Medical

Procedure List

As Of

01 June 2006

NOTE: 1. For cases presenting with symptoms of bowel obstruction refer to

93.99 Other operations on joint
Alberta Hip and Knee Replacement Program
Surgical Treatment Case Rate
NOTE: 1. This is a case rate model for orthopaedic surgeons that encompasses payment for the general practitioner referral and examination, orthopaedic consultation (including a second

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES

01 NONOPERATIVE ENDOSCOPY

01.0 Nonoperative endoscopy of respiratory tract

01.01 Rhinoscopy

		BASE	ANE
01.01A	Sinus endoscopy	81.42 V	100.00
	NOTE: May not be claimed with 01.03.		
01.03	Direct laryngoscopy	66.36 V	100.00
	NOTE: May not be claimed with 01.01A.		

01.04 Other nonoperative laryngoscopy

01.04A	Video laryngeal stroboscopy	99.54	

01.05 Pharyngoscopy

01.05A	Nasendoscopy	118.16	100.00
	NOTE: Payable only for the assessment of velopharyngeal incompetence.		
01.09	Other nonoperative bronchoscopy	117.19 V	120.00
	NOTE: 1. No additional benefit for aspiration. 2. May be claimed in addition to 43.96E and 45.88A. 3. For a repeat, during the same hospitalization, benefit will be reduced. Refer to Price List.		

01.1 Nonoperative endoscopy of upper gastrointestinal tract

01.12	Other nonoperative esophagoscopy, rigid	99.94	105.92
01.12A	Functional endoscopic esophageal study	132.72	
01.14	Other nonoperative gastroscopy	110.74	100.00
	Esophagogastroscopy NOTE: 1. 11.02, 12.12B, 12.13A, 54.21C, 54.21D, 54.21E, 54.91A, 54.91C, 54.92E, 54.99A, 55.1B, 55.41A, 55.41B, 56.34A, 56.99A and 58.39B may be claimed in addition. 2. Benefit includes biopsies.		

01.16 Other nonoperative endoscopy of small intestine

01.16A	Small bowel capsule endoscopy, interpretation, per 15 minutes or major portion thereof	50.00	
	NOTE: A maximum of 2 1/2 hours may be claimed.		

01.2 Nonoperative endoscopy of lower gastrointestinal tract

01.22	Other nonoperative colonoscopy	144.00	100.00
	NOTE: 1. 57.13A, 57.21A, 57.21B and 58.99C may be claimed in addition. 2. Benefit includes biopsies.		

01.24 Other nonoperative proctosigmoidoscopy

01.24A	Rigid proctosigmoidoscopy	46.59 V	100.00

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

01 NONOPERATIVE ENDOSCOPY (cont'd)

01.2 Nonoperative endoscopy of lower gastrointestinal tract (cont'd)

01.24 Other nonoperative proctosigmoidoscopy (cont'd)

	BASE	ANE
NOTE: 1. 58.99D may be claimed in addition. 2. Benefit includes biopsies and/or polypectomies.		
01.24B Flexible proctosigmoidoscopy	73.09 V	100.00
NOTE: 1. 58.99D may be claimed in addition. 2. Benefit includes biopsies and/or polypectomies.		

01.3 Other nonoperative endoscopy

01.32 Otoscopy	25.40	100.00
NOTE: May only be claimed when performed under general anaesthesia.		
01.34 Cystoscopy	70.57	100.00
NOTE: Includes urethral dilation and/or meatotomy.		

02 DIAGNOSTIC RADIOLOGY AND RELATED TECHNIQUES

Radiology Section - Please See Section X

02.7 Other x-ray

02.75 Other computerized axial tomography

02.75A Anaesthetic for CAT scan or MRI	120.00	120.00

02.8 Diagnostic ultrasound

02.82 Diagnostic ultrasound of heart

02.82A Trans-esophageal echocardiography	132.60	
That for procedure and interpretation		
NOTE: May not be claimed by the surgeon if claimed intraoperatively.		

02.84 Diagnostic ultrasound of digestive system

02.84A Endoscopic ultrasound of esophageal or gastric lesions	138.40	108.73
02.84B Endoscopic ultrasound of rectal lesions	79.86 V	100.00

03 CLINICAL EVALUATION AND EXAMINATION

03.0 Diagnostic interview and evaluation or consultation

03.01 Diagnostic interview and evaluation, unqualified

03.01AA After hours time premium	BY ASSESS
NOTE: 1. Use modifiers TEV, TNTA, TNTP, TST, TWK to claim for the after hours time unit premium in accordance with GR 15 and the SURT modifier definition. 2. Benefit will vary depending on the modifier used.	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.01 Diagnostic interview and evaluation, unqualified (cont'd)

		BASE	ANE
03.01A	Home care advice provided to home care workers, weekdays 0700 to 1700 hours Advice in relation to the care and treatment of a patient receiving services from a home care worker. NOTE: Refer to notes following 03.01AC for further information.	15.00	
03.01AB	Home care advice provided to home care workers, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours . . . . . . Advice in relation to the care and treatment of a patient receiving services from a home care worker. NOTE: Refer to notes following 03.01AC for further information.	22.20	
03.01AC	Home care advice provided to home care workers, any day 2200 to 0700 hours . Advice in relation to the care and treatment of a patient receiving services from a home care worker. NOTE: 1. HSCs 03.01A, 03.01AB, 03.01AC are to be claimed using the Personal Health Number of the patient. 2. May only be claimed when the request for advice is initiated by the home care worker. 3. May be claimed: - for advice provided in person or via telephone or other telecommunication methods. - in addition to visits or other services provided on the same day by the same physician. 4. A maximum of two (any combination of HSC 03.01A, 03.01AB, 03.01AC) claims may be claimed per patient, per physician, per day. 5. Documentation of the request and advice must be recorded by both the physician and the home care worker in their respective patient records.	26.20	
03.01B	Home care advice provided to community mental health care workers, weekdays 0700 to 1700 hours . . . . . . Advice in relation to the care and treatment of a patient receiving community mental health care services under the Alberta community mental health care program. NOTE: Refer to notes following 03.01BB for further information.	15.00 V	
03.01BA	Home care advice provided to community mental health care worker, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours . . . Advice in relation to the care and treatment of a patient receiving community mental health care services under the Alberta community mental health care program. NOTE: Refer to notes following 03.01BB for further information.	22.20 V	
03.01BB	Home care advice provided to community mental health care workers, any day 2200 to 0700 hours . . . . . . Advice in relation to the care and treatment of a patient receiving	26.20 V	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.01 Diagnostic interview and evaluation, unqualified (cont'd)

		BASE	ANE
	community mental health care services under the Alberta community mental health care program. NOTE: 1. HSCs 03.01B, 03.01BA, 03.01BB are to be claimed using the Personal Health Number of the patient. 2. May only be claimed when the request for advice is initiated by the community mental health care worker. 3. May be claimed: -for advice provided in person or via telephone or other telecommunication methods. -in addition to visits or other services provided on the same day by the same physician. 4. A maximum of two (any combination of HSC 03.01B, 03.01BA, 03.01BB) claims may be claimed per patient, per physician, per day. 5. Documentation of the request and advice must be recorded by both the physician and the community mental health care worker in their respective patient records.		
03.01M	Patient care advice to long term care workers, weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient in an auxiliary hospital or nursing home NOTE: Refer to notes following 03.01MO.	15.00	
03.01MN	Patient care advice to long term care worker, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient in an auxiliary hospital or nursing home . . . . . . NOTE: Refer to notes following 03.01MO.	22.20	
03.01MO	Patient care advice to long term care worker, any day 2200 to 0700 hours provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient in an auxiliary hospital or nursing home	26.20	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.01 Diagnostic interview and evaluation, unqualified (cont'd)

		BASE	ANE
	NOTE: 1. For the purposes of HSCs 03.01M, 03.01MN and 03.01MO long term care worker may include Registered Nurse, Licensed Practical Nurse, Occupational Therapist, Physiotherapist, Speech Language Pathologist, Social Worker, Pharmacist, Psychologist or Recreational Therapist. 2. HSCs 03.01M, 03.01MN and 03.01MO are to be claimed using the Personal Health Number of the patient. 3. May be claimed whether the call is initiated by the physician or the long-term care facility worker. 4. When the call is initiated by the physician it must be in response to receipt of diagnostic or other information that would affect the patient's treatment plan. 5. May be claimed in addition to visits or other services provided on the same day, by the same physician. 6. A maximum of two (any combination of HSC 03.01M, 03.01MN, 03.01MO) claims may be claimed per patient, per physician, per day. 7. May only be claimed when the physician is outside the long term care facility, or receives the call in a facility separate and distinct from that where the patient is located. 8. Documentation of the communication must be recorded.		
03.01ND	Patient care advice to active treatment facility workers, weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of an active treatment facility in-patient. . . . . NOTE: Refer to notes following 03.01NF.	15.00	
03.01NE	Patient care advice to active treatment facility workers, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of an active treatment facility in-patient. . . . . NOTE: Refer to notes following 03.01NF.	22.20	
03.01NF	Patient care advice to active treatment facility workers, any day 2200 to 0700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of an active treatment facility in-patient	26.20	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.01 Diagnostic interview and evaluation, unqualified (cont'd)

		BASE	ANE
	NOTE: 1. For the purposes of HSCs 03.01ND, 03.01NE and 03.01NF active treatment facility worker may include Registered Nurse, Licensed Practical Nurse, Occupational Therapist, Physiotherapist, Speech Language Pathologist, Social Worker, Pharmacist, Psychologist, Recreational Therapist or Respiratory Therapist. 2. HSCs 03.01ND, 03.01NE and 03.01NF are to be claimed using the Personal Health Number of the patient. 3. May only be claimed when the call is initiated by the active treatment facility worker. 4. May be claimed in addition to visits or other services provided on the same day, by the same physician. 5. A maximum of two (any combination of HSC 03.01ND, 03.01NE, 03.01NF) claims may be claimed per patient, per physician, per day. 6. May only be claimed when the physician is outside the active treatment facility, or receives the call in a facility separate and distinct from that where the patient is located. 7. Documentation of the communication must be recorded.		
03.01C	Telehealth assistance service	24.39	V
	NOTE: 1. May only be claimed if the physician is required to be present at the referring site to assist with essential physical assessment without which the consultant service would be ineffective. 2. May be claimed in addition to other services provided in an emergency situation.		
03.01P	Assessment of an unrelated condition in association with a Workers' Compensation or other third party service	11.22	
	NOTE: May only be claimed when the primary reason for the visit is for WCB or other third party service.		
03.01N	Management of anticoagulant therapy to include ordering necessary blood tests, interpreting results, adjusting the anticoagulant dosage as required	15.00	
	NOTE: 1. May only be claimed once per calendar month, per patient, regardless of whether the same or different physician provides the service. 2. May only be claimed in months where advice has been given regarding dosage. 3. May be claimed in addition to visits or other services provided on the same day by the same physician. 4. May not be claimed for hospital inpatients or hospital outpatients. 5. Documentation of the communication must be recorded.		
03.01LG	Physician to physician telephone consultation, referring physician, weekdays 0700 to 1700 hours	30.00	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.01 Diagnostic interview and evaluation, unqualified (cont'd)

		BASE	ANE
	NOTE: Refer to notes following 03.01LI.		
03.01LH	Physician to physician telephone consultation, referring physician, weekdays 1700 to 2200 hours, weekends 0700 to 2200 hours	44.40	
	NOTE: Refer to notes following 03.01LI.		
03.01LI	Physician to physician telephone consultation, referring physician, any day 2200 to 0700 hours.	52.40	
	NOTE: 1. HSCs 03.01LG, 03.01LH, 03.01LI, may be claimed in addition to visits or other services provided on the same day by the same physician when criteria listed below are met. 2. May only be claimed when the consultant has provided an opinion and recommendations for patient treatment as well as management after reviewing pertinent family/patient history and history of the presenting complaint as well as discussion of the patient's condition and management after reviewing laboratory and other data where indicated. It is expected that the purpose of the call will be to seek the advice of a physician more experienced in treating the particular problem in question, and that the referring physician intends to continue to care for the patient. 3. May not be claimed for situations where the purpose of the call is to: - arrange for transfer of care, or an expedited consultation or procedure within 24 hours - arrange for laboratory or diagnostic investigations - discuss or inform the referring physician of results of diagnostic investigations. 4. A maximum of two (any combination of HSC 03.01LG, 03.01LH, 03.01LI) claims may be claimed per patient, per physician, per day. 5. Documentation must be recorded by both the referring physician and the consultant in their respective records.		
03.01LJ	Physician to physician telephone consultation, consultant, weekdays 0700 to 1700 hours	60.00	
	NOTE: Refer to notes following 03.01LL		
03.01LK	Physician to physician telephone consultation, consultant, weekdays 1700 to 2200 hours, weekends 0700 to 2200 hours	88.80	
	NOTE: Refer to notes following 03.01LL.		
03.01LL	Physician to physician telephone consultation, consultant, any day 2200 to 0700 hours	104.79	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.01 Diagnostic interview and evaluation, unqualified (cont'd)

	BASE	ANE

NOTE:
1. HSCs 03.01LJ, 03.01LK, 03.01LL may only be claimed when initiated by the referring physician.
2. The consultant may not claim a major consultation or procedure for the same patient for the same condition within 24 hours.
3. May only be claimed when the consultant has provided an opinion and recommendations for patient treatment as well as management after reviewing pertinent family/patient history and history of the presenting complaint as well as discussion of the patient's condition and management after reviewing laboratory and other data where indicated. It is expected that the purpose of the call will be to seek the advice of a physician more experienced in treating the particular problem in question, and that the referring physician intends to continue to care for the patient.
4. May not be claimed for situations where the purpose of the call is to:
   -arrange for transfer of care, or an expedited consultation or procedure within 24 hours
   -arrange for laboratory or diagnostic investigations
   -discuss or inform the referring physician of results of diagnostic investigations.
5. A maximum of two (any combination of HSC 03.01LJ, 03.01LK, 03.01LL) claims may be claimed per patient, per physician, per day.
6. Documentation must be recorded by both the referring physician and the consultant in their respective records.

03.02 Diagnostic interview and evaluation, described as brief

03.02A	Abbreviated assessment of a patient's condition	10.53	V

03.03 Diagnostic interview and evaluation, described as limited

03.03A	Visit not requiring complete history and evaluation	24.29	V
03.03Z	Visit not requiring complete history and evaluation for a patient aged 75 years and older	33.33	

NOTE: May only be claimed by general practice, community medicine, geriatric medicine, occupational medicine and radiation oncology.

03.03B	Prenatal visit	29.30	
03.03C	Routine post-natal office examination	29.30	

NOTE: May be claimed once per patient per physician per pregnancy.

03.03D	Hospital visits	26.86	V

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.03 Diagnostic interview and evaluation, described as limited (cont'd)

		BASE	ANE
	NOTE: 1. Specialist rates are for referred hospital visits only. 2. A maximum of six level one days may be claimed when the same physician claims a comprehensive visit or consultation on the date of hospital admission. 3. Only one 03.03D may be claimed per patient, per physician, per day. Special callbacks (03.05N, 03.05P, 03.05QA, 03.05QB, 03.05R) may be claimed when the criteria listed under 03.05R are met. 4. Modifier COMX may be claimed for the management of complex acute care hospital inpatients with multi-system disease. Refer to the COMX modifier definition for clarification regarding the use of this modifier.		
03.03AO	Transfer of care of hospital in-patient	82.03	
	NOTE: 1. May only be claimed by general internal medicine, hematology, clinical immunology, medical oncology, and respiratory medicine. 2. May be claimed on the date of transfer by the receiving physician when assuming responsibility for care of a hospital in-patient. 3. Only one transfer may be claimed per patient, per calendar week, regardless of whether the same or different physician provides the service. 4. The physician from whom the care is being transferred may claim a hospital visit or intensive care visit on the day of transfer. 5. May not be claimed for weekend coverage or within 24 hours of admission to hospital.		
03.03E	Periodic chronic care visit for a long term care patient	22.91	
	NOTE: 1. May be claimed once per calendar week if no other visit precedes in the same calendar week for the same patient by the same physician. 2. Emergency visits/special callbacks (03.03K, 03.03L, 03.03MA, 03.03MB) may be claimed subsequent to a 03.03E in the same calendar week for the same patient by the same physician. 3. 03.03D may be claimed for palliative care or inter-current illness.		
03.03F	Repeat office or scheduled outpatient visit in a regional facility, referred cases only	17.95 V	
03.03FA	Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, per 15 minutes	37.17 V	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.03 Diagnostic interview and evaluation, described as limited (cont'd)

		BASE	ANE
	NOTE: 1. May only be claimed in addition to 03.03F when the 03.03F exceeds 30 minutes. 2. May only be claimed by pediatrics (including subspecialties) for patients 18 years of age and under, or by medical genetics or physiatrists (no age restriction).		
03.03G	Reassessment of a referred inpatient	23.58	V
	That which follows intra-specialty consultation		
03.03H	Chronic poliomyelitis cases, monthly fee	92.95	
03.03J	Anaesthetist hospital visit, unrelated to anaesthetic	26.75	
	NOTE: Supervising a respiratory problem as an example Anaesthetist specialty restriction.		
03.03K	Emergency visit/special callback to hospital emergency/outpatient department, auxiliary hospital or nursing home when specially called from home or office, weekday, (0700-1700 hours)	98.94	
	NOTE: For auxiliary hospital and nursing home visits, refer to notes following 03.03MB.		
03.03L	Emergency visit/special callback to hospital emergency/outpatient department, auxiliary hospital or nursing home, when specially called from home or office, weekday,(1700-2200 hours) or on Saturday, Sunday or statutory holiday (0700-2200 hours)	115.25	
	NOTE: For auxiliary hospital and nursing home visits, refer to notes following 03.03MB.		
03.03MA	Emergency visit/special callback to hospital emergency/outpatient department, auxiliary hospital or nursing home when specially called from home or office, any day (2200-2400 hours)	221.26	
	NOTE: Refer to notes following 03.03MB.		
03.03MB	Emergency visit/special callback to hospital emergency/outpatient department, auxiliary hospital or nursing home when specially called from home or office, any day (2400-0700 hours)	221.26	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.03 Diagnostic interview and evaluation, described as limited (cont'd)

		BASE	ANE
	NOTE: For auxiliary hospital and nursing home visits 1. Benefits for 03.03K, 03.03L, 03.03MA, 03.03MB 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. For palliative care or acute inter-current illness, claim item 03.03D. 3. Benefits for 03.03K, 03.03L, 03.03MA, 03.03MB are payable based on the time at which the call for attendance is made and the physician responds on an unscheduled, priority basis. 4. Special callback benefits (03.05P, 03.05QA, 03.05QB, 03.05R) may not be claimed in addition. 5. For second and subsequent patients seen at same callback to auxiliary hospital or nursing home, refer to 03.05BA.		
Home Visits			
03.03N	Home visit - first patient	50.00	V
03.03P	Home visit - second/subsequent patients	19.20	V
03.03Q	Home visit - repeat visit same day	13.56	V
03.03R	Broker home visit	15.59	
	NOTE: 1. Broker means an intermediary (agent or company) who provides a contact point for patients wishing to arrange for a home visit from a physician. 2. Broker home visit means a home visit arranged by an intermediary (agent or company).		

03.04 Diagnostic interview and evaluation, described as comprehensive

03.04A	Comprehensive visit	40.03	V
	NOTE: This may be used for an annual medical examination within the limitations of GR 4.6.1.		
03.04F	Comprehensive visit in emergency department, weekday, 0700 - 1700 hours . .	80.00	
	NOTE: Refer to the notes following 03.04H.		
03.04G	Comprehensive visit in emergency department, weekday, 1700 - 2200 hours or on Saturday, Sunday or statutory holiday, 0700 - 2200 hours	107.00	
	NOTE: Refer to the notes following 03.04H.		
03.04H	Comprehensive visit in emergency department, 2200 - 0700 hours	126.00	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation (cont'd)

03.04 Diagnostic interview and evaluation, described as comprehensive (cont'd)

		BASE	ANE
	NOTE: 1. 03.04F, 03.04G, 03.04H may only be claimed by emergency medicine physicians, full time emergency room physicians, general practitioners or pediatricians working a rotation duty shift in an emergency department with 24 hour on-site coverage or by physicians who are providing first call coverage in an emergency department that has greater than 25,000 visits to the emergency room per year. 2. 03.04F, 03.04G, 03.04H may be claimed for those patients whose illness/injury requires prolonged observation, continuous therapy and multiple reassessments as described in GR 4.2.7.		
03.04B	Initial pre-natal visit requiring complete history and physical examination NOTE: 1. May not be charged within 90 days of another comprehensive visit or consultation. 2. May be claimed once per pregnancy, per physician.	60.98	
03.04C	Hospital admission	67.02	V
03.04D	Long term care admission (Nursing Home/Auxiliary Hospital or a long term care bed in a general hospital)	77.05	
03.04E	Emergency home visit and admission to a hospital and hospital visit on the same day	52.68	V

03.05 Other diagnostic interview and evaluation

03.05A	Intensive care unit visit per 15 minutes	49.57	
	NOTE: 1. Time spent with a patient may be claimed on a cumulative basis per day. 2. When a consultation is claimed in association with 03.05A during the same encounter, the consultation is considered to occupy the first 30 minutes of time spent with the patient. 3. Time spent performing procedures should be excluded from the cumulative time spent with the patient per day. 4. When a procedure and 03.05A are provided during the same encounter, only the greater benefit may be claimed.		
03.03AI	Transfer of care of intensive care patient	99.14	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

		BASE	ANE
	NOTE: 1. May be claimed on the date of transfer by the receiving physician when assuming responsibility for care of an intensive care patient. 2. Only one transfer may be claimed per patient, per calendar week, regardless of whether the same or different physician provides the service. 3. The physician from whom the care is being transferred may claim a hospital visit or intensive care visit, as appropriate, on the day of transfer. 4. May not be claimed for weekend coverage or within 24 hours of admission to hospital. 5. 03.05A may be claimed by the receiving physician after 30 minutes of time related to care of the patient has been spent.		
03.05B	Trauma care visit	58.83	
	NOTE: 1. Trauma care visit on the second to seventh day includes daily visit, review of blood work, laboratory and x-ray results, and management of care with co-ordination of required consultations. The first day of trauma care may be claimed using 13.99G. 2. May only be claimed by the co-coordinating surgical specialist. 3. May not be claimed in addition to a major surgical procedure performed by the same (trauma) physician. 4. May be claimed for referred cases only. 5. Following the seventh day of trauma care, claims should be submitted for the appropriate level of hospital care. 6. Trauma care may be claimed in addition to care provided by intensivists.		
03.05CR	Rotation duty, 0700-1700 hours	24.06	
	NOTE: Refer to the note following 03.05ER.		
03.05DR	Rotation duty, weekday, 1700-2200 hours or on Saturday, Sunday, or statutory holiday, 0700-2200 hours	35.67	
	NOTE: Refer to the note following 03.05ER.		
03.05ER	Rotation duty, 2200-0700 hours	43.90	
	NOTE: Health service codes 03.05CR, 03.05DR and 03.05ER may only be claimed by physicians who are on-site and working a scheduled rotation duty shift in the emergency department or providing first call coverage in an emergency department with greater than 25,000 visits per year.		
03.05F	Follow-up care of a patient remaining in an emergency department awaiting further evaluation, treatment, and/or waiting for a bed, transfer to another facility, or requiring extended care by a physician	34.00	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

