

ALBERTA HEALTH CARE INSURANCE PLAN

Podiatric Surgery
Governing Rules List
As Of
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1 DEFINITIONS

This document entitled the Schedule of Podiatric Surgery Benefits is hereinafter referred to as "Schedule". This Schedule applies only to those services that are insured under the Alberta Health Care Insurance Act. These rules apply to all benefits unless otherwise stated. The rates for anaesthetic services listed in the Schedule of Podiatric Surgery Benefits are payable to physicians and are not claimable by podiatric surgeons.

- 1.1 In this Schedule, "certificate of registration" means a certificate of registration as defined in section 18.4 of the Health Insurance Premiums Act;
- 1.2 "Holidays" or "statutory holidays" means New Year's Day, Family Day, Good Friday, Victoria Day, Canada Day, Alberta Heritage Day, Labour Day, Thanksgiving Day, Remembrance Day, Christmas Day, Boxing Day;
- 1.3 Where a holiday falls on a Saturday or Sunday the Minister shall designate another day as the holiday;
- 1.4 "Family" means children, siblings, parents, spouse and interdependent partner;
- 1.5 "Home Care Worker" is defined as a Registered Nurse, Licensed Practical Nurse, Psychiatric Nurse, Occupational Therapist, Physiotherapist, Respiratory Therapist, or any other profession under the Health Professions Act working in an Alberta home care program or Alberta palliative care program administered by a Regional Health Authority established under the Regional Health Authorities Act (RSA-9.07);
- 1.6 Unless otherwise stated, the term "encounter" used in this Schedule means each separate and distinct time a podiatric surgeon provides services to a patient in a given day as defined in GR 1.8. To be recorded as separate encounters, multiple services provided to a patient may not be initiated by the podiatric surgeon, or may not be a continuation of a service which began earlier in the day. An example of continuation of services is the time spent with a patient to review x-ray or laboratory results ordered during an examination of the patient earlier in the day. If the patient initiates the second and subsequent encounter(s) or the podiatric surgeon is requested to attend the patient by hospital or nursing home staff, additional encounters may be claimed;
- 1.7 "Resident of Alberta" means a person lawfully entitled to be or to remain in Canada, who makes the person's home and is ordinarily present in Alberta and any other person deemed by the AHCIP regulations to be a resident, but does not include a tourist, transient or visitor to Alberta;
- 1.8 "Day" means a period of 24 hours starting at midnight.
- 1.9 "Telehealth" service is defined as a podiatric surgeon delivered health service through the use of videototechnology, including store and forward, that is provided to a patient who is in attendance at a designated RHA telehealth site at the time of the video capture. Telehealth services do not include teleradiology.

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1.10 "Videotechnology" means the recording, reproducing and broadcasting of visual images.

1.11 "Store and forward" is defined as a system that provides the ability to capture and store text, audio, static and video images and forward them for the review and opinion of a podiatric surgeon.

1.12 "HSC" means Health Service Code.

2 EXCLUSIONS

2.1 The following includes examples of, but is not limited to, services which are not a benefit under the Schedule and may not be claimed:

- a) Advice by telephone or other telecommunication methods except as specified under specific HSCs or for telehealth services;
- b) Ambulance services;
- c) Anaesthetic materials;
- d) Any service a podiatric surgeon provides to a member of his/her own family;
- e) Drugs/agents;
- f) Medical appliances;
- g) Medical testimony in court;
- h) Secretarial or reporting fees;
- i) Stand-by time;
- j) Travel time of a podiatric surgeon to see a patient;
- k) Services requested or required by a third party. Examples include but are not limited to:
 - Employment examinations and reports;
 - Examinations and reports requested under the auspices of the Child Welfare Act;
 - Immigration requirements;
 - Insurance/disability reports and forms;
 - Examinations and reports for judicial purposes (e.g. requested by police);
 - Medical-legal reports requested by patients or by lawyers on behalf of patients;
 - Examinations and forms relating to participation in sports;
 - Examinations and forms relating to university or other school requirements;
 - Passport and visa applications.

2.2 Benefits may not be claimed by a podiatric surgeon or surgical assistant with respect to:

- a) A procedure performed for cosmetic reasons;
- b) A surgical procedure for the alteration of appearance performed for emotional, psychological or psychiatric reasons unless the Minister gives approval prior to the surgery being performed. Supporting documentation reflecting the need for the change must be retained by the podiatric surgeon.

2.3 Except for services known to be uninsured, the initial visit(s) to establish a diagnosis of the patient's condition is an insured service, including situations where the patient has been referred to another podiatric surgeon. After establishing a diagnosis during the initial visits, if the podiatric surgeon determines the service is not medically required, or is an uninsured service, all subsequent services related to the uninsured service such as preoperative tests, assessments, consultations, surgical procedures, anesthetic or surgical assists may not be claimed.

2.4 Uninsured services may not be claimed. Examples of uninsured services include but are not limited to:

- Services, including procedures, which are not medically required;
- Acupuncture.

