

Billing Corner



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Please share this information with your billing staff.

Alberta Health Care Insurance Plan Schedule of Medical Benefits Changes for April 1, 2010

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Disclaimer: While care has been taken to provide accurate information, the Alberta Medical Association (AMA) does not warrant or guarantee the accuracy of the information contained herein. Please refer to the Schedule of Medical Benefits for complete details. If you provide services specific to more than one section, the AMA recommends that you refer to all those that are applicable to the services that you provide.

CHANGES FOR ALL PHYSICIANS

General Rules

- GR 1.26 Add GR 1.26:
Telecommunications means communication via telephone, facsimile and email.

Health Service Codes

- 03.03AR Delete note 4 following 03.03AR.
Urgent or priority attendance on hospital inpatient or long term care inpatient, at request of facility staff when physician is already on site
4. Time for this service may not be included in time used to calculate COMX modifier time for other hospital visits on the same date of service.
Add COMX modifier to the price list.
- 03.03DF Add the following notes to health service code 03.03DF:
Visit to hospital in-patient in association with a callback (HSC 03.05N, 03.05P, 03.05QA, 03.05QB, 03.05R)
2. May be claimed in addition to a special callback (HSC 03.03KA, 03.03LA, 03.03MC, 03.03MD) only where HSC 03.03D has been claimed for palliative or acute inter-current illness in an auxiliary hospital or nursing home.
 3. Claims for second and subsequent patients seen on a priority basis after initial callback (HSC 03.05N, 03.05P, 03.05QA, 03.05QB, 03.05R) must be made using HSC 03.03AR, if HSC 03.03D has already been claimed at a different encounter by the same or different physician.
- 03.03MD Amend the notes following health service code 03.03MD to read:
1. Benefits for HSCs 03.03KA, 03.03LA, 03.03MC, 03.03MD may only be claimed when the physician is requested to attend a patient, by the patient, the patient's relatives or the administrator of the facility.
 2. HSC 03.03EA may be claimed in addition to a special callback to an auxiliary hospital or nursing home.
 3. HSC 03.03D may be claimed for palliative care or acute inter-current illness.
 4. HSC 03.03DF and special callbacks (HSCs 03.03KA, 03.03LA, 03.03MC, 03.03MD) may only be claimed where HSC 03.03D has been claimed for palliative care or acute inter-current illness in an auxiliary hospital or nursing home.
 5. Benefits for HSCs 03.03KA, 03.03LA, 03.03MC, 03.03MD are payable based on the time at which the call for attendance is made and the physician responds on an unscheduled, priority basis.
 6. Special callback benefits (HSCs 03.05N, 03.05P, 03.05QA, 03.05QB, 03.05R) may not be claimed in addition.

03.05L Delete health service code 03.05L.

03.05LA Add health service code 03.05LA:
Group session, multiple patients, where a physician is involved in providing care
and teaching to patients in attendance..... 15.62
NOTE: May not be claimed in addition to a visit at the same encounter.

Modifiers

COMX Amend the COMX modifier to read:
COMX COMPLEX PATIENT CARE - (Explicit) - This modifier is used to indicate
management of a complex acute care hospital inpatient (HSC 03.03D or 03.03AR).

SECTION OF ANESTHESIA

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

General Rules

- GR 1.25 Add GR 1.25:
“Corrected age” means the chronological age reduced by the number of weeks born before 40 weeks of gestation.
- GR 12.7 Amend GR 12.7 to read:
An additional benefit of \$107.26 per case (modifiers L30AN, L30AT, L30AT2, L44ANE) may be claimed for anesthetic services provided to neonates and infants under 44 weeks of conceptual age.
- GR 12.9 Add GR 12.9:
An additional benefit of 25% may be claimed for anesthetic services provided to infants of “corrected age” as defined under GR 1.25.
- GR 12.10 Add GR 12.10:
An additional benefit of 50% may be claimed for anesthetic services provided to infants of less than 40 weeks conceptual age as defined under GR 1.15.

Health Service Codes

- 19.7A Add the following note to 19.7A:
NOTE: Benefit for a re-operation; use modifier REANE refer to the Price List.
Add the following modifier to the price list:
REDO REANE

Modifiers

- CAGE** Add modifier CAGE:
- CAGE CORRECTED AGE - (Explicit) – This modifier is used to support the additional payment of 25% for specific general surgery procedures and specific anesthetic services for patients with a “corrected” age of up to 3 months.
 - CAANE CORRECTED AGE, ROLE OF ANESTHETIST - (Explicit) –Infants up to 3 months “corrected age”. Applies only to specific anesthetic services that are being claimed at the listed anesthesiologist benefit.
 - CAANT CORRECTED AGE, ROLE OF ANESTHETIST TRC - (Explicit) –Infants up to 3 months “corrected age”. Applies only to specific anesthetic services that are being claimed on the duration of the anesthetic.
 - CA2AN CORRECTED AGE, ROLE OF ANESTHETIST TRC 2 - (Explicit) –Infants up to 3 months “corrected age”. Applies only to specific anesthetic time premium units based on the duration of the anesthetic.
- LMTS** Amend LMTS modifier to read:
- LMTS LIMITS - (Explicit) – This modifier is used to override restrictions for a service/procedure.
 - L40ANE UNDER 40 WEEKS CONCEPTUAL AGE, ROLE OF ANESTHETIST - (Explicit) - Infants under 40 weeks of conceptual age. Applies only to specific anesthetic services.
 - L44ANE UNDER 44 WEEKS CONCEPTUAL AGE, ROLE OF ANESTHETIST - (Explicit) – Infants under 44 weeks of conceptual age. Applies only to anesthetic services.

SECTION OF CARDIOVASCULAR AND THORACIC SURGERY

✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

13.99GA Add health service code 13.99GA:

Trauma assessment, multiple trauma, severely injured patient..... 300.70

- NOTE:
1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
 7. May be claimed in addition to care provided by intensivists.

SECTION OF DERMATOLOGY AND DERMATOLOGIC SURGERY

For changes to the General Rules, please consult the “Changes for All Physicians” section on page 3 of this Billing Corner. For other changes, please consult the Price List.