		BASE	ANE
	NOTE: 1. May not be claimed on the same shift by the physician who provided the initial assessment. 2. May only be claimed once per patient per emergency room shift. 3. May only be claimed by physicians on rotation duty or providing first call coverage in an emergency department with greater than 25,000 visits per year.		
03.05CN	Non-rotation duty, emergency/outpatient department, 0700-1700 hours	24.30	
03.05DN	Non-rotation duty, emergency/outpatient department, weekday, 1700-2200 hours or on Saturday, Sunday, statutory holiday, 0700-2200 hours	39.25	
03.05EN	Non-rotation duty, emergency/outpatient department, 2200-0700 hours	50.47	
03.05G	Care of healthy newborn in hospital	57.14	V
03.05H	Drivers medical over age of 74.5 years	51.13	
03.05JA	Formal, scheduled, multiple health discipline team conference, per 15 minutes or major portion thereof	31.16	
	That with para-medical personnel regarding the provision of health care where social and other issues are involved NOTE: 1. May only be claimed when a physician spends a minimum of 15 minutes discussing patient care. 2. May be claimed by more than one physician where circumstances warrant (text will be required).		
03.05JB	Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof	31.16	
03.05JC	Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, or nursing home patient, per 15 minutes or major portion thereof	31.16	
	NOTE: Intended specifically for patients whose condition warrants periodic family conferences or for patients who are unable to properly communicate with their physician (e.g., situations where there is a language barrier, unconscious patient, etc.)		
03.05K	Formal, scheduled, team/family conference per 30 minutes	77.64	
	NOTE: Physiatry specialty restriction		
03.05T	Formal, scheduled, professional interview relating to the care and treatment of a palliative care patient with other physicians, family, and/or direct therapeutic supervision of allied health professionals or community agencies, on behalf of a specific patient, per 15 minutes or portion thereof	31.16	
	NOTE: This service is to be claimed in the name of the patient by the physician most responsible for the patient.		
03.05U	Second and subsequent physician attendance at formal, scheduled, professional interview relating to the care and treatment of a palliative care patient with other physicians, family and/or direct therapeutic supervision of allied health professionals or community agencies, on behalf		

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

		BASE	ANE
	of a specific patient, per 15 minutes	26.02	
	NOTE: This service is to be claimed in the name of the patient.		
03.05V	Formal, scheduled, professional interview relating to the care and treatment of a patient with chronic pain with other physicians, and/or direct therapeutic supervision of allied health professionals or community agencies, on behalf of a specific patient, per 15 minutes	31.16	
	NOTE: 1. This service is to be claimed by the physician most responsible for the patient where the physician spends a minimum of 30 minutes with medical and/or para-medical personnel regarding the management of chronic pain.		
	2. In those situations where the physician is not part of a comprehensive, coordinated, interdisciplinary management program for chronic pain, the patient must have been initially assessed at such a program and referred back to the home community for ongoing treatment.		
03.05W	Second and subsequent physician attendance at a formal, scheduled, professional interview relating to the care and treatment of a patient with chronic pain with other physicians, family, and/or direct therapeutic supervision of allied health professionals or community agencies, on behalf of a specific patient, per 15 minutes	23.82	
	NOTE: 1. This service is to be claimed in the name of the patient.		
	2. In those situations where the physician is not part of a comprehensive, coordinated, interdisciplinary management program for chronic pain, the patient must have been initially assessed at such a program and referred back to the home community for ongoing treatment.		
03.05X	Formal, scheduled, professional interview with relative(s) relating to the care and treatment of a patient with chronic pain on behalf of a specific patient, per 15 minutes	31.16	
	NOTE: 1. This service is to be claimed in the name of the patient.		
	2. In those situations where the physician is not part of a comprehensive, coordinated, interdisciplinary management program for chronic pain, the patient must have been initially assessed at such a program and referred back to the home community for ongoing treatment.		
03.05Y	Formal, scheduled, professional interview, case conference with other physicians and/or direct therapeutic supervision of allied health professionals, educational or other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care.	64.64	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

		BASE	ANE
	NOTE: 1. May not be claimed unless the physician has seen the patient within the previous 180 days. 2. May only be claimed by: - pediatricians (including subspecialties) for patients 18 years of age and under - medical geneticists (no age restriction) when a minimum of 30 minutes has been spent. 3. A maximum benefit of 3 hours applies per session. 4. A maximum benefit of 6 hours per patient, per physician, per benefit year, applies. 5. This service is to be claimed using the Personal Health Number of the patient. 6. 03.03D may be claimed on the same day.		
03.05YM	Second and subsequent physician attendance at a formal, scheduled, professional interview, case conference on behalf of a specific patient 18 years of age and under, per 15 minutes	32.32	
	NOTE: May only be claimed when the physician most responsible for the patient's care has submitted a claim under 03.05Y.		

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

		BASE	ANE
03.05JJ	Professional communication, case conference or discussion with allied health professionals, educational or other community agencies on behalf of a specific patient, per 5 minutes or greater portion thereof	10.73	
	NOTE: 1. May only be claimed by: - pediatricians (including subspecialties) for patients 18 years of age and under - medical geneticists (no age restriction) 2. May only be claimed: - when the communication is initiated by the allied health, educational or community agency. - for services related to school difficulties,learning disorders, behavioural problems, psychiatric disorders, developmental disorders, major chronic disease, pre-transplant donor/recipient assessment, multiple handicap disorders, child abuse or neglect. 3. May be claimed: - for communication provided in person, by telephone or other telecommunication methods. - in addition to visits or other services provided on the same day by the same physician. 4. A maximum benefit of 30 minutes per physician, per week, applies. 5. This service is to be claimed using the Personal Health Number of the patient. 6. Documentation of the communication must be recorded in the patient record.		
03.05JK	Pediatric conference with parents/guardians of patients, without the patient (child) being present	37.17	
	NOTE: 1. May only be claimed by: pediatricians (including subspecialties) for patients 18 years of age and under, or by medical geneticists (no age restriction). 2. A maximum of two conferences may be claimed per patient, per physician, per calendar year. 3. May not be claimed on the same day as a visit.		
03.05L	Hospital outpatient group day care	15.24	
	When a physician is involved in providing services to patients who are attending group sessions where care and teaching are provided		
03.05M	Supportive care visit	12.84	
	NOTE: May be claimed to a maximum of four visits per patient hospitalization.		
03.05MA	Supportive care visit by pediatrics (including subspecialties) for patients 18 years of age and under, or by medical genetics (no age restriction) . . .	29.73	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

		BASE	ANE
	NOTE: A maximum of one visit per week, per physician, may be claimed.		
03.05I	Direct care, reassessment, education and/or general counseling of a patient requiring palliative care, per 15 minutes or portion thereof	34.29	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

		BASE	ANE
03.05O	Direct management, reassessment, education and/or general counseling of a patient with chronic pain, per 15 minutes or portion thereof	34.29	V
	NOTE: In those situations where the physician is not part of a comprehensive, coordinated, interdisciplinary management program for chronic pain, the patient must have been initially assessed at such a program and referred back to the home community for ongoing treatment.		
03.05N	Special callback to hospital inpatient, when specially called from home or office, weekdays, (0700 - 1700 hours)	98.94	
	NOTE: Refer to notes following 03.05R for further information.		
03.05P	Special callback to hospital inpatient, weekday, (1700 - 2200 hours)	115.25	
	NOTE: Refer to notes following 03.05R for further information.		
03.05QA	Special callback to hospital inpatient, (2200-2400 hours)	221.26	
	NOTE: Refer to notes following 03.05R.		
03.05QB	Special callback to hospital inpatient, (2400-0700 hours)	221.26	
	NOTE: Refer to notes following 03.05R.		
03.05R	Special callback to hospital inpatient, Saturday, Sunday, or statutory holiday,(0700-2200 hours)	115.25	
	NOTE: 1. May only be claimed when a special call for attendance is made on the patient's behalf. 2. The physician responds to such a call from outside the hospital, on an unscheduled basis. 3. The patient is attended on a priority basis. 4. There is direct attendance by the physician. 5. Second or subsequent patients seen during the same callback are not eligible for benefits under 03.05N, 03.05P, 03.05QA, 03.05QB or 03.05R but time spent may be claimed using the AFTER HOURS TIME PREMIUM modifier with 03.05BA. 6. May not be claimed in association with any health service code except 03.01AA. Refer to GR 15.8.		
03.05BA	Second and subsequent patient seen after initial after-hours callback to hospital inpatient, auxiliary hospital or nursing home patient	BY ASSESS	
	NOTE: 1. Use modifiers TEV, TNTA, TNTP, TST, TWK to claim for the after hours time premium in accordance with GR 15 and the SURT modifier definition. 2. Benefit will vary depending on the modifier used.		
03.05S	Special call to office	42.84	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

		BASE	ANE
	NOTE: 1. When a physician must travel to his/her office which is closed, with no staff in attendance. 2. Subsequent patients seen may be claimed under code 03.02A, 03.03A, 03.04A or the appropriate procedural code.		
03.05Z	Non-psychiatric insured medical services	30.62	V

03.07 Consultation, described as limited

03.07A	Minor consultation	35.20	V
03.07B	Repeat consultation	24.78	V
03.07C	Repeat obstetrical consultation	46.28	

03.08 Consultation, described as comprehensive

03.08A	Comprehensive consultation	61.83	V
03.08B	Obstetrical consultation	82.58	
03.08C	Formal major neuro-otolaryngological consultation NOTE: May only be claimed by physicians who have neurotology (NEOT) certification or dual neurology/otolaryngology specialities.	116.33	
03.08F	Formal, comprehensive consultation, for patient with chronic pain, first hour NOTE: Physician must be part of a comprehensive, coordinated, interdisciplinary management program for chronic pain.	177.56	
03.08G	Prolonged consultation by pediatrics (including subspecialties) for patients 18 years of age and under, or by medical genetics (no age restriction), per 15 minutes NOTE: 1. May only be claimed for services related to learning disorders, sexual abuse, child abuse, organ donor assessment/procurement, substance abuse or developmental disorders. 2. May be claimed in addition to HSC 03.08A for consultations exceeding 30 minutes.	38.79	
03.08J	Prolonged consultation by pediatrics (including subspecialties) for patients 18 years of age and under, or by medical genetics (no age restriction), per 15 minutes NOTE: 1. May only be claimed for services other than those described under HSC 03.08G. 2. May be claimed in addition to HSC 03.08A for consultations exceeding 30 minutes.	38.79	
03.08I	Prolonged physiatry consultation, per 15 minutes NOTE: May be claimed in addition to HSC 03.08A for consultations exceeding 45 minutes.	33.57	
03.08H	Formal major neuro-ophthalmology consultation	148.88	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.08 Consultation, described as comprehensive (cont'd)

		BASE	ANE
	NOTE: 03.08H will be payable only to physicians who have been accredited by the College of Physicians and Surgeons of Alberta to provide these services.		
03.08K	Otolaryngological oncology consultation for patients with complex invasive malignancies of the head and neck	116.33	
	NOTE: 1. May only be claimed for patients with: - malignant mucosal disease of the upper aerodigestive tract, excluding salivary gland, thyroid and skin malignancy or - malignant disease of the facial bones, sinuses or skull base or, - head and neck sarcomas and other rare malignancies requiring significantly invasive surgery of the head and neck. 2. May only be claimed by physicians having at least one year's post-residency training in head and neck oncology.		
03.08L	Prolonged anesthesia consultation, per 5 minutes	13.50	
	NOTE: 1. May only be claimed by physicians with an anesthesia specialty. 2. May be claimed in addition to 03.08A for consultations exceeding 30 minutes. 3. A maximum of six five-minute units may be claimed. 4. May not be claimed for chronic pain consultations.		

03.09 Consultation, described as other

03.09A	Prenatal consultation for fetal assessment	129.28	
	NOTE: 1. May only be claimed by pediatricians (including subspecialties) or by medical geneticists. 2. To be claimed under the maternal number. 3. A major first visit service may not be claimed in the name of the infant within seven days following the prenatal consultation.		
03.09B	Teleophthalmology consultation for examination, evaluation and interpretation of stereoscopic digital retinal imaging using store and forward technology	69.83	
	NOTE: Benefit includes written recommendation to the primary care physician for follow up and management.		

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.1 Measurements and manual examinations of nervous system and sense organs

		BASE	ANE
03.12A	Intraocular pressure measurement	19.78	
03.16	Electroencephalogram		
03.16A	Technical	77.49	100.00
03.16B	Interpretation	31.35	
03.16C	Video/EEG telemetry, review and interpretation, first 30 minutes	105.00	
	NOTE: 1. May not be claimed concurrently with other services. 2. Each subsequent 15 minutes, or major portion thereof, is payable at the rate specified on the Price List.		
03.16D	Stereo/EEG intracranial telemetry, review and interpretation (SEEG telemetry), first 30 minutes	122.50	
	NOTE: 1. May not be claimed concurrently with other services. 2. Each subsequent 15 minutes, or major portion thereof, is payable at the rate specified on the Price List.		
03.19	Other nonoperative measurements and examinations of nervous system and sense organs NEC		
03.19A	Evoked response, somatosensory, technical	77.49	
03.19B	Evoked response, somatosensory, bilateral median nerves, interpretation	23.46	
03.19C	Evoked response, somatosensory, bilateral median nerve and bilateral legs, interpretation	28.48	
03.19D	Sleep polygraph studies for apnea and SIDS, interpretation	82.67	
	NOTE: Pediatric specialty restriction.		

03.2 Measurements and manual examinations of genitourinary system

03.21	Urinary manometry		
03.21A	Upper urinary tract flow studies	151.26	108.73
	NOTE: 1. Includes interpretation. 2. Includes cystoscopy.		
03.22	Cystometrogram		
03.22A	Cystometrogram, simple	30.50 V	100.00
03.22B	Multi-channel cystometrogram	75.63 V	100.00
	NOTE: 1. Includes utilization of rectal and bladder pressures, electromyography as well as interpretation. 2. Includes cystoscopy.		
03.25	Urethral pressure profile (UPP)	75.63 V	100.00
	NOTE: 1. Includes interpretation. 2. Includes cystoscopy.		
03.26	Gynecological examination	81.14	100.00
	NOTE: May only be claimed when performed under general anaesthesia.		

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.2 Measurements and manual examinations of genitourinary system (cont'd)

03.29 Other nonoperative genitourinary system measurements and examinations

		BASE	ANE
03.29A	Urethral and bladder testing for urinary incontinence in the female	12.33	

03.3 Other measurements and manual examinations

03.37 Vital capacity determination

03.37A	Vital capacity	8.15	
03.37B	Timed vital capacity	7.55	

03.38 Other nonoperative respiratory measurements

03.38A	Pulmonary function tests, flow volume loops, interpretation	10.66	
03.38B	Pulmonary function tests, closing volumes, before and after bronchodilators, interpretation	10.53	
03.38C	Spirometry	44.46	
	NOTE: 1. Benefit includes maximum breathing capacity, vital capacity, tidal volume, inspiratory and expiratory reserve volume. 2. When bronchodilators are administered, the benefit includes both the administration and the cost of the bronchodilator.		
03.38D	Vitalometry, alone	11.09	
03.38E	Vitalometry, before and after bronchodilators	16.08	
	NOTE: Includes vital capacity and timed vital capacity.		
03.38F	Flow-volume loop measurement before and after bronchodilator only, technical	30.98	
03.38G	Flow-volume loop measurement before bronchodilator only, technical	20.03	
03.38H	Lung volumes, diffusing capacities, mixing efficiency and alveolar C02 interpretation	28.04	
03.38J	End alveolar C02	16.94	
03.38K	Lung compliance	56.33	
03.38L	Rebreathing pC02	10.08	
03.38M	Residual lung volume	30.27	
03.38N	Carbon monoxide diffusion capacity, at rest	30.27	
03.38P	Oxygen saturation (ear oximetry with exercise)	13.98	
03.38Q	Inhalation challenge test, technical, including interpretation	173.47	
03.38R	Interpretation of diagnostic procedures involving vitalometry	12.20	
03.38S	Body, plethysmography, technical	26.93	
03.38T	Body, plethysmography, interpretation	14.67	
03.38U	Xenon perfusion study, interpretation	34.96	
03.38V	Bronchospirometry	70.42	
03.38W	Indwelling arterial needle, and attendance upon exercise tolerance test for the first 30 minutes	38.34	
	NOTE: Refer to Price List for calls variance.		

03.4 Cardiac stress tests and pacemaker checks

03.41 Cardiovascular stress test using treadmill

03.41A	Maximal stress electrocardiogram, technical only	32.85	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.4 Cardiac stress tests and pacemaker checks (cont'd)

03.41 Cardiovascular stress test using treadmill (cont'd)

		BASE	ANE
	NOTE: 1. Utilizing bicycle ergometer or treadmill. 2. Includes resting electrocardiograms before and after the procedure.		
03.41B	Interpretation	20.09	
03.41C	Continuous, personal physician monitoring NOTE: 1. Utilizing bicycle ergometer or treadmill. 2. Includes resting electrocardiograms before and after the procedure. 3. 03.41C may not be claimed in addition to a 03.38W when both services are provided simultaneously.	63.47	
03.41D	Intravenous dipyridamole administration for thallium imaging, professional component only	82.64	

03.5 Other cardiac function tests

03.52 Other electrocardiogram

03.52A	Electrocardiogram, technical	19.05	
03.52B	Electrocardiogram, interpretation	10.65	
03.52C	Tape ECG - ambulatory ECG monitoring record (greater than 12 hours), technical	25.30	
03.52D	Tape ECG - ambulatory ECG monitoring record (greater than 12 hours), interpretation	32.08	

03.55 Phonocardiogram with EKG lead

03.55A	Technical	16.79	
03.55B	Interpretation	9.61	

03.56 Carotid pulse tracing with EKG lead

03.56A	Non-invasive cardiac study, technical	19.30	
03.56B	Interpretation NOTE: Includes apexcardiogram, carotid pulse tracing, phonocardiogram plus or minus systolic time intervals.	27.39	

03.58 Plethysmogram

03.58A	Plethysmography, impedance, interpretation	11.04	

06 NUCLEAR MEDICINE

06.3 Other therapeutic radiology and nuclear medicine

06.35 Injection or instillation of radioisotopes

06.35A	Intracavitary or interstitial administration radioactive gold (Au198) or radioactive colloidal chromic phosphate	111.10	
06.35B	Injection of radioactive phosphorus (P32) for polycythemia rubra vera, leukaemia, bone metastases, etc.	66.50	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

06 NUCLEAR MEDICINE (cont'd)

06.3 Other therapeutic radiology and nuclear medicine (cont'd)

06.39 Other radiotherapeutic procedure

		BASE	ANE
06.39A	Administration radioactive iodine - hyperthyroidism	66.50	
06.39B	Administration radioactive iodine for ablation of normal thyroid gland, thyroid remnant or cancer of the thyroid	116.89	

07 PHYSICAL MEDICINE, REHABILITATION, AND RELATED PROCEDURES

07.0 Diagnostic physical medicine

07.09 Other diagnostic physical medicine procedures

07.09A	Nerve conduction studies and electromyography, technical	68.29	
07.09B	Conduction studies and electromyography, one limb, interpretation NOTE: For two or more limbs, refer to Price List.	54.64	

07.2 Other physical medicine - musculoskeletal manipulation

07.27 Manual rupture of joint adhesions

07.27A	Manipulation of major joint(s) or spine NOTE: May only be claimed when performed under general anaesthesia.	149.24	100.00
07.27B	Manipulation of minor joint(s) or examination NOTE: May only be claimed when performed under general anaesthesia.	22.39	100.00

07.29 Other forcible correction of deformity

07.29A	Metatarsus varus, manipulation and plaster, per closed treatment NOTE: May be claimed for club hand.	74.62 V	100.00
07.29B	Manipulation and application of Dennis Brown splints, direct, with adhesive strapping	66.49	

07.4 Skeletal traction and other traction

07.4 A	Halo traction That for scoliosis	215.96	

07.5 Other immobilization, pressure, and attention to wound

07.51 Application of plaster jacket

07.51A	Body jacket	138.41	
07.51B	Plaster shell, complete	113.33 V	
07.51C	Turnbuckle, localiser jacket That for scoliosis	223.86	

07.53 Application of other cast

07.53A	Shoulder, hip, spica	69.34	
07.53B	Upper extremity, excluding finger	23.14	
07.53C	Finger	10.67	
07.53D	Lower extremity	23.14	
07.53E	Wedging of cast	12.21	
07.53H	Application of fibreglass cast, upper limb, excluding finger	66.85	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

07 PHYSICAL MEDICINE, REHABILITATION, AND RELATED PROCEDURES (cont'd)

07.5 Other immobilization, pressure, and attention to wound (cont'd)

07.53 Application of other cast (cont'd)

	BASE	ANE
NOTE: Refer to notes following 07.53J.		
07.53J Application of fibreglass cast, lower limb	82.85	
NOTE: 1. Benefits for 07.53H and 07.53J include the cost of supplies and the application of cast (07.53B or 07.53D).		
2. When 07.53H or 07.53J are performed in a nursing home, general or auxiliary hospital or a facility which has a contract with a Regional Health Authority to provide the insured service for which a fibreglass cast is applied, only the rate equivalent to 07.53B or 07.53D will be paid.		
3. When 07.53H or 07.53J are claimed in association with fracture reduction health service codes, they will be reduced by a rate equivalent to 07.53B or 07.53D.		
4. 07.53H or 07.53J may not be claimed in association with 07.53B or 07.53D.		

07.54 Application of splint

07.54A Cast brace (other than fractures)	149.24	

07.56 Application of pressure dressing

07.56A Unna's boot	9.61	

07.57 Application of other wound dressing

07.57A Initial treatment - minor burn	26.69	V
07.57B Subsequent treatment - minor burns - dressing and/or debridement	26.69	

08 DIAGNOSTIC AND THERAPEUTIC PSYCHOLOGY AND PSYCHIATRY

08.1 Psychiatric evaluations, interviews, and consultations

08.11 Psychiatric mental status determination

08.11A Requiring complete mental status examination and investigation, first hour .	143.89	V
NOTE: 1. May only be claimed for the initial visit.		
2. When visit does not require complete examination and investigation, the appropriate office visit health service code should be claimed.		
08.11B Evidence from a psychiatrist at a Review Panel on behalf of a specific patient, as required under section 37(3) of the Mental Health Act, per 15 minutes or portion thereof	37.12	V
NOTE: This service is to be claimed using the Personal Health Number of the patient.		