3 APPLICATIONS

3.1 The benefits payable for services provided inside Alberta by or under the supervision of a podiatric surgeon, shall be the benefit prescribed in this Schedule of Podiatric Surgery Benefits subject to rules outlined herein.

3.2 Where a specific case contradicts a general statement within these rules the specific shall override the general statement.

3.3 Claims for benefits for unlisted medical-surgical procedures will be assessed by comparing the fee claimed with the benefits listed for similar procedures shown in the Schedule requiring similar responsibility and skill. Supporting information must be submitted with the claim.

3.4 This Schedule has been modeled after the Schedule of Medical Benefits and therefore uses the same categories and terminology. Notwithstanding, podiatric surgeons cannot perform or claim for procedures that are outside the podiatric scope of practice (eg. operations on cranial nerves).

3.5 This Schedule and its use are limited to podiatric surgeons who:

- a) are Podiatric Surgeons with credentials from The American Board of Podiatric Surgery and who has been granted hospital privileges by a Regional Health Authority in a hospital and/or accredited surgical facility under contract to the region.
- b) are Wound Care Specialists with credentials from the American Board of Multiple Specialists in Podiatry indicating a designation in Prevention and Treatment of Diabetic Foot Wounds and in Diabetic Foot Wear and who has been granted hospital privileges by a Regional Health Authority in a hospital and/or accredited surgical facility under contract to the region.

4 VARIATIONS IN PAYMENTS

4.1 Benefits may be claimed in excess of those listed in the Schedule for services involving unusual complications or care. Requests for increased compensation require additional documentation, either an operative report or other detailed description of the care to support the claim.

5 CATEGORY CODES

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5.1 All benefit items in the Schedule are assigned a category code as follows:

- M - Minor Procedure
- M+ - Designated Minor Procedure
- 4,14 - Major Procedure
- V - Visit

The pre-operative and post-operative periods for major procedures are detailed in GR 16.1.

6 CLAIMS FOR BENEFITS

6.1 A claim must be submitted in the format prescribed by the Minister.

6.2 GR 6.1 applies whether the claim is submitted by a podiatric surgeon on behalf of a patient or by the patient.

6.3 For administrative purposes the start of the day is considered to be midnight. A hospital visit which takes place after 0700 hours may be claimed in addition to either of the following services provided between midnight and 0700 hours:

- Hospital admission or consultation claimed in lieu of hospital admission;
- Emergency visit/special callback to hospital emergency/outpatient department, when specially called from home or office.

6.4 Claims may not be submitted more than 180 days from the date of service unless:

- a) They relate to hospital in-patients, in which case the claim must be submitted within 180 days from the last date of hospital service.
- b) Evidence of extenuating circumstances, satisfactory to the Minister, is provided.

6.5 Claims may be submitted by a podiatric surgeon who is present and supervising a resident during the provision of a service.

7 VISITS - DEFINITIONS

7.1 Comprehensive Visit - An in depth evaluation of a patient. This service includes the recording of a complete history and performing a complete podiatric examination, an appropriate record and advice to the patient. It may include the ordering of appropriate diagnostic tests and procedures as well as discussion with the patient.

7.2 Limited Visit: A limited assessment, of a patient, which includes a history limited to and related to the presenting problem, and an examination which is limited to relevant body systems, an appropriate record, and advice to the patient. It includes the ordering of appropriate diagnostic tests and procedures as well as discussion with the patient.

7.3 Telephone or Telecommunications Advice to Alberta home care. Defined as advice provided in relation to the care and treatment of a patient receiving Alberta home care.

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8 CONSULTATIONS - DEFINITIONS

- 8.1 Comprehensive Consultation: An in-depth evaluation of a patient with a written report to the referring podiatrist, podiatric surgeon or physician. This service includes the recording of a complete podiatric history, performing a complete podiatric physical examination, an appropriate record and advice to the patient. It may include the ordering of appropriate diagnostic tests and procedures as well as discussion with the patient and the referring podiatrist, podiatric surgeon or physician.
- 8.2 Limited Consultation: Limited assessment of a patient and a written report to the referring podiatrist, podiatric surgeon or physician. A limited consultation includes a history limited to and related to the presenting problem, and an examination which is limited to relevant body systems, an appropriate record, and advice to the patient. It may include the ordering appropriate diagnostic tests and procedures as well as discussion with the patient and the referring podiatrist, podiatric surgeon or physician.
- 8.3 CONSULTATION - APPLICATION
- 8.3.1 In this Schedule "consultation" means that situation where a podiatrist, podiatric surgeon or a physician after an appropriate examination of the patient, requests the opinion of a podiatric surgeon and the consulting podiatric surgeon does a history and examination and review of the diagnostic data and provides a written opinion with recommendations as to the treatment, to the referring podiatrist, podiatric surgeon or physician. Consultations may not be claimed for transfer of care alone.
- 8.3.2 The need for a consultation can arise as a result of the following:
- Some unusual or serious clinical problem,
 - A podiatrist, podiatric surgeon or physician requires further advice regarding diagnosis or management, or both, or
 - The patient, parent or guardian requests another opinion.
- 8.3.3 A referral may be accepted from any person; however, to receive reimbursement as a consultation, communication must exist between a referring podiatrist, podiatric surgeon or physician and the consulting podiatric surgeon in the form of:
- Written communication (consultation request or letter),
 - Verbal communication, or
 - Communication between podiatrists', podiatric surgeons' and/or physicians' agents at the direction of the podiatrists, podiatric surgeons and/or physicians.
- 8.3.4 If a consultation is followed by a procedure performed by the consulting podiatric surgeon, a benefit may be claimed for the consultation as well as a major procedure up to and including the day of surgery.
- 8.3.5 A benefit for continuing care may be claimed by a consulting podiatric surgeon following a consultation where the continuing care is provided at the request of the referring podiatrist, podiatric surgeon or physician.

