

**CHART 5 - REVISIONS TO EXISTING FEE CODES – SEPTEMBER 1, 2011**

<b>Fee Code</b>	<b>Description</b>	<b>Schedule Section</b>
A197	Consultation on behalf of disturbed child - consultative interview with parent	A
A198	Consultation on behalf of disturbed child - consultative interview with child	A
A335	Diagnostic radiology consultation	A
A585	Diagnostic consultation	A
A813	Midwife-Requested Assessment	A
A888	Emergency department equivalent - (Include in definition of holidays)	
A903	Pre-dental/pre-operative general assessment	A
A904	Pre-dental/pre-operative assessment	A
C101	Intensive or Coronary Care Unit Premium - For each patient seen on a visit to ICU or CCU (subject to the exceptions set out below)	GP
C121	Additional visits due to intercurrent illness	A
C122	Subsequent visits by the Most Responsible Physician (MRP) - day following the hospital admission assessment - Non - Emergency Hospital In-Patient Services	A
C123	Subsequent visits by the Most Responsible Physician (MRP) - second day following the hospital assessment - Non - Emergency Hospital In-Patient Services	A
C124	Subsequent visits by the Most Responsible Physician (MRP) - day of discharge - Non - Emergency Hospital In-Patient Services	A
C142	Subsequent visits by the MRP following transfer from an Intensive Care Area - first subsequent visit by the MRP - Non - Emergency Hospital In-Patient Services	A
C143	Subsequent visits by the MRP following transfer from an Intensive Care Area - second subsequent visit by the MRP - Non - Emergency Hospital In-Patient Services	A
C982	Palliative care	A
E030C	Procedural sedation	GP
E140	Cataract - all types of, by any procedure	Y
E384	Cervical ... with instrumentation - by same surgeon - C1/C2 screw fixation (transarticular, pedicle, lateral mass), to N509, N510, N560 or N561	Z
E396	each additional level (uni/bilateral), to N556	J, Z
E475	Portable ultrasound - performed in hospital by physicians at bedside or in operating theatre, to the ultrasound fee. Unit means ¼ hour or major part thereof - see General Preamble GP6 for definitions and time keeping requirements	G
E529	Breast skin reconstruction by local flaps or grafts - with breast mound creation by prosthesis and/or soft tissue, to R118	M
E542	when performed outside hospital	M
E551	Autogenous - separate incision	M
E622	Bronchoscopy - any bronchoscopic procedure for patients under 3 years of age	P
E630	Colonoscopy - endoscopic placement of stent in colon	S
E632	Bronchoscopy - with removal of foreign body	P
E633	Bronchoscopy - with dilatation of stricture	P
E634	Bronchoscopy - with selective endobronchial blocker or catheter Insertion	P
E635	Bronchoscopy - with palliative endobronchial tumour resection including laser or cryotherapy	P

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E636	Bronchoscopy - with broncho-alveolar lavage for obtaining specimens suitable for differential cellular analysis (for assessment of interstitial lung disease)	P
E637	Bronchoscopy - with selective brushings of all 18 segmental bronchi for occult carcinoma in situ; specimens labeled as to site	P
E638	Bronchoscopy - with transbronchial lung biopsy under image intensification only	P
E644	radical mediastinal node dissection following preoperative chemotherapy and/or radiotherapy, to M142 or M143	P
E676A	Morbidly obese patient, surgeon	SP
E676B	Morbidly obese patient, surgical assistant	SP
E677	Bronchoscopy - transbronchial needle aspiration (TBNA) of mediastinal and/or hilar lymph nodes	P
E678	Bronchoscopy - TBNA of lung mass	P
E683	when performed thoroscopically or by video-assisted thoracic surgery (VATS)	P, W
E705	Colonoscopy - into terminal ileum	S
E717	Colonoscopy - if biopsy and/or coagulation of angiodysplastic lesion(s) (one or more)	S
E740	Colonoscopy - to splenic flexure	S
E741	Colonoscopy - to hepatic flexure	S
E747	Colonoscopy - to cecum	S
E748	Panniculectomy - with repair of umbilical hernia	S
E749	Colonoscopy - when Z512, Z555 or Z580 rendered in private office	S
E785	Colonoscopy - multiple screening biopsies (> 34 sites) for malignant changes in ulcerative colitis, to Z555	S
E792	when performed laparoscopically	T, U
E793	Laparoscopic or laparoscopic assisted	S
E797	Colonoscopy - management of uncomplicated upper or lower gastrointestinal bleeding, by any technique (e.g. laser, injection, diathermy, banding etc.)	S
E806	Intra-operative monitoring of cranial nerves	SP
E828	Mandible- with miniplate(s)** , per major fracture line	N
E833	with insertion of subcutaneous port, G117, G119 or G246	J
E862	when performed laparoscopically, to S710, S763, S762 add 25%	V
E950	Cataract - insertion of intraocular lens	Y
E958	when alcohol or other sclerosing solutions are used, the appropriate nerve block fees as listed above with the exception of fee codes G245 and G246	J
F138	Mandible - closed reduction (including wiring of teeth)	N
F139	Mandible - open reduction (may include wiring of teeth) one side	N
G039	Creatinine	J
G040	Drugs of abuse screen, urine, must include at a minimum opiates, cocaine, cannabinoids, benzodiazepines and barbituates	J
G041	Target drug testing, urine, qualitative or quantitative	J
G117	Introduction of epidural catheter for analgesia - Thoracic	J
G119	Introduction of epidural catheter for analgesia - Cervical	J
G217	Trigeminal ganglion	J