SECTION OF DIAGNOSTIC IMAGING

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 93.91B Amend the notes following health service code 93.91B to read:
Joint aspiration, injection, other joints
NOTE: 1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.
- X88A Amend health service code X88A to read:
Barium enema for the reduction of intussusception
NOTE: If any of the above procedures (HSCs X81 through X88A) are performed without fluoroscopy the benefit should be reduced by \$10.48.
- X304 Delete note 1 following health service code X304.
1. Benefit includes any quantitative spectral analysis with directional flow and/or Doppler measurements.
- X306 Delete note 1 following health service code X306.
1. Benefit includes any quantitative spectral analysis with directional flow and/or Doppler measurements.
- X313 Delete note 1 and amend the note following health service code X313 to read:
Ultrasound, abdominal wall or hernia study
NOTE: A maximum of one per patient, per physician, per day may be claimed.
- X322 Amend health service code X322 to read:
Ultrasound, obstetrical, biophysical profile, third trimester only
NOTE: 1. May not be claimed with HSCs X317, X318 and X319.
2. An additional 100% of the benefit may be claimed for each additional fetus.
- X323 Amend health service code X323 to read:
Ultrasound, heart (Echocardiogram), fetal, complete study
NOTE: 1. May not be claimed in addition to HSC X306 and X337.
2. An additional 100% of the benefit may be claimed for each additional fetus.

- X324 Amend health service code X324 to read:
Ultrasound, pelvis, female, translabial or endo-vaginal (EV), additional benefit
NOTE: 1. A maximum of one may be claimed per patient, per physician, per day.
2. May not be claimed in addition to HSCs X314, X318 and X319.
- X331 Amend health service code X331 to read:
Ultrasound, arterial screening
NOTE: May not be claimed in addition to HSC X337.
- X332 Amend health service code X332 to read:
Ultrasound, arterial complete mapping, peripheral
NOTE: May not be claimed in addition to HSC X337.
- X333 Amend health service code X333 to read:
Ultrasound, venous, peripheral
NOTE: May not be claimed in addition to HSC X337.
- X334 Amend health service code X334 to read:
Ultrasound, any extremities or joints, per joint or area (e.g. wrist)
NOTE: A maximum of two anatomical areas may be claimed per patient, per physician, per day.
- X338 Amend health service code X338 to read:
Ultrasound, limited soft-tissue study, site unspecified, any single site, not organ related
NOTE: A maximum of two anatomical areas may be claimed per patient, per physician, per day.

SECTION OF EMERGENCY MEDICINE

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 12.01 Delete the note following health service code 12.01.
Removal of intraluminal foreign body from nose without incision
NOTE: May only be claimed when performed under general anesthesia, otherwise a visit item applies.
- Add the following modifier to the Price List:
TRAY MINT
- 12.21 Delete the note following health service code 12.21.
Removal of intraluminal foreign body from ear without incision
NOTE: May only be claimed when performed under general anesthesia, otherwise a visit item applies.
- Add the following modifier to the Price List:
TRAY MINT
- 58.99F Add health service code 58.99F:
Manual disimpaction of stool 100.00
NOTE: May be claimed in addition to a visit or consultation.
- 93.91B Amend the notes following health service code 93.91B to read:
Joint aspiration, injection, other joints
NOTE: 1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.

Modifiers

- LMTS Amend LMTS modifier to read:
LMTS LIMITS - (Explicit) – This modifier is used to override restrictions for a service/procedure.
DSCH DISCHARGED - (Explicit) - As stated in GR 5.1.4, indicates payment for a patient who was discharged from the emergency department and returned the same day.

SECTION OF ENDOCRINOLOGY AND METABOLISM

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 03.03FA Amend note 2 following health service code 03.03FA to read:
Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, per 15 minutes
2. May only be claimed by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by cardiology, endocrinology/metabolism, internal medicine, medical genetics, physiatry and vascular surgery (no age restriction).
- 03.08I Amend health service code 03.08I to read:
Prolonged endocrinology/metabolism, gastroenterology, infectious diseases, internal medicine, physiatry or neurology consultation or visit, per 15 minutes
NOTE: May only be claimed in addition to HSCs 03.04A, 03.04C, 03.07B and 03.08A when these services exceed 30 minutes.

SECTION OF GASTROENTEROLOGY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 01.16B Add health service code 01.16B:
Balloon (single or double) enteroscopy, rectal route..... 350.00
NOTE: May be claimed in addition to HSCs 01.16C, 56.34A, 57.13A, 57.21A and 58.99C.
- 01.16C Add health service code 01.16C:
Balloon (single or double) enteroscopy, oral route..... 350.00
NOTE: May be claimed in addition to HSCs 01.16B, 01.16C, 56.34A, 57.13A, 57.21A and 58.99C.
- 03.08I Amend health service code 03.08I to read:
Prolonged endocrinology/metabolism, gastroenterology, infectious diseases, internal medicine, physiatry or neurology consultation or visit, per 15 minutes
NOTE: May only be claimed in addition to HSCs 03.04A, 03.04C, 03.07B and 03.08A when these services exceed 30 minutes.
- 56.34A Amend health service code 56.34A to read:
Endoscopic control of gastric or duodenal bleeding with electrocautery or injection haemostasis for gastric hemorrhage
NOTE: 1. May only be claimed in addition to HSCs 01.14, 01.16B and 01.16C.
2. Single benefit applies per route (oral or rectal).
- 57.13A Amend health service code 57.13A to read:
Bipolar electrocoagulation/heater probe haemostasis for small vascular abnormalities of caecum
NOTE: 1. May only be claimed in addition to HSCs 01.16B, 01.16C, 01.22, 01.22A, 01.22B and 01.22C.
2. May not be claimed for control of bleeding, following polypectomies.
3. Single benefit applies per route (oral or rectal).
- 57.21A Amend note 1 following 57.21A to read:
1. May only be claimed with HSCs 01.16B, 01.16C, 01.22, 01.22A, 01.22B and 01.22C and when the removal of a colonic mucosal lesion is performed using a polypectomy snare (with or without electrocautery) or a hot biopsy forcep.

- 58.99C Amend health service code 58.99C to read:
Balloon dilatation of lower gastrointestinal (ileum or colonic) stricture
NOTE: 1. May only be claimed in addition to HSCs 01.16B, 01.16C, 01.22,
01.22A, 01.22B and 01.22C.
2. A repeat performed within 90 days is payable at 50%.
- 60.24A Delete health service code 60.24A.

SECTION OF GENERAL PRACTICE

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner*** for other changes. This is located on page 3 of this document.

General Rules

- GR 11.2 Amend GR 11.2 to read:
ELECTROCARDIOGRAPHY/TAPE ECG/CARDIOVASCULAR STRESS TESTING
A claim for HSCs 03.41A, 03.41B, 03.41C, 03.52B, 03.52D, 03.55B and 03.56B may be submitted by physicians who have been approved by the CPSA to provide these services. For purposes of claims for HSC 03.52D, CPSA approval for ECGs will be used as a proxy.

