



**ePay fee guidelines  
Chiropractic Services**

The ePay fee guidelines were developed in partnership by SGI and The Chiropractors Association of Saskatchewan (CAS).

For Services Provided by a Chiropractor Effective June 1, 2021 to June 30, 2024.

Fee definer	June 1, 2021-Sept 30, 2021	Oct 1, 2021 – June 30, 2022	July 1, 2022 – June 30, 2023	July 1, 2023 – June 30, 2024
Initial Visit <sup>1</sup>	\$67.45	\$70.82	\$71.53	\$71.53
Subsequent Visit	\$43.17	\$45.07	\$45.52	\$46.85
Initial Report <sup>3</sup>	\$79.22	\$79.22	\$79.22	\$79.22
Progress/Discharge Report <sup>3</sup>	\$54.42	\$54.42	\$54.42	\$54.42

<b>WAD I / LBP I</b>	
<b>Initial Visit</b>	Initial Visit <sup>1</sup>
<b>Subsequent Visit</b> (may include Program Management Services such as Telephone or Personal Consultation between PIR and Chiropractor <sup>2</sup> )	<ul style="list-style-type: none"> <li>• Maximum of 1 Visit per day</li> <li>• Maximum of 4 Visits over a 4-week period following the initial assessment date</li> <li>• Program Management Services lasting less than 5 minutes are not billable</li> </ul>
<b>WAD II / Soft Tissue Injury / LBP II</b>	
<b>Initial Visit</b>	Initial Visit <sup>1</sup>
<b>Subsequent Visit</b> (may include Program Management Services such as Telephone or Personal Consultation between PIR and Chiropractor <sup>2</sup> )	<ul style="list-style-type: none"> <li>• Maximum of 1 Visit per day</li> <li>• Maximum of 19 Visits over an 8-week period following the initial assessment date</li> <li>• Program Management Services lasting less than 5 minutes are not billable</li> </ul>
<b>Progress Report<sup>3</sup></b> ( <b>mandatory</b> after every 10 visits and payable by SGI upon receipt)	
<b>Note:</b> If a multidisciplinary assessment has been recommended, treatment will continue as required and appropriate until the multidisciplinary assessment report has been provided and recommendations of the report have been initiated.	

<b>Other Injuries Outside of the WAD I, WAD II, LBP I, LBP II and Soft Tissue Injury Classification</b>	
<b>Initial Visit</b>	Initial Visit <sup>1</sup>
<b>Subsequent Visit</b> (may include Program Management Services such as Telephone or Personal Consultation between PIR and Chiropractor <sup>2</sup> )	<ul style="list-style-type: none"> <li>• Maximum of 1 Visit per day</li> <li>• Maximum of 19 Visits over an 8-week period following the initial assessment date unless additional Services have been approved by the SGI Personal Injury Representative</li> <li>• Program Management Services lasting less than 5 minutes are not billable</li> </ul>
<b>Progress Report<sup>3</sup></b> (mandatory after every 10 visits and payable by SGI upon receipt)	
<b>Note:</b> For injuries falling outside of the WAD I, WAD II, LBP I, LBP II and Soft Tissue Injury Classification, 1 assessment and 19 Services will be pre-approved. If the Chiropractor anticipates additional services to be required by the client, the Chiropractor will initiate communication with the SGI Personal Injury Representative prior to the utilization of the 19 services to discuss whether a multidisciplinary assessment is appropriate or not. If a multidisciplinary assessment is not indicated, the Chiropractor will recommend a treatment plan to be pre-approved by the SGI Personal Injury Representative. If a multidisciplinary assessment is necessary, treatment will continue as required and appropriate until the multidisciplinary report has been provided and recommendations of the report have been initiated.	

<sup>1</sup>Initial Visit includes the initial assessment plus first treatment and necessary advice to the patient.

<sup>2</sup>Telephone calls must be for the express purpose of obtaining a/o providing additional claims related information. It is not intended for communications related to billing.

<sup>3</sup>All reports include Functional Outcome Information and are to be submitted online via the ePay portal within 7 business days from the patient visit. Full payment of \$79.22 will be provided for an initial report submitted within 7 business days of visit; \$69.22 may be provided if submitted after 7 business days, unless the chiropractor has contacted SGI to discuss extenuating circumstances and PIR approval has been provided. If a progress report is submitted later than 10 business days following the tenth subsequent visit, SGI may deduct \$10.00, unless the chiropractor has contacted SGI and PIR approval has been provided.

Fees for visits are inclusive of any modalities used (i.e. Ultrasound, IFC, TENS, etc.).

Only 1 Chiropractic subsequent visit per day will be funded by SGI and **is to be billed through ePay.**

The Chiropractor **must** contact the Personal Injury Representative, or Medical Facilitator, for prior approval if more than 1 subsequent visit per day is being recommended. If approved, billing for the second visit must be submitted manually.

Chiropractors cannot bill the patient any amount over and above this agreement.  
Charging for missed appointments is not allowed.

**Visits are as defined in Appendix V, Practice Procedures (as authorized by Clause 15(2)(H) of *The Chiropractic Act, 1994*).**