08.12 Psychiatric commitment evaluation

08.12A Certification under the Mental Health Act	52.44	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

08 DIAGNOSTIC AND THERAPEUTIC PSYCHOLOGY AND PSYCHIATRY (cont'd)

08.1 Psychiatric evaluations, interviews, and consultations (cont'd)

08.19 Other psychiatric evaluation and interview

		BASE	ANE
08.19A	Formal major psychiatric consultation, first 45 minutes	144.06	V
	NOTE: Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List.		
08.19AA	Formal major psychiatric consultation for a patient referred by an occupational therapist, psychologist, social worker or speech language pathologist, first 45 minutes	144.06	
	NOTE: 1. May be claimed when a patient is referred to a psychiatrist by an occupational therapist, psychologist, social worker or speech language pathologist and the provisions that apply to consultations under GRs 4.3, 4.4 and 4.6 are met.		
	2. Claims for these health service codes must be submitted with the name and discipline of the referring practitioner.		
	3. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified in the Price List.		
08.19B	Minor psychiatric consultation, per 15 minutes	45.57	V
08.19BB	Minor psychiatric consultation for a patient referred by an occupational therapist, psychologist, social worker or speech language pathologist, per 15 minutes	45.57	
	NOTE: 1. May be claimed when a patient is referred to a psychiatrist by an occupational therapist, psychologist, social worker or speech language pathologist and the provisions that apply to consultations under GRs 4.3, 4.4 and 4.6 are met.		
	2. Claims for these health service codes must be submitted with the name and discipline of the referring practitioner.		
08.19C	Repeat psychiatric consultation, per 30 minutes	90.44	V
08.19CC	Repeat psychiatric consultation for a patient referred by an occupational therapist, psychologist, social worker or speech language pathologist, per 30 minutes	90.44	
	NOTE: 1. May be claimed when a patient is referred to a psychiatrist by an occupational therapist, psychologist, social worker or speech language pathologist and the provisions that apply to consultations under GRs 4.3, 4.4 and 4.6 are met.		
	2. Claims for these health service codes must be submitted with the name and discipline of the referring practitioner.		
08.19D	Professional interview with relative(s) in connection with the management of a patient with a psychiatric disorder, but without the patient being present during the interview, per 15 minutes or major portion thereof . . .	26.42	V

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

08 DIAGNOSTIC AND THERAPEUTIC PSYCHOLOGY AND PSYCHIATRY (cont'd)

08.1 Psychiatric evaluations, interviews, and consultations (cont'd)

08.19 Other psychiatric evaluation and interview (cont'd)

		BASE	ANE
	NOTE: 1. This service is to be claimed using the Personal Health Number of the patient. 2. The relationship of the patient to the person interviewed, must be indicated. 3. The maximum benefit to be claimed by a physician other than a psychiatrist or a pediatrician is 2 hours per patient, per benefit year.		
08.19F	Formal, scheduled, professional conference related to the care and treatment of a psychiatric patient with other physician(s), and/or direct therapeutic supervision of, allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care, per 15 minutes or major portion thereof	26.42	V
	NOTE: Refer to notes following 08.19H		
08.19H	Second and subsequent physician attendance at a formal, scheduled, professional conference related to the care and treatment of a psychiatric patient, on behalf of a specific patient, per 15 minutes or major portion thereof	26.42	V
	NOTE: 1. 08.19F and 08.19H may only be claimed by general practice physicians, generalists in Mental Health, pediatricians, psychiatrists and specialists in Mental Health. 2. 08.19F and 08.19H are to be claimed using the Personal Health Number of the patient, naming the personnel, agencies or organizations involved. 3. 08.19H may be claimed when the physician most responsible for the patient's care has submitted a claim under 08.19F.		
08.19J	Formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients with other physician(s), allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care	24.32	
	NOTE: Refer to notes following 08.19K.		
08.19K	Second and subsequent physician attendance at a formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients, when discussion occurs on behalf of a specific patient	19.90	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

08 DIAGNOSTIC AND THERAPEUTIC PSYCHOLOGY AND PSYCHIATRY (cont'd)

08.1 Psychiatric evaluations, interviews, and consultations (cont'd)

08.19 Other psychiatric evaluation and interview (cont'd)

	BASE	ANE
NOTE: 1. 08.19J and 08.19K may only be claimed by general practice physicians, generalists in Mental Health, pediatricians, psychiatrists and specialists in Mental Health. 2. 08.19J and 08.19K are to be claimed using the Personal Health Number of the patient, naming the personnel, agencies or organizations involved. 3. Each physician involved in a patient conference may claim for patient services using 08.19J or 08.19K, per patient, to a maximum of 6 patients in a 30-minute period. 4. 08.19K may be claimed when the physician most responsible for the patient's care has submitted a claim under 08.19J.		
08.19G Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or portion thereof	32.32 V	
NOTE: 1. May be claimed: -if the intent of the session is the therapy of one individual patient, whether or not more than one person is involved in the session. -when a physician assessment has established (during the same or previous visit) that the patient is suffering from a psychiatric disorder. 2. For treatment of non-psychiatric disorders, the appropriate office visit health service code should be claimed.		
08.19GA Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof	43.54 V	
NOTE: 1. May only be claimed by a psychiatrist (PSYC) or by a specialist in Mental Health (SPMH) if the intent of the session is the therapy of one individual patient, whether or not more than one person is involved in the session. 2. May be claimed for both referred and non-referred patients with psychiatric disorders.		

08.3 Psychiatric drug and shock therapy

08.38 Other electroconvulsive therapy (ECT), per treatment	75.50 V	100.00
NOTE: 1. May be claimed with a maximum of two HSC 08.19G or 08.19GA if appropriate. 2. In order to claim HSC 08.38 and 08.19G or 08.19GA for the same date of service, one hour must have elapsed.		

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

08 DIAGNOSTIC AND THERAPEUTIC PSYCHOLOGY AND PSYCHIATRY (cont'd)

08.4 Other psychiatric therapeutic procedures

08.44 Group therapy

		BASE	ANE
08.44A	Group psychotherapy, where all members of the group are receiving therapy in the session, per 15 minutes	33.59	V
	NOTE: 1. May be claimed by a physician other than a psychiatrist only when a physician assessment has established (during the same or a previous visit) that the patient is suffering from a psychiatric disorder. 2. For treatment of non-psychiatric disorders, the appropriate office visit health service code should be claimed.		
08.44B	Second physician attendance at group psychotherapy, where all members of the group are receiving therapy in the session, per 15 minutes.	54.74	V
	NOTE: May only be claimed by a psychiatrist.		
08.45	Assessment or therapy of a family, requiring comprehensive psychiatric or family systems evaluation, first 45 minutes	94.11	V
	NOTE: 1. May only be claimed: -when the purpose of the visit is to provide psychiatric assessment or therapy to deal with systemic issues in the family unit; -by general practice physicians, generalists in Mental Health, pediatricians (including subspecialties) and psychiatrists. 2. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List.		

09 OPHTHALMOLOGICAL AND OTOLOGICAL DIAGNOSIS AND TREATMENT

09.0 General and subjective eye examination

09.01 Limited eye examination

09.01A	Biomicroscopy (slit lamp examination)	19.78	
09.01B	Gonioscopy	16.72	
09.01C	Orthoptic analysis, interpretation	30.78	
09.01E	Orthoptic analysis, technical (may include Hess screen)	30.16	
09.01F	Complete oculo-visual examination	44.10	
	NOTE: 1. Non-insured for residents aged 19 through 64 years. 2. May not be claimed in addition to any other complete examinations (03.04A, 03.08A, 03.08H and 09.04). 3. Intended for those circumstances in which a routine periodic eye examination is provided. 4. Claims may be submitted once every benefit year (July 1 - June 30) for residents 18 years of age or younger and 65 years and older.		

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

09 OPHTHALMOLOGICAL AND OTOLOGICAL DIAGNOSIS AND TREATMENT (cont'd)

09.0 General and subjective eye examination (cont'd)

		BASE	ANE
09.02	Comprehensive eye examination		
09.02A	Initial/repeat complete retinal examination for retinopathy of prematurity in infants NOTE: May only be claimed for an infant up to one year of age.	110.12	
09.02B	Anterior chamber depth measurement	15.42	
09.04	Eye examination That which is performed under general anaesthesia	129.19	100.00
09.05	Visual field study		
09.05A	Visual fields, technical	35.41	
09.05B	Full threshold on automated equipment, interpretation	30.28	
09.06	Colour vision study		
09.06A	Color vision test, interpretation and technical	15.42	
09.07	Dark adaptation study		
09.07A	Technical	32.68	
09.07B	Interpretation	10.59	

09.1 Examinations of form and structure of eye

09.11	Photography of fundus oculi		
09.11A	Specular microscopy, technical	27.61	
09.11B	Specular microscopy, interpretation	20.69	
09.11C	Potential acuity measurement or laser inferometry	21.94	
09.12	Fluorescein angiography or angioscopy of eye		
09.12A	Fluorescein angiography, interpretation	68.22	
09.13	Ultrasound study of eye		
09.13A	Optical coherence tomography, technical and interpretation	63.92	
09.16	P32 and other tracer studies of eye		
09.16A	P32 radioactive isotope posterior segment screening with direct localization by ophthalmoscopy and probe	144.55	

09.2 Objective functional tests of eye

09.21	Electroretinogram (ERG)		
09.21A	Technical	49.81	
09.21B	Interpretation	59.90	
09.22	Electro-oculogram (EOG)		
09.22A	Technical	39.27	
09.22B	Interpretation	10.01	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

09 OPHTHALMOLOGICAL AND OTOLOGICAL DIAGNOSIS AND TREATMENT (cont'd)

09.2 Objective functional tests of eye (cont'd)

09.23 Visual evoked potential (VEP)

		BASE	ANE
09.23A	Technical	38.74	
09.23B	Interpretation	23.46	

09.24 Electronystagmogram (ENG)

09.24A	Technical	62.92	
09.24B	Electronystagmography (ENG) with differential vestibular testing, including caloric tests interpretation	16.94	
	NOTE: This interpretation is limited to Otolaryngology/Neurology specialists only.		

09.26 Tonography, provocative tests, and other glaucoma testing

09.26A	Provocative tests	33.29	
09.26B	Tonography, technical	11.46	
09.26C	Tonography, interpretation	13.18	
09.26D	Corneal pachymetry	10.00	

09.4 Nonoperative procedures related to hearing

09.41 Audiometry

09.41A	Impedance audiometry/tympanometry, technical	8.05	
	NOTE: Includes acoustic reflexes and hard copy of results.		
09.41B	Interpretation	15.00	
	NOTE: Only one 09.41B fee, per patient, should be claimed, regardless of the number of tests performed per day.		

09.43 Audiological evaluation

NOTE: 1. The following may be claimed by practitioners using sound-treated booths and calibrated equipment.
2. Audiometry workup to include four or more of the following Health Service Codes to a maximum of $18.34.

09.43A	Pure tone audiometry, technical	9.57	
09.43B	Speech audiometry, technical	7.44	
09.43C	Special tests for malingering	5.03	
09.43D	Tonal decay, technical	4.80	
09.43E	Doerfler-Stewart, technical	4.80	

09.46 Other auditory and vestibular function tests

09.46A	Auditory evoked response, interpretation	23.46	
09.46B	Particle repositioning maneuver for benign positional vertigo (Epley maneuver)	81.42	
	NOTE: May only be claimed by physicians who have neurotology (NEOT) certification or a specialty in neurology or otolaryngology.		

09.49 Other nonoperative procedures related to hearing

09.49A	Automatic tympanometry	1.86	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

09 OPHTHALMOLOGICAL AND OTOLOGICAL DIAGNOSIS AND TREATMENT (cont'd)

09.4 Nonoperative procedures related to hearing (cont'd)

09.49 Other nonoperative procedures related to hearing (cont'd)

		BASE	ANE
	NOTE: Includes the technical and professional component.		

10 NONOPERATIVE INTUBATION, IRRIGATION, AND MANIPULATION PROCEDURES

10.0 Nonoperative intubation of respiratory and gastrointestinal tracts

10.04	Endotracheal intubation for aspiration of sputum	28.31	
	NOTE: May not be claimed with 13.62A.		

10.08 Insertion of (naso-)intestinal tube

10.08A	Intubation for selective duodenography or small bowel studies	32.21	

10.16 Insertion of other vaginal pessary

10.16A	Pessary fitting	37.65	
	NOTE: May be claimed in addition to a visit or consultation.		

10.2 Other nonoperative dilation and manipulation procedures

10.23	Dilation of anal sphincter	47.23 V	100.00
	NOTE: May only be claimed when performed under anaesthesia.		
10.25	Therapeutic distention of bladder	24.67 V	100.00

10.3 Nonoperative alimentary tract irrigation, cleaning and local instillation

10.33 Gastric lavage

10.33A	Gastric lavage	36.79	
10.33B	Gastric cytology washings	34.96	
10.35	Gastric gavage	34.96	

10.5 Nonoperative irrigation, cleaning, and local instillation of genitourinary system

10.55 Irrigation of other indwelling urinary catheter

10.55A	Bladder irrigation	19.93	100.00

10.56 Other genitourinary instillation

10.56A	Bladder instillation of chemotherapeutic agents	47.47	
	NOTE: Includes catheterization and visit.		

11 REPLACEMENT AND REMOVAL OF THERAPEUTIC APPLIANCES

11.0 Nonoperative replacement of gastrointestinal appliances

11.02	Replacement of gastrostomy tube	33.89	
	NOTE: May only be claimed in addition to 01.14.		
11.02A	Replacement of gastrostomy tube without gastroscopy	118.46	100.00

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

11 REPLACEMENT AND REMOVAL OF THERAPEUTIC APPLIANCES (cont'd)

11.0 Nonoperative replacement of gastrointestinal appliances (cont'd)

	BASE	ANE
NOTE: May only be claimed when performed under general anesthesia or procedural sedation, otherwise a visit health service code applies.		
11.23 Replacement of tracheostomy tube		
11.23A Tracheostomy tube change	44.76	
NOTE: 1. May not be claimed with 01.09. 2. May only be claimed when performed by a physician where suitable qualified allied health personnel are unavailable.		
11.8 Other nonoperative removal of therapeutic device		
11.81 Removal of peritoneal drainage device		
11.81A Excision of indwelling intraperitoneal dialysis catheter with subcutaneous tunnel	116.49 V	115.78

12 NONOPERATIVE REMOVAL OF FOREIGN BODY

12.0 Removal of (non-penetrating) intraluminal foreign body from respiratory tract without incision		
12.01 Removal of intraluminal foreign body from nose without incision	59.47 V	100.00
NOTE: May only be claimed when performed under general anaesthesia, otherwise a visit item applies.		
12.03 Removal of Intraluminal foreign body from larynx without incision	137.10	100.00
NOTE: Includes laryngoscopy.		
12.05 Removal of Intraluminal foreign body from bronchus without incision	248.68	138.94
NOTE: Includes bronchoscopy.		
12.1 Removal of (non-penetrating) intraluminal foreign body from digestive system without incision		
12.12 Removal of intraluminal foreign body from esophagus without incision		
12.12A Via rigid esophagoscopy	204.15	115.78
12.12B Via flexible esophagogastroscopy	123.20	
NOTE: May only be claimed in addition to 01.14.		
12.13 Removal of intraluminal foreign body from stomach without incision		
12.13A Via esophagogastroscopy	90.12	
NOTE: May only be claimed in addition to 01.14.		
12.2 Removal of (non - penetrating) intraluminal foreign body from other sites without incision		
12.21 Removal of intraluminal foreign body from ear without incision	62.26 V	100.00

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

12 NONOPERATIVE REMOVAL OF FOREIGN BODY (cont'd)

12.2 Removal of (non - penetrating) intraluminal foreign body from other sites without incision (cont'd)

		BASE	ANE
	NOTE: May only be claimed when performed under general anaesthesia, otherwise a visit item applies.		
12.23	Removal of intraluminal foreign body from vagina without incision	83.06	100.00
	NOTE: For examination under general anaesthetic, refer to 03.26.		
12.24	Removal of intraluminal foreign body from urethra without incision	98.05 V	100.00
	NOTE: May not be claimed in addition to 03.26.		

12.3 Removal of other foreign body from head and neck without incision

12.31	Removal of non-penetrating foreign body from eye without incision	25.19 V	100.00

13 OTHER NONOPERATIVE PROCEDURES

13.0 Transfusion of blood and blood components

13.01 Exchange transfusion (adult)(newborn)

13.01A	Exchange transfusion	170.83
	NOTE: May only be claimed for an infant who is 3 months of age or younger.	

13.4 Injection or infusion of other therapeutic or prophylactic substance

13.4 A	Scalp vein transfusion or infusion	32.32

13.42 Immunization for allergy

13.42A	Desensitization treatments with autogenous vaccines	7.39
	NOTE: 1. When performed by physician or under physician supervision. 2. A maximum of one office visit per month may be claimed for reassessment of the patient in lieu of a claim for desensitizing injection. 3. Benefit includes cost of all material other than allergy serum. 4. Only one benefit may be claimed per treatment regardless of number of injections given.	

13.5 Other injection or infusion of other therapeutic or prophylactic substance

13.53 Injection of steroid

13.53A	Intranasal injection of steroid	8.63
13.53B	Intralesional injection(s) of steroid	21.13

13.55 Injection or infusion of cancer chemotherapeutic substance NEC

13.55A	Chemotherapy	58.60
	That for treatment of malignant disease	

13.57 Iontophoresis

13.57A	Iontophoresis or ionization of corneal ulcer	17.83

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.5 Other injection or infusion of other therapeutic or prophylactic substance (cont'd)

13.59 Injection or infusion of therapeutic or prophylactic substance NEC

		BASE	ANE
13.59A	Intramuscular or subcutaneous injections	6.85	
13.59B	Intravenous injections	8.28	
13.59C	Initiation of intravenous	13.44	

NOTE: 1. Sole procedure only and may not be claimed in addition to a radiology service.
2. May be claimed in addition to a visit or a consultation providing the purpose of the visit is not for the initiation of the intravenous.
3. May be claimed only when performed by a physician where suitable qualified nursing personnel are unavailable.

13.59D	Intracorporeal injection of penis	49.33	

NOTE: 1. Includes visit.
2. Limit of one per patient, per physician.
3. Repeat visits, refer to 03.03A.
4. Includes patient teaching for self injection and observation.

13.59E	Injection of Botulinum A Toxin For spasmodic torticollis	128.47	100.00
13.59F	Follow up treatment	67.41	
13.59K	Injection of Botulinum A Toxin For treatment of spasticity due to upper motor neuron injury or disease	45.70 V	100.00

NOTE: 1. Single benefit applies regardless of the number of injections or limbs injected.
2. May only be claimed for purposes such as improving gait, reduction of pain, improving upper limb function.
3. May be claimed for initial and follow-up or repeat injections at a later date.
4. May not be claimed with 07.09A or 07.09B.

13.59H	Local infiltration of tissue	22.25	

NOTE: May not be claimed with 17.71A.

13.59J	Injection with local anaesthetic of myofascial trigger points	24.30	

NOTE: A maximum of three calls applies

13.6 Respiratory therapy

13.62 Other mechanical assistance to respiration

13.62A	Ventilatory support, in Intensive Care Unit (ICU)	73.58	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.6 Respiratory therapy (cont'd)

13.62 Other mechanical assistance to respiration (cont'd)

	BASE	ANE
NOTE: 1. Benefit includes endotracheal intubation with positive pressure ventilation, tracheal toilet, use of an artificial ventilator and continuous positive airway pressure (CPAP) through an artificial airway. 2. May only be claimed for services provided in approved level 2 and 3 and neonatal ICUs. 3. May only be claimed once per 24 hour period for any ventilated patient, irrespective of the number of physicians providing care. 4. May not be claimed for the same date of service by the same physician who provides either an anaesthetic or surgical procedure. 5. May be claimed in association with other ICU services. 6. Benefits for unscheduled services may be claimed according to GR 15.		

13.7 Conversion of cardiac rhythm

13.72 Other electric countershock of heart

13.72A Cardioversion	94.46	100.00
NOTE: May not be claimed with electrophysiology studies.		

13.8 Miscellaneous physical procedures

13.82 Ultraviolet light therapy

13.82A Psoralen ultraviolet A treatment	13.35	

13.9 Other miscellaneous diagnostic and therapeutic procedures

13.99 Other miscellaneous diagnostic and therapeutic procedures NEC

13.99BA Periodic Papanicolaou Smear	15.00	
NOTE: 1. Two Papanicolaou smears may be claimed per patient, per physician, per year (April 1 of one year to March 31 of the following year). Additional claims may be submitted with supporting information. 2. May be claimed with a visit or consultation.		
13.99BB Needle biopsy of other superficial organs	47.18 V	
13.99CC Assessment of distal circulation by peripheral Doppler	60.00	
NOTE: May only be claimed by vascular surgeons and by general surgeons with additional training in vascular surgery.		
13.99A Hemodialysis treatment, unstable patient	113.19	
For assessment and management of an unstable patient with acute/chronic renal failure		

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.9 Other miscellaneous diagnostic and therapeutic procedures (cont'd)
13.99 Other miscellaneous diagnostic and therapeutic procedures NEC (cont'd)

		BASE	ANE
	NOTE: May only be claimed when the patient is seen while receiving a hemodialysis treatment, otherwise a visit health service code applies.		
13.99B	Hemodialysis treatment, stable patient . . . . . For assessment and management of a stable patient with chronic renal failure NOTE: May only be claimed when the patient is seen while receiving a hemodialysis treatment, otherwise a visit health service code applies.	52.42	
13.99C	Assessment and management of an unstable patient with acute/chronic renal failure treated by peritoneal dialysis	90.00	
13.99D	Assessment and management of a stable patient with chronic renal failure treated by peritoneal dialysis	52.42	
13.99AA	Assessment and management of a patient undergoing therapeutic plasmapheresis NOTE: 1. A benefit for central line placement or umbilical vein catheter, if required, may be claimed in addition. 2. May not be claimed for blood transfusion.	113.19	
13.99AB	Dialysis therapy, any modality, in the intensive care unit . . . . . NOTE: 1. Benefit includes prescription, monitoring and ongoing manipulation of dialysis therapy. 2. May only be claimed by physicians working in a level II or level III ICU. 3. May only be claimed once per patient, per day regardless whether the same or different physician provides the service. 4. May be claimed in addition to other visits or services provided on the same day by the same physician.	135.00	
13.99O	Management of dialysis patients on home dialysis or receiving treatment in a remote hemodialysis unit (per week) . . . . . NOTE: 1. May be claimed for patients on either hemodialysis or peritoneal dialysis. 2. May not be claimed in addition to 13.99B and 13.99D within the same calendar week unless documentation to support the claim is provided. 3. May be claimed once per patient per calendar week if not preceded by any visit. 4. Emergency visit/special callback benefits (03.05N, 03.05P, 03.05QA, 03.05QB, 03.05R) may be claimed in the same calendar week for the same patient by the same physician.	49.15	
13.99AC	Management of complex home total parenteral nutrition patients (per week) .	49.15	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.9 Other miscellaneous diagnostic and therapeutic procedures (cont'd)
13.99 Other miscellaneous diagnostic and therapeutic procedures NEC (cont'd)

		BASE	ANE
	NOTE: 1. May only be claimed for patients on home TPN. 2. May not be claimed in addition to office visits within the same calendar week unless documentation to support the claim is provided. 3. May be claimed once per patient per calendar week if not preceded by any visit. 4. Emergency visit/special callback benefits (03.05N, 03.05P, 03.05QA, 03.05QB, 03.05R) may be claimed in the same calendar week for the same patient by the same physician.		