8.3.6 Repeat consultations may not be claimed unless a further request has been initiated by and received from the referring podiatrist, podiatric surgeon or physician for another consultation. A repeat consultation is not appropriate if initiated by the consulting podiatric surgeon.

8.3.7 When a podiatric surgeon sends a member of his/her family to a podiatrist or another podiatric surgeon a consultation benefit may not be claimed.

8.4 OTHER LIMITATIONS ON VISIT ITEMS

8.4.1 In general, when an office visit and a hospital admission are provided to a patient on the same day by the same podiatric surgeon, only the greater benefit may be claimed. There are two exceptions to this. Firstly, if a new condition arose and the patient was seen at two separate encounters, both services may be claimed. Information must accompany this claim. Secondly, two services may be claimed when they fall within the provisions of GR 6.3.

8.4.2 A podiatric surgeon may only claim for a consultation or a comprehensive visit under HSCs 03.04AA, 03.04PA, 03.08AA, 03.08PA, 03.08PB or 03.08PC found in the Schedule of Podiatry Benefits or the Schedule of Podiatric Surgery Benefits for the same patient once in a 180 day period.

9 CLAIMS REQUIRING REFERRING PRACTITIONER NUMBER

9.1 When a claim is submitted for consultation services HSCs 03.08PA, 03.08PB and 03.08PC, the referring practitioner field must be completed with a valid referring practitioner number.

10 CONCURRENT CARE IN HOSPITAL

- 10.1 If the services of more than one podiatric surgeon are required because of the complexity of the clinical needs of a patient, each podiatric surgeon may claim a benefit for concurrent care. Satisfactory supporting information must accompany the claim.
- 10.2 If a consultation is required, the attending podiatric surgeon and the consultant may each claim for services provided on the day of consultation.
- 10.3 If the provisions of GR 8.3.5 apply, a benefit may be claimed by the referring podiatric surgeon only after the full responsibility for the care of the patient has been returned to him/her, or the complexity of the clinical needs of the patient require the services of the referring podiatric surgeon in addition to those of the consultant.
- 10.4 When the care of the patient remains with the referring podiatric surgeon, and the nature of the illness makes further intermittent visits by the consultant advisable, they may not be claimed as repeat consultations.

11 TRANSFER OF CARE

11.1 If the care of a patient is transferred, each podiatric surgeon may claim for services provided on the day of transfer.

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- 11.2 Transfer of care is a situation where a patient is transferred to another podiatric surgeon for care and where the transferring podiatric surgeon will not be involved in the follow up treatment/care provided by the receiving podiatric surgeon. In such instances the opinion or advice of the receiving podiatric surgeon is not required by the transferring podiatric surgeon. A report is not required by the transferring podiatric surgeon, therefore a claim for a consultation by the receiving podiatric surgeon is not appropriate.
- 11.3 If a podiatric surgeon transfers the care of a hospitalized patient to a second podiatric surgeon, the second podiatric surgeon may claim daily care. The applicable benefit rate will be determined by the number of days of the patient's hospitalization except as provided in GR 11.4.
- 11.4 When the care of a patient is transferred to a second podiatric surgeon, the second podiatric surgeon may charge daily hospital care, starting at the rate allowed for the first to seventh day, only if the transfer was due to the onset of a significant new illness.
- 11.5 If a patient is transferred to another hospital under the care of another podiatric surgeon, hospital visit services shall be claimed as though this were a first admission.
- 11.6 A podiatric surgeon who admits a patient to hospital and provides pre-operative care but does not perform the surgery may claim benefits for the services up to and including the day of surgery.
- 12 SPECIAL CALLBACKS TO HOSPITAL EMERGENCY/OUT-PATIENT DEPARTMENT BY
NON-ROTATION DUTY PODIATRIC SURGEONS
- 12.1 HSCs 03.03PK, 03.03PL, 03.03PM and 03.03PN may be claimed when a podiatric surgeon is especially called from home or office to a hospital emergency department to attend one patient. Maximums apply, see GR 24.
- 12.2 If a podiatric surgeon is in a hospital for any purpose and is asked to see a patient in the emergency department, HSCs 03.03PK, 03.03PL, 03.03PM, and 03.03PN do not apply. Benefits may be claimed for the applicable visit or procedure.
- 12.3 Services provided to additional patients seen during the same callback, or services over the limits specified in GR 24 may be claimed as:
- a) The applicable visit under HSC 03.03PC or;
 - b) The applicable procedure.
- 13 PROCEDURES
- 13.1 If a podiatric surgeon performs a procedure and provides a service warranting a claim for an office visit on the same day, benefits for both may be claimed only if the services and diagnoses are unrelated. This applies whether or not both services are from the Schedule of Podiatric Surgery Benefits or whether one service is from the Schedule of Podiatric Surgery Benefits and the other service is from the Schedule of Podiatry Benefits.

