| 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 Chiropractors 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 Chiropractors 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 | |
| 90000 | Additional Expense of Materials | I.C. | |
| 99999 | Applicable Taxes + HST | 13% | |
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| | | | | |
|--|------------|-------|----------------------------|---|
| PART 1 CHIROPODIST | UNIQUE NO. | SPEC. | PATIENTS OFFICE ACCOUNT NO | I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED CHIROPODIST AND AUTHORIZE PAYMENT TO HIM/HER. PAY SUBSCRIBER _____ SIGNATURE OF SUBSCRIBER |
| P A T I E N T | PHONE NO. | | | |

| | |
|--|--|
| FOR CHIROPODIST USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATIONS. | I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY CHIROPODIST FOR THE ENTIRE TREATMENT. I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ _____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY / PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED CHIROPODIST. |
| | _____ SIGNATURE OF PATIENT (PARENT/GUARDIAN) |

| | | | | | | | | | | |
|--|----------------|-------------------|---------------|----------------------------|--------------|---------------|-----------------|--|--|--|
| DATE OF SERVICE DAY MO. YR. | PROCEDURE CODE | CHIROPODIST'S FEE | TOTAL CHARGES | FOR CARRIER USE | | | | | | |
| | | | | ALLOWED AMOUNT | INC | % | PATIENT'S SHARE | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | CHEQUE NO. | | DATE | | | | |
| | | | | DEDUCTIBLE | PATIENT PAYS | PLAN PAYS | | | | |
| THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E & OE. | | | | TOTAL FEE SUBMITTED | | \$0.00 | | | | |
| | | | | CLAIM NO. | | | | | | |

INSTRUCTIONS FOR CLAIM SUBMISSION
 BEING A STANDARD FORM, THIS FORM CANNOT INCLUDE SPECIFIC INSTRUCTIONS ON WHERE IT SHOULD BE SENT, DEPENDING ON WHO IS THE CARRIER FOR YOUR PLAN. YOU CAN OBTAIN DETAILS FROM EITHER YOUR PLAN BOOKLET, YOUR CERTIFICATE OR FROM YOUR EMPLOYER.
 IF YOUR PLAN REQUIRES SUBMISSION DIRECTLY TO THE CARRIER, PLEASE SEND THIS FORM WITH ONLY PARTS 1, 2 AND 3 COMPLETED TO THE CARRIER'S APPROPRIATE CLAIMS OFFICE.
 *IF YOUR PLAN REQUIRES SUBMISSION TO YOUR EMPLOYER, PLEASE DIRECT THIS FORM TO YOUR PERSONNEL OFFICE/PLAN ADMINISTRATOR WHO WILL COMPLETE PART 4 AND FORWARD THE FORM TO THE CARRIER.

PART 2 - EMPLOYEE/PLAN MEMBER/SUBSCRIBER

1. GROUP POLICY/PLAN NO. _____ DIVISION/SECTION NO. _____ 2. YOUR NAME (PLEASE PRINT) _____
 EMPLOYER _____ YOUR CERT. NO. OR S.I.N. OR I.D. NO. _____
 NAME OF INSURING AGENCY OR PLAN _____ YOUR DATE OF BIRTH _____
 DAY MONTH YEAR

PART 3 - PATIENT INFORMATION

1. PATIENT: RELATIONSHIP TO EMPLOYEE/ PLAN MEMBER/SUBSCRIBER _____
 DATE OF BIRTH _____ IF CHILD INDICATE: STUDENT HANDICAPPED
 DAY MONTH YEAR
 IF STUDENT, INDICATE SCHOOL _____
 PATIENT I.D. NO. _____

2. ARE ANY DENTAL BENEFITS OR SERVICES PROVIDED UNDER ANY OTHER GROUP INSURANCE OR DENTAL PLAN, W.C.B. OR GOV'T PLAN? NO YES
 POLICY NO. _____ SPOUSE DATE OF BIRTH _____
 NAME OF OTHER INSURING AGENCY OR PLAN _____

3. IS ANY TREATMENT REQUIRED AS THE RESULT OF AN ACCIDENT? NO YES
 IF YES, GIVE DATE AND DETAILS SEPERATELY.

4. I AUTHORIZE THE RELEASE OF ANY INFORMATION OR RECORDS REQUESTED IN RESPECT OF THIS CLAIM TO THE INSURER / PLAN ADMINISTRATOR AND CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 DATE _____
 DAY MONTH YEAR

 SIGNATURE OF EMPLOYEE/PLAN MEMBER/SUBSCRIBER

PART 4. - POLICY HOLDER/EMPLOYER (FOR COMPLETION ONLY IF APPLICABLE. SEE ABOVE*)

1. DATE COVERAGE COMMENCED

| DAY | MONTH | YEAR |
|-----|-------|------|
| | | |
| | | |
| | | |

2. DATE DEPENDENT COVERED

| DAY | MONTH | YEAR |
|-----|-------|------|
| | | |
| | | |
| | | |

3. DATE TERMINATED

| DAY | MONTH | YEAR |
|-----|-------|------|
| | | |
| | | |
| | | |

4. CONTRACT HOLDER

| DATE | | |
|------|-------|------|
| DAY | MONTH | YEAR |
| | | |
| | | |

 AUTHORIZED SIGNATURE

 (POSITION OR TITLE)
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