Emergency Services

13.99E	Resuscitation, first hour	315.00	
	NOTE: 1. Resuscitation is defined as the emergency treatment of an unstable patient whose condition may result in imminent mortality without such intervention. 2. May be claimed when this service follows a consultation or hospital visit earlier in the same day as defined under GR 1.19. 3. Each subsequent 15 minutes is payable at the rate specified in the Price List. 4. When the condition of the patient is such that further care is provided, either before or after the patient is resuscitated, at a level consistent with the description of HSC 13.99H, 13.99J or 13.99K, time spent providing that care may be claimed using these HSCs. Concurrent claims for HSC 13.99E and/or 13.99H, 13.99J, 13.99K may not be submitted.		
13.99F	Neonatal resuscitation	32.68	
	NOTE: May be claimed in addition to delivery benefits regardless of who performs the delivery.		
13.99G	Trauma assessment, multiple trauma, severely injured patient - 1st day . . .	282.58	
	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 be claimed only by the coordinating surgical specialist. 3. May not be claimed in addition to a major surgical procedure performed by the same (trauma) physician. 4. May be claimed for referred cases only. 5. Claims for the second to seventh day of trauma care should be submitted using 03.05B. 6. May be claimed in addition to care provided by intensivists.		
13.99H	Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes	37.55	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.9 Other miscellaneous diagnostic and therapeutic procedures (cont'd)

Emergency Services (cont'd)

		BASE	ANE
	NOTE: 1. May only be claimed when a patient presents with a serious condition requiring at least a two hour stay in the active treatment portion of the emergency department or care results in hospitalization. The two hour period criterion does not apply in cases where the patient dies after having been seen. 2. Time spent with a patient may be claimed on a cumulative basis per day (defined as 0001 to 2400). 3. Major treatment intervention is defined as a medical intervention which prevents or treats a condition that may result in significant morbidity. 4. A scheduled rotation duty off-hours benefit may not be claimed for 13.99H by a second physician who, due to a shift change, has taken over care of a patient.		
13.99I	Hyperbaric oxygen therapy detention time, per 15 minutes	37.55	
	NOTE: May only be claimed when a physician personally and continuously attends a patient with the following conditions: air/gas embolism, severe CO poisoning, clostridial myonecrosis (gas gangrene), decompression sickness, necrotizing soft tissue infections, chronic diabetic leg and/or foot ulcers resistant to all forms of conventional therapy, radiation tissue damage (osteoradionecrosis), osteoradionecrosis (mandible), osteomyelitis (refractory), skin grafts and flaps (compromised), therapeutically irradiated patients requiring osseointegrated implants (dental implant following radiotherapy).		
13.99J	Medical emergency detention time, per 15 minutes	43.17	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.9 Other miscellaneous diagnostic and therapeutic procedures (cont'd)

Emergency Services (cont'd)

	BASE	ANE

NOTE:
1. Time may be determined on a cumulative basis.
2. Supporting information must be submitted.
3. May be claimed by a physician during the time he/she is medically required to personally and continuously attend and treat an illness or injury of an emergency nature.
4. May not be claimed for such services as:
   - counseling or psychotherapy except for crisis intervention situations;
   - waiting for the results of laboratory or radiological examination;
   - giving advice to family members or the patient;
   - waiting for a family physician or consultant;
   - attendance at labour or fetal monitoring (see HSC 13.99JA);
5. Detention time may not be claimed if the service was provided in the office in conjunction with routine visits except when it is documented that an emergency existed.
6. Illness of an "emergency nature" may apply to mental or emotional disorders as well as to physical illness.
7. If a visit benefit is claimed, the detention time benefit may not be claimed until thirty minutes after the start of the visit.
8. Only HSC 13.99J or procedures provided during the same encounter (with the exception of HSC 13.99E) may be claimed, but not both. Concurrent billing for overlapping time for separate patient encounters may not be claimed.

13.99JA	Management of complex labor, per 15 minutes	43.17	

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.9 Other miscellaneous diagnostic and therapeutic procedures (cont'd)

Emergency Services (cont'd)

		BASE	ANE
	NOTE: 1. Time may be determined on a cumulative basis. 2. May be claimed for complex or non-progressive labour where the physician is actively managing a higher risk labour (defined as prolonged labour exceeding 12 hours during the first stage of labour or 1 hour during the second stage of labour, non-progressive labour, non-reassuring fetal/maternal status, multiple gestation, pregnancy induced hypertension, HELLP, insulin dependent diabetes, antepartum hemorrhage, prelabour ruptured membranes, non-reassuring fetal heart tracing, multiple pregnancy and preterm labour, seizure disorder, unstable patient). 3. May only be claimed when the physician is on-site and immediately available or when called to monitor or reassess the patient with complex or non-progressing labour. 4. Only HSC 13.99JA or the services relating to labour provided may be claimed, but not both. Concurrent billing for overlapping time for separate patient encounters/services may not be claimed. 5. May be claimed in addition to HSCs 86.9 B, 86.9 D, 87.98A or 87.98D. 6. May not be claimed in addition to HSCs 87.98B or 87.98C. 7. If a visit benefit is claimed, detention time benefit may not be claimed until thirty minutes after the start of the visit. 8. A maximum of eight 15 minute units may be claimed.		
13.99K	Ambulance detention time, per 15 minutes	79.06	
	NOTE: 1. Supporting information must be submitted. 2. May be claimed by a physician during the time he/she is medically required to personally and continuously attend a patient being transported by surface or air ambulance. 3. Only time in attendance with the patient may be claimed. 4. Concurrent billing for overlapping time for separate patient encounters/services may not be claimed.		
13.99L	Donor maintenance, prior to cadaveric harvesting of organs, per 15 minutes .	49.57	
	NOTE: 1. To be claimed using the Personal Health Number of the donor. 2. Payable for direct attendance by the physician. 3. Total time to be determined on a cumulative basis.		
13.99M	Donor maintenance during cadaveric organ harvesting, first 35 minutes . . .	100.00	
	NOTE: Refer to Price List for call variance.		
13.99N	Anaesthetic for brain scan	133.69	
13.99V	Examination and crisis counselling	39.89	
	That for sexual/physical abuse		

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.9 Other miscellaneous diagnostic and therapeutic procedures (cont'd)

Emergency Services (cont'd)

		BASE	ANE
	NOTE: 1. Maximums apply - refer to Price List. 2. Time taken for forensic evidence is not to be included in total time.		
13.99UM	Pre-lung transplant, assessment	526.37	
	NOTE: May only be claimed by Pediatric, Internal Medicine and Respiratory Medicine specialists.		
13.99VM	Post-lung transplant, inpatient care, per day	105.27	
	NOTE: 1. May only be claimed by Pediatric, Internal Medicine and Respiratory Medicine specialists. 2. Daily fee includes all visit services provided including callbacks during a 24-hour period. 3. A maximum of 30 days may be claimed.		
13.99W	Pre-liver transplant, assessment	526.37	
	NOTE: May only be claimed by Pediatric and Internal Medicine specialists.		
13.99X	Post-liver transplant, inpatient care, per day	105.27	
	NOTE: 1. May only be claimed by Pediatric and Internal Medicine specialists. 2. Daily fee includes all visit services provided including callbacks during a 24-hour period. 3. A maximum of 30 days may be claimed.		
13.99Y	Renal transplant care, day one	375.00	
13.99Z	Day two and three, per day	144.00	
	NOTE: The daily fee for 13.99Y and 13.99Z, includes all visit services including callbacks during a 24 hour period.		
13.99AZ	Medical pre-transplant assessment, pancreas or islet cell transplantation	526.37	
	NOTE: 1. May only be claimed for out of province patients. 2. May only be claimed by endocrinologists. 3. To include all services relating to the pre-transplant assessment for patients undergoing pancreatic or islet cell transplantation.		

II. OPERATIONS ON THE NERVOUS SYSTEM

14 INCISION AND EXCISION OF SKULL, BRAIN AND CEREBRAL MENINGES

Intracranial procedure involving microsurgical technique,for a second neurosurgeon, refer to Price List

		BASE	ANE
14.0	**Cranial puncture**		
14.09	**Other cranial puncture**		
14.09A	Drainage of ventricle or cyst through existing burr holes	69.89 V	100.00
14.09B	Aspiration of intracranial abscess	677.48	156.80
14.1	**Craniotomy and craniectomy**		
14.13	**Other craniotomy**		
14.13A	With exploration, burr holes	291.05	145.20
14.13B	With exploration	770.93	277.64
14.13C	Evacuation of epidural haematoma	903.30	342.35
14.13D	Exploration of posterior fossa, with decompression	1,025.46	368.45
14.13E	Exploration of cerebellopontine angle NOTE: Includes that with rhizotomy.	854.37	288.37
14.14	**Other craniectomy**		
14.14A	For osteomyelitis	774.79	266.13
14.14B	For neoplasm of skull	774.79	266.13
14.14C	With exploration	770.93	277.64
14.14D	For sub-temporal decompression	450.67	170.17
14.2	**Incision of brain and cerebral meninges**		
14.21	**Evacuation of subdural haematoma**		
14.21A	By burr holes	783.43	273.79
14.21B	By craniotomy	962.75	339.03
14.21C	By posterior fossa craniotomy	962.75	336.49
14.21D	By craniotomy, infants	529.94	187.42
14.21E	Needle aspiration	29.99	
14.22	**Lobotomy and tractotomy**		
14.22A	Corpus callosotomy	2,375.35	872.55
14.29	**Other incision of brain**		
14.29A	Evacuation of intracerebral haematoma or traumatic disruption of frontal or temporal lobes	1,354.95	381.25
14.29B	Evacuation of intracranial abscess, by craniotomy	1,535.61	408.12
14.3	**Operations on thalamus and globus pallidus (including ansa and cingulus)**		
14.3 A	Thalamotomy	998.73	314.74
14.3 B	Other stereotactic procedure	1,535.61	314.74
14.4	**Other excision or destruction of brain and meninges**		
14.41	**Excision of lesion or tissue of cerebral meninges**		
14.41A	Craniotomy/craniectomy with repair of leptomeningeal cyst	1,413.86	488.73
14.42	Hemispherectomy	1,943.47	666.86

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

14 INCISION AND EXCISION OF SKULL, BRAIN AND CEREBRAL MENINGES

Intracranial procedure involving microsurgical technique,for a second neurosurgeon, refer to Price List (cont'd)

14.4 Other excision or destruction of brain and meninges (cont'd)

14.49 Other excision or destruction of lesion or tissue of brain
Craniotomy/craniectomy with:

		BASE	ANE
14.49A	Cerebral biopsy	979.59	346.71
14.49B	Removal of tumor of cerebellopontine angle	1,669.11	593.63
14.49C	Removal of intracranial tumor	1,627.51	529.65
14.49D	Removal or surgical correction of intracranial lesion, transclival approach	2,556.86	898.14
14.49E	Removal of extra-axial tumor using microsurgical dissection	2,718.51	877.65
14.49F	Cortical exploration and resection for epilepsy	1,806.60	529.65
14.49G	With insertion of electrodes (epidural, subdural, or intraparenchymal) for epilepsy	958.15	385.11
14.49H	Removal of tumor of the cranial base, neurosurgical component NOTE: For otolaryngological component, refer to Price List.	2,258.25 V	710.07
14.49J	Transpetrous removal of intracranial tumor, neurosurgical component. NOTE: For otolaryngological component, refer to Price List.	1,976.85 V	710.07

14.8 Invasive diagnostic procedures on skull, brain, and cerebral meninges

14.82	Biopsy of brain That by twist drill or burr hole	696.84	230.58
14.84	Pneumoencephalogram	76.93	115.65

14.85 Other contrast radiogram of brain and skull
Ventriculogram

14.85A	Injection of contrast media, via fontanelle	68.06	
14.85B	Injection of contrast media, via burr holes	221.16	108.73

14.88 Other invasive diagnostic procedures on brain and cerebral meninges

14.88A	Electrocortography, per 15 minutes	61.99	
14.88B	Insertion of special electrodes for epilepsy	47.67	

15 OTHER OPERATIONS ON SKULL, BRAIN, AND CEREBRAL MENINGES

15.0 Cranioplasty

15.01 Opening of cranial suture

15.01A	Craniectomy for craniostenosis, single suture	903.30	239.25

15.02 Elevation of skull fracture fragments

15.02A	Skull fracture, depressed, dura intact	903.30	220.06
15.02B	Skull fracture, with laceration of brain	1,129.13	312.16
15.02C	Skull fracture, with paranasal sinus involvement	948.25	340.33

15.06 Other cranial osteoplasty

15.06A	Cranioplasty	771.97	333.17

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

15 OTHER OPERATIONS ON SKULL, BRAIN, AND CEREBRAL MENINGES (cont'd)

		BASE	ANE
15.06	Other cranial osteoplasty (cont'd)		
	NOTE: Includes that with synthetic plate.		
15.06B	Craniofacial reconstruction, for congenital deformity, per hour	415.00	
15.1	Repair of cerebral meninges		
15.12	Other repair of cerebral meninges		
15.12A	Craniotomy and repair of C.S.F. fistula	956.83	326.23
15.12B	Repair of cranial meningo-encephalocoele	718.75	259.72
15.2	Ventriculostomy		
15.2 A	Insertion of CSF reservoir system That for delivery of medication	1,104.73	397.89
15.3	Extracranial ventricular shunt		
15.3	Extracranial ventricular shunt	1,118.30	399.16
15.4	Revision of ventricular shunt		
15.4	Revision of ventricular shunt	903.30	200.85
15.9	Other operations on skull, brain, and cerebral meninges		
15.93	Implantation of intracranial neurostimulator		
15.93A	Internalization or minor repairs to leads, control unit, battery or battery replacement for deep brain stimulator or epidural electrodes	270.99	100.00
15.93B	Insertion, requiring stereotactic procedures	1,010.11	354.40
15.93C	Revision, requiring stereotactic procedures	666.60	267.39
	NOTE: May not be claimed within 90 days subsequent to 15.93B.		
15.94	Insertion of intracranial pressure monitor		
15.94A	Recording of intracranial pressure	235.03	115.78
15.94B	ICP and/or CSF monitoring in ICU, daily benefit	73.28	
	NOTE: 1. May be claimed for the monitoring and manipulation of the physiologic parameter of intracranial or cerebrospinal fluid pressure through an indwelling temporary catheter. 2. May only be claimed once per 24 hour period for any ventilated patient, irrespective of the number of physicians providing care. 3. May be claimed in association with other ICU services. 4. When a procedure and 03.05A are provided during the same encounter, only the greater benefit may be claimed. 5. Time spent performing this procedure should be excluded from cumulative 03.05A time spent with the patient per day.		
15.99	Other operations on skull, brain, and cerebral meninges NEC		
15.99A	Application of skull tongs	135.50	100.00
	NOTE: May be claimed in addition to a consultation.		

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

16 OPERATIONS ON SPINAL CORD AND SPINAL CANAL STRUCTURES

NOTE: The listed benefits are payable irrespective of the number of vertebrae involved if one incision utilized, unless otherwise stated.

16.0 Exploration and decompression of spinal canal

16.09 Other exploration and decompression of spinal canal

		BASE	ANE
16.09F	Laminectomy with microsurgical exploration of spinal cord . . . . . For syringomyelia and shunting NOTE: Instrumentation may be claimed in addition.	1,603.38	770.20
16.09G	Laminectomy, with microsurgical exploration of cervico-medullary junction . For syringomyelia or Arnold-Chiari malformation NOTE: Instrumentation may be claimed in addition.	2,474.45	1,086.21
16.09J	Repeat decompression, cervical, thoracic or lumbar spine	1,100.00	427.33
16.09N	Intervertebral fusion, thoracic & lumbar spine only (anterior lumbar intervertebral fusion (ALIF), posterior lumbar intervertebral fusion (PLIF), or translateral lumbar intervertebral fusion (TLIF)) . . . . . NOTE: 1. Instrumentation may be claimed in addition. 2. Additional levels may be claimed at the rate specified on the Price List; a maximum benefit of five calls applies.	1,119.31	367.92
16.09O	Laminoplasty or decompression (cervical/thoracic/lumbar) . . . . . NOTE: 1. Only 1 benefit may be claimed regardless of the number of levels. 2. Instrumentation may be claimed in addition.	820.83	269.81
16.09P	Anterolateral or posterolateral decompression of spine, not simple discectomy or laminectomy	981.44	377.43

16.1 Division of intraspinal nerve root

16.1 A	Cervical or thoracic dorsal root entry zone myelolysis	1,463.60	660.83
16.1 B	Cervical, laminectomy with cordotomy or rhizotomy . . . . . NOTE: Instrumentation may be claimed in addition.	897.14	302.77
16.1 C	Thoracic or lumbar, laminectomy with cordotomy or rhizotomy . . . . . NOTE: Instrumentation may be claimed in addition.	718.75	259.72
16.1 D	Lumbar/sacral, laminectomy with selective posterior rhizotomy . . . . . NOTE: Instrumentation may be claimed in addition.	1,662.49	770.20

16.2 Chordotomy

16.2 A	Longitudinal myelotomy . . . . . NOTE: Refer to Price List for calls variance.	672.85	228.90
16.2 B	Percutaneous	444.39	

16.3 Excision or destruction of lesion of spinal cord and spinal meninges

Thoracic or lumbar laminectomy

16.3 A	With removal of tumor	1,129.13	319.84

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

16 OPERATIONS ON SPINAL CORD AND SPINAL CANAL STRUCTURES (cont'd)

16.3 Excision or destruction of lesion of spinal cord and spinal meninges (cont'd)

		BASE	ANE
	NOTE: Instrumentation may be claimed in addition.		
16.3 B	With removal of intradural tumor or arteriovenous malformation . . . . . NOTE: Instrumentation may be claimed in addition.	2,129.35	319.84
	Cervical laminectomy		
16.3 C	With removal of tumor . . . . . NOTE: Instrumentation may be claimed in addition.	1,148.88	396.58
16.3 D	With removal of intradural tumor or arteriovenous malformation . . . . . NOTE: Instrumentation may be claimed in addition.	2,448.75	378.70
16.3 E	Excision of spinal or paraspinal tumor . . . . . NOTE: 1. Benefit is for the neurosurgical component, when an orthopedic surgeon claims 93.05D. 2. Instrumentation may be claimed in addition.	1,270.60	624.36
16.3 F	Repair of lipomeningomyelocele with excision of intra-medullary lipoma . . .	1,943.10	840.41

16.4 Plastic operations on spinal cord and spinal meninges

16.42 Repair of (spinal) myelomeningocele

16.42A	Plastic repair of meningocoele or myelocoele	903.30	211.10

16.43 Repair of vertebral fracture

16.43D	Repair of spine fracture/dislocation, posterior (cervical, thoracic, lumbar) Open reduction internal fixation, instrumentation and graft	1,343.17	441.50
16.43E	Repair of spine fracture/dislocation, posterior (cervical, thoracic, lumbar) Open reduction internal fixation segmental wiring and graft	820.83	269.81

16.49 Other repair and plastic operation on spinal cord structures

16.49A	Laminectomy (thoracic or lumbar) with repair of diastematomyelia . . . . . NOTE: Instrumentation may be claimed in addition.	1,626.34	539.48
16.49B	Laminectomy cervicothoracic, 2 levels or less . . . . . NOTE: Instrumentation may be claimed in addition.	1,119.31	367.92
16.49C	Laminectomy cervicothoracic, more than 2 levels . . . . . NOTE: Instrumentation may be claimed in addition.	1,280.33	453.76
16.49D	Laminectomy lumbar, for stenosis, 2 levels or less . . . . . NOTE: Instrumentation may be claimed in addition.	820.83	269.81
16.49E	Laminectomy lumbar, for stenosis, more than 2 levels . . . . . NOTE: Instrumentation may be claimed in addition.	1,119.31	367.92
16.49F	Dural repair	167.90	100.00

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

16 OPERATIONS ON SPINAL CORD AND SPINAL CANAL STRUCTURES (cont'd)

16.4 Plastic operations on spinal cord and spinal meninges (cont'd)

16.49 Other repair and plastic operation on spinal cord structures (cont'd)

		BASE	ANE
16.49G	Duralplasty	279.83	100.00

16.5 Freeing of adhesions of spinal cord and nerve roots

16.5 A	Laminectomy (thoracic or lumbar) with release of tethered spinal cord NOTE: Instrumentation may be claimed in addition.	1,594.16	743.30

16.8 Invasive diagnostic procedures on spinal cord and spinal canal structures

16.81 Spinal tap

16.81A	For diagnosis or imaging studies NOTE: 1. May be claimed in addition to a hospital visit for hospital inpatients under the age of 3 years. 2. An unscheduled service modifier may not be claimed if a hospital visit or consultation is claimed for hospital inpatients under the age of 3 years. 3. May not be claimed in addition to 50.98B or 50.99C.	75.00	

16.83 Contrast myelogram

16.83A	Lumbar, thoracic, cervical or complete	48.44	100.00
16.83B	Supine myelography NOTE: May be claimed in addition to 16.83A.	27.43	
16.83C	Cisternal or posterior fossa injection	92.81	108.73

16.89 Other invasive diagnostic procedures on spinal cord and spinal canal structures

16.89A	Injection for discogram NOTE: May not be claimed in addition to an operative procedure.	79.39	

16.9 Other operations on spinal cord and canal structures

16.91 Injection of anesthetic into spinal canal for analgesia

16.91A	Epidural/regional catheter insertion for pain control management, including set up and initial injection NOTE: Refer to notes following 16.91B	100.00	
16.91B	Follow up encounter for pain control management subsequent to continuous epidural/regional catheter insertion for pain management	40.00	

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

16 OPERATIONS ON SPINAL CORD AND SPINAL CANAL STRUCTURES (cont'd)

16.9 Other operations on spinal cord and canal structures (cont'd)

16.91 Injection of anesthetic into spinal canal for analgesia (cont'd)

		BASE	ANE
	NOTE: 1. 16.91A and 16.91B may not be claimed: - for labour and delivery - in addition to an anesthetic for the same encounter. 2. A maximum of four 16.91B may be claimed per physician, per patient, per day, which may include: - up to two claims for regularly scheduled encounters, and - a maximum of two claims for unscheduled encounters. 3. Surcharge benefits may be claimed for unscheduled encounters in accordance with GR 15.		
16.91C	Epidural catheter insertion for labour analgesia including set-up and initial injection	100.00	
	NOTE: Refer to notes following 16.91G for further information.		
16.91G	Epidural analgesia for labour and delivery, monitoring and/or top-up/adjustment, each additional full 5 minutes, per patient	13.90	
	NOTE: 1. May be claimed by an on-site physician when immediately available or when called to monitor or reassess the patient or top-up/adjust analgesia. 2. 16.91G may not be claimed for the same patient until 35 minutes has elapsed from the time of the initiation of the 16.91C. 3. Concurrent billing for overlapping time for separate patient encounters/services may not be claimed. 4. Anesthetic benefits for a vaginal delivery by the same or a different physician may not be claimed in addition to 16.91C or 16.91G. 5. 16.91F may be claimed for attendance at a forceps/vacuum delivery, vaginal breech delivery or vaginal delivery multiple birth, where an epidural was previously established by the same or different physician. 6. Listed anesthetic benefits for Cesarean section may be claimed in addition but not concurrently with 16.91G, see Note 3. 7. A maximum of two surcharge benefits (SURC) for 16.91G may be claimed per physician, per patient, if applicable, in accordance with GR 15.		
16.91F	Attendance at forceps/vacumn delivery, vaginal breech delivery or vaginal delivery multiple birth, where epidural was previously established	100.00	
	NOTE: 1. May only be claimed when the physician is specially called and remains in attendance for the delivery. 2. May not be claimed if the delivery is by Caesarean section.		