- 13.2 If a service is provided in a hospital emergency department, only the procedural or the visit benefit, whichever is the greater, may be claimed, unless the problems are emergencies and the diagnoses are unrelated. This applies whether or not both services are from the Schedule of Podiatric Surgery Benefits or whether one service is from the Schedule of Podiatric Surgery Benefits and the other service is from the Schedule of Podiatry Benefits.
- 13.3 A procedure benefit includes removal of sutures. The podiatric surgeon who placed sutures may not claim for removing them. A second podiatric surgeon who is in the same practice group as the surgeon may not claim for removing sutures either. However, a second podiatric surgeon may claim a visit for removal of sutures if he is not a member of the same practice group as the podiatric surgeon who put the sutures in.
- 13.4 Anaesthetic benefits for local infiltration are included in the benefit for the procedure.
- 14 DIAGNOSTIC SURGICAL PROCEDURES
- 14.1 If a patient is admitted to a hospital for the purpose of undergoing a procedure designated "+", a benefit is payable for a visit provided the day before or the day after the procedure is performed; but if the procedure is performed and a visit occurs on the same day, a benefit is payable for either the procedure or the visit, but not both. The above applies whether the procedure designated and/or the visit benefit are from either the Schedule of Podiatry Benefits or the Schedule of Podiatric Surgery Benefits.
- 14.2 If a procedure designated "+" is performed in a podiatric surgeon's office, both the procedural benefit and the appropriate office visit benefit for that day may be claimed; but if a consultation benefit pursuant to GR 14.4 has been claimed, a visit benefit will not be payable for the day on which the procedure is performed. The above applies whether the procedure designated "+" benefit and the office visit benefit is from the Schedule of Podiatry Benefits or the Schedule of Podiatric Surgery Benefits.
- 14.3 If a procedure designated "+" is performed in a place other than a podiatric surgeon's office, either a procedural benefit or a visit benefit, but not both, may be claimed for that day. A consultation benefit pursuant to GR 14.4 is also payable for that day. The above applies whether the procedure designated "+" benefit and the office visit benefit is from the Schedule of Podiatry Benefits or the Schedule of Podiatric Surgery Benefits.
- 14.4 If a procedure designated "+" and a consultation are provided on the same day, both the procedural benefit and the appropriate consultation benefit are payable. The above applies whether the procedure designated "+" benefit and the consultation benefit is from the Schedule of Podiatry Benefits or the Schedule of Podiatric Surgery Benefits.

15 MINOR PROCEDURES

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- 15.1 If a minor procedure (M or M+) is provided with a hospital visit on the same day, only the greater benefit item may be claimed. The above applies whether the minor procedure (M or M+) and the hospital visit is from either the Schedule of Podiatry Benefits or the Schedule of Podiatric Surgery Benefits.
- 15.2 When more than one procedure with a "V" category is provided at the same encounter only the greater benefit may be claimed. The above also applies when one "V" category is from the Schedule of Podiatry Benefits and the second subsequent "V" category services are from the Schedule of Podiatric Surgery Benefits.

16 MAJOR PROCEDURES

- 16.1 Major procedure benefit items with designated category codes 4 and 14 include related pre-operative and post-operative services. The following chart gives the pre-operative and post-operative periods.

Category	Pre-Operative	Post-Operative
4	7 - Days	14 - Days
14	30 - Days	14 - Days

- 16.1.1 Notwithstanding anything in this section, where complications occur during or following the periods prescribed in GR 16.1, applicable benefits may also be claimed.
- 16.1.2 Notwithstanding GR 16.1 a consultation benefit may be claimed up to and including the day of surgery. The above applies when the surgery is from the Schedule of Podiatric Surgery Benefits and the consultation is from the Schedule of Podiatry Benefits.
- 16.1.3 Notwithstanding GR 16.1, pre-operative hospital care may be claimed by the podiatric surgeon who performed the surgery if information is submitted to show that conservative treatment was attempted before surgery was performed.
- 16.1.4 If a podiatric surgeon does not provide the major portion of the post-operative care, the surgical benefit may be reduced to a lesser rate than listed for the procedure. The above also applies when the procedure or the post-operative care is from the Schedule of Podiatry Benefits or from the Schedule of Podiatric Surgery Benefits.
- 16.1.5 The podiatric surgeon providing the post-operative care under GR 16.1.3 may submit claims on a fee for service basis.
- 16.2 Where a procedure is performed under general anaesthesia, the following applies:
- a) If the procedure is the only procedure performed at that time, a benefit of \$125.90 may be claimed.
 - b) If another procedure is also performed at the same encounter and the listed benefit payable in respect of it under the Schedule is greater than \$125.90 the podiatric surgeon is entitled to receive that listed benefit plus a percentage of the listed benefit for the lesser procedure(s) calculated in accordance with this Schedule. The \$125.90 minimum benefit does not apply to the lesser procedures. This applies whether both procedures are from the Schedule of Podiatric Surgery