Health Service Codes

- 03.04K This service may now be claimed in any functional centre in an ACT.
- 12.01 Delete the note following health service code 12.01.
Removal of intraluminal foreign body from nose without incision
NOTE: May only be claimed when performed under general anesthesia, otherwise a visit item applies.
- Add the following modifier to the Price List:
TRAY MINT
- 12.21 Delete the note following health service code 12.21.
Removal of intraluminal foreign body from ear without incision
NOTE: May only be claimed when performed under general anesthesia, otherwise a visit item applies.
- Add the following modifier to the Price List:
TRAY MINT
- 13.99JA Delete note 7 following health service code 13.99JA. Renumber note 8 to 7.
Management of complex labor, per 15 minutes
NOTE: 7. If a visit benefit is claimed, detention time benefit may not be claimed until thirty minutes after the start of the visit.
- 58.99F Add health service code 58.99F:
Manual disimpaction of stool 100.00
NOTE: May be claimed in addition to a visit or consultation.

- 60.24A Delete health service code 60.24A.
- 61.04 Delete health service code 61.04.
- 61.29A Delete health service code 61.29A.
- 61.32A Delete health service code 61.32A.
- 61.39A Delete health service code 61.39A.
- 61.39B Add health service code 61.39B:
Scarification procedure on haemorrhoids..... 75.18
NOTE: May be claimed for any local treatment on hemorrhoids, i.e. banding, injection etc.
- 61.4A Add the following note to health service code 61.4A:
Anoplasty or lateral sphincterotomy
NOTE: May be claimed with 61.2 A.
- 61.4B Delete health service code 61.4B.
- 66.19A Add the following note to health service code 66.19A:
Other laparotomy
NOTE: May not be claimed for hernia repair or in addition to hernia repair HSCs (65 series).
- 91.05K Amend health service code 91.05K to read:
Closed reduction of tibia
NOTE: May only be claimed when performed in a hospital operating theatre or non-hospital surgical suite.
- 93.91B Amend the notes following health service code 93.91B to read:
Joint aspiration, injection, other joints
NOTE: 1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.

Modifiers

- CMGP Amend the CMGP modifier to read:
General practice may claim modifier CMGP for HSCs 03.01J, 03.03A, 03.03B, 03.03C, 03.03N, 03.03P, 03.03Q, 03.07A, 03.07B. See modifier CMPX for further information.

- LMTS Amend LMTS modifier to read:
LMTS LIMITS - (Explicit) – This modifier is used to override restrictions for a service/procedure.
DSCH DISCHARGED - (Explicit) - As stated in GR 5.1.4, indicates payment for a patient who was discharged from the emergency department and returned the same day.
- SURT Amend the SURT modifier to read:
SURT AFTER HOURS TIME PREMIUM - (Explicit) - This modifier type is used to indicate after hours time units for services provided to patients in active treatment hospitals, AACCs, UCCs, nursing homes and auxiliary hospitals. This modifier is payable in 15 minute blocks to a maximum of 4 per hour, per physician. It is to be billed beginning at the time of contact with the patient and may only be claimed for direct patient care time related to the provision of an insured service. The after-hours time premium units may not be claimed for stand by time, e.g. time spent waiting for results of diagnostic tests. In the event that one 15 minute period covers two time periods, the modifier claimed will be based on the time period where the majority of the 15 minute period was spent. In the event that the time spent with the patient covers more than one time period, additional SURT modifiers may be claimed, each according to the time spent with the patient in that particular time period.

SECTION OF GENERAL PSYCHIATRY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 08.11A Amend health service code 08.11A to read:
Requiring complete mental status examination and investigation, first 45 minutes
NOTE: 1. May only be claimed for the initial visit.
2. When visit does not require complete examination and investigation, the appropriate office visit HSC should be claimed.
- 08.11C Amend health service code 08.11C to read:
For complex patient, requiring complete mental status examination and investigation, first 45 minutes
- 08.19A Amend health service code 08.19A to read:
Formal major psychiatric consultation, first 30 minutes
NOTE: Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List.
- 08.19AA Amend health service code 08.19AA to read:
Formal major psychiatric consultation for a patient referred by an occupational therapist, psychologist, community based registered psychiatric nurse, social worker or speech language pathologist, first 30 minutes
- 08.19GB Amend note 1 following health service code 08.19GB to read:
1. May only be claimed by a psychiatrist or a generalist in mental health.

Add the following to the price list:

SKLL GNMH	Replace Base	45.04
SKLL PSYC	Replace Base	58.28
SESU SESU		
1-32	For Each Call Pay Base At	100%

SECTION OF GENERAL SURGERY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

General Rules

GR 1.25 Add GR 1.25:

“Corrected age” means the chronological age reduced by the number of weeks born before 40 weeks of gestation.

GR 6.9.7g) Delete the following health service codes from GR 6.9.7g):

55.0 A, 55.2, 56.32, 56.33, 56.39, 57.53, 57.55, 58.12B, 58.12C, 58.13A, 58.13B, 58.23A, 58.52A, 58.53A, 58.71A, 58.71B, 58.75, 60.24A, 60.52A, 60.71A, 61.04, 61.12B, 61.29A, 61.32A, 61.39A, 61.4 B, 61.69A, 63.12C, 64.2, 64.5, 65.59A, 66.61

Add the following health service codes to GR 6.9.7g) Group C:

55.2 A, 56.39A, 56.93A, 58.11A, 58.75A, 60.24C, 60.52B

Add the following health service codes to GR 6.9.7g) Group D:

60.71B, 61.29B and 61.39B

GR 6.18 Add GR 6.18:

GENERAL SURGERY

GR 6.18.1 Add GR 6.18.1:

An additional 25% of the benefit may be claimed for general surgery procedures when performed on patients 90 days of age or younger.

GR 6.18.2 Add GR 6.18.2:

An additional benefit of 50% may be claimed for procedures performed on infants of less than 40 weeks conceptual age as defined under GR 1.15.

Health Service Codes

01.16B Add health service code 01.16B:

Balloon (single or double) enteroscopy, rectal route..... 350.00

NOTE: May be claimed in addition to HSCs 01.16C, 56.34A, 57.13A, 57.21A and 58.99C.

13.99G Delete health service code 13.99G.

- 13.99GA Add health service code 13.99GA:
Trauma assessment, multiple trauma, severely injured patient..... 300.70
NOTE: 1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
2. May only be claimed by the coordinating surgical specialist.
3. May be claimed in addition to a major surgical procedure by the same physician.
4. May only be claimed for referred cases.
5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
7. May be claimed in addition to care provided by intensivists.
- 19.09A Add health service code 19.09A:
Exploration of the neck for penetrating injury, first hour of operating time 375.88
NOTE: 1. May only be claimed for trauma patients.
2. Other procedures may be claimed in addition but the time spent in performing them may not be included in the time claimed for this procedure.
3. Each subsequent 15 minutes or major portion thereof may be claimed at the rate specified on the Price List.
4. A maximum of three hours may be claimed.
- 19.7A Add the following note to 19.7A:
Parathyroidectomy
NOTE: Benefit for a re-operation; use modifier REANE or REOP; refer to the Price List.
- Add the following modifiers to the price list:
REDO REOP
- 50.4E Delete health service code 50.4E.
- 53.34 Amend health service code 53.34 to read:
Total splenectomy of a normal sized spleen
NOTE: 1. A normal sized spleen is defined as 20 cms or less for patients 12 years of age and older and less than 12 cms for patients younger than 12 years of age.
2. Benefits may not be claimed for incidental splenectomies.