16.92 Injection of other agent into spinal canal

16.92A	Implantation of intrathecal morphine infusion system	677.48	
16.92B	Differential spinal block	281.85	

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

16 OPERATIONS ON SPINAL CORD AND SPINAL CANAL STRUCTURES (cont'd)

16.9 Other operations on spinal cord and canal structures (cont'd)

16.93 Insertion or replacement of spinal neurostimulator

		BASE	ANE
16.93A	Implantation of epidural stimulator for intractable pain	677.48	196.40
16.93B	Revision of epidural stimulator for intractable pain	677.48	181.03
	NOTE: May not be claimed within 90 days subsequent to 16.93A.		

16.95 Spinal blood patch

16.95A	Epidural blood patch	108.75	

16.99 Other operations on spinal cord and spinal canal structures NEC

16.99A	Epidural injection of steroids	100.00	

17 OPERATIONS ON CRANIAL AND PERIPHERAL NERVES

17.0 Incision, division, and excision of cranial and peripheral nerves

17.02 Acoustic neurotomy

17.02A	Trans-labyrinthine resection of acoustic neuroma	740.66	287.86
17.02B	Middle fossa approach for acoustic neuroma	906.54	349.29

17.03 Division of trigeminal nerve

17.03A	Trigeminal rhizotomy	677.48	220.68

17.05 Other incision of cranial and peripheral nerves

Exploration of peripheral nerve (post traumatic neuropraxia)

17.05A	Major, proximal to mid palm	316.60	131.14
17.05B	Minor, distal to mid palm	149.57	100.00

17.08 Other excision or avulsion of cranial and peripheral nerves

17.08A	Morton's neuroma, excision	149.24	100.00
17.08B	Excision of neuroma on peripheral nerve	259.76	115.78
17.08C	Obturator neurectomy	209.68	108.73
17.08D	Avulsion of supra-orbital or infra-orbital nerves	156.91	100.00
17.08E	Avulsion of suboccipital nerve	180.66	100.00
17.08F	Differential section of facial nerve	364.08	143.57
17.08G	Division of nerves to sternomastoid in neck	381.21	152.87
17.08H	Trans-labyrinthine section of eight nerve	641.55	285.29
17.08J	Transantral vidian neurectomy	319.21	143.57
17.08K	Retrolabyrinthine selective vestibular neurectomy	1,976.85 V	666.86
	NOTE: 1. Includes intraoperative electrodiagnostic monitoring. 2. For otolaryngological component - refer to Price List.		

17.1 Destruction of cranial and peripheral nerves

17.1 A	Injection of alcohol, Trigeminal	198.20	100.00
17.1 B	Injection of alcohol, Retrobulbar	66.23	

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

17 OPERATIONS ON CRANIAL AND PERIPHERAL NERVES (cont'd)

		BASE	ANE
17.2	**Suture of cranial and peripheral nerves**		
17.2 A	Peripheral nerve repair - major	224.37	132.84
17.2 B	Peripheral nerve repair - minor	149.57	100.00
	Microsurgical anastomosis of intracranial portion of cranial nerve		
17.2 C	Without graft, to include craniotomy	1,182.98	496.24
	NOTE: With other intracranial procedures, price will be modified, refer to Price List.		
17.3	**Freeing of adhesions and decompression of cranial and peripheral nerves**		
17.31	**Decompression of trigeminal nerve root**		
17.31A	Craniotomy with microvascular decompression of cranial nerve V (Trigeminal)	1,375.59	469.52
17.32	**Other cranial nerve decompression**		
17.32A	Facial nerve decompression	600.75	243.07
17.32B	Craniotomy with microvascular decompression of cranial nerve VII (facial nerve)	1,375.59	469.52
17.32C	Facial nerve decompression with insertion of graft	630.08	230.10
17.33	Release of carpal tunnel	147.44	100.00
17.39	**Other peripheral nerve or ganglion decompression or freeing of adhesions**		
17.39A	Neurolysis, external and interfascicular release of nerve from scar tissue	416.32	157.98
17.39B	Major nerve exploration	346.31	127.94
17.39C	Release ulnar nerve (includes transposition)	335.79	127.94
	NOTE: May not be claimed with 17.5A.		
17.39D	Brachial plexus exploration, first hour	415.00	153.50
	NOTE: 1. May not be claimed with other procedures. 2. Each subsequent 15 minutes is payable at the rate specified in the Price List.		
17.39E	Neurolysis, lateral cutaneous nerve of thigh, minor	71.08 V	100.00
17.39F	Decompression recurrent laryngeal nerve	246.21	125.25
17.4	**Cranial or peripheral nerve graft**		
	Microsurgical anastomosis of intracranial portion of cranial nerve		
17.4 A	With graft to include craniotomy	1,333.19	556.30
	NOTE: With other intracranial procedures, price will be modified, refer to Price List.		
	Peripheral nerve reconstruction utilizing microsurgical technique		
17.4 B	Minor, single cable	591.44	243.07
17.4 C	Major, multiple cables	963.91	415.82

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

17 OPERATIONS ON CRANIAL AND PERIPHERAL NERVES (cont'd)

	BASE	ANE
17.5 Transposition of cranial and peripheral nerves		
17.5 A Transposition of peripheral neuroma NOTE: May not be claimed with 17.39C.	264.25	115.78
17.5 D Submuscular ulnar nerve transposition	447.72	147.17
17.6 Other cranial or peripheral neuroplasty		
17.61 Anastomosis of cranial or peripheral nerve		
17.61A Spino facial or facio hypoglossal anastomosis	406.94	182.58
17.61B Peripheral repair using microsurgical technique, primary	365.49	128.60
17.63 Repair of old traumatic injury of cranial and peripheral nerves		
17.63A Peripheral repair using microsurgical technique, secondary	481.93	168.25
17.7 Injection into peripheral nerve		
17.71 Peripheral nerve injection, unqualified		
17.71A Local block(s) of somatic nerve(s) NOTE: May not be claimed with 13.59H.	21.13	
17.8 Invasive diagnostic procedures on peripheral nervous system		
17.81 Biopsy of peripheral nerve or ganglion		
17.81A Sural nerve biopsy	60.51 V	100.00
17.81B Fascicular nerve biopsy, with operating microscope	167.33	100.00
17.89 Other invasive diagnostic procedures on cranial and peripheral nerves		
17.89A Intraoperative neural electrodiagnostic monitoring NOTE: 1. One fee only payable per sitting irrespective of the number of nerves involved. 2. May be claimed in addition to items 16.1A, 16.1D, 16.3B, 16.3D, 16.5A 16.49A and 16.09F.	166.92	
17.9 Other operations on cranial and peripheral nerves		
17.92 Implantation or replacement of peripheral neurostimulator		
17.92A Sacral nerve root stimulator, peripheral nerve evaluation, first 30 minutes NOTE: 1. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List. 2. The anesthetic rate for 17.92A may not be claimed in addition to an anesthetic rate for any other service.	125.00	100.00
17.92B Sacral nerve root stimulator, implantation of pulse generator, first 30 minutes NOTE: 1. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List. 2. The anesthetic rate for 17.92B may not be claimed in addition to an anesthetic rate for any other service.	125.00	100.00
17.92C Sacral nerve root stimulator, first or second stage (permanent implant), first 60 minutes	300.00	100.00

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

17 OPERATIONS ON CRANIAL AND PERIPHERAL NERVES (cont'd)

17.9 Other operations on cranial and peripheral nerves (cont'd)

17.92 Implantation or replacement of peripheral neurostimulator (cont'd)

		BASE	ANE
	NOTE: 1. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List. 2. The anesthetic rate for 17.92C may not be claimed in addition to an anesthetic rate for any other service.		

18 OPERATIONS ON SYMPATHETIC NERVES OR GANGLIA

18.1 Sympathectomy

18.12	Cervical sympathectomy	408.93	170.61

18.13 Lumbar sympathectomy

18.13A	Thoracic or thoracolumbar	507.87	227.73
18.13B	Lumbar	385.13	151.99
18.14	Presacral sympathectomy Presacral neurectomy	274.18	117.05

18.2 Injection into sympathetic nerve or ganglion

18.22 Injection of neurolytic agent into sympathetic nerve

18.22A	With sclerosing agents (alcohol)	105.92	
18.22B	Caeliac plexus ganglion block, with sclerosing agents (alcohol or phenol)	143.96	

18.29 Other injection into sympathetic nerve or ganglion

18.29A	Chemical sympathectomy under fluoroscopic or CT control	165.35	
18.29B	Lumbar sympathetic block	100.00	
18.29C	Stellate ganglion block	100.00	
18.29D	Sphenopalatine ganglion block	100.00	
18.29E	Paravertebral block	100.00	
18.29F	Radiofrequency ablation of the facet joint medial branch nerves, using fluoroscopic guidance	387.64	

III. OPERATIONS ON THE ENDOCRINE SYSTEM

19 OPERATIONS ON THYROID AND PARATHYROID GLANDS

		BASE	ANE
19.1 Unilateral thyroid lobectomy			
19.1	Total thyroid lobectomy	702.59	245.01
19.2 Other partial thyroidectomy			
19.29	Other partial thyroidectomy NEC	591.49	220.68
	Subtotal thyroidectomy		
	NOTE: Refer to Price List for calls variance.		
19.3 Complete thyroidectomy			
19.3 A	Total thyroidectomy	1,221.46	419.65
19.3 B	Total thyroidectomy with formal neck dissection	1,718.04	588.53
19.6 Excision of thyroglossal duct or tract			
19.6 A	Thyroglossal duct excision	378.68	145.20
19.6 B	Recurrent thyroglossal duct excision	512.20	209.18
19.7 Parathyroidectomy			
19.7 A	Parathyroidectomy	1,197.33	513.84
19.7 B	Parathyroidectomy with mediastinal exploration	1,677.54	548.86
19.8 Invasive diagnostic procedures on thyroid and parathyroid glands			
19.81	Percutaneous (needle) biopsy of thyroid	55.39 V	100.00

20 OPERATIONS ON OTHER ENDOCRINE GLANDS

20.1 Partial adrenalectomy			
20.12	Unilateral adrenalectomy	655.95	280.96
20.12A	Unilateral laparoscopic adrenalectomy	1,071.00	390.22
20.5 Hypophysectomy			
20.54	Total excision of pituitary gland, transfrontal approach	1,669.11	557.50
20.55 Total excision of pituitary gland, transsphenoidal approach			
20.55A	Total excision of pituitary gland, transsphenoidal approach	1,114.13	427.33
	NOTE: 1. Also applies to transethmoidal approach.		
20.55B	Transphenoidal or transethmoidal hypophysectomy, Neurosurgical component	959.69	337.75
20.55C	Transphenoidal or transethmoidal hypophysectomy, Otolaryngological component	497.01	
20.7 Thymectomy			
20.72	Partial excision of thymus	715.63	255.16
20.73	Total excision of thymus	715.63	278.90

IV. OPERATIONS ON THE EYES

21 OPERATIONS ON LACRIMAL APPARATUS

		BASE	ANE
21.0	**Incision of lacrimal gland**		
21.0 A	Drainage of lacrimal gland (abscess)	108.96 V	100.00
21.1	**Excision of lesion or tissue of lacrimal gland**		
21.13	Partial dacryoadenectomy	283.18	108.73
21.14	**Total dacryoadenectomy**		
21.14A	Lacrimal gland tumor excision	BY ASSESS	108.73
21.2	**Other operations on lacrimal gland**		
21.2 A	Occlusion of lacrimal gland tubules	83.83	100.00
21.3	**Manipulation of lacrimal passage (tract)**		
21.31	**Dilation of lacrimal punctum**		
21.31A	Irrigation probing of nasolacrimal duct	30.54 V	100.00
21.32	**Probing of lacrimal canaliculi**		
21.32A	Probing of lacrimal canaliculi	30.54 V	100.00
21.32B	Catheterization of nasolacrimal duct NOTE: May be claimed when performed at the same time as 21.71.	175.68	100.00
21.4	**Incision of lacrimal sac and passage**		
21.41	Incision of lacrimal sac Drainage of lacrimal sac	40.25 V	100.00
21.42	Snip incision of lacrimal punctum "Three Snip" operation on punctum	39.60 V	100.00
21.5	**Excision of lacrimal sac or lesion**		
21.5	Excision of lacrimal sac or lesion Dacryocystectomy	362.78	120.15
21.6	**Repair of canaliculus and punctum**		
21.69	**Other repair of canaliculus and punctum**		
21.69A	Closure of punctum	40.25 V	100.00
21.69B	Lacerated canaliculi repair	503.41	105.92
21.7	**Fistulization of lacrimal tract to nasal cavity**		
21.71	Dacryocystorhinostomy (DCR)	510.52	132.84
21.72	Conjunctivocystorhinostomy	555.46	136.35
21.8	**Invasive diagnostic procedures on lacrimal apparatus**		
21.83	Contrast dacryocystogram That for injection of contrast media under fluoroscopic control NOTE: Only the greater benefit may be claimed when claimed with operations on the lacrimal apparatus.	48.11 V	100.00

IV. OPERATIONS ON THE EYES (cont'd)

22 OPERATIONS ON EYELIDS

		BASE	ANE
22.1	Excision of lesion or tissue of eyelid		
22.11	Blepharectomy NOS		
22.11A	Excision of benign tumor of lid	56.39 V	100.00
22.13	Other excision of single lesion of eyelid		
22.13A	Excision of simple lesion(s)	175.95	100.00
	NOTE: Single fee applies regardless of whether the upper or lower or both eyelids of same eye are involved. If second eye needs to be done, the fee for the second eye may be claimed at 75%.		
22.13B	Chalazion - surgical removal	43.13 V	100.00
22.3	Correction of entropion or ectropion		
22.31	Correction by thermocauterization of eyelid	76.49	100.00
22.32	Correction by extensive blepharoplasty Major full thickness repair	373.12	108.85
22.39	Other correction of entropion or ectropion	262.38	100.00
22.4	Correction of blepharoptosis		
22.4 A	Correction of blepharoptosis All procedures	450.78	135.19
22.5	Blepharorrhaphy		
22.5 A	Simple suture	93.02 V	100.00
	NOTE: Single fee applies regardless of whether the upper or lower or both eyelids of same eye are involved. If second eye needs to be done, the fee for the second eye may be claimed at 75%.		
22.5 B	Tarsorrhaphy	172.66	100.00
22.6	Other repair of eyelid		
22.62	Rhytidectomy of eyelid		
22.62A	Lower/upper repair of redundant skin	150.48	100.00
	NOTE: Single fee applies regardless of whether the upper or lower or both eyelids of same eye are involved. If second eye needs to be done, the fee for the second eye may be claimed at 75%.		
22.69	Other eyelid repair		
	Blepharoplasty		
22.69A	Full thickness without flap or graft	350.08	147.77
	NOTE: Single fee applies regardless of whether the upper or lower or both eyelids of same eye are involved. If second eye needs to be done, the fee for the second eye may be claimed at 75%.		
22.69B	Full thickness with flap or graft	766.21	197.22

IV. OPERATIONS ON THE EYES (cont'd)

22 OPERATIONS ON EYELIDS (cont'd)

22.6 Other repair of eyelid (cont'd)

22.69 Other eyelid repair (cont'd)

	BASE	ANE
NOTE: Single fee applies regardless of whether the upper or lower or both eyelids of same eye are involved. If second eye needs to be done, the fee for the second eye may be claimed at 75%.		

22.7 Epilation of eyelid

22.71 Electrosurgical epilation	40.25	

22.8 Invasive diagnostic procedures on eyelid

22.81 Biopsy of eyelid	75.67 V	100.00
NOTE: Single fee applies regardless of whether the upper or lower or both eyelids of same eye are involved. If second eye needs to be done, the fee for the second eye may be claimed at 75%.		

22.9 Other operations on eyelids

22.9 A Cauterization of lids	25.42	

23 OPERATIONS ON OCULAR MUSCLES OR TENDONS

23.9 Other operations on ocular muscles or tendons

23.99 Other operations on ocular muscles or tendons NEC

23.99A Strabismus repair, one muscle	418.56	132.42
NOTE: 1. Subsequent muscles, regardless if the same or different eye, are paid at a reduced rate as indicated in the Price List to a maximum benefit of five.		
2. The add on fee applies once only per eye for a re-operation.		
23.99C Strabismus repair, adjustable suture technique	193.19	100.00
NOTE: 1. May only be claimed in addition to 23.99A.		
2. Single benefit applies regardless of the number of adjustable sutures used.		
23.99D Injection of Botulinum A Toxin	107.83	
That for strabismus, blepharospasm or hemifacial spasm		
23.99E Follow up treatment	56.28	

24 OPERATIONS ON CONJUNCTIVA

24.1 Other incision of conjunctiva

24.1 A Peritomy	138.78	100.00

24.2 Excision or destruction of lesion or tissue of conjunctiva

24.22 Excision of lesion or tissue of conjunctiva

24.22A Removal of simple tumor	80.29 V	100.00

IV. OPERATIONS ON THE EYES (cont'd)

24 OPERATIONS ON CONJUNCTIVA (cont'd)

		BASE	ANE
24.3	**Conjunctivoplasty**		
24.31	Reconstruction of conjunctival cul-de-sac . . . . . With buccal mucous membrane graft	649.84	149.82
24.32	Other reconstruction of conjunctival cul-de-sac . . . . . Without graft	355.45	149.82
24.34	**Other free graft to conjunctiva**		
24.34A	Free mucous membrane graft	140.52	100.00
24.35	Conjunctival flap . . . . . That for corneal ulcer	151.47	100.00
24.39	**Other conjunctivoplasty**		
24.39A	Repair of symblepharon, with or without graft	151.47	100.00
24.5	**Suture of conjunctiva**		
24.5	Suture of conjunctiva	80.29 V	100.00
24.8	**Invasive diagnostic procedures on conjunctiva**		
24.81	Biopsy of conjunctiva	77.52 V	100.00
24.89	**Other invasive diagnostic procedures on conjunctiva** Allergy testing		
24.89A	Conjunctival test, per test . . . . . NOTE: 1. Maximum per benefit year applies, refer to Price List. 2. For this benefit code, a second set of allergy sensitivity tests will be payable when the patient is referred to a specialist. 3. Benefits do not include the cost of materials.	7.49	
24.89B	Diagnostic conjunctival scraping	16.37	
24.9	**Other operations on conjunctiva**		
24.91	Subconjunctival injection	19.86	

25 OPERATIONS ON CORNEA

25.1	**Incision of cornea**		
25.1 A	Removal of foreign body	28.97 V	100.00
25.2	**Excision of pterygium**		
25.21	**Excision or transposition of pterygium with graft**		
25.21A	Excision of recurrent pterygium and graft	377.59	118.98
25.29	Other excision of pterygium	151.47	100.00

IV. OPERATIONS ON THE EYES (cont'd)

25 OPERATIONS ON CORNEA (cont'd)

		BASE	ANE
25.3	Excision or destruction of other lesion or tissue of cornea		
25.32	Thermocauterization of corneal lesion	23.41	
25.39	Other removal or destruction of corneal lesion		
25.39A	Dermoid excision	190.83	115.78
25.39B	Malignant tumor of cornea	456.49	124.08
25.39C	Superficial keratectomy	277.55	105.92
25.4	Suture of cornea		
25.4 A	Corneal wound repair that with sutures or conjunctival flap	377.59	105.92
25.5	Corneal transplant		
25.53	Lamellar keratoplasty (with homograft)	881.33	170.17
25.55	Penetrating keratoplasty (with homograft)	921.40	243.47
	NOTE: 1. That with cataract extraction 2. With or without anterior vitrectomy 3. That in the aphakic eye		
25.6	Other repair of cornea		
25.63	Keratoprosthesis	921.40	243.47
25.66	Epikeratophakia	921.40	
	NOTE: Only claimable under the following conditions: 1. Adult aphakia - with low endothelial count and intolerance to contact lens. 2. Paediatric aphakia - failure of visual rehabilitation with contact lens. 3. Keratoconus - no corneal scarring and intolerance for contact lens. 4. High myopia - in excess of 15 diopters and intolerance to contact lens.		
25.9	Other operations on cornea		
25.92	Tattooing of cornea	140.52	100.00

26 OPERATIONS ON IRIS, CILIARY BODY, SCLERA, AND ANTERIOR CHAMBER

26.1	Magnetic removal of foreign body from anterior eye		
26.1	Magnetic removal of foreign body from anterior eye	456.49	145.20
26.2	Operations for the relief of intraocular tension		
26.2 A	Glaucoma (all major operations) except laser	771.91	181.67
	NOTE: A repeat trabeculectomy occurring within 28 days should be claimed as a 26.25A.		
26.2 B	Glaucoma implant procedures with reservoir	936.75	259.72
26.25A	Repeat trabeculectomy	757.56	181.67

IV. OPERATIONS ON THE EYES (cont'd)

26 OPERATIONS ON IRIS, CILIARY BODY, SCLERA, AND ANTERIOR CHAMBER (cont'd)

		BASE	ANE
26.2	Operations for the relief of intraocular tension (cont'd)		
	NOTE: Should be claimed if provided within 28 days of a trabeculectomy.		
26.4	Excision or destruction of lesion of iris, ciliary body, and sclera		
26.45	Excision of lesions of ciliary body	831.25	237.90
26.5	Other iridectomy or iridotomy		
26.52	Other iridotomy		
26.52A	Anterior chamber laser	377.59	108.73
	NOTE: May not be claimed for capsulotomy		
26.53	Iridectomy Without laser	456.49	124.08
26.6	Iridoplasty		
26.62	Freeing of other anterior synechiae		
26.62A	Following penetrating keratoplasty	203.79	100.00
26.69	Other iridoplasty		
26.69A	Iridodialysis, repair	456.49	124.08
26.7	Scleroplasty		
26.71	Suture of complicated (traumatic) laceration of sclera with or without laceration to cornea	837.12	115.78
26.79	Other scleroplasty		
26.79A	Scleral resection	849.55	224.75
26.9	Other operations on iris, ciliary body, sclera, and anterior chamber		
26.91	Aspiration of anterior chamber		
26.91A	Paracentesis of cornea	100.33 V	100.00
26.91B	Irrigation anterior chamber through corneal incision	297.26	105.92
26.97	Other operations on sclera		
26.97A	Sclerotomy	132.20	100.00
26.98	Other operations on anterior chamber		
26.98A	Light coagulation or cryopexy	297.26	115.78
26.98B	Ciliary body ablation	524.87	177.60

27 OPERATIONS ON LENS

27.3	Discission of lens and capsulotomy		
27.3 A	Needling, capsulotomy, discission, synechiotomy	193.19	105.92
27.4	Intracapsular extraction of lens		
27.4	Intracapsular extraction of lens	629.75	168.56

IV. OPERATIONS ON THE EYES (cont'd)

27 OPERATIONS ON LENS (cont'd)

27.5 Extracapsular extraction of lens

		BASE	ANE
27.5	Extracapsular extraction of lens	673.00	168.56
27.5 A	Pediatric cataract extraction May only be claimed for children 6 years of age and under	808.29	222.00

27.7 Insertion of prosthetic lens

27.7 A	Repositioning of pseudophakos with paracentesis	196.54	105.92
27.7 B	Manipulation of pseudophakos and entry into the anterior chamber	297.12	105.92
27.7 C	Removal, replace or repositioning of anteriorly dislocated pseudophakos, with secondary suturing	643.93	158.61
27.7 D	Removal, replace or repositioning of posteriorly dislocated pseudophakos, with secondary suturing	907.31	239.96
27.7 E	Simple repositioning of pseudophakos	91.18 V	100.00
27.72	Insertion of intraocular lens prosthesis with cataract extraction, one-stage	478.07	100.00
27.73	Secondary insertion of intraocular lens prosthesis	601.67	160.94

27.99 Other operations on lens NEC

27.99A	Dislocated lens, removal	679.48	180.85

28 OPERATIONS ON RETINA, CHOROID, AND VITREOUS

28.1 Magnetic removal of foreign body from posterior eye

28.1 A	Intraocular foreign body	456.49	132.84

28.2 Scleral buckling with implant

28.2 B	Segmental retinal repair	862.86	224.75
28.2 C	Scleral buckling and encircling tubing	927.26	243.47

28.4 Other operations for repair of retina

28.4 A	Light coagulation or cryopexy - posterior segment (repair of retinal tears)	377.59	105.92
28.4 B	Light coagulation or cryopexy with drainage of subretinal fluids	763.62	202.49

28.49 Other operations for repair of retina NEC

28.49A	Giant retinal tear repair	BY ASSESS	337.63

28.5 Excision or destruction of lesion of retina or choroid

28.5 A	Light coagulation or cryopexy - (treatment of lesions of retina or choroid)	377.59	105.92
28.51	Destruction of lesion of retina or choroid by diathermy	608.92	197.66

28.7 Operations on vitreous

28.71 Removal of vitreous, anterior approach (partial)

28.71A	Planned anterior vitrectomy	429.72	134.61

NOTE: 1. When only procedure performed.
2. For additional fee when performed in conjunction with another procedure - refer to Price List.