- Benefits or if one procedure is from the Schedule of Podiatric Surgery Benefits and the second procedure is from the Schedule of Podiatric
- c) If multiple procedures are performed at the same encounter and the listed benefit payable in respect of each of them under the Schedule is less than \$125.90, the podiatric surgeon is entitled to receive a benefit of \$125.90 in respect of the greater procedure plus a benefit in respect of the greater procedure plus a benefit in respect of each of the lesser procedures that is a percentage of the listed benefit and calculated in accordance with this Schedule. The \$125.90 minimum benefit does not apply to the lesser procedures. This applies whether both procedures are from the Schedule of Podiatric Surgery Benefits or if one procedure is from the Schedule of Podiatric Surgery Benefits and the second procedure is from the Schedule of Podiatry Benefits.
- d) If multiple procedures are performed at the same encounter and only one of them appears under GR 16.2(e), the podiatric surgeon is entitled to receive a benefit of \$125.90 in respect of that procedure plus a benefit in respect of each of the other procedures that is a percentage of the listed benefit and calculated in accordance with this Schedule. This applies whether both procedures are from the Schedule of Podiatric Surgery or if one procedure is from the Schedule of Podiatric Surgery and the second procedure is from the Schedule of Podiatry Surgery.
- e) GR 16.2 applies to the following HSCs:

17.81PA	89.59PA	91.06PD	91.06PE
91.07PA	91.77PB	91.77PC	95.03PA
98.03PA	98.04PA	98.12PA	98.12PH
98.22PA			

16.3 GR 16.2 does not apply to surgical assistance or anaesthetic benefits.

17 MULTIPLE PROCEDURES

- 17.1 If two similar procedures are performed at one time, and one procedure is from the Schedule of Podiatry Benefits and the other is from the Schedule of Podiatric Surgery Benefits, the greater procedure will be paid at 100% and the lesser procedure will be paid at 75%.
- 17.2 If two different procedures are performed by one podiatric surgeon through separate incisions under one anaesthetic and one procedure is from the Schedule of Podiatry Benefits and one procedure is from the Schedule of Podiatric Surgery Benefits, the claim for the lesser procedure may be claimed at 75% of the listed benefit.
- 17.3 If two unrelated procedures, one from the Schedule of Podiatry Benefits and one procedure is from the Schedule of Podiatric Surgery Benefits, are performed through the same incision, the benefit for the lesser procedure may be claimed at 75% of the listed benefit.
- 17.4 If two unrelated procedures one from the Schedule of Podiatry Benefits and one from the Schedule of Podiatric Surgery Benefits are performed by two podiatric surgeons in different anatomical areas utilizing the same anaesthetic, the benefit for each procedure may be claimed according to the listed benefit.

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17.5 If multiple related procedures, one from the Schedule of Podiatry Benefits and one from the Schedule of Podiatric Surgery Benefits are performed through one incision, by one podiatric surgeon, a benefit may be claimed for the major procedure only.

17.6 The section on multiple procedures does not apply where the lesser or secondary procedure is:

- a) A fracture that is otherwise provided for in either Podiatry Schedule;
- b) A dislocation;
- c) A procedure considered to be part of an inclusive benefit, or;
- d) A secondary procedure that is paid in full as an additional item or as an interpretation of a diagnostic test as a listed benefit in either Schedule;
- e) A procedure listed in the following table which may be claimed at 100% when performed as a second or subsequent procedure by any podiatric surgeon, regardless of whether the procedures are performed by one or more podiatric surgeons and regardless of whether additional incisions are required to perform the procedure. This does not apply to anaesthetic services.

17.08PA	89.19PA	89.37PA	89.37PB
89.41PA	89.41PB	89.42PA	90.07PA
90.07PB	90.09PA	90.09PC	90.6 PD
90.6 PE	90.6 PF	91.36PA	91.36PB
91.36PC	91.36PD	91.36PE	91.36PF
91.36PG	91.37PA	91.87PA	91.87PB
92.46PA	92.8 PA	92.8 PD	93.11PA
93.12PA	93.12PB	93.12PC	93.14PA
93.16PA	93.18PA	93.18PB	93.39PB
93.39PC	93.49PA	93.49PB	93.49PC
95.15PB	95.15PF	95.15PG	95.54PA
95.54PB	95.54PD	95.65PA	95.65PF
95.71PB	95.76PA	95.76PB	95.76PC
96.11PA			

17.7 Unless otherwise stated in the Schedule, if a surgical procedure and related diagnostic procedure are performed by the same podiatric surgeon, utilizing the same anaesthetic, only the greater benefit may be claimed. This applies whether both procedures are from the Schedule of Podiatric Surgery Benefits or if one procedure is from the Schedule of Podiatric Surgery Benefits and the second procedure is from the Schedule of Podiatry Benefits.