- 53.34A Add health service code 53.34A:
 Splenectomy for massive splenomegaly 1,623.78
 NOTE: 1. Massive splenomegaly is defined as greater than 20 cms or at least 12
 cms for patients 12 years of age and younger.
 2. Size must be confirmed by pre-operative imaging.
- 53.51A Add health service code 53.51A:
 Resection of accessory spleen 872.03
 NOTE: 1. Benefit will be paid at 100% when only procedure performed.
 2. When performed with HSC 53.34, benefit will be paid as ADD. Refer
 to Price List.
- 54.76A Amend health service code 54.76A to read:
 Esophagogastric reconstruction for complex foregut procedure
- 55.0A Delete health service code 55.0A.
- 55.2 Delete health service code 55.2.
- 55.2A Add health service code 55.2A:
 Surgical gastrostomy..... 497.93
 NOTE: 1. Benefit will be paid at 100% when only procedure performed.
 2. When performed with other abdominal or gastrointestinal
 procedures, benefit will be paid as ADD or ADD2. Refer to Price List.
- 56.32 Delete health service code 56.32.
- 56.33 Delete health service code 56.33.
- 56.34A Amend health service code 56.34A to read:
 Endoscopic control of gastric or duodenal bleeding with electrocautery or
 injection haemostasis for gastric hemorrhage
 NOTE: 1. May only be claimed in addition to HSCs 01.14, 01.16B and 01.16C.
 2. Single benefit applies per route (oral or rectal).
- 56.39 Delete health service code 56.39.
- 56.39A Add health service code 56.39A:
 Suture or other surgical control of bleeding or perforated gastric or
 duodenal ulcer 872.03
- 56.93A Add health service code 56.93A:
 Roux-en-Y Gastric Bypass 1,635.81
 NOTE: May not be claimed in addition to any other procedure except HSC 65.7A.

- 56.93B Add health service code 56.93B:
Adjustable gastric band fill 248.08
NOTE: 1. A repeat is payable at a reduced rate; refer to the Price List.
2. A maximum of four repeat fills may be claimed per patient, per physician, per calendar year.
- 57.03A Add health service code 57.03A:
Intestinal lengthening, Serial transverse enteroplasty procedure (STEP)
..... 2,255.25
- 57.21A Amend note 1 following 57.21A to read:
1. May only be claimed with HSCs 01.16B, 01.16C, 01.22, 01.22A, 01.22B and 01.22C and when the removal of a colonic mucosal lesion is performed using a polypectomy snare (with or without electrocautery) or a hot biopsy forcep.
- 57.42A Add the following note to health service code 57.42A:
NOTE: May not be claimed with HSC 57.59A unless there are two anastomosis performed. If HSCs 57.59A and 57.42A are claimed on the same date of service, supporting information must be submitted for both claims.
- 57.53 Delete health service code 57.53.
- 57.55 Delete health service code 57.55.
- 57.59A Amend health service code 57.59A to read:
Partial or segmental colectomy
NOTE: 1. Benefit includes right hemicolectomy, left hemicolectomy, sigmoid colectomy and extended right hemicolectomy.
2. More than one call may be claimed if two or more anastomosis are performed. Text to support more than one call must be provided.
- 57.7 Add the following note to health service code 57.7:
NOTE: May be claimed for ileostomy closure.
- 57.85A Add health service code 57.85A:
Completion of perianal portion of anastomosis..... 150.35
NOTE: 1. This benefit is for the second surgeon.
2. May not be claimed in addition to any other procedures by the same physician at the same encounter.
- 56.11A Add health service code 58.11A:
Colostomy 436.02
NOTE: May be claimed when a temporary or permanent colostomy is performed regardless of the type, i.e. loop or end colostomy.
- 58.12B Delete health service code 58.12B.

58.12C	Delete health service code 58.12C.	
58.13A	Delete health service code 58.13A.	
58.13B	Delete health service code 58.13B.	
58.23A	Delete health service code 58.23A.	
58.39C	Add health service code 58.39C: Intra-operative placement of small bowel feeding tube, additional benefit	99.23
58.52A	Delete health service code 58.52A.	
58.53A	Delete health service code 58.53A.	
58.71A	Delete health service code 58.71A.	
58.71B	Delete health service code 58.71B.	
58.75	Delete health service code 58.75.	
58.75A	Add health service code 58.75A: Suture of large or small intestine..... NOTE: May not be claimed for incidental bowel perforations.	691.61
58.81D	Add health service code 58.81D: Neonatal intestinal obstruction, atresia or meconium ileus.....	1,879.38
58.99A	Delete health service code 58.99A.	
58.99C	Amend health service code 58.99C to read: Balloon dilatation of lower gastrointestinal (ileum or colonic) stricture NOTE: 1. May only be claimed in addition to HSCs 01.16B, 01.16C, 01.22, 01.22A, 01.22B and 01.22C. 2. A repeat performed within 90 days is payable at 50%.	
58.99E	Amend the note following 58.99E to read: Intraoperative colonic lavage NOTE: May only be claimed in addition to HSCs 57.59A, 57.6 A, 57.6 B, 57.6 C, 57.6 D, 57.6 E, 57.82A, 58.81A, 58.81B, 58.81C, 60.39A, 60.4 A, 60.4 B, 60.52B, 60.54, 60.59A and 60.59B.	
60.21A	Delete health service code 60.21A.	
60.24A	Delete health service code 60.24A.	