IV. OPERATIONS ON THE EYES (cont'd)

28 OPERATIONS ON RETINA, CHOROID, AND VITREOUS (cont'd)

28.7 Operations on vitreous (cont'd)

28.72 Removal of vitreous, other approach

		BASE	ANE
28.72A	Aspiration/washout of vitreous cavity with replacement	456.49	124.08
28.72B	Total vitrectomy	920.82	241.11

28.74 Discission of vitreous strands

28.74A	Discission of vitreous/retinal adhesions	911.55	241.11
28.74B	Stripping of premacular membrane, associated vitrectomy and retinal encircling	1,219.61	324.23

28.79 Other operations on vitreous

28.79B	Injection or aspiration of vitreous cavity for purposes of diagnosis or drug delivery	200.00	100.00

28.8 Invasive diagnostic procedures on retina, choroid, and vitreous

28.8 A	Eye tumor localization	100.96 V	100.00
28.81	Biopsy of retina, choroid and vitreous	144.29	100.00

29 OPERATIONS ON ORBIT AND EYEBALL

29.0 Orbitotomy

29.0 A	Exploration and/or biopsy	376.38	115.78
29.0 B	Exploration and decompression	855.95	259.72
29.0 C	Incision and drainage of abscess	259.76	100.00

29.01 Orbitotomy with frontal approach

29.01A	Removal of anterior orbital tumor including lacrimal gland biopsy if performed	574.14	115.78

29.02 Orbitotomy with lateral approach

29.02A	Posterior orbital tumor	1,237.35	339.03

29.09 Other orbitotomy

29.09A	Trans-antral orbital decompression	491.84	243.07
29.09B	Decompression of orbit and/or removal of orbital tumor	1,409.16	337.09

29.1 Removal of penetrating foreign body from unspecified structure of eye

29.1 A	Intraocular foreign body extraction, anterior or posterior route That for non-magnetic extraction, includes enucleation if necessary	921.40	266.13

29.2 Evisceration of eyeball

29.21	Removal of ocular contents with implant into scleral shell	772.72	127.94
29.29	Other evisceration of eyeball	657.97	108.73

IV. OPERATIONS ON THE EYES (cont'd)

29 OPERATIONS ON ORBIT AND EYEBALL (cont'd)

		BASE	ANE
29.3	Removal of eyeball		
29.31	Enucleation of eyeball with implant into tenon's capsule with attachment of muscles	772.72	127.94
29.39	Other enucleation of eyeball		
29.39A	Other enucleation of eyeball	350.24	108.73
29.39B	Enucleation, donor eye, post-mortem (one or both)	113.62	
	NOTE: 1. Where the physician enucleating the donor eyes does not carry out the corneal transplant or scleral graft; 2. Claimable against the donor.		
29.4	Exenteration of orbital contents		
29.4	Exenteration of orbital contents	712.80	168.80
29.5	Insertion of ocular or orbital implant		
29.55	Other reinsertion of ocular implant		
29.55A	Replacement of implant	417.20	115.78
29.8	Invasive diagnostic procedures on orbit and eyeball		
29.81	Contrast radiogram of orbit	44.82	
29.9	Other operations on orbit or eyeball		
29.91	Retrobulbar injection of therapeutic agent	34.23 V	
	NOTE: If a repeat service occurs within 31 days, benefit will be modified, refer to Price List.		

V. OPERATIONS ON THE EARS

30 OPERATIONS ON EXTERNAL EAR

		BASE	ANE
30.1	Excision or destruction of lesion of external ear		
30.1 A	Removal of osteoma of ear canal	163.30	100.00
30.11	Excision of preauricular sinus		
30.11A	Excision of preauricular sinus, primary	136.62	100.00
30.11B	Secondary excision of preauricular sinus	291.06	137.53
30.19	Excision or destruction of other lesion of external ear		
30.19A	Aural polyp removal	24.03 V	100.00
30.19B	Excision of accessory auricle	56.72 V	100.00
30.3	Suture of (traumatic) laceration of external ear		
30.3 A	Post traumatic major ear reconstruction	397.60	170.17
30.4	Surgical correction of prominent ear		
30.4 A	Otoplasty NOTE: Patient under 19 years of age.	262.69	115.78
30.6	Other plastic repair of external ear		
30.61	Construction of auricle of ear		
30.61A	Major ear reconstruction, cartilage graft and flap or skin graft, per hour NOTE: Refer to notes following 30.61B.	415.00	853.35
30.61B	Major ear reconstruction, cartilage graft, per hour NOTE: 1. 30.61A and 30.61B may not be claimed with other procedures. 2. Benefits for 30.61A and 30.61B include harvesting and preparation of cartilage.	415.00	558.32
30.8	Invasive diagnostic procedures on external ear		
30.81	Biopsy of external ear		
30.81A	Punch biopsy	26.20	
30.9	Other operations on external ear		
30.9 A	Closure of post-auricular fistula	86.59 V	100.00

31 RECONSTRUCTIVE OPERATIONS ON MIDDLE EAR

31.0	Stapes mobilization		
31.0	Stapes mobilization	298.20	145.20
31.1	Stapedectomy		
31.1 A	Stapedectomy, stapedoplasty or fenestration of oval window	635.93	170.17
31.19	Other stapedectomy		
31.19A	Laser stapedotomy	826.71	510.00
31.3	Other operations on ossicular chain		
31.3 A	Ossicular reconstruction	657.80	315.00

V. OPERATIONS ON THE EARS (cont'd)

31 RECONSTRUCTIVE OPERATIONS ON MIDDLE EAR (cont'd)

		BASE	ANE
31.4	**Myringoplasty**		
31.4	Myringoplasty Tympanoplasty	433.65	156.08
31.5	**Other tympanoplasty**		
31.5 A	Tympanoplasty with antrotomy	497.01	199.56
31.9	**Other repair of middle ear**		
31.9 A	Excision of glomus tumors, trans-tympanotomy approach	442.37	136.90

32 OTHER OPERATIONS ON MIDDLE AND INNER EAR

32.0	**Myringotomy**		
32.01A	Myringotomy With insertion of tube NOTE: Single anesthetic benefit applies regardless of whether the procedure is performed bilaterally.	54.89 V	100.00
32.1	**Removal of tympanostomy tube**		
32.1	Removal of tympanostomy tube NOTE: 1. May be claimed when performed under anaesthesia. 2. If under local anaesthesia, claim the appropriate office visit.	62.26 V	100.00
32.2	**Incision of mastoid and middle ear**		
32.21	**Incision of mastoid**		
32.21A	For removal of foreign body	90.66 V	100.00
32.23	**Incision of middle ear**		
32.23A	Tympanotomy (exploratory) elevation of tympanomeatal flap	108.15 V	115.78
32.3	**Mastoidectomy**		
32.31	Simple mastoidectomy	275.25	127.94
32.32	**Radical mastoidectomy**		
32.32A	Radical or modified mastoidectomy	575.23	165.68
32.32B	Radical or modified radical mastoidectomy, with tympanoplasty	749.69	237.33
32.39	**Other mastoidectomy**		
32.39A	Antrotomy	86.59 V	100.00
32.39B	Repair of atresia of ear, incomplete	330.96	164.41
32.39C	Repair of atresia of ear, complete	715.45	264.84
32.5	**Fenestration of inner ear**		
32.5 A	Fenestration of lateral semi-circular canal	517.73	222.38

V. OPERATIONS ON THE EARS (cont'd)

32 OTHER OPERATIONS ON MIDDLE AND INNER EAR (cont'd)

		BASE	ANE
32.7	Incision, excision, and destruction of inner ear		
32.71	Endolymphatic shunt		
32.71A	Decompression and shunt of endolymphatic sac	581.08	243.07
32.79	Other incision, excision, and destruction of inner ear		
32.79A	Excision of glomus tumors, Shambough operation	633.22	243.07
32.79B	Excision of glomus tumors, including resection of jugular bulb, internal jugular vein and sigmoid sinus	1,063.88	366.46
32.79E	Labyrinth destruction, Cawthorne operation	604.03	212.07
32.79G	Labyrinth destruction, destruction of vestibular organ by cryotherapy	290.00	154.40
32.79H	Labyrinth destruction, chemical	446.42	149.42
32.8	Invasive diagnostic procedures on middle and inner ear		
32.81	Electrocochleography Promontory stimulation test NOTE: Includes the technical and professional components.	105.36	
32.9	Other operations on middle and inner ear and eustachian tube		
32.95	Implantation of electro-magnetic hearing aid		
32.95A	Ear implant intracochlear, multiple or single channel	1,104.30	397.89
32.96	Other operations on middle and inner ear		
32.96A	Debridement of mastoid cavities and/or repair of small perforation under microscopy NOTE: May not be claimed for removal of cerumen	24.32	
32.96B	Debridement of mastoid cavities and/or repair of small perforation under microscopy NOTE: 1. May not be claimed for removal of cerumen. 2. May only be claimed when performed as a sole procedure and under general or regional anaesthesia excluding topical anaesthesia techniques.	82.52	139.30

VI. OPERATIONS ON THE NOSE, MOUTH,AND PHARYNX

33 OPERATIONS ON NOSE

		BASE	ANE
33.0	Control of epistaxis		
33.01	Control of epistaxis by anterior nasal packing		
33.01A	Control of epistaxis by anterior nasal packing with or without cautery	75.00	
	NOTE: Benefit includes visit.		
33.02	Control of epistaxis by posterior (and anterior) packing		
33.02A	Control of epistaxis by posterior and anterior packing	179.94	100.00
33.03	Control of epistaxis by cauterization (and packing)		
33.03A	Control of epistaxis by cautery	37.61 V	
	NOTE: 1. Benefit includes visit. 2. A repeat performed within 14 days is payable at a reduced rate. Refer to Price List.		
33.04	Control of epistaxis by ligation of ethmoidal arteries	248.68	100.00
33.05	Control of epistaxis by (transantral) ligation of the maxillary artery	447.62	132.42
33.1	Incision of nose		
33.1 A	Lateral rhinotomy/sublabial	257.79	115.78
33.2	Excision or destruction of lesion of nose		
33.21	Excision of lesion of nose, unqualified		
33.21A	Cauterization of nasal turbinate	22.40	
33.21B	Dermoid cyst	182.33	115.78
33.22	Local excision or destruction of intranasal lesion		
33.22A	Nasal polyp removal	78.66 V	100.00
33.22B	Mucosal biopsy	55.44 V	100.00
	NOTE: Maximum applies, refer to Price List.		
33.3	Resection of nose		
33.3 A	Rhinophyma	320.06	175.28
33.3 B	Rhinophyma with graft	413.28	189.23
33.4 C	Septoplasty	278.73 V	108.73
	NOTE: Benefit will be reduced if rhinoplasty is claimed by a second surgeon. Refer to Price List.		
33.5	Turbinectomy		
33.51	Turbinectomy by diathermy or cryosurgery		
33.51A	Submucosal diathermy of nasal turbinate	65.03 V	100.00
33.51B	Other methods	81.39 V	100.00
	NOTE: Includes that with steroid injections.		
33.6	Reduction of nasal fracture		
33.61	Reduction (closed) of nasal fracture		
33.61A	Fracture intra-nasal reduction and splinting	107.58 V	100.00

VI. OPERATIONS ON THE NOSE, MOUTH,AND PHARYNX (cont'd)

33 OPERATIONS ON NOSE (cont'd)

33.6 Reduction of nasal fracture (cont'd)

33.62 Open reduction of nasal fracture

		BASE	ANE
33.62A	And mini-plate fixation	407.17	151.58
33.62B	Mini-plate fixation via coronal approach	1,085.39	503.31

33.7 Repair and plastic operations on the nose

33.73 Rhinoplasty with implantation of inert material

33.73A	Silastic implant	167.56	105.92

33.74 Rhinoplasty with bone or cartilage graft

33.74A	Composite graft	336.43	145.20
	NOTE: Composite graft claimed for reconstruction of full thickness alar or columellar defects.		

33.76 Other rhinoplasty or septoplasty

33.76A	Tip revision	198.94	112.36
33.76B	Hump removal	160.03	122.81
33.76C	Infracture	167.56	122.81
33.76D	Hump removal and infracture	265.49	127.94
33.76E	Complete (hump removal, infracture and tip revision)	383.15	152.87
33.76F	Complete rhinoplasty and S.M.R. (1 surgeon)	447.62	170.17
33.76G	Repair of nasal septum perforation	300.38	117.05
33.76H	Repeat reconstructive rhinoplasty following previous complete rhinoplasty	582.66	275.08
	NOTE: May be claimed only when there is a history of a previous 33.76E.		

33.8 Invasive diagnostic procedures on nose

33.89 Other invasive diagnostic procedures on nose

33.89A	Inhalation test	7.49	
	NOTE: 1. Maximum per benefit year applies, refer to Price List. 2. For this benefit code, a second set of allergy sensitivity tests will be payable when the patient is referred to a specialist. 3. Benefits do not include the cost of materials.		

33.9 Other operations on nose

33.99 Other operations on nose NEC

33.99A	Choanal atresia, intranasal	342.98	115.78
33.99B	Choanal atresia, transpalatine	513.37	130.52

34 OPERATIONS ON NASAL SINUSES

34.0 Puncture of nasal sinus

34.0 A	Puncture and irrigation of maxillary sinus	21.52 V	100.00

34.1 Intranasal antrotomy

34.1 A	Intranasal antrostomy	89.21 V	100.00

34.2 External maxillary antrotomy

34.2 A	Caldwell Luc (radical)	275.25	145.20

VI. OPERATIONS ON THE NOSE, MOUTH,AND PHARYNX (cont'd)

34 OPERATIONS ON NASAL SINUSES (cont'd)

34.2 External maxillary antrotomy (cont'd)

		BASE	ANE
34.2 B	Caldwell Luc and closure of antra-oral fistula	371.36	141.37

34.21 Radical Maxillary antrotomy

34.21A	With obliteration by abdominal fat graft	368.10	175.92

34.3 Frontal sinusotomy and sinusectomy

34.32 Frontal sinusectomy

34.32A	Trephine	221.73	100.00
34.32B	Intranasal	451.12	132.84
34.32C	External (Lynch or Howarth type)	596.82	145.20
34.32D	Osteoplastic flap with obliteration by fat or bone graft	906.60	266.13

34.5 Other nasal sinusectomy

34.54 Ethmoidectomy

34.54A	Intranasal	227.21	105.92
34.54B	External	275.25	142.66
34.54C	Transantral	163.78	85.33
	NOTE: May be claimed in addition to 34.2 A.		

34.55 Sphenoidectomy

34.55A	Intranasal	171.49	105.92
34.55B	Transantral	82.67	31.85
	NOTE: May be claimed in addition to 34.2 A.		

34.8 Invasive diagnostic procedures on nasal sinus

34.89 Other invasive diagnostic procedures on nasal sinuses

34.89A	Sinus endoscopy with polypectomy	81.42 V	100.00

35 REMOVAL AND RESTORATION OF TEETH

35.0 Forceps extraction of tooth (multiple) (single)

35.0 A	Dental extraction/treatment	26.69 V
	NOTE: May be claimed when performed by a physician on an emergency basis.	

36 OTHER OPERATIONS ON TEETH, GUMS AND ALVEOLI

36.9 Other dental operations

36.99 Other dental operations NEC

36.99A	Dental surgery - major, anaesthetic fee	107.87
	NOTE: May only be claimed when the criteria listed in Governing Rule 10.2 and 10.3 are met.	
36.99B	Dental surgery - minor, anaesthetic fee	100.00
	NOTE: May only be claimed when the criteria listed in Governing Rule 10.2 and 10.3 are met.	

VI. OPERATIONS ON THE NOSE, MOUTH,AND PHARYNX (cont'd)

36 OTHER OPERATIONS ON TEETH, GUMS AND ALVEOLI (cont'd)

36.9 Other dental operations (cont'd)
36.99 Other dental operations NEC (cont'd)

		BASE	ANE
36.99C	Dental rehabilitation (extensive must exceed one hour), anaesthetic benefit NOTE: May only be claimed when the criteria listed in General Rules 10.2 and 10.3 are met.	153.78	
36.99F	Surgical assistant for dental surgery performed by oral surgeons	102.15	

37 OPERATIONS ON TONGUE

37.1 Partial glossectomy

37.1 A	Partial glossectomy	223.81	115.78
37.1 B	Hemiglossectomy	350.63	199.56

37.2 Complete glossectomy

37.2	Complete glossectomy	810.47	287.86

37.8 Invasive diagnostic procedures on tongue

37.81	Needle biopsy of tongue	34.69 V	100.00

37.82 Other biopsy of tongue

37.82A	Biopsy of tongue NOTE: Maximum applies, refer to Price List.	36.05 V	100.00
37.82B	Punch biopsy of tongue	26.35	

37.9 Other operations on tongue
37.91 Lingual frenotomy

37.91A	Release of simple tongue tie, clipping	39.58	100.00
37.91B	Release of complex tongue tie That requiring Z plasty closure	181.46	105.92

38 OPERATIONS ON SALIVARY GLANDS AND DUCTS

38.0 Incision of salivary gland or duct

38.0 A	Removal salivary gland calculus	96.12 V	100.00

38.2 Sialoadenectomy
38.21 Sialoadenectomy, unqualified

38.21A	Submandibular gland	363.07	127.94

38.22 Partial sialoadenectomy
Parotidectomy

38.22A	Subtotal with preservation of facial nerve	656.37	220.68
38.22B	Subtotal repeat with preservation of facial nerve	880.45	324.97
38.22C	Subtotal without preservation of facial nerve	129.99	100.00

VI. OPERATIONS ON THE NOSE, MOUTH,AND PHARYNX (cont'd)

38 OPERATIONS ON SALIVARY GLANDS AND DUCTS (cont'd)

38.2 Sialoadenectomy (cont'd)

38.23 Complete sialoadenectomy
Parotidectomy

		BASE	ANE
38.23A	Total with preservation of facial nerve	1,315.64	419.65
38.23B	Total without preservation of facial nerve	921.89	324.97

38.8 Invasive diagnostic procedures on salivary gland or duct
38.89 Other operations on salivary gland or duct NEC

38.89A	Sublingual mucosal - biopsy NOTE: Maximum applies, refer to Price List.	37.12 V	100.00
38.89B	Injection of contrast material for sialography	48.44	

39 OTHER OPERATIONS ON MOUTH AND FACE

39.2 Excision of lesion or tissue of palate
39.21 Local excision or destruction of lesion or tissue of palate

39.21A	Biopsy of palate NOTE: Maximum applies, refer to Price List.	36.05 V	100.00

39.5 Palatoplasty
39.52 Correction of cleft palate

39.52A	Primary palate repair (alveolar cleft)	380.48	174.24
39.52B	Primary palate repair with bone graft (alveolar cleft) NOTE: Includes harvesting.	666.19	305.79
39.52C	Secondary palate repair	512.67	178.47
39.52D	Secondary palate repair with intravelar veloplasty	679.54	307.06

39.53 Revision of cleft palate repair

39.53A	Repeat palate reconstruction	612.00	300.68

39.6 Operations on uvula
39.62 Excision of uvula

39.62A	Biopsy of uvula NOTE: Maximum applies, refer to Price List.	36.05 V	100.00

39.8 Invasive diagnostic procedures on oral cavity
39.83 Biopsy of unspecified structure of mouth

39.83A	Incisional biopsy of mouth NOTE: Maximum applies, refer to Price List.	36.05 V	100.00

VI. OPERATIONS ON THE NOSE, MOUTH,AND PHARYNX (cont'd)

39 OTHER OPERATIONS ON MOUTH AND FACE (cont'd)

39.9 Other operations on mouth and face
39.91 Labial frenotomy

		BASE	ANE
39.91B	Labial frenotomy That for clipping of frenulum of lip	36.23	100.00
39.91C	Labial frenotomy That for release of frenulum of lip requiring Z plasty closure	179.16	115.78

39.99 Other operations on oral cavity

39.99A	Removal of complicated leukoplakia	BY ASSESS	

40 OPERATIONS ON TONSILS AND ADENOIDS

40.0 Incision and drainage of tonsil and peritonsillar structures

40.0	Incision and drainage of tonsil and peritonsillar structures	124.34	120.00

40.1 Tonsillectomy without adenoidectomy

40.1	Tonsillectomy without adenoidectomy NOTE: May be claimed in addition to item 40.5 for patients over 14 years of age.	225.94	154.49

40.2 Tonsillectomy with adenoidectomy

40.2	Tonsillectomy with adenoidectomy NOTE: Benefit for under fourteen years of age.	210.02	154.49

40.5 Adenoidectomy without tonsillectomy

40.5	Adenoidectomy without tonsillectomy NOTE: May be claimed in addition to item 40.1 for patients over 14 years of age.	73.17 V	154.49

40.7 Control of hemorrhage after tonsillectomy and adenoidectomy

40.7	Control of hemorrhage after tonsillectomy and adenoidectomy	198.94	237.85

40.9 Other operations on tonsils and adenoids
40.92 Excision of lesion of tonsil and adenoid

40.92A	Biopsy of tonsil NOTE: Maximum applies, refer to Price List.	36.05 V	100.00