17.8 Claims may not be submitted for incidental procedures.

17.9 BILATERAL SURGERY - TWO PODIATRIC SURGEONS

17.9.1 With the exception of the HSCs listed under GR 17.6 e), when two podiatric surgeons operate on two sides at the same time, the podiatric surgeon most responsible for the patient's care should claim 100% of the listed fee for the procedure she/he performs and the second podiatric surgeon should claim 75% of the fee for the procedure she/he performs. This applies whether both procedures are from the Schedule of Podiatric Surgery Benefits or if one procedure is from the Schedule of Podiatric Surgery Benefits and the second procedure is from the Schedule of Podiatry Benefits.

18 FRACTURES AND DISLOCATIONS

- 18.1 For a compound fracture (closed or open reduction), 150% of the listed benefit may be claimed.
- 18.2 For an uncomplicated fracture without displacement, only 50% of the listed benefit may be claimed.
- 18.3 Multiple fractures, other than undisplaced fractures, may be claimed at the full benefit for each fracture treated by closed reduction, open reduction, continuous traction or extensive skeletal traction. This does not apply to anesthetic services.
- 18.3.1 When multiple fractures are claimed from the Schedule of Podiatric Surgery benefits GR 18.3 applies. When multiple fractures are claimed from both schedules then fractures from the Schedule of Podiatric Surgery benefits may be claimed at the full benefit for each fracture. Fractures treated by open reduction, continuous traction or extensive skeletal traction from the Schedule of Podiatric Surgery Benefits may be claimed at the full benefit for each fracture. Fractures treated by closed reduction from the Schedule of Podiatry Benefits may be claimed at the full benefit if it is the major fracture or at 50% if the closed reduction is the lesser fracture.
- 18.4 If an open operation is performed for the purpose of implanting an electrical stimulator, for conditions such as non-union of fractures, the appropriate item for open reduction of the fracture may be claimed.
- 18.5 With the exception of HSCs 90.09PA, and 90.09PC, benefits for bone grafting or bone graft harvesting and fixation (HSCs 90.00 through 90.08 series) may not be claimed in association with an open reduction of a fracture of the same bone.
- 18.6 Benefits for bone grafts include harvesting and fixation where indicated.
- 18.7 Osteotomy (all HSCs in 89.3 series) may not be claimed in association with the following:
- a) Bone grafting (all HSCs 90.07 to 90.08 series) when performed at the same encounter;
 - b) Primary or revision arthroplasty when the osteotomy is of an adjacent bone. In these cases, only the greater benefit may be paid.
- 18.8 Benefits for podiatric services include the application of a cast when required and replacement of the cast within the 14 day post operative period. This applies whether both services are from the Schedule of Podiatric Surgery Benefits or if one service is from the the Schedule of Podiatric Surgery Benefits and the second service is from the Schedule of Podiatry Benefits.
- 18.9 FRACTURES AND DISLOCATIONS - ATTEMPTED REDUCTION
- 18.9.1 If a podiatric surgeon attempts a closed reduction of a fracture unsuccessfully and finds it necessary to transfer the care of the patient to another podiatric surgeon, the referring podiatric surgeon may claim up to 50% of the listed benefit for such fractures. This applies whether both fractures are from the Schedule of Podiatric Surgery Benefits or if one fracture is from the the Schedule of Podiatric Surgery Benefits and the

second fracture is from the Schedule of Podiatry Benefits.

18.9.2 The listed benefit may be claimed by the podiatric surgeon receiving the transferred patient and providing the final reduction.

18.10 FRACTURES AND DISLOCATIONS - OPEN FOLLOWING CLOSED REDUCTION

- 18.10.1 If the same podiatric surgeon performs an open reduction following an attempted closed reduction, under the same anaesthetic, only the benefit for open reduction may be claimed. This applies whether both fractures are from the Schedule of Podiatric Surgery Benefits or if one fracture is from the the Schedule of Podiatric Surgery Benefits and the second fracture is from the Schedule of Podiatry Benefits.
- 18.10.2 If the same podiatric surgeon performs an open reduction following an attempted closed reduction, under a different anaesthetic, benefits for both may be claimed.
- 18.10.3 An additional 50% of the listed benefit may be claimed by podiatric surgeons for open reduction of a fracture with demonstrated radiographic non-union at least twelve weeks from the date of the initial fracture (NUFRAC modifier).

19 SAME PODIATRIC SURGEONS, TWO FUNCTIONS

19.1 A podiatric surgeon acting as both a surgical assistant and a surgeon for separate procedures under one anaesthetic may submit a claim for both services.

19.2 REDO ORTHOPEDIC SURGERY

19.2.1 An additional 50% of the listed benefit may be claimed by podiatric 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 (modifier ORREDO). This modifier may be claimed for HSC:

89.41PA	89.41PB	89.42PA	93.11PA
93.12PA	93.12PB	93.12PC	93.14PA
93.16PA	93.18PA	93.18PB	93.49PB

20 GRAFTS

20.1 When multiple grafts are applied within the same anatomical area, the total number of square centimetres per anatomical area should be claimed.