- 60.24B Delete health service code 60.24B.
- 60.24C Add health service code 60.24C:
Rectal polyp including villous adenoma, per 30 minutes or major
portion thereof 300.70
NOTE: A maximum of three hours may be claimed.
- 60.52A Delete health service code 60.52A.
- 60.52B Add health service code 60.52B:
Total mesorectal excision..... 1,593.71
NOTE: 1. May only be claimed for rectal cancer.
2. May not be claimed in addition to HSCs 57.42A, 57.42B, 57.59A, 57.6
A, 57.6 B, 57.6 C, 57.6 D, 57.6 E, and 58.81C.
- 60.71A Delete health service code 60.71A.
- 60.71B Add health service code 60.71B:
Incision, excision or drainage of perirectal tissue, lesion or abscess..... 285.67
NOTE: May only be claimed when performed under general anesthesia.
- 61.04 Delete health service code 61.04.
- 61.12A Add the following note to 61.12A:
Anal fistulectomy
NOTE: HSCs 01.24A, 01.24B, 10.23, 61.01A, 61.01B, 61.03, 61.29B, 61.39B, 61.4 A,
61.37A may not be claimed in addition.
- 61.12B Delete health service code 61.12B.
- 61.2A Add the following note to 61.2A:
Anal fissurectomy
NOTE: May be claimed with 61.4 A.
- 61.29A Delete health service code 61.29A.
- 61.29B Add health service code 61.29B:
Local excision or destruction of lesion, tissue or polyp of anus
NOTE: A maximum of six calls may be claimed.
- 61.32A Delete health service code 61.32A.
- 61.39A Delete health service code 61.39A.

- 61.39B Add health service code 61.39B:
Scarification procedure on haemorrhoids..... 75.18
NOTE: May be claimed for any local treatment on hemorrhoids, i.e. banding, injection etc.
- 61.4 Delete the note following health service code 61.4.
- 61.4A Add the following note to health service code 61.4A:
Sphincterotomy
NOTE: May be claimed with 61.2 A.
- 61.4B Delete health service code 61.4B.
- 61.69A Delete health service code 61.69A.
- 62.2A Add health service code 62.2A:
Lobectomy of liver (living donor)..... 3,969.24
NOTE: Benefit includes back table preparation.
- 63.12C Delete health service code 63.12C.
- 63.24 Delete health service code 63.24.
- 64.2 Delete health service code 64.2.
- 64.3 Add the following note to health service code 64.3:
Internal drainage of pancreatic cyst
NOTE: May not be claimed with HSCs 56.2, 63.22, 63.26, 63.27 and 64. 7.
- 64.43A Amend the note following health service code 64.43A to read:
Pancreatectomy 95% resection
NOTE: 1. May be claimed in addition to HSC 66.83.
2. May not be claimed with HSCs 56.2, 63.22, 63.26, 63.27 and 64. 7.
- 64.49 Amend the note following health service code 64.49 to read:
NOTE: 1. May be claimed in addition to HSC 66.83.
2. May not be claimed with HSCs 56.2, 63.22, 63.26, 63.27 and 64. 7.
- 64.5 Delete health service code 64.5.
- 64.6A Add health service code 64.6A:
Whipple/ pancreaticoduodenectomy 3,969.24
NOTE: 1. Benefit includes all portions of the reconstruction, i.e., biliary, gastric and pancreatic anastomosis, cholecystectomy and regional lymph node dissection and other standard steps in the procedure.
2. May not be claimed in addition to any other procedure at the same encounter.

- 64.7 Add the following note to health service code 64.7:
Anastomosis of pancreas (duct)
NOTE: May not be claimed with HSCs 56.2, 63.22, 63.26, 63.27 and 64. 3.
- 65 Amend note 2 following health service code 65 (Repair of Hernia) to read:
2. Repair of hernia may not be claimed with any HSC listed under the 58.8 heading or HSC 66.19A.
- 65.49A Amend health service code 65.49A to read:
Repair of umbilical and/or epigastric hernia
NOTE: 1. Benefit for child under 11 years of age, refer to Price List.
2. Two calls may be claimed at 100% where both umbilical and epigastric hernias are repaired.
- Add the following modifiers to the price list:
CASRG Increase Base To 125%
L40 Increase Base To 150%
- 65.59A Delete health service code 65.59A.
- 65.7A Amend health service code 65.7A to read:
Repair of diaphragmatic hernia, abdominal approach, acquired
NOTE: When performed with HSC 56.93A, the benefit will be paid as ADD.
Refer to the Price List.
- Add the following modifiers to the price list:
CASRG Increase Base To 125%
L40 Increase Base To 150%
- 65.7D Add health service code 65.7D:
Repair of congenital diaphragmatic hernia for infant 5 days of age and younger 1,879.38
- 65.8D Add health service code 65.8D:
Repair of paraesophageal hernia, greater than 50% of stomach intrathoracic confirmed by pre-operative imaging..... 1,623.78
- 65.9B Delete health service code 65.9B.
- 66.19A Add the following note to health service code 66.19A:
Other laparotomy
NOTE: May not be claimed for hernia repair or in addition to hernia repair HSCs (65 series).

- 66.19D Add health service code 66.19D:
Laparotomy for trauma patients, first 60 minutes..... 417.97
NOTE: 1. Benefit includes exploration of hematoma(s), Kockerization of duodenum, lesser sac and control of minor bleeding as well as other explorations for injury in trauma patients.
2. Each subsequent 15 minutes or major portion thereof may be claimed at the rate specified on the Price List.
3. Other procedures may be claimed in addition but the time spent in performing them may not be included in the time claimed for this procedure.
4. A maximum of three hours may be claimed.
5. HSC 66.67A may be claimed in addition.
- 66.61 Delete health service code 66.61.
- 66.67A Add health service code 66.67A:
Mesenteric tear repair, additional benefit
NOTE: 1. May not be claimed for incidental repair.
2. May only be claimed in addition to HSC 66.19D.
- 69.73B Add the following notes to health service code 69.73B:
Rectovesical fistula, resection
NOTE: 1. Benefit will be paid at 100% when only procedure performed.
2. When performed with other procedures, benefit will be paid as ADD. Refer to Price List.
- 97.21A Add health service code 97.21A:
Skin sparing mastectomy when performed for reconstruction 962.24
- 98.03E Add health service code 98.03E:
Aspiration of seroma..... 135.32

Modifiers

- CAGE Add modifier CAGE:
CAGE CORRECTED AGE - (Explicit) – This modifier is used to support the additional payment of 25% for specific general surgery procedures and specific anesthetic services for patients with a “corrected” age of up to 3 months.
CASRG CORRECTED AGE, ROLE OF SURGEON - (Explicit) –Infants up to 3 months “corrected age”. Applies only to specific general surgery procedures.
- LMTS Amend LMTS modifier to read:
LMTS LIMITS - (Explicit) – This modifier is used to override restrictions for a service/procedure.
L40 UNDER 40 WEEKS CONCEPTUAL AGE, ROLE OF SURGEON - (Explicit) - Infants under 40 weeks of conceptual age. Applies only to specific general surgery procedures.

SECTION OF GENERALISTS IN MENTAL HEALTH

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 08.11A Amend health service code 08.11A to read:
 Requiring complete mental status examination and investigation, first 45 minutes
 NOTE: 1. May only be claimed for the initial visit.
 2. When visit does not require complete examination and investigation, the appropriate office visit HSC should be claimed.

