

CHART 4 - NEW FEE CODES - EFFECTIVE OCTOBER 1, 2010

Fee Code	Description	Schedule Section	October 1, 2010 Fee	Assistant Units	Anaesthetist Units
A190	Special psychiatric consultation	A	\$285.00		
A231	Neuro-Ophthalmology Consultation	A	\$120.00		
A256	Special Optometrist-Requested Assessment	A	\$144.75		
A330	Radiology second opinion of CT study	A	\$89.50		
A332	Radiology second opinion of MRI study	A	\$199.70		
A480	Complex rheumatology assessment	A	\$89.85		
A510	Complex neuromuscular assessment - Physical Medicine	A	\$89.85		
A680	Addiction Medicine Initial Assessment	A	\$144.75		
C102	SVP - Non-elective Diagnostic Services - Travel Premium - Evenings (17:00-24:00) Monday through Friday	GP	\$36.40		
C103	SVP - Non-elective Diagnostic Services - Travel Premium - Sat., Sun. and Holidays (07:00-24:00)	GP	\$36.40		
C104	SVP - Non-elective Diagnostic Services - Travel Premium - Nights (00:00-7:00)	GP	\$36.40		
C105	SVP - Non-elective Diagnostic Services - Additional person(s) seen - Evenings (17:00-24:00) Monday through Friday	GP	\$54.55		
C106	SVP - Non-elective Diagnostic Services - Additional person(s) seen - Sat., Sun. and Holidays (07:00-24:00)	GP	\$54.55		
C107	SVP - Non-elective Diagnostic Services - Additional person(s) seen - Nights (00:00-7:00)	GP	\$81.85		
C190	Special psychiatric consultation	A	\$285.00		
C231	Neuro-Ophthalmology Consultation	A	\$120.00		
C330	Radiology second opinion of CT study	A	\$89.50		
C332	Radiology second opinion of MRI study	A	\$199.70		
C480	Complex rheumatology assessment	A	\$89.85		
C510	Complex neuromuscular assessment - Physical Medicine	A	\$89.85		
C680	Addiction Medicine Initial Assessment	A	\$144.75		
E005B	Replacement Surgical Assistant	GP			
E024C	Patient in sitting position during surgery, greater than 60 degrees upright	GP			4
E125	Laser retinopexy for Retinopathy of Prematurity – one eye	Y	\$750.00		6
E126	Laser retinopexy for Retinopathy of Prematurity – both eyes	Y	\$1,245.00		6
E156	Intraocular suturing of iris/pupillary defect	Y	\$350.00	6	7
E157	Intraocular suturing and placement and suturing of iris prosthetic device	Y	\$550.00	6	7
E406	After Hours Premiums for Diagnostic CT/MRI Services	GP	\$54.55		
E407	After Hours Premiums for Diagnostic CT/MRI Services	GP	\$54.55		
E408	After Hours Premiums for Diagnostic CT/MRI Services	GP	\$81.85		
E476	Removal of symptomatic loose body(ies) and/or screw, to R687	N	\$192.00		
E477	Arthroscopy of subtalar and/or intratarsal joint(s), through separate portals, to R688	N	\$192.00		
E478	Pinning of osteochondral fragment, to R682, R687	N	\$251.55		