41 OPERATIONS ON PHARYNX

41.0 Pharyngotomy

41.0 A	Midline, Trotter	412.39	170.17
41.0 B	Lateral	581.08	216.85
41.0 C	Transhyoid	386.66	155.68

VI. OPERATIONS ON THE NOSE, MOUTH,AND PHARYNX (cont'd)

41 OPERATIONS ON PHARYNX (cont'd)

		BASE	ANE
41.1	**Excision of branchial cleft cyst or vestiges**		
41.1	Excision of branchial cleft cyst or vestiges	322.34	127.94
41.2	**Excision or destruction of lesion or tissue of pharynx**		
41.21	Cricopharyngeal myotomy	246.21	136.90
41.29	**Other excision or destruction of lesion or tissue of pharynx**		
41.29A	Biopsy of nasopharynx under local anaesthetic	55.98	
41.29B	Biopsy or examination of nasopharynx	113.05	100.00
	NOTE: May only be claimed when performed under General Anaesthesia.		
41.29C	Excision nasopharyngeal tumor, via oropharynx	171.49	115.78
41.29D	Excision nasopharyngeal tumor, transpalatine approach	346.26	160.94
41.3	**Plastic operation on pharynx**		
41.3 A	Pharyngoplasty	386.50	155.68
41.3 B	Repair of nasopharyngeal stenosis	318.94	159.81
41.3 D	Laser assisted uvulopalatoplasty (LAUP)	386.50	155.68
	NOTE: This benefit is only payable in cases with a proven diagnosis of obstructive sleep apnea, from an accredited sleep laboratory.		
41.4	**Other repair of pharynx**		
41.42	Closure of branchial cleft fistula Excision of branchial sinus or fistula	362.93	159.92

VII. OPERATIONS ON THE RESPIRATORY SYSTEM

42 EXCISION OF LARYNX

		BASE	ANE
42.0	Excision or destruction of lesion or tissue of larynx		
42.09	Other excision or destruction of lesion or tissue of larynx		
42.09A	Removal of benign tumor to include laryngoscopy	136.69	100.00
42.09B	Suspension, laryngoscopy	223.81	120.00
42.09C	Glottic stenosis repair	386.66	228.37
42.09D	Removal of complicated lesion from larynx or trachea	292.23	120.00
	That with suspension laryngoscopy and laser NOTE: Limited to laryngeal papillomatosis, cancer of larynx or trachea or other lesions requiring a minimum of 30 minutes of laser treatment.		
42.1	Hemilaryngectomy (anterior) (lateral)		
42.1	Hemilaryngectomy (anterior) (lateral)	630.25	220.49
42.3	Complete laryngectomy		
42.3 A	Laryngectomy	860.73	317.30
42.3 B	Laryngopharyngectomy	1,146.90	335.20
42.3 C	Laryngopharyngectomy with reconstruction of phonatory mechanism - one stage	1,000.53	511.77

43 OTHER OPERATIONS ON LARYNX AND TRACHEA

43.0	Injection of larynx		
43.0 A	Injection of teflon	257.79	149.69
43.0 B	Injection of Botulinum A Toxin	98.19	
	NOTE: 1. That for spastic dysphonia. 2. Item 01.03 may be claimed in addition.		
43.0 C	Follow-up treatment	49.38	
	NOTE: Item 01.03 may be claimed in addition.		
43.1	Temporary tracheostomy		
43.1 A	Tracheostomy	357.52	141.24
	NOTE: May not be claimed when performed in association with any of the laryngectomy services.		
43.1 B	Emergency cricothyroidotomy	185.68	
43.3	Other incision of larynx or trachea		
43.3 A	Thyrotomy (laryngofissure)	371.36	199.56
43.3 B	Tracheal fenestration	246.21	100.00
43.5	Repair of larynx		
43.54	Repair of laryngeal fracture	474.07	243.07
	NOTE: Includes that with insertion of laryngeal strut.		
43.59	Other repair of larynx		
43.59A	Arytenoidopexy or arytenoidectomy	371.36	199.56
43.59B	Meurman operation	290.00	154.40

VII. OPERATIONS ON THE RESPIRATORY SYSTEM (cont'd)

43 OTHER OPERATIONS ON LARYNX AND TRACHEA (cont'd)

43.5 Repair of larynx (cont'd)

43.59 Other repair of larynx (cont'd)

		BASE	ANE
43.59C	Repair of supraglottic stenosis	803.91	296.80

43.6 Repair and plastic operations on trachea

43.63 Closure of other fistula of trachea

43.63A	Tracheo esophageal fistulectomy	610.57	285.29
43.63B	Transcervical repair of fistula	610.57	209.52
43.63C	Trans-thoracic repair of fistula	742.75	280.19

43.65 Construction of artificial larynx and reconstruction of trachea (with graft)

43.65C	Secondary larynx TE puncture and valve insertion NOTE: May be claimed 30 days or more after laryngectomy.	371.36	205.99

43.69 Other repair and plastic operations on trachea

43.69A	Infraglottic stenosis repair	803.91	356.16

43.8 Invasive diagnostic procedures on larynx and trachea

43.81	Biopsy of larynx NOTE: Includes laryngoscopy.	120.70	100.00
43.82	Biopsy of trachea NOTE: Includes bronchoscopy or laryngoscopy.	124.16	100.00

43.9 Other operations on larynx and trachea

43.95 Other operations on larynx

43.95A	Laryngeal dilation NOTE: Includes laryngoscopy.	99.55 V	100.00

43.96 Other operations on trachea

43.96A	Tracheal or bronchial dilatation with rigid or flexible bronchoscope and balloon (balloon bronchoplasty) NOTE: 1. The anesthetic rate for 43.96A may not be claimed in addition to an anesthetic rate for any other service. 2. Benefit includes bronchoscopy.	202.08	222.08
43.96B	Electrosection and dilatation of tracheal or bronchial web stenosis NOTE: 1. The anesthetic rate for 43.96B may not be claimed in addition to an anesthetic rate for any other service. 2. Benefit includes bronchoscopy.	296.69	222.08
43.96C	Placement of self-expandable metal endotracheal or endobronchial stent NOTE: 1. The anesthetic rate for 43.96C may not be claimed in addition to an anesthetic rate for any other service. 2. Benefit includes bronchoscopy.	262.22	222.22
43.96D	Placement of silicone endotracheal or endobronchial stent under general anesthetic	262.22	222.08

VII. OPERATIONS ON THE RESPIRATORY SYSTEM (cont'd)

43 OTHER OPERATIONS ON LARYNX AND TRACHEA (cont'd)

43.9 Other operations on larynx and trachea (cont'd)

43.96 Other operations on trachea (cont'd)

		BASE	ANE
	NOTE: 1. The anesthetic rate for 43.96D may not be claimed in addition to an anesthetic rate for any other service. 2. Benefit includes bronchoscopy.		
43.96E	Placement of intratracheal or intrabronchial brachytherapy catheter, additional benefit	63.64	
	NOTE: May only be claimed in addition to 01.09.		

44 EXCISION OF BRONCHUS AND LUNG

44.0	Local excision or destruction of lesion or tissue of bronchus		
44.01	Endoscopic excision or destruction of lesion or tissue of bronchus	203.94	115.78
	That with removal of tumor NOTE: Includes bronchoscopy.		
44.09	Other local excision or destruction of lesion or tissue of bronchus		
44.09A	Bronchotomy for removal of tumor	615.00	238.61
44.1	Other excision of bronchus		
44.19	Other excision of bronchus	1,374.26	598.76
	Resection (wide sleeve) of bronchus		
44.2	Local excision or destruction of lesion or tissue of lung		
44.21	Plication of emphysematous bleb	761.83	314.74
	Blebectomy		
44.22	Endoscopic excision or destruction of lesion or tissue of lung		
44.22A	With laser resections	470.92	115.78
	NOTE: 1. Includes bronchoscopy. 2. Includes subsequent resections within 30 days.		
44.3	Segmental resection of lung (basilar)(superior)		
44.3 A	Segmental resection of lung (basilar) (superior)	1,006.78	394.05
44.3 B	Wedge resection of lung or open lung biopsy	761.83	238.61
44.4	Lobectomy of lung		
44.4 A	Lobectomy of lung	1,006.78	426.79
44.4 B	Bilobectomy	1,128.12	555.78
44.4 C	Sleeve lobectomy	1,466.34	598.76
44.5	Complete pneumonectomy		
44.5 A	Pneumonectomy, complete	1,070.82	448.28
44.5 B	Completion pneumonectomy	1,173.07	423.72
44.5 C	Sleeve pneumonectomy	1,374.26	598.76

VII. OPERATIONS ON THE RESPIRATORY SYSTEM (cont'd)

45 OTHER OPERATIONS ON BRONCHUS AND LUNG

		BASE	ANE
45.0	**Incision of bronchus**		
45.0 A	Bronchotomy for removal of foreign body	609.23	238.61
45.1	**Incision of lung**		
45.1 A	Drainage, lung abscess	395.16	159.92
45.1 B	Pneumonotomy, removal of foreign body	650.05	224.09
45.2	**Surgical collapse of lung**		
45.24	Thoracoplasty That for collapse of lung	BY ASSESS	
45.4	**Repair and plastic operations on bronchus and lung**		
45.42	**Closure of bronchial fistula**		
45.42A	Repair bronchopleural fistula, post surgical	657.38	528.40
45.43	Other repair and plastic operation on bronchus Bronchoplasty	641.33	227.65
45.5	**Lung transplant**		
45.5 A	Lung transplant That with recipient pneumonectomy	4,648.65	982.58
45.5 B	Donor pneumonectomy	1,797.82	321.88
45.6	**Combined heart-lung transplantation**		
45.6 A	Combined heart/single or double lung transplantation Including recipient heart/lung resection	6,121.96	1,831.13
45.6 B	Donor heart/lung resection	2,247.27	611.54
45.8	**Invasive diagnostic procedures on bronchus and lung**		
45.81	**Biopsy of bronchus by bronchoscopy**		
45.81A	Biopsy of bronchus NOTE: Includes bronchoscopy.	107.36 V	100.00
45.83	Percutaneous (needle) biopsy of lung	57.73 V	100.00
45.84	**Other biopsy of lung**		
45.84A	Aspiration or trephine lung biopsy under fluoroscopic guidance	84.82 V	108.73
45.84B	Diagnostic lung biopsy performed with other thoracic surgery as a planned procedure	112.93	39.95
45.86	**Other contrast bronchogram**		
45.86A	Instillation of opaque material	48.44	100.00
45.88	**Other invasive diagnostic procedures on lung**		
45.88A	Trans-bronchial biopsy of lung NOTE: May only be claimed in addition to 01.09.	67.75	50.00

VII. OPERATIONS ON THE RESPIRATORY SYSTEM (cont'd)

46 OPERATIONS ON CHEST WALL, PLEURA, MEDIASTINUM, AND DIAPHRAGM

		BASE	ANE
46.0	**Incision of chest wall and pleura**		
46.02	Exploratory thoracotomy	373.85	170.17
46.03	**Reopening of recent thoracotomy site** NOTE: 1. Patient must have left both operating room suite and post anaesthetic (recovery) room. 2. Redo modifier does NOT apply to these services.		
46.03A	Reoperation for bleeding following thoracic surgery	342.71	196.51
46.03B	Rewiring of sternum, irrigation or debridement of mediastinum with removal of intracardiac lines	570.81	208.54
46.04	**Insertion of intercostal catheter (with water seal) for drainage**		
46.04A	Tube thoracostomy For conditions other than empyema or effusion	51.30	100.00
46.04B	Tube thoracostomy For empyema or effusion	102.93 V	100.00
46.04C	Installation of thrombolytics into pleural space for lysis of complex pleural adhesions	47.47	
46.09	**Other incision of pleura**		
46.09A	Open drainage, includes rib resection	241.15	115.78
46.1	**Incision of mediastinum**		
46.1 A	With removal of foreign body from mediastinum	722.41	278.90
46.1 B	Anterior mediastinotomy (Chamberlain)	363.43	134.36
46.2	**Excision or destruction of lesion or tissue of mediastinum**		
46.2 A	Mediastinotomy with removal of cyst or tumor	748.41	278.90
46.3	**Excision or destruction of lesion of chest wall**		
46.3 A	Resection of chest wall, minor (one rib)	264.97	145.20
46.3 B	Resection of chest wall, major (two ribs or more)	588.66	243.07
46.3 C	Resection of chest wall, major with prosthesis	856.22	258.44
46.4	**Pleurectomy**		
46.41	**Decortication of lung**		
46.41A	Partial, total, at least one lobe	687.67	243.07
46.49	**Other excision of pleura**		
46.49A	Pleurectomy, parietal	477.79	243.07
46.5	**Scarification of pleura**		
46.5 A	Thoracoscopy with poudrage and catheter drainage	133.75	106.26
46.6	**Repair of chest wall**		
46.64	**Repair of pectus deformity**		
46.64A	Minor	236.48	170.17

VII. OPERATIONS ON THE RESPIRATORY SYSTEM (cont'd)

46 OPERATIONS ON CHEST WALL, PLEURA, MEDIASTINUM, AND DIAPHRAGM (cont'd)

46.6 Repair of chest wall (cont'd)

46.64 Repair of pectus deformity (cont'd)

		BASE	ANE
46.64B	Major	682.16	254.60

46.8 Invasive diagnostic procedures on chest wall, pleura, mediastinum and diaphragm

46.81 Thoracoscopy

46.81A	Transpleural NOTE: Includes biopsy.	106.90	100.00
46.82	Mediastinoscopy	267.48	115.78

46.84 Pleural biopsy

46.84A	Needle biopsy of pleura	57.73 V	100.00

46.88 Other invasive diagnostic procedures on chest wall, pleura and diaphragm

46.88A	Insertion of catheters and injection of dye That for sinograms or fistulograms, single or multiple studies	41.44	

46.9 Other operations on thorax

46.91	Thoracentesis NOTE: A repeat performed within 31 days is payable at a reduced rate. Refer to Price List.	54.32 V	

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM

47 OPERATIONS ON VALVES AND SEPTA OF HEART

		BASE	ANE
47.0	**Closed heart valvotomy**		
47.02	**Closed heart valvotomy, mitral valve**		
47.02A	Closed heart valvotomy, mitral valve	1,632.00	473.39
47.02B	Percutaneous mitral valvuloplasty	1,260.01	
	NOTE: Includes related catheterization procedures performed at the same time.		
47.03	**Closed heart valvotomy, aortic valve**		
47.03A	Percutaneous aortic valvuloplasty	948.19	
	NOTE: Includes related catheterization procedures performed at the same time.		
47.04	Closed heart valvotomy, pulmonary valve	1,031.74	504.07
47.1	**Open heart valvuloplasty without replacement**		
47.12	**Open heart valvuloplasty of mitral valve, without replacement**		
47.12A	Open heart valvuloplasty of mitral valve, without replacement	1,598.93	594.61
47.12B	Reconstruction	2,055.13	925.86
47.13	**Open heart valvuloplasty of aortic valve, without replacement**		
47.13A	Open heart valvuloplasty of aortic valve, without replacement	1,598.93	594.61
47.13B	Reconstruction	2,055.13	925.86
47.13C	Valvulotomy	1,696.22 V	859.12
	NOTE: Age modifier required, refer to Price List.		
47.14	**Open heart valvuloplasty of tricuspid valve, without replacement**		
47.14A	Open heart valvuloplasty of tricuspid valve, without replacement	1,598.93	594.61
47.14B	Reconstruction	2,055.13	925.86
47.15	**Open heart valvuloplasty of pulmonary valve, without replacement**		
47.15A	Open heart valvuloplasty of pulmonary valve, without replacement	1,498.53	594.61
47.15B	Reconstruction	2,055.13	950.41
47.15C	Valvulotomy	1,712.30 V	836.92
	NOTE: Age modifier required, refer to Price List.		
47.2	**Valvuloplasty with replacement of heart valve**		
47.23	**Other replacement of mitral valve**		
47.23A	Mitral valve replacement	1,753.05	594.61
47.25	**Other replacement of aortic valve**		
47.25A	Stented aortic valve replacement	1,753.05	594.61
47.25C	Stentless aortic valve replacement	2,917.32	898.94
47.25B	Valve conduit repair or replacement of the aortic valve and ascending aorta with reimplantation of the coronary arteries Associated with non-ruptured aortic aneurysm	2,855.16	898.94
47.25D	Valve conduit repair or replacement of aortic valve and ascending aorta with reimplantation of the coronary arteries Associated with ruptured aortic aneurysm or aortic dissection	3,953.81	1,531.13

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

47 OPERATIONS ON VALVES AND SEPTA OF HEART (cont'd)

47.2 Valvuloplasty with replacement of heart valve (cont'd)

47.27 Other replacement of tricuspid valve

		BASE	ANE
47.27A	Tricuspid valve replacement	1,753.05	594.61

47.29 Other replacement of pulmonary valve

47.29A	Pulmonary valve replacement	1,753.05	594.61

47.3 Operations on structures adjacent to valves

47.39 Operations on other structures adjacent to valves of heart

47.39A	Repair of sinus of valsalva That for aneurysm/fistula	1,598.93	594.61

47.4 Production of septal defect in heart

47.42 Enlargement of existing atrial septal defect

47.42A	Balloon atrial septostomy NOTE: May be claimed in addition to cardiac catheterization.	251.63	127.94

47.5 Repair of atrial and ventricular septa with prosthesis

47.54 Repair of ventricular septal defect with prosthesis

47.54A	Septation of single ventricle	2,055.13	836.92
47.54B	Closure of VSD with prosthesis	1,827.02	836.92

47.55 Repair of endocardial cushion defect with prosthesis

47.55A	Atrial ventricular canal	2,055.13	836.92
47.55B	Primum atrial septal defect to include mitral valve reconstruction	1,827.02	835.73
47.55C	Sinus venosus ASD plus partial anomalous pulmonary venous drainage	1,827.02	835.73

47.7 Other and unspecified repair of atrial and ventricular septa

47.72 Other and unspecified repair of atrial septal defect

47.72A	Closure of atrial septal defect (secundum)	1,484.46	776.03
47.72B	Closure of ASD NOTE: May be claimed when performed with another procedure.	398.91	100.00

47.8 Total repair of certain congenital cardiac anomalies

47.81	Total repair of tetralogy of Fallot	1,827.02	836.92
47.82	Total repair of total anomalous pulmonary venous connection	2,055.13	836.92

47.83 Total repair of truncus arteriosus

47.83A	Total repair of truncus arteriosus	1,907.99	859.12
47.83B	Closure of aortopulmonary window	1,827.02	836.92

47.84 Total correction of transposition of great vessels NEC

47.84A	Arterial switch procedure for transposition of great vessels including repair of ASD	2,512.44	1,148.25

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

47 OPERATIONS ON VALVES AND SEPTA OF HEART (cont'd)

		BASE	ANE
47.9	**Other operations on valves and septa of heart**		
47.91	**Interatrial transposition of venous return**		
47.91A	Atrial switch procedure for transposition of great vessels	1,907.99	836.92
47.92	**Creation of conduit between right ventricle and pulmonary artery**		
47.92A	Correction of pulmonary atresia for subpulmonic stenosis	2,055.13	836.92
47.92B	Remodelling of outflow tract to right ventricle	2,055.13	835.73
47.92C	Removal of pulmonary artery banding and reconstruction of pulmonary artery	2,055.13	835.73
47.93	**Creation of conduit between left ventricle and aorta**		
47.93A	Remodelling of outflow tract to left ventricle For subaortic membrane/band/perivalvular abscess/cavity/severe distortion/hypoplasia	2,055.13	835.73
47.93B	Remodeling of outflow tract to left ventricle For asymmetric septal hypertrophy	2,494.58	925.85
47.95	**Other operations on septa of heart**		
47.95A	Excision of intraatrial membrane Cor triatriatum	1,827.02	835.73

48 OPERATIONS ON VESSELS OF HEART

48.0	**Removal of coronary artery obstruction**		
48.0 A	Endarterectomy NOTE: A maximum of four calls may be claimed.	285.39	100.00
48.1	**Bypass anastomosis for heart revascularization**		
48.12	Aortocoronary bypass of one coronary artery	1,484.32	538.43
48.12A	Aortocoronary bypass of one coronary artery without cardiopulmonary bypass.	1,902.66	720.45
48.13	Aortocoronary bypass of two coronary arteries	1,741.62	567.68
48.13A	Aortocoronary bypass of two coronary arteries without cardiopulmonary bypass	2,159.96	749.70
48.14	Aortocoronary bypass of three coronary arteries	1,998.95	649.63
48.14A	Aortocoronary bypass of three coronary arteries without cardiopulmonary bypass	2,417.30	831.64
48.15	**Aortocoronary bypass of four or more coronary arteries**		
48.15A	Of four coronary arteries	2,256.27	712.84
48.15E	Aortocoronary bypass of four coronary arteries without cardiopulmonary bypass	2,506.67	978.09
48.15B	Of five coronary arteries	2,513.56	792.42
48.15F	Aortocoronary bypass of five coronary arteries without cardiopulmonary bypass	2,747.80	974.44
48.15C	Of six coronary arteries	2,769.77	873.18
48.15G	Aortocoronary bypass of six coronary arteries without cardiopulmonary bypass	3,158.18	1,083.17
48.15D	Of seven coronary arteries	2,810.36	978.06
48.15H	Aortocoronary bypass of seven coronary arteries without cardiopulmonary bypass	3,413.06	1,164.89

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

48 OPERATIONS ON VESSELS OF HEART (cont'd)

48.1 Bypass anastomosis for heart revascularization (cont'd)

48.19 Other bypass anastomosis for heart revascularization

		BASE	ANE
48.19A	Preparation of the internal mammary/gastroepiploic artery for coronary artery bypass grafting, additional benefit NOTE: A maximum of three calls applies.	285.39	100.00

48.9 Other operations on vessels of heart

48.92 Angiocardiography, unqualified

48.92A	Selective angiocardiogram NOTE: May be claimed in addition to cardiac catheterization.	93.96	

48.98 Other coronary arteriography

DEFINITION: Cannulation and angiography of the right and left coronary arteries.