- 08.19A Amend health service code 08.19A to read:
 Formal major psychiatric consultation, first 30 minutes
 NOTE: Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List.

- 08.19GB Amend note 1 following health service code 08.19GB to read:
 1. May only be claimed by a psychiatrist or a generalist in mental health.

Add the following to the price list:

SKLL	GNMH	Replace Base	45.04
SKLL	PSYC	Replace Base	58.28
SESU	SESU		
	1-32	For Each Call Pay Base At	100%

SECTION OF INFECTIOUS DISEASES

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

03.08I Amend health service code 03.08I to read:
Prolonged endocrinology/metabolism, gastroenterology, infectious diseases,
internal medicine, physiatry or neurology consultation or visit, per 15 minutes
NOTE: May only be claimed in addition to HSCs 03.04A, 03.04C, 03.07B and
03.08A when these services exceed 30 minutes.

SECTION OF INTENSIVE CARE

For changes to the General Rules, please consult the “Changes for All Physicians” section on page 3 of this Billing Corner. For other changes, please consult the Price List.

SECTION OF INTERNAL MEDICINE

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

General Rules

- GR 11.2 Amend GR 11.2 to read:
ELECTROCARDIOGRAPHY/TAPE ECG/CARDIOVASCULAR STRESS TESTING
A claim for HSCs 03.41A, 03.41B, 03.41C, 03.52B, 03.52D, 03.55B and 03.56B may be submitted by physicians who have been approved by the CPSA to provide these services. For purposes of claims for HSC 03.52D, CPSA approval for ECGs will be used as a proxy.

Health Service Codes

- 03.58A Delete health service code 03.58A.
- 03.08I Amend health service code 03.08I to read:
Prolonged endocrinology/metabolism, gastroenterology, infectious diseases, internal medicine, psychiatry or neurology consultation or visit, per 15 minutes
NOTE: May only be claimed in addition to HSCs 03.04A, 03.04C, 03.07B and 03.08A when these services exceed 30 minutes.
- 56.34A Amend health service code 56.34A to read:
Endoscopic control of gastric or duodenal bleeding with electrocautery or injection haemostasis for gastric hemorrhage
NOTE: 1. May only be claimed in addition to HSCs 01.14, 01.16B and 01.16C.
2. Single benefit applies per route (oral or rectal).
- 57.13A Amend health service code 57.13A to read:
Bipolar electrocoagulation/heater probe haemostasis for small vascular abnormalities of caecum
NOTE: 1. May only be claimed in addition to HSCs 01.16B, 01.16C, 01.22, 01.22A, 01.22B and 01.22C.
2. May not be claimed for control of bleeding, following polypectomies.
3. Single benefit applies per route (oral or rectal).
- 57.21A Amend note 1 following 57.21A to read:
1. May only be claimed with HSCs 01.16B, 01.16C, 01.22, 01.22A, 01.22B and 01.22C and when the removal of a colonic mucosal lesion is performed using a polypectomy snare (with or without electrocautery) or a hot biopsy forcep.

- 58.99C Amend health service code 58.99C to read:
Balloon dilatation of lower gastrointestinal (ileum or colonic) stricture
NOTE: 1. May only be claimed in addition to HSCs 01.16B, 01.16C, 01.22, 01.22A, 01.22B and 01.22C.
2. A repeat performed within 90 days is payable at 50%.
- 93.91B Amend the notes following health service code 93.91B to read:
NOTE: 1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.

SECTION OF LABORATORY PHYSICIANS

For changes to the General Rules, please consult the “Changes for All Physicians” section on page 3 of this Billing Corner. For other changes, please consult the Price List.

SECTION OF NEPHROLOGY

For changes to the General Rules, please consult the “Changes for All Physicians” section on page 3 of this Billing Corner. For other changes, please consult the Price List.

SECTION OF NEUROLOGY

✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 03.08I Amend health service code 03.08I to read:
Prolonged endocrinology/metabolism, gastroenterology, infectious diseases, internal medicine, physiatry or neurology consultation or visit, per 15 minutes
NOTE: May only be claimed in addition to HSCs 03.04A, 03.04C, 03.07B and 03.08A when these services exceed 30 minutes.

- 14.84 Delete health service code 14.84.

- 14.88A Amend health service code 14.88A to read:
Electrocortography or microelectrode cellular recoding, per 15 minutes

SECTION OF NEUROSURGERY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 13.99AG Add health service code 13.99AG:
Application of neurological navigation unit, with intracranial intracerebral localization by neurosurgical probe or instrument 600.00
- 13.99G Delete health service code 13.99G.
- 13.99GA Add health service code 13.99GA:
Trauma assessment, multiple trauma, severely injured patient..... 300.70
NOTE: 1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
 7. May be claimed in addition to care provided by intensivists.
- 14.3A Amend health service code 14.3A to read:
Stereotactic ablation or stimulation of subcortical structures for functional indications, including thalamus and globus pallidus
- 14.3B Amend health service code 14.3B to read:
Other stereotactic procedure, including application of stereotactic frame or frameless stereotaxy
- 14.13B Amend health service code 14.13B to read:
Craniotomy or craniectomy with exploration

- 14.13C Amend health service code 14.13C to read:
Evacuation of epidural haematoma, abscess or fluid collection
- 14.13D Amend health service code 14.13D to read:
Decompressive craniectomy including hemicraniectomy
- 14.13E Amend health service code 14.13E to read:
Exploration of posterior fossa
NOTE: Includes that with rhizotomy.
- 14.13F Add health service code 14.13F:
Intracranial endoscopy via skull base, neurosurgical component 2,500.00
- 14.13G Add health service code 14.13G:
Intracranial endoscopy via cranial vault, neurosurgical
component 1,500.00
- 14.21A Delete health service code 14.21A.
- 14.21B Amend health service code 14.21B to read:
Evacuation of subdural hematoma, abscess or fluid collection
- 14.21C Delete health service code 14.21C.
- 14.21D Delete health service code 14.21D.
- 14.21E Delete health service code 14.21E.
- 14.22A Amend health service code 14.22A to read:
Resection of brain tissue for epilepsy, including lobectomy, tractotomy and corpus callostomy
- 14.29A Amend health service code 14.29A to read:
Resection of disrupted brain tissue
- 14.29B Amend health service code 14.29B to read:
Evacuation of intraparenchymal hematoma, abscess or fluid collection
- 14.49C Amend health service code 14.49C to read:
Resection of intracranial intra-axial tumor, supratentorial
- 14.49E Amend health service code 14.49E to read:
Craniotomy/craniectomy with removal of extra-axial tumor with or without
microsurgical dissection