CHART 4 - NEW FEE CODES - EFFECTIVE OCTOBER 1, 2010

Fee Code	Description	Schedule Section	October 1, 2010 Fee	Assistant Units	Anaesthetist Units
E478	Pinning of osteochondral fragment, to R682, R687	N	\$251.55		
E479	Arthroscopy of midcarpal and/or distal radio-ulnar joint(s), through separate portals, to R682	N	\$192.00		
E480	Triangular fibrocartilage complex repair, to R682	N	\$350.65		
E481	Osteochondroplasty (extensive bone and arthrofibrotic tissue removal requiring a minimum of 2 hours to resect), to R683, R688	N	\$500.00		
E482	Soft tissue capsular release, for contractures, without bone procedure, to R682, R683, R686	N	\$251.55		
E483	Synovectomy for inflammatory arthritis requiring a minimum of 90 minutes to resect, to R682, R683, R688	N	\$326.55		
E484	Superior Labral Anterior Posterior (SLAP) Repair, to R684	N	\$336.65		
E485	Arthroscopic capsular release for frozen shoulder, to R684	N	\$240.50		
E487	Resection of labrum, to R686	N	\$240.00		
E488	Repair of labrum, to R686	N	\$350.00		
E489	Microfracture and/or abrasion arthroplasty (includes removal of loose body(ies), to R687	N	\$250.00		
E490	Osteochondroplasty (extensive bone and arthrofibrotic tissue removal requiring a minimum of 2 hours to resect), to R686	N	\$500.00		
E491	Lateral release, to R687 add	N	\$161.45		
E492	Synovectomy - for diseased synovium, anterior, posterior or complete to R687	N	\$231.30		
E493	Drilling of defect (includes removal of loose body(ies), to R687	N	\$251.55		
E494	Debridement - 1 or more compartments, must include substantial debridement of pathologic articular cartilage and includes when rendered synovectomy, meniscal trimming and/or chondroplasty to R687	N	\$299.00		
E495	Meniscectomy, with resection of a minimum of 50% of the meniscus, to R687	N	\$240.45		
E496	Repair medial or lateral meniscus, to R687	N	\$336.65		
E510	Endovascular aneurysm repair using stent grafting - for branched or fenestrated devices, to R875	Q	\$838.15		
E826	Hand and Wrist - percutaneous pinning, to F005, F006, F009, F013 or F016	N	add 75%		
E832	excision of fascia for one or more additional contractures, palmar and/or digit, same hand, to R551	N	\$273.85		
E886	Extended endonasal endoscopic approach	X	\$800.00		
E887	Resection of pituitary lesion(s) extending beyond the sella turcica to the optic nerve(s), optic chiasm or hypothalamus, to N111 or N114	X	\$500.00		
E888	Resection of non-pituitary lesions involving the sellar region that extends to the optic nerve(s), optic chiasm or hypothalamus, to N116	X	\$500.00		

CHART 4 - NEW FEE CODES - EFFECTIVE OCTOBER 1, 2010

Fee Code	Description	Schedule Section	October 1, 2010 Fee	Assistant Units	Anaesthetist Units
E889	Complex endonasal endoscopic resection from cranial nerves, to N114 or N116	X	\$800.00		
E890	Complex endonasal endoscopic resection from cavernous sinuses, to N114 or N116	X	\$800.00		
E891	Complex endonasal endoscopic resection from frontal or temporal lobe, or brainstem, to N114 or N116	X	\$800.00		
E892	Harvesting of pedicled vascular flaps greater than 3cm in size for use in complex endoscopic closure, repair and/or reconstruction of surgical defect(s) to N112, N111, N114, or N116	X	\$500.00		
E893	Complex closure, repair and/or reconstruction of all surgical defects - includes duroplasty to N111, N114, or N116	X	\$555.00		
E905	Endonasal endoscopic or microscopic approach for surgical access to sella turcica - Surgeon rendering resection of lesion	X	\$750.00		
G807	Hyperbaric Oxygen Therapy - Physician Not in Constant Attendance -not in same room, supervision	J	\$35.00		
G819	Optical coherence tomography (OCT) - unilateral or bilateral - glaucoma , interpretation only	J	\$50.00		
G820	Optical coherence tomography (OCT) - unilateral or bilateral - glaucoma, when the physician performs the procedure and/or supervises and interprets the results	J	\$70.00		
J169	Nuchal translucency - multiple gestation, for each additional fetus, to J168	G		H - 34.00	P1 - 21.50
J469	Nuchal translucency - multiple gestation, for each additional fetus, to J468	G		H - 34.00	P2 - 16.10
K034	Telephone reporting - specified reportable disease to a MOH	A	\$36.00		
K045	Diabetes management by a specialist	A	\$75.00		
K090	Management of a pre-operative bariatric patient at a Bariatric RATC	A	\$100.00		
K091	Monthly management of a post-operative bariatric patient at a Bariatric RATC	A	\$25.00		
K680	Substance abuse - extended assessment	A	\$58.35		
K700	Palliative Care Out-patient Case Conference	A	\$27.50		
K701	Mental Health Out-patient Case Conference	A	\$27.50		
K702	Bariatric Out-patient Case Conference at a RATC	A	\$27.50		
K703	Geriatric Out-patient Case Conference	A	\$27.50		
K704	Paediatric Out-patient Case Conference	A	\$27.50		
K708	Multidisciplinary Cancer Case Conference (MCCC) Participant	A	\$10.00		
K709	Multidisciplinary Cancer Case Conference (MCCC) Chairperson	A	\$20.00		