21 SURGICAL ASSISTANCE BENEFITS

- 21.1 Claims for surgical assists shall indicate the number of time units the assistant was required. The number of units of time submitted for surgical assists shall not exceed that for anaesthetic.
- 21.2 Surgical assistance benefits may not be claimed if a resident is the first assistant.

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21.3 Benefits may not be claimed for procedures that do not routinely require the services of a surgical assistant unless supporting information detailing unusual circumstances satisfactory to the Minister is provided. Such procedures include but are not limited to the following list:

07.53PD	07.53PE	17.81PA	90.09PA
90.09PC	90.6 PE	91.06PD	91.06PE
91.07PA	91.77PC	93.14PB	95.03PA
95.13PC	96.11PA	98.03PA	98.04PA
98.04PB	98.12PA	98.22PA	98.22PB

21.4 When complex podiatric surgery requires the skills of two podiatric surgeons, the second surgeon may submit a claim using modifier SSPS for his/her services when he/she has actively participated in the planning for and performance of the procedure. Only the second podiatric surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time. Claims shall indicate the total number of time units spent and may not exceed the anesthetic time claimed for the procedure.

21.4.1 Benefits may not be claimed for procedures that don't routinely require the services of a second podiatric surgeon unless supporting information detailing unusual circumstances satisfactory to the Minister is provided. Such procedures include the following:

17.08PA	17.08PB	17.2 PA	17.2 PB
17.34PA	17.4 PB	17.63PB	17.81PA

89.57PB	89.58PA	89.58PB	89.58PC
90.6 PD	90.6 PF	91.36PA	91.36PB
91.36PC	91.36PD	91.36PE	91.36PF

92.16PA	92.46PA	92.8 PA	92.8 PD
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93.14PA	93.16PA	93.18PA	93.18PB
93.39PB	93.39PC	93.49PA	93.49PB
93.49PC	95.15PB	95.15PF	95.15PG

95.65PA	95.65PF	95.71PB	95.76PA
95.76PB	95.76PC	96.12PA	96.12PB
96.12PC	98.12PH	98.44PA	98.44PB
98.71PA	98.71PB	99.09PP	99.09PR

22 UNSCHEDULED SERVICES/SPECIAL CALLBACKS - HOSPITAL INPATIENT, OUTPATIENT AND EMERGENCY DEPARTMENTS

Benefits for UNSCHEDULED services (modifier SURC) and special callbacks are intended to cover a degree of disruption that a podiatric surgeon would have to experience to provide such services during:

- Callbacks on weekdays (0700 - 1700 hours), HSCs 03.03PK, 03.05PA;
- Callbacks or SURC modifier weekdays (1700 - 2200 hours), HSCs 03.03PL, 03.05PB;

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- Callbacks or SURC modifier weekend or Stat Holiday (0700 - 2200 hours), HSCs 03.03PL, 03.05PE;
- Callbacks or SURC any day (2200 - 2400 hours), HSCs 03.03PM, 03.05PC;
- Callbacks or SURC any day (2400 - 0700 hours), HSCs 03.03PN, 03.05PD.

22.1 In situations where the podiatric surgeon initiates the service, the unscheduled service or special callback benefits may not be claimed. Claims may however, be made for the after hours time unit premium benefit (modifier SURT) under HSC 03.01PP. See GR 25.

22.2 Only one unscheduled service or special callback benefit may be claimed for each encounter with a patient.

22.3 The unscheduled service and special callback benefit must be claimed according to the time at which the encounter commences and not from the time of the call for attendance.

23 CLAIMS FOR UNSCHEDULED SERVICES/SPECIAL CALLBACK BENEFITS

23.1 Claims for the unscheduled service benefit (modifier SURC) must meet all of the following conditions:

- a) A special call for attendance is made on the patient's behalf;
- b) The podiatric surgeon responds to such a call on an unscheduled basis outside of his/her normal working hours;
- c) The patient is attended on a priority basis;
- d) There is direct attendance by the podiatric surgeon.

23.2 Claims for special callbacks must meet all of the following conditions:

- a) A special call for attendance is made on the patient's behalf;
- b) The podiatric surgeon responds to such a call from outside the hospital, on an unscheduled basis;
- c) The patient is attended on a priority basis;
- d) There is direct attendance by the podiatric surgeon.

23.3 Special callback benefits may not be claimed for subsequent patients seen during the same callback or in association with another service during the same encounter. However:

- a) Time spent with subsequent hospital inpatients may be submitted under HSC 03.05PF using modifier SURT;
- b) For second and subsequent emergency/outpatients seen during the same callback, see GR 12.3.

23.4 The unscheduled service benefit (modifier SURC) may be claimed for the following services. It may also be claimed for these services when provided to second and subsequent patients seen during the same special call for attendance at the same facility:

- a) Consultations, including telehealth (except those provided using store and forward videototechnology);
- b) Diagnostic and therapeutic services if the podiatric surgeon is directly involved in the provision of services of an invasive nature;
- c) Procedures including surgical assists, major surgery and minor surgery.