- 14.49H Amend health service code 14.49H to read:
Resection of skull base tumor, neurosurgical component
NOTE: For otolaryngological component, refer to Price List.
- 14.49J Amend health service code 14.49J to read:
Extended skull base craniotomy including anterior, middle or posterior fossa approaches, neurosurgical component
NOTE: For otolaryngological component, refer to Price List.
- 14.49K Add health service code 14.49K:
Radiosurgery method for cranial or spinal lesion, neurosurgical component..... 2,882.85
- 14.84 Delete health service code 14.84.
- 15.06A Amend health service code 15.06A to read:
Cranioplasty, or cranial vault repair
NOTE: Benefit includes synthetic implant or plate fixation.
- 15.2A Amend health service code 15.2A to read:
Ventriculostomy including insertion of cerebrospinal fluid (CSF) reservoir system
- 15.12C Add health service code 15.12C:
Intracranial duraplasty with graft..... 304.37
- 15.94A Amend health service code 15.94A to read:
Insertion of intracranial pressure monitoring device with recording

SECTION OF OBSTETRICS AND GYNECOLOGY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

13.99GA Add health service code 13.99GA:

Trauma assessment, multiple trauma, severely injured patient..... 300.70

- NOTE:
1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
 7. May be claimed in addition to care provided by intensivists.

13.99JA Delete note 7 following health service code 13.99JA. Renumber note 8 to 7.

Management of complex labor, per 15 minutes

- NOTE:
7. If a visit benefit is claimed, detention time benefit may not be claimed until thirty minutes after the start of the visit.

61.04 Delete health service code 61.04.

66.19A Add the following note to health service code 66.19A:

NOTE: May not be claimed for hernia repair or in addition to hernia repair HSCs (65 series).

79.4A Delete health service code 79.4A.

80.81 Delete the UGA modifier from health service code 80.81.

82.63 Delete the UGA modifier from health service code 82.63.

83.09A Delete the UGA modifier from health service code 83.09A.

- 83.19A Delete the UGA modifier from health service code 83.19A.
- 83.2B Delete the UGA modifier from health service code 83.2B.
- 83.61 Delete the UGA modifier from health service code 83.61.
- X322 Amend health service code X322 to read:
Ultrasound, obstetrical, biophysical profile, third trimester only
NOTE: 1. May not be claimed with HSCs X317, X318 and X319.
2. An additional 100% of the benefit may be claimed for each additional fetus.
- X323 Amend health service code X323 to read:
Ultrasound, heart (Echocardiogram), fetal, complete study
NOTE: 1. May not be claimed in addition to HSC X306 and X337.
2. An additional 100% of the benefit may be claimed for each additional fetus.
- X324 Amend health service code X324 to read:
Ultrasound, pelvis, female, translabial or endo-vaginal (EV), additional benefit
NOTE: 1. A maximum of one may be claimed per patient, per physician, per day.
2. May not be claimed in addition to HSCs X314, X318 and X319.

SECTION OF OPHTHALMOLOGY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner*** for other changes. This is located on page 3 of this document.

General Rules

GR 9.1.2 Amend GR 9.1.2 to read:

Three technical services and three interpretive services from the following examinations may be claimed in addition to HSCs 03.04A, 03.08A and 09.04:

Delete health service codes 09.01B and 21.31A from the list.

GR 9.1.3 Amend GR 9.1.3 to read:

Three technical services and three interpretive services from the following examinations may be claimed in addition to HSCs 03.02A, 03.03A, 03.07A and 03.07B:

Delete health service codes 09.01B and 21.31A from the list.

GR 9.1.4 Amend general rule 9.1.4 to read:

When done independently on a separate day or as a repeat, not more than three interpretations and three technical services from the list in GR 9.1.3 may be claimed.

Health Service Codes

13.99GA Add health service code 13.99GA:

Trauma assessment, multiple trauma, severely injured patient..... 300.70

- NOTE:
1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
 7. May be claimed in addition to care provided by intensivists.

SECTION OF ORTHOPEDICS

✓ **Please consult the “Changes for All Physicians” section of this Billing Corner** for other changes. This is located on page 3 of this document.

General Rules

GR 6.9.7e) Add health service code 91.36l to GR 6.9.7e).

GR 6.17.1 Amend GR 6.17.1 to read:

An additional 50% of the listed benefit may be claimed using modifier ORREDO by orthopedic surgeons for redo orthopedic surgery on or relating to the same joint or muscle structure on which the patient has previously had an orthopedic surgical intervention. The ORREDO modifier is listed in the Price List for eligible HSCs.

Health Service Codes

03.03AU Add a new health service code 03.03AU:

Transfer of care of hospital in-patient or out-patient to operating physician 97.08

- NOTES:
1. May only be claimed by orthopedics.
 2. May only be claimed when a consultation for the patient has already been claimed by another physician of the same specialty.
 3. May be claimed in addition to a procedure on the same date of service.

13.99G Delete health service code 13.99G.

13.99GA Add health service code 13.99GA:

Trauma assessment, multiple trauma, severely injured patient..... 300.70

- NOTE:
1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.

- 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
- 7. May be claimed in addition to care provided by intensivists.

91.05K Amend health service code 91.05K to read:
Closed reduction of tibia
NOTE: May only be claimed when performed in a hospital operating theatre or non-hospital surgical suite.

91.36I Add health service code 91.36I:
ORIF intra-articular comminuted calcaneus fracture more than three
intra-articular parts 1,170.17

93.91B Amend the notes following health service code 93.91B to read:
Joint aspiration, injection, other joints
NOTE: 1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.

SECTION OF OTOLARYNGOLOGY – HEAD AND NECK SURGERY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 12.01 Delete the note following health service code 12.01.
Removal of intraluminal foreign body from nose without incision
NOTE: May only be claimed when performed under general anesthesia, otherwise a visit item applies.
- Add the following modifier to the Price List:
TRAY MINT
- 12.21 Delete the note following health service code 12.21.
Removal of intraluminal foreign body from ear without incision
NOTE: May only be claimed when performed under general anesthesia, otherwise a visit item applies.
- Add the following modifier to the Price List:
TRAY MINT
- 13.99GA Add health service code 13.99GA:
Trauma assessment, multiple trauma, severely injured patient..... 300.70
NOTE: 1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
2. May only be claimed by the coordinating surgical specialist.
3. May be claimed in addition to a major surgical procedure by the same physician.
4. May only be claimed for referred cases.
5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
7. May be claimed in addition to care provided by intensivists.

