Billing Corner

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April 2010

Please share this information with your billing staff.

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

TABLE OF CONTENTS

Changes for All Physicians 3

Section of Anesthesia 5
Section of Cardiology 7
Section of Cardiovascular and Thoracic Surgery 8
Section of Dermatology and Dermatologic Surgery 9
Section of Diagnostic Imaging 10
Section of Emergency Medicine 12
Section of Endocrinology and Metabolism 13
Section of Gastroenterology 14
Section of General Practice 16
Section of General Psychiatry 19
Section of General Surgery 20
Section of Generalists in Mental Health 29
Section of Infectious Diseases 30
Section of Intensive Care 31
Section of Internal Medicine 32
Section of Laboratory Physicians 34
Section of Nephrology 35

Section of Neurology 36
Section of Neurosurgery 37
Section of Obstetrics and Gynecology 40
Section of Ophthalmology 42
Section of Orthopedics 43
Section of Otolaryngology – Head and Neck Surgery 45
Section of Pediatrics 47
Section of Physical Medicine and Rehabilitation 49
Section of Plastic Surgery 50
Section of Respiratory Medicine 51
Section of Rheumatology 52
Section of Thoracic Surgery 53
Section of Urology 54
Section of Vascular Surgery 55

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 f**or 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.**

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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 anesthetist 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 u**sed 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 CARDIOLOGY

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

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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

03.03AO *Amend* note 1 following health service code 03.03AO to read:

1. May only be claimed by endocrinology/metabolism, general internal medicine, **cardiology,** hematology, clinical immunology, medical oncology and respiratory medicine.

COMMENT:
Cardiology is added to and orthopaedics is deleted from Note 1.

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.**

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.**

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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.**

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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.**

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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 u**sed 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.**

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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**,** physiatr**y 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 HSC**s 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.**

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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 HSC**s 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 **f**or 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 muscosal 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.**

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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 u**sed 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.**

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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.**

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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 muscosal 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..... 691.61
NOTE: May not be claimed for incidental bowel perforations.

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 heath 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 f**or 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 u**sed 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.**

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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.**

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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 HSC**s 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.**

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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, physiatry or neurology consultation **or visit**, per 15 minutes
NOTE: May only be claimed in addition to HSC**s 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 **f**or 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 muscosal 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.**

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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 HSC**s 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.**

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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, abcess 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.**

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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.**

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General Rules

GR 9.1.2 *Amend* GR 9.1.2 to read:
Three technical service**s** and **three** interpretive service**s** 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 service**s** and **three** interpretive service**s** 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** interpretation**s** and **three** technical service**s** 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.**

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General Rules

GR 6.9.7e) *Add* health service code 91.36I 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.**

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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.**

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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 REHABIITATION

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

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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, physiatry or neurology consultation **or visit**, per 15 minutes
NOTE: May only be claimed in addition to HSC**s 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.**

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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.**

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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.**

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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.**

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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.**

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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.**

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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**,** physiatr**y 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.