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G232	Spheno-palatine ganglion, by injection	J
G233	Splanchnic	J
G234	Stellate ganglion	J
G236	Sympathetic block(s) (lumbar or thoracic) - unilateral	J
G239	Differential intrathecal spinal block	J
G245	Lumbar epidural or intrathecal injection of sclerosing solution	J
G246	Introduction of epidural catheter for analgesia - Lumbar	J
G247	Hospital visits, to a maximum of 3 per patient per day	J
G254	Management of post liver or pancreas transplant immunosuppression - in lieu of non-emergency hospital visits - (once per day to a maximum of two weeks) per visit	J
G281	Chemotherapy - each additional injection (other than above drugs)	J
G296	Dye dilution densitometry and/or thermal dilution studies - benefit covers all studies on same day in cath lab	J
G345	Chemotherapy - Taxol, rituximab, trastuzumab, bortezomib, docetaxel administration or multiple agent intravenous chemotherapy including at least one of either doxorubicin, daunorubicin, epirubicin, mitoxintrone, cisplatin or bleomycin (greater than 10 units per metre square)	J
G359	Chemotherapy - Special single agent chemotherapy utilizing either high-dose methotrexate with folinic acid rescue - methotrexate given in a dose of greater than 1 g/m <sup>2</sup> , high dose cisplatin greater than 75 mg/m <sup>2</sup> given concurrently with hydration and osmotic diuresis, high dose cystosine, arabinoside (greater than 2g/m <sup>2</sup> ), or high dose cyclophosphamide (greater than 1g/m <sup>2</sup> )	J
G370	Injection of bursa, or injection and/or aspiration of joint, ganglion or tendon sheath	J
G371	each additional bursa, joint, ganglion or tendon sheath, to a maximum of 5	J
G374	I.V. regional guanethidine	J
G381	Chemotherapy -Single injection (for agents other than doxorubicin, cisplatin, bleomycin or high dose methotrexate)	J
G382	Chemotherapy - Supervision of chemotherapy (marrow suppressant) for malignant or autoimmune disease by telephone - monthly	J
G414	Electroencephalography - technical component	J
G415	Electroencephalography - professional component	J
G418	Electroencephalography - professional component (16 - 21 channel EEG)	J
G439	Electro-retinography with report - professional fee	J
G538	Injection of influenza agent - each additional injection with non-influenza agents	J
G579	Saline study (including venipuncture)	J
G585	Echocardiography contrast technical component, with use of contrast agent, to G570	J
G590	Injection of influenza agent - with visit	J
G813	Corneal pachymetry	J
G818	OCT unilateral or bilateral - retinal disease, when the physician performs the procedure and/or supervises and interprets the results	J
G820	OCT unilateral or bilateral - glaucoma, when the physician performs the procedure and interprets the results and/or supervises the procedure	J

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G852	Electro-retinography with report - technical fee	J
H100	Emergency department investigative ultrasound	A
K001	Detention – per full quarter hour	GP
K002	Interviews with relatives or a person who is authorized to make a treatment decision on behalf of the patient in accordance with the Health Care Consent Act, conducted for a purpose other than to obtain consent	A
K029	Insulin therapy support (ITS)	A
K045	Diabetes management by a specialist	A
K090	Pre-operative medical management of a bariatric surgery patient in a Bariatric RATC	A
K091	Post-operative monthly management of a bariatric surgery patient in a Bariatric RATC	A
K121	Hospital in-patient case conference	A
K124	Long-term care/CCAC case conference	A
K267	Annual health examination - child	A
K269	Annual health examination - adolescent	
K700	Palliative care out-patient case conference	A
K701	Mental health out-patient case conference	A
K702	Bariatric out-patient case conference	A
K703	Geriatric out-patient case conference	A
K704	Paediatric out-patient case conference	A
K708	MCC Participant	A
K709	MCC Chairperson	A
K730	Physician to physician telephone consultation	A
N107	Extracranial approach to include balloon catheter or embolization techniques	X
N108	Carotid-cavernous fistula - extracranial approach to include balloon catheter or embolization techniques	X
N118	Carotid-cavernous fistula - extracranial approach to include balloon catheter or embolization techniques	X
N143	Drainage by burr hole(s) - unilateral	X
N144	Extracerebral haematoma and/or hygroma - Drainage and/or removal by craniotomy	X
N148	Removal of intracerebral haematoma and/or debridement of traumatized brain (includes management of any skull fracture)	X
N153	Meningioma and other tumorous lesions, including pituitary tumours - infratentorial or basal	X
N200	Decompressive craniectomy (frontal, sub-temporal)	X
N218	Extracranial-intracranial microvascular anastomosis superficial temporal artery	X
N534	Percutaneous radio frequency posterior rhizotomy - any number of levels	J, Z
N556	Percutaneous vertebral facet denervation - one level (uni/bilateral)	J, Z
N560	Intradural extramedullary spinal tumour - partial or total removal	X
N561	Intradural intramedullary spinal tumour - partial or total removal	X
R006	Pectoralis major, latissimus dorsi, unilateral rectus abdominus	M
R118	Breast skin reconstruction by local flaps or grafts	M