CHART 4 - NEW FEE CODES - EFFECTIVE OCTOBER 1, 2010

Fee Code	Description	Schedule Section	October 1, 2010 Fee	Assistant Units	Anaesthetist Units
K730	Telephone Consultation - Physician to Physician - Referring physician	A	\$27.50		
K731	Telephone Consultation - Physician to Physician - Consultant physician	A	\$35.50		
K732	Telephone Consultation – Criticall - Referring physician	A	\$27.50		
K733	Telephone Consultation – Criticall - Consultant physician	A	\$35.50		
K734	Emergency Department - Physician to Physician Telephone Consultation - Referring physician	A	\$27.50		
K735	Emergency Department - Physician to Physician Telephone Consultation - Consultant physician	A	\$35.50		
K736	Emergency Department - CritiCall Telephone Consultation - Referring physician	A	\$27.50		
K737	Emergency Department - CritiCall Telephone Consultation - Consultant physician	A	\$35.50		
N112	Endonasal endoscopic or microscopic approach for surgical access to sella turcica - Surgeon not rendering resection of lesion	X	\$1,360.00	NIL	NIL
N114	Transsphenoidal endonasal endoscopic resection of lesions originating in the sella turcica and requires simple reconstruction and/or repair of all surgical defects	X	\$1,742.45	15	20
N116	Endonasal Endoscopic resection of non-pituitary lesion(s) not originating from pituitary tissue and requires simple reconstruction and/or repair of all surgical defects	X	\$2,243.45	15	20
P001	Medical management of non-viable fetus or intra-uterine fetal demise between 14 and 20 weeks gestation	K	\$383.25		
P002	High risk prenatal assessment	K	\$74.70		
R142	Nipple-areola Tattooing - unilateral	M	\$175.00	Nil	Nil
R143	Contralateral balancing mastopexy or reduction (includes nipple transplantation) - unilateral	M	\$472.15	6	6
R144	Contralateral balancing augmentation mammoplasty - unilateral	M	\$350.00	6	6
R576	Excision of fascia for Dupuytren's (planter fibromatosis), one or more rays	N	\$322.15	6	6
R682	Wrist Arthroscopy setup, includes when rendered debridement, synovectomy, synovial biopsy, removal of loose body(ies) and/or screw, drilling of defect or microfracture, pinning of osteochondral fragment, and/or wrist ganglion debridement	N	\$400.00	6	6
R683	Elbow arthroscopy setup, includes when rendered debridement, synovectomy, synovial biopsy, removal of loose body(ies) and/or screw, drilling of defect or microfracture, and/or arthroscopic epicondylar release	N	\$400.00	6	6
R684	Shoulder arthroscopy setup, includes when rendered debridement, synovectomy, removal of loose body(ies) and/or screw, drilling of defect or microfracture, and/or synovial biopsy	N	\$400.00	6	6
R685	Tendon release with tenodesis – biceps	N	\$314.60	6	6
R686	Hip arthroscopy set up, includes when rendered debridement, synovectomy, removal of loose body(ies) and/or screw, drilling of defect, microfracture, abrasion arthroplasty, and/or synovial biopsy	N	\$669.80	6	6

CHART 4 - NEW FEE CODES - EFFECTIVE OCTOBER 1, 2010

Fee Code	Description	Schedule Section	October 1, 2010 Fee	Assistant Units	Anaesthetist Units
R687	Knee Arthroscopy set-up, includes when rendered synovial biopsy and/or resection or trimming of plica	N	\$97.35	6	6
R688	Ankle arthroscopy setup, includes when rendered debridement, synovectomy, removal of loose body(ies) and/or screw, drilling of defect or microfracture and/or synovial biopsy	N	\$325.00	6	6
R689	Excision of Os Trigonum (sole procedure)	N	\$230.00	6	6
R932	Axillo-bifemoral graft	Q	\$1,200.00	10	10
S113	Removal of gastric band	S	\$300.00	7	10
S114	Sleeve Gastrectomy	S	\$820.00	7	10
S115	Reversal of previous Vertical Banded Gastropasty	S	\$820.00	7	10
W190	Special psychiatric consultation	A	\$285.00		
W231	Neuro-Ophthalmology Consultation	A	\$120.00		
W510	Complex neuromuscular assessment - Physical Medicine	A	\$89.85		
X172	Mammogram - No Signs or Symptoms - unilateral	D		H - 28.75	P – 17.80
X178	Mammogram - No Signs or Symptoms - bilateral	D		H - 38.10	P – 28.40
Z427	Sentinel node biopsy, per draining basin	R	\$330.45	6	8