- 14.49E Amend health service code 14.49E to read:
Craniotomy/craniectomy with removal of extra-axial tumor with or without microsurgical dissection
- 14.49H Amend health service code 14.49H to read:
Resection of skull base tumor, neurosurgical component
NOTE: For otolaryngological component, refer to Price List.
- 14.49J Amend health service code 14.49J to read:
Extended skull base craniotomy including anterior, middle or posterior fossa approaches, neurosurgical component
NOTE: For otolaryngological component, refer to Price List.
- 19.09A Add health service code 19.09A:
Exploration of the neck for penetrating injury, first hour of operating time..... 375.88
NOTE: 1. May only be claimed for trauma patients.
2. Other procedures may be claimed in addition but the time spent in performing them may not be included in the time claimed for this procedure.
3. Each subsequent 15 minutes or major portion thereof may be claimed at the rate specified on the Price List.
4. A maximum of three hours may be claimed.
- 19.7A Add the following note to 19.7A:
Parathyroidectomy
NOTE: Benefit for a re-operation; use modifier REANE or REOP; refer to the Price List.
- Add the following modifier to the price list:
REDO REOP

SECTION OF PEDIATRICS

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 12.01 Delete the note following health service code 12.01.
Removal of intraluminal foreign body from nose without incision
NOTE: May only be claimed when performed under general anesthesia, otherwise a visit item applies.
- Add the following modifier to the Price List:
TRAY MINT
- 12.21 Delete the note following health service code 12.21.
Removal of intraluminal foreign body from ear without incision
NOTE: May only be claimed when performed under general anesthesia, otherwise a visit item applies.
- Add the following modifier to the Price List:
TRAY MINT
- 13.99GA Add health service code 13.99GA:
Trauma assessment, multiple trauma, severely injured patient..... 300.70
NOTE: 1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
2. May only be claimed by the coordinating surgical specialist.
3. May be claimed in addition to a major surgical procedure by the same physician.
4. May only be claimed for referred cases.
5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
7. May be claimed in addition to care provided by intensivists.

93.91B Amend the notes following health service code 93.91B to read:

- NOTE:
1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
 2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.

SECTION OF PHYSICAL MEDICINE AND REHABILITATION

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 03.05JM Amend health service code 03.05JM to read:
 Formal, scheduled, professional conference related to the care and treatment of multiple patients undergoing rehabilitation therapy including those with chronic pain with other physician(s), allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physiatrist most responsible for the patient's care per full 5 minutes to a maximum of 6 units in a 30 minute period 18.89
 NOTE: Refer to the notes following HSC 03.05JN.
- 03.05JN Amend health service code 03.05JN to read:
 Second and subsequent physician attendance at a formal, scheduled, professional conference related to the care and treatment of multiple patients undergoing rehabilitation therapy including those with chronic pain, when discussion occurs on behalf of a specific patient per full 5 minutes to a maximum of 6 units in a 30 minute period..... 18.89
- Delete note 4. Note 5 becomes note 4.
4. Each physician involved in a patient conference may claim for patient services using HSCs 03.05JM or 03.05JN, per patient, to a maximum of 6 patients in a 30 minute period.
- 03.08I Amend health service code 03.08I to read:
 Prolonged endocrinology/metabolism, gastroenterology, infectious diseases, internal medicine, psychiatry or neurology consultation or visit, per 15 minutes
 NOTE: May only be claimed in addition to HSCs 03.04A, 03.04C, 03.07B and 03.08A when these services exceed 30 minutes.
- 93.91B Amend the notes following health service code 93.91B to read:
 NOTE: 1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
 2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.

SECTION OF PLASTIC SURGERY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

13.99GA Add health service code 13.99GA:

Trauma assessment, multiple trauma, severely injured patient..... 300.70

- NOTE:
1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
 7. May be claimed in addition to care provided by intensivists.

93.91B Amend the notes following health service code 93.91B to read:

- NOTE:
1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
 2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.

SECTION OF RESPIRATORY MEDICINE

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner*** for other changes. This is located on page 3 of this document.

Health Service Codes

03.58A Delete health service code 03.58A.

SECTION OF RHEUMATOLOGY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner*** for other changes. This is located on page 3 of this document.

Health Service Codes

- 93.91B Amend the notes following health service code 93.91B to read:
NOTE:
 1. HSCs 93.91A and 93.91B may be claimed in addition to a visit or a consultation.
 2. A second call may only be claimed for HSCs 93.91A and 93.91B when a second joint is either aspirated and/or injected.

SECTION OF THORACIC SURGERY

✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

13.99G Delete health service code 13.99G.

13.99GA Add health service code 13.99GA:

Trauma assessment, multiple trauma, severely injured patient..... 300.70

- NOTE:
1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
 7. May be claimed in addition to care provided by intensivists.

SECTION OF UROLOGY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

13.99GA Add health service code 13.99GA:

Trauma assessment, multiple trauma, severely injured patient..... 300.70

- NOTE:
1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
 7. May be claimed in addition to care provided by intensivists.

66.19A Add the following note to health service code 66.19A:

Other laparotomy

NOTE: May not be claimed for hernia repair or in addition to hernia repair HSCs (65 series).

69.73B Add the following notes to health service code 69.73B:

Rectovesical fistula, resection

- NOTE:
1. Benefit will be paid at 100% when only procedure performed.
 2. When performed with other procedures, benefit will be paid as ADD. Refer to Price List.

72.1C Add health service code 72.1C:

Photoselective vaporization of the prostate..... 659.48

NOTE: May not be claimed with HSC 72.1 A.

SECTION OF VASCULAR SURGERY

- ✓ **Please consult the “Changes for All Physicians” section of this *Billing Corner* for other changes. This is located on page 3 of this document.**

Health Service Codes

- 03.03F Add SKLL VSSG to the price list.
Repeat office of scheduled outpatient visit in a regional facility, referred cases only
- 03.03FA Amend note 2 following health service code 03.03FA to read:
Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, per 15 minutes
2. May only be claimed by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by cardiology, endocrinology/metabolism, internal medicine, medical genetics, physiatry and vascular surgery (no age restriction).
- 13.99CC Add note 2 to health service code 13.99CC:
Assessment of distal circulation by peripheral Doppler
2. If performing arterial and venous assessments, a second call may be claimed.
- 13.99GA Add health service code 13.99GA:
Trauma assessment, multiple trauma, severely injured patient..... 300.70
- NOTE:
1. Benefit includes the consultation and, when indicated, establishment of peripheral intravenous access, administration of oxygen, insertion of urinary catheter, spinal stabilization, oropharyngeal airway, and insertion of chest tube(s).
 2. May only be claimed by the coordinating surgical specialist.
 3. May be claimed in addition to a major surgical procedure by the same physician.
 4. May only be claimed for referred cases.
 5. Subsequent days of trauma care should be claimed using HSC 03.05B if a major surgical procedure has not been claimed by the same physician.
 6. Following the fourteenth day of trauma care, the appropriate level of hospital care should be claimed using HSC 03.03D.
 7. May be claimed in addition to care provided by intensivists.