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R119	Breast mound creation by prosthesis and/or soft tissue	M
R150	Plastic Surgery Procedures - Very minor	M
R151	Plastic Surgery Procedures - Minor	M
R152	Plastic Surgery Procedures - Intermediate	M
R153	Plastic Surgery Procedures - Major	M
R154	Plastic Surgery Procedures - Extensive major	M
R322	Scaphoid - must include bone graft and fixation	N
R380	Orbital cranial osteotomy - intracranial approach	X
R489	Hand interposition - Single joint - total	N
R512	Excision of subacromial bursa (not to be claimed with R416, R593 or R594)	N
R593	Rotator cuff repair - simple, end-to-end or side-to-side (includes acromioplasty, excision of coraco-acromial ligament and subacromial bursa)	N
R594	Rotator cuff repair - complex (includes implantation into bone, and as required, acromioplasty, excision of coraco-acromial ligament, subacromial bursa and excision of distal clavicle)	N
R709	Atrial ablative procedure for surgical treatment of atrial arrhythmia (either Cox-Maze procedure or performed using an energy source)	Q
R825	Resection of AV aneurysm or fistula with or without major graft - major aneurysm	Q
R826	Resection of AV aneurysm or fistula with or without major graft - minor aneurysm	Q
R833	Ligation or removal of bypass graft	J
R841	Obliteration of A.V. fistula	J
R852	Insertion of peritoneal cannula by laparotomy or laparoscopy as sole procedure	J
R885	Removal of peritoneal cannula by laparotomy or laparoscopy as sole procedure	J
S088	Cricopharyngeal diverticulum	S
S241	Sphincterotomy(ies)	S
S318	Panniculectomy - includes any necessary diastasis repair	S
S743	Repair of extensive unilateral or bilateral tubal and peritubal disease - laparotomy	V
W010	Monthly Management of a Nursing Home or Home for the Aged Patient	GP
W121	Subsequent visits - Additional visits due to intercurrent illness	A
W121	Non-Emergency Long-Term Care In-Patient Services - Nursing home or home for the aged - Additional visits due to intercurrent illness	A
W972	Subsequent visits - Nursing home or home for the aged - palliative care	A
W972	Non-Emergency Long-Term Care In-Patient Services - Nursing home or home for the aged - palliative care (see General Preamble GP40)	A
W982	Subsequent visits - Chronic care or convalescent hospital - palliative care	A
W982	Non-Emergency Long-Term Care In-Patient Services - Chronic care or convalescent hospital - palliative care (see General Preamble GP40)	A
X234	CT Colonscopy	D
X235	CT Cardio-thoracic	D
X446	MRI Breast - Unilateral or Bilateral - multislice sequence	F

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X447	MRI Breast - Unilateral or Bilateral - repeat (another plane, different pulse sequence - to a maximum of 3 repeats)	F
X451	MRI Abdomen - multislice sequence	F
X455	MRI Abdomen - repeat (another plane, different pulse sequence - to a maximum of 3 repeats)	F
X471	MRI - Extremities - multislice sequence	F
X488	MRI - Multiple extremities - multislice sequence	F
Z110	Finger or Toe-nail - Extensive debridement of onychogryphotic nail involving removal of multiple laminae	M
Z132	Insertion of tissue expander	M
Z432C	EUA with or without intubation, and may include removal of vaginal foreign body	J
Z438	Insertion of Swan-Ganz catheter (not included in anaesthetic, respiratory or critical care benefits)	J
Z505	Cricopharyngeal myotomy	S
Z555	Colonoscopy - of sigmoid to descending colon	S
Z580	Sigmoidoscopy - Endoscopy (using 60 cm. flexible endoscope)	S
Z783	Secondary closure	N
Z944	Lumbar sub-arachnoid drainage of CSF (chronic)	J, GP
	Physician to physician telephone consultations	A
	Surgical Preamble - Bariatric Surgery	SP
	APPENDIX D - 16. Excision of excess fatty tissue and/or skin	Appendix D
	Skull and Mandible - Onlay bone grafts to face when not part of standard osteotomy for reconstruction (revision to heading and note added)	N
	Hand and Wrist - Reconstruction - Bone - Pseudoarthrosis (revision to heading)	N
	After hours procedure premium (table)	GP
	Laboratory Medicine - B. Addiction Medicine (revision to heading)	J
	Group counselling - (Payment rules and commentary)	GP