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23.5 The unscheduled service benefit (modifier SURC) may not be claimed for:

- a) Stand-by time;
- b) Additional procedures, i.e., those performed in association with another procedure;
- c) Non-invasive diagnostic procedures;
- d) "V" category code services except for those listed under GR 23.4a) and
- e) Services included in the following list unless supporting information detailing unusual circumstances satisfactory to the Minister is provided.

17.81PA 98.12PA

24 MAXIMUMS FOR SPECIAL CALLBACKS

- 24.1 A maximum of five (5) special callbacks, either HSCs 03.03PK, 03.05PA or any combination thereof may be claimed, per podiatric surgeon, in any given weekday day. The weekday day is defined as Monday - Friday (0700 - 1700 hours),
- 24.2 A maximum of five (5) HSCs 03.03PL and/or 03.05PB or any combination thereof may be claimed, per podiatric surgeon in any given weekday, Monday - Friday (1700 - 2200 hours).
- 24.3 A maximum of fifteen (15) HSCs 03.03PL, 03.05PE or any combination thereof may be claimed, per podiatric surgeon, on any day of the weekend or statutory holiday, (0700 - 2200 hours).
- 24.4 A maximum of two (2) HSCs 03.03PM, 03.05PC or any combination thereof may be claimed, per podiatric surgeon, any day, (2200 - 2400 hours).
- 24.5 A maximum of seven (7) HSC 03.03PN, 03.05PD or any combination thereof may be claimed, per podiatric surgeon, any day, (2400 - 0700 hours).

25 AFTER HOURS TIME PREMIUM - HOSPITAL INPATIENT, OUTPATIENT AND EMERGENCY DEPARTMENTS

- 25.1 Benefits for the AFTER HOURS TIME PREMIUM (modifier SURT) are intended to provide podiatrist surgeon with compensation for services provided after hours during:
 - The evening on weekdays (1700 - 2200 hours),
 - The day and evening on weekends and statutory holidays (0700 - 2200 hours),
 - Any night of the week (2200 - 0700 hours).
- 25.2 The after hours time premium modifier applies to both scheduled and unscheduled services. In the case of unscheduled services, the SURC modifier will also apply according to GRs 22 through 23.5.
- 25.3 The after hours time premium modifier is to be claimed on a per 15 minute basis 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.

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- 25.4 Time for the after hours time premium may be determined on a cumulative basis, and claimed according to the time period(s) in which the majority of the service occurred. HSC 03.01PP should be used to claim the after-hours time modifier for all services other than second and subsequent in-patients seen after a special callback, which should be claimed using HSC 03.05PF. In the case of a procedure performed for a second and subsequent patient, use HSC 03.01PP.
- 25.5 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 occurred.
- 25.6 In the event that the time spent with the patient covers more than one time period, additional modifiers may be claimed, each according to the time spent with the patient in that particular time period.
- 25.7 The after hours time premium modifier may be claimed for second and subsequent patients seen at the same special callback to hospital inpatient using HSC 03.05PF.
- 25.8 The after hours time premium modifier may not be claimed for:
- Stand-by time;
 - Additional procedures, i.e., those performed in association with another procedure;
 - Non-invasive diagnostic procedures.
- 25.9 The maximum number of after hours time premium modifiers per hour, per podiatric surgeon is 4.
- 26 TELEHEALTH
- 26.1 Telehealth examination means an examination of a patient by the consulting podiatric surgeon at the receiving site, using "telehealth services" as defined under GR 1.10 but does not include the "physical examination" requirements referred to under GR 7.1.
- 26.2 Services provided using store and forward videotechnology are not eligible for unscheduled service benefits.
- 26.3 Telehealth services provided at the request of a non-physician other than a midwife, podiatrist, podiatric surgeon, dentist, optometrist or nurse practitioner may not be claimed as consultations; payment will be made at the non-referred visit rate.
- 26.4 Services claimed using the telehealth modifier must meet all of the requirements outlined in the applicable GRs except as outlined in GR 26.1.
- 27 MAJOR TRAY SERVICE
- 27.1 A major tray service benefit may be claimed for HSCS 07.53PD or 07.53PE only when they are performed in a location other than a nursing home, general or auxiliary hospital or a facility which has a contract with a Regional Health Authority to provide any of these insured services.

28 MULTIPLE TRAY SERVICE

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28.1 If multiple procedures listed under GR 27 are performed during the same encounter in a location other than a nursing home, general or auxiliary hospital or a facility which has a contract with a Regional Health Authority to provide any of these insured services, the following applies:

- a) For the same anatomical area (example - 3 moles removed from the foot), only one tray may be claimed except when the condition relates to suspected cancer or infection, in which case, if required, additional tray(s) may be claimed at 50%.
- b) For different anatomical areas, (example - 2 moles from foot and one from lower leg) the tray for the initial procedure may be claimed at 100% and if required, the tray for each additional procedure may be claimed at 50%.
- c) Benefits for additional trays may not exceed the benefit listed for one major tray.