48.98A	Selective angiography of aortocoronary vein bypass graft, per graft	106.48	
48.98B	Coronary angiography	292.04	

49 OTHER OPERATIONS ON HEART AND PERICARDIUM

49.0 Pericardiocentesis

49.0	Pericardiocentesis NOTE: If a repeat service occurs within 14 days, benefit will be modified, refer to Price List.	96.82 V	100.00

49.1 Cardiotomy and pericardiotomy

49.12	Cardiotomy	537.08	285.29
49.12B	Cardiotomy with infarctectomy and reconstruction of ventricular wall For post-infarction, ventricular rupture or repair of ventricular septal defect	2,807.45	1,337.17

49.13 Pericardiotomy

49.13A	Drainage, repair and insufflation	293.14	243.07

49.2 Pericardiectomy

49.2	Pericardiectomy	956.21	504.07

49.3 Excision of lesion of heart

49.31	Excision of aneurysm of heart	1,598.93	670.70
49.39	Excision of other lesion of heart	1,598.93	594.61
49.39B	Removal of atrial tumor or other lesion within or on the left or right atrium	1,598.93	836.90
49.39C	Removal of ventricular tumor with reconstruction of ventricular wall	2,807.45	898.94

49.4 Repair of heart and pericardium

49.4 A	Cardiorrhaphy	503.37	261.01
49.4 B	Suture of (traumatic) laceration of heart	1,598.93	594.61

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

49 OTHER OPERATIONS ON HEART AND PERICARDIUM (cont'd)

		BASE	ANE
49.5	**Heart transplantation**		
49.5 A	Including recipient cardiectomy	3,820.36	1,531.00
49.5 B	Donor cardiectomy	1,797.82	375.73
49.6	**Implantation of heart assist system**		
49.61	**Implant of pulsation balloon**		
49.61A	Graft placement for intra aortic balloon pumping including removal	454.94	169.13
49.61B	Percutaneous insertion of intra aortic balloon pump to include removal	166.15 V	
	NOTE: When performed in conjunction with other procedures fee will be modified, refer to Price List.		
49.62	**Implantation of other heart assist system**		
49.62A	Implantation of left or right ventricular assist device, temporary	1,085.43	397.96
49.62B	Implantation of left or right ventricular assist device, permanent	4,897.53	2,275.69
49.7	**Implantation of cardiac pacemaker system**		
49.7 A	Insertion of AV sequential pacemaker	530.82	188.71
49.7 F	Insertion of AV sequential pacemaker, two lead	525.84	188.71
49.7 G	Insertion of AV sequential pacemaker, 3 lead	870.67	382.92
49.7 H	Insertion of AV sequential pacemaker, 4 lead	1,088.34	449.52
49.7 B	Implantation of automatic internal cardioverter defibrillator	1,579.83	490.01
49.7 I	Implantation of automatic internal cardioverter defibrillator with left ventricular lead	1,741.34	550.45
49.7 C	Transthoracic pacemaker	793.30	229.02
49.7 D	Transvenous pacemaker, permanent	324.35	127.94
49.7 E	Subxiphoid epicardial pacemaker	623.62	173.37
49.73	**Implantation of endocardial electrodes**		
49.73A	Temporary right heart catheter pacemaker	132.49	
	NOTE: Claims for temporary insertion of a pacemaker in conjunction with other cardiac procedures are included.		
49.8	**Removal or replacement of implanted cardiac pacemaker**		
49.81	Replacement of myocardial electrodes	211.67	115.78
49.82	**Replacement of endocardial electrodes**		
49.82A	Replacement of endocardial electrodes	211.67	115.78
49.82B	Replacement of temporary right heart catheter pacemaker	107.68 V	100.00
49.83	**Replacement of pulse generator**		
49.83A	Adjustment of pacemaker	46.17 V	
49.84	**Replacement of battery**		
49.84	Replacement of battery	209.68	115.78
49.84B	Replacement of automatic internal cardioverter defibrillator battery	494.39	215.39

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

49 OTHER OPERATIONS ON HEART AND PERICARDIUM (cont'd)

49.8 Removal or replacement of implanted cardiac pacemaker (cont'd)

49.85 Removal of myocardial electrodes

		BASE	ANE
49.85	Removal of myocardial electrode, per electrode, with or without new lead or pacemaker insertion	209.68	115.78

49.86 Removal of endocardial electrodes

49.86	Removal of endocardial electrode, per electrode, with or without new lead or pacemaker insertion	223.73	115.78
49.86B	Laser lead extraction, per lead	1,977.58	831.64

49.87 Removal of cardiac pacemaker system without replacement

49.87A	Removal of pacemaker from site other than new implant site	219.73	100.00
49.87B	Removal of automatic internal cardioverter defibrillator from site other than new implant site	274.67	105.93

49.9 Other operations on heart and pericardium

49.9 A	Open heart surgery, not elsewhere classified	1,598.93	649.93
49.91	Open chest cardiac massage	285.39	

49.93 Biopsy of heart

49.93A	Percutaneous right ventricular endomycardial biopsy NOTE: May be claimed in addition to cardiac catheterization.	295.23	

49.95 Right cardiac catheterization

DEFINITION: Insertion and placement of a catheter into the right heart, to include the recording of oxygen saturations, by whatever methods, and the recording of pressures.

49.95A	Right cardiac catheterization with fluoroscopy	202.24	153.53

49.96 Left cardiac catheterization

DEFINITION: Insertion and placement of a catheter into the left heart, by whatever route, to include the recording of oxygen saturations, by whatever methods, and the recording of pressures.

49.96A	Left cardiac catheterization with fluoroscopy	266.58	
49.96B	Trans-septal heart catherization with fluoroscopy DEFINITION: Insertion and placement of the catheter into the left atrium by puncture of the fossa Ovalis.	269.98	

49.98 Other invasive diagnostic procedures on heart and pericardium

49.98A	HIS Bundle studies with or without programmed stimulation NOTE: May be claimed in addition to cardiac catheterization.	249.99	
49.98B	Pharmacological manipulation of physiological function and recording thereof NOTE: May be claimed in addition to cardiac catheterization.	73.82	

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

49 OTHER OPERATIONS ON HEART AND PERICARDIUM (cont'd)

49.9 Other operations on heart and pericardium (cont'd)

49.98 Other invasive diagnostic procedures on heart and pericardium (cont'd)

		BASE	ANE
49.98C	Physical manipulation of physiological function and recording thereof . . . NOTE: May be claimed in addition to cardiac catheterization.	73.82	
49.98D	Electrical manipulation of physiological function and recording thereof . . NOTE: May be claimed in addition to cardiac catheterization.	73.82	
49.98E	Cardiac mapping and surgical control (with or without use of cryoprobe of ventricular or supraventricular tachycardia) . . . . . . NOTE: May be claimed when performed in association with 48.98P by another physician.	2,284.35	742.09
Electrophysiology Studies:			
49.98F	Insertion and placement of temporary endocardial electrode, each electrode . NOTE: Refer to the notes following 49.98Y.	105.90	
49.98G	Repositioning of electrode catheter to second site . . . . . . NOTE: Refer to the notes following 49.98Y.	31.81	
49.98H	HIS bundle electrocardiogram . . . . . . NOTE: Refer to the notes following 49.98Y.	105.90	
49.98J	Atrial intracardiac electrocardiography and/or programmed atrial stimulation NOTE: Refer to the notes following 49.98Y.	159.08	
49.98K	Ventricular intracardiac electrocardiography and/or programmed ventricular stimulation . . . . . . NOTE: Refer to the notes following 49.98Y.	159.08	
49.98L	Purposeful tachyarrhythmia induction and termination (each type of tachyarrhythmia) . . . . . . NOTE: Refer to the notes following 49.98Y.	121.79	
49.98M	Endomyocardial mapping for localization of tachyarrhythmia . . . . . . NOTE: Refer to the notes following 49.98Y.	223.41	
49.98N	With drug interventional studies (each drug) . . . . . . NOTE: Refer to the notes following 49.98Y.	159.08	
49.98P	Intra-operative electrophysiologic studies . . . . . . NOTE: 1. May be claimed in addition to elements of electrophysiologic study. 2. Refer to the notes following 49.98Y.	529.94	
49.98Q	Noninvasive evaluation of cardiac pacemaker implanted for clinical bradyarrhythmia . . . . . . NOTE: Refer to the notes following 49.98Y.	52.95	

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

49 OTHER OPERATIONS ON HEART AND PERICARDIUM (cont'd)

49.9 Other operations on heart and pericardium (cont'd)

Electrophysiology Studies: (cont'd)

		BASE	ANE
49.98R	Implanted for treatment of tachyarrhythmia NOTE: Refer to the notes following 49.98Y.	105.90	
49.98S	Interrogation of implanted cardioverter/defibrillator device NOTE: Refer to the notes following 49.98Y.	52.95	
49.98T	Interpretation of transtelephonic ECG or rhythm strip NOTE: Refer to the notes following 49.98Y.	10.65	
49.98U	Tilt table testing for evaluation of syncope (includes pharmacologic manipulation plus intra-arterial BP monitoring) NOTE: Refer to the notes following 49.98Y.	318.17	
49.98V	Transvenous catheter ablation of HIS bundle or arrhythmogenic substrate in addition to elements of electrophysiologic study NOTE: Refer to the notes following 49.98Y.	243.52	
49.98Y	Cardioversion NOTE: 1. Any combination of above may be claimed to a maximum of $1,250.80 for diagnostic procedures. 2. Not to be claimed in association with items outside of electrophysiology section. 3. Hospital procedure only. 4. 49.98V may be claimed in association with diagnostic procedures to a maximum of $1,303.98. 5. 49.98Y may only be claimed when performed with electrophysiology studies (EPS). When it is not performed with EPS, then 13.72A should be claimed.	65.91	
49.98W	Second operator at complicated EP studies per 30 mins.	45.57	

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS

50.0 Incision of vessel (embolectomy, exploration, thrombectomy)

50.01	Incision of intracranial vessels		
50.01A	Intracranial arteriotomy under micro dissection	1,888.43	592.35
50.03	Incision of upper limb vessels		
50.03A	Venous thrombectomy	329.40	170.17
50.03B	Embolectomy or arteriothrombectomy	440.35	170.17
50.04	Incision of aorta		
50.04A	Embolectomy or arteriothrombectomy	516.24	179.68
50.05	Incision of other thoracic vessels		
50.05A	Pulmonary embolectomy (acute)	1,452.57	686.08

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS (cont'd)

50.0 Incision of vessel (embolectomy, exploration, thrombectomy) (cont'd)

	BASE	ANE
50.06 Incision of abdominal arteries		
50.06A Embolectomy or arteriothrombectomy	516.24	196.40
50.07 Incision of abdominal veins		
50.07A Venous thrombectomy	332.52	159.81
50.08 Incision of lower limb vessels		
50.08A Embolectomy or arteriothrombectomy	420.95	170.17
50.08B Venous thrombectomy	329.40	170.17
50.09 Incision of vessel, unspecified site		
50.09A Embolectomy or arteriothrombectomy	510.00	170.17
50.09B Venous thrombectomy	318.17	159.81

50.1 Endarterectomy

50.12 Endarterectomy of other vessels of head and neck		
50.12A Carotid endarterectomy	1,129.13	294.79
50.12B Carotid endarterectomy with patch repair	975.70	646.19
50.14 Endarterectomy, aorta	639.55	205.99
50.15 Endarterectomy of other thoracic vessels		
50.15A Pulmonary endarterectomy and embolectomy (chronic)	BY ASSESS	1,227.96
50.16 Endarterectomy of abdominal arteries		
50.16A Iliac	592.93	205.99
50.18 Endarterectomy of lower limb vessels		
50.18A Femoral-profundoplasty	612.00	212.37

50.2 Resection of vessel with anastomosis

50.24 Resection of aorta with anastomosis		
50.24A Coarctation repair NOTE: For pediatric repair, refer to Price List.	1,128.12 V	592.35
50.24B Correction of aortic vascular ring Includes ligation of PDA	820.35	250.75

50.3 Resection of vessel with replacement

50.32 Resection of head and neck vessels with replacement NOTE: If full Y graft, increase anaesthetic fee by 1/3. Additional payment applies only to Aneurysm or A.V. fistula, peripheral or visceral.		
50.32A Traumatic injury with graft	657.74	233.69
50.32B Resection of aneurysm with graft	650.05	389.31
50.32C Excision of AV fistula	630.73	414.54

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS (cont'd)

50.3 Resection of vessel with replacement (cont'd)

50.33 Resection of upper limb vessels with replacement

		BASE	ANE
50.33A	Traumatic injury with graft	557.06	255.22
50.33B	Resection of aneurysm with graft	630.73	414.54
50.33C	Excision of AV fistula	680.34	379.25

50.34 Resection of aorta with replacement

50.34A	Coarctation repair NOTE: For pediatric repair, refer to Price List.	1,128.12 V	754.37
50.34B	Replacement of aortic arch For aneurysm or occlusion	2,855.16	898.94
50.34K	Replacement of aortic arch For ruptured aneurysm, aortic dissection or traumatic injury	3,953.81	1,337.17
50.34C	Correction of interrupted aortic arch	1,975.34	836.92
50.34D	Resection of thoracic aortic aneurysm	1,256.24	461.16
50.34L	Resection or repair of thoracic aortic aneurysm For ruptured aneurysm, dissection or traumatic injury	2,135.16	819.45
50.34E	Resection of thoraco-abdominal aneurysm	2,733.52	1,530.64
50.34F	Resection of abdominal aortic aneurysm, straight tube graft	1,125.01	419.15
50.34G	Resection of abdominal aortic aneurysm, reconstruction with aortic bi-iliac or aorto-bi-femoral graft	1,454.41	749.23
50.34H	Resection of ruptured aortic aneurysm, straight tube graft	1,300.51	710.82
50.34J	Resection of ruptured aortic aneurysm, aorto-bi-iliac or bi-femoral graft	1,671.50	936.48

50.35 Resection of other thoracic vessels with replacement

50.35A	Traumatic injury with graft	641.33	248.83
50.35B	Aneurysm with graft	650.05	389.31
50.35C	Excision of AV fistula	630.73	389.31

50.36 Resection of abdominal arteries with replacement

50.36A	Traumatic injury with graft	657.74	233.69
50.36B	Aneurysm with graft	630.73	414.54
50.36C	Excision of AV fistula	609.23	389.31

50.37 Resection of abdominal veins with replacement

50.37A	Traumatic injury with graft	709.46	248.83
50.37B	Aneurysm with graft	650.05	379.25
50.37C	Excision of AV fistula	680.34	379.25

50.38 Resection of lower limb vessels with replacement

50.38A	Traumatic injury with graft	576.73	255.22
50.38B	Aneurysm with graft	630.73	414.54
50.38C	Excision of AV fistula	680.34	414.54

50.39 Resection of vessels of unspecified site with replacement

50.39A	Traumatic injury with graft	576.73	233.50

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS (cont'd)

50.3 Resection of vessel with replacement (cont'd)

50.39 Resection of vessels of unspecified site with replacement (cont'd)

		BASE	ANE
50.39B	Aneurysm with graft	609.23	414.54
50.39C	Excision of AV fistula	680.34	414.54

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS (cont'd)

		BASE	ANE
50.4 Ligation and stripping of varicose veins			
50.4 A	Saphenous ligation	69.31 V	100.00
50.4 B	Ligation and stripping of long saphenous vein	317.43	115.78
50.4 C	Ligation and stripping of long and short saphenous veins	416.93	173.37
50.4 D	Ligation and stripping of short saphenous vein	213.78	100.00
50.4 E	Varicose veins, complicated	BY ASSESS	
50.4 F	Radical multiple ligation of incompetent communicating veins of lower leg (extrafascial ligation or Cockett procedure, subfascial ligation) excludes stripping of long saphenous vein	400.34	170.17
	NOTE: Excision of fascia of calf or skin graft, code 95.35A or 98.41A in addition.		
50.5 Other excision of vessels			
50.51 Other excision of intracranial vessels			
50.51A	Surgical treatment of intracranial arterio-venous malformation	2,709.90	537.37
	NOTE: Includes craniotomy.		
50.53 Other excision of upper limb vessels			
50.53A	Excision of congenital or traumatic peripheral AV fistula	413.94	173.99
50.58 Other excision of lower limb vessels			
50.58A	Preparation of autogenous saphenous vein for graft	82.62	105.92
	NOTE: May not be claimed with HSCs 48.12, 48.13, 48.14, 48.15A, 48.15B, 48.15C and 48.15D.		
50.58B	Excision of congenital or traumatic peripheral AV fistula	370.34	173.99
50.59 Other excision of vessels, unspecified site			
50.59A	Excision of congenital or traumatic peripheral AV fistula	413.94	173.99
50.6 Plication or other interruption of vena cava			
50.6 A	Ligation or plication of vena cava	275.40	136.36
50.6 B	Percutaneous insertion of intravascular filter	372.43	137.57
	NOTE: Includes contrast studies.		
50.7 Other surgical occlusion of vessels			
50.71 Other surgical occlusion of intracranial vessels			
50.71A	Repair of carotid-cavernous sinus fistula	1,500.10	489.26
50.71B	Exploration of cavernous sinus	2,556.86	904.55
	Includes that with removal or surgical correction of lesion(s)		
50.71C	Balloon embolization of caroticocavernous fistula	698.96	
	Includes intraoperative angiograms		
50.72 Other surgical occlusion of head and neck vessels			
50.72A	External carotid artery ligation	193.88	100.00
50.72B	Ligation of carotid artery	452.75	150.97
	That for intracranial aneurysm		

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS (cont'd)

50.7 Other surgical occlusion of vessels (cont'd)

50.72 Other surgical occlusion of head and neck vessels (cont'd)

		BASE	ANE
50.72C	Internal jugular vein ligation	110.06	100.00

50.75 Other surgical occlusion of thoracic vessels

50.75A	Ligation or division of shunt in conjunction with a major procedure	628.10	222.38
50.75B	Pulmonary artery banding	628.10	272.51
50.75C	Ligation of patent ductus arteriosus	628.10	243.07
50.75D	Ligation of patent ductus in association with congenital heart surgery	114.07	100.00
50.75E	Percutaneous, transvascular closure of patent ductus arteriosus with umbrella	740.84	472.47

NOTE: Includes all associated catheterizations performed during the same sitting, includes pressure and oxygen saturation measurements, angiography and management of intra-procedural complications.

50.76 Other surgical occlusion of abdominal arteries

50.76A	Ligation, iliac artery ligation	298.77	117.05

50.77 Other surgical occlusion of abdominal veins

50.77A	Ligation, abdominal veins	278.31	145.20

50.78 Other surgical occlusion of lower limb vessels

50.78A	Superficial femoral vein ligation	174.96	100.00

50.79 Other surgical occlusion of vessels, site unspecified

50.79A	Vascular occlusion by catheter, to include intraoperative angiograms, any area	340.55	129.87

50.8 Selective angiography using contrast material

NOTE: 1. A separate angiographic procedure can be billed whenever repositioning or exchange of a catheter is required to obtain an additional angiographic study of a different region of the same vessel, or to obtain selective or superselective injection of a different artery or vein. It may also be claimed when there is multiple site venous sampling that requires repositioning or exchange of a catheter.

2. For each additional selective injection, refer to Price List. Maximums apply.

50.81 Angiography of cerebral vessels

50.81A	Selective arterial injection	172.18	

NOTE: Refer to Price List for calls variance.

50.81B	Direct arterial injection, carotid artery	87.67	100.00
50.81C	Direct arterial injection, vertebral artery	88.64	100.00
50.81D	Direct arterial injection, carotid artery, requiring cutdown	218.03	145.20
50.81E	Retrograde brachial injection	103.54	

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS (cont'd)

50.8 Selective angiography using contrast material (cont'd)

50.82 Aortography

		BASE	ANE
50.82A	Trans-arterial catheter injection	172.18	
50.82B	Direct trans-lumbar injection	104.28	100.00

50.83 Angiography of pulmonary vessels

50.83A	Main pulmonary artery or selective arterial injection	164.00	

50.84 Angiography of other intrathoracic vessels

50.84A	Superior vena cavography via SVC catheter	151.87	
50.84B	Selective arterial injection	159.94	
50.84C	Selective venous injection	140.82	

50.87 Angiography of other intra-abdominal vessels

50.87A	Selective arterial injection	172.18	
50.87B	Inferior vena cavography via IVC catheter	172.18	
50.87C	Selective venous injection	172.18	

50.88 Angiography of femoral vessels

50.88A	Selective arterial injection	172.18	

50.89 Angiography of other vessels NEC

50.89A	Peripheral artery, direct arterial injection NOTE: Refer to Price List for calls variance.	71.75	100.00
50.89B	Peripheral venography direct injection, any area	22.83	
50.89C	Peripheral venography cutdown and direct injection NOTE: Refer to Price List for calls variance.	37.55	
50.89D	Selective arterial injection of unspecified site	149.28	
50.89E	Selective venous injection of unspecified site	172.18	

50.9 Other invasive procedures on vessels

50.91 Arterial catheterization

50.91A	Introduction of arterial catheter for pressure monitoring and/or blood gas monitoring percutaneous or by cutdown	41.46	
50.91B	Peripheral artery, cutdown	141.64	
50.91C	Placement of indwelling vascular catheter in the hepatic artery for infusion therapy, includes correction of anomalous circulation when indicated	616.48	202.45

50.93 Other venous catheterization

50.93A	Percutaneous insertion of catheter into blood vessel NOTE: For hemodialysis or hemoperfusion.	133.95	115.78

50.94 Central venous pressure monitoring

50.94A	Introduction of venous catheter for central venous pressure monitoring or for intravenous hyperalimentation, percutaneously or by cut-down	43.55 V	115.78

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS (cont'd)

50.9 Other invasive procedures on vessels (cont'd)

50.94 Central venous pressure monitoring (cont'd)

		BASE	ANE
50.94B	Insertion of a tunnelled central line in an infant	306.00	100.00
	NOTE: May only be claimed for infants of up to 5 kg or a post conceptual age of less than 60 weeks		

50.95 Other circulatory monitoring

50.95A	Insertion of flow directed (Swan Ganz) catheter, and all monitoring thereof	110.06	127.94
50.95B	Cardiac output studies	110.06	
	NOTE: 1. Claimable by whatever method. 2. One per day per patient. 3. May be claimed in addition to cardiac catheterization.		
50.96	Venous cutdown	36.58	

50.97 Biopsy of blood vessel

50.97A	Biopsy of temporal artery	68.05 V	100.00

50.98 Other puncture of artery

50.98A	For blood/gas analysis	13.21	
50.98B	Arterial access procedure	31.81	
	NOTE: 1. May only be claimed: -for hospital inpatients under the age of 3 years. -where the procedure requires physician involvement due to a previously failed attempt or when suitable qualified personnel are unavailable. 2. May be claimed in addition to a hospital visit or consultation. 3. An unscheduled service modifier may not be claimed if a hospital visit or consultation is claimed. 4. May not be claimed in addition to 16.81A or 50.99C.		

50.99 Other puncture of vein

50.99A	Obtaining laboratory specimen (blood)	7.21	
	NOTE: 1. May only be claimed for services provided to out of province Canadian residents. 2. May be claimed by the facility responsible for the collection and referral of the specimen, if no examination is carried out on the specimen by the referring facility. 3. May not be claimed by non-laboratory facilities in urban and metropolitan areas.		
50.99B	Insertion of long dwelling intravascular catheter requiring subcutaneous tunnel	191.82	115.78
50.99C	Venous access procedure	51.71	

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

50 INCISION, EXCISION, AND OCCLUSION OF VESSELS (cont'd)

50.9 Other invasive procedures on vessels (cont'd)

50.99 Other puncture of vein (cont'd)

		BASE	ANE
	NOTE: 1. May only be claimed: -for hospital inpatients under the age of 3 years. -where the procedure requires physician involvement due to a previously failed attempt or when suitable qualified personnel are unavailable. 2. May be claimed in addition to a hospital visit or consultation. 3. An unscheduled service modifier may not be claimed if a hospital visit or consultation is claimed. 4. May not be claimed in addition to 16.81A or 50.98B.		
50.99D	Phlebotomy	32.32	
	NOTE: 1. May only be claimed for hospital inpatients under the age of 2 years. 2. May be claimed in addition to a hospital visit or consultation.		
50.99E	Peripheral embolectomy or endarterectomy, additional benefit	165.34	100.00
	NOTE: May only be claimed in association with other vascular surgery through the same arteriotomy.		

51 OTHER OPERATIONS ON VESSELS

51.0	Systemic to pulmonary artery shunt		
51.0 A	Anastomosis, pulmonary, aortic, subclavian or superior vena cava	684.30	459.31
51.1	Intra-abdominal venous anastomosis		
51.1 A	Porto-systemic shunt	953.06	326.23
51.2	Other shunt or vascular bypass		
51.21	Caval-pulmonary artery anastomosis		
51.21A	Repair or correction of tricuspid atresia	2,035.83	859.12
51.21B	Anastomosis of pulmonary artery to systemic venous atrium (with or without conduit)	2,398.97	1,023.01
51.22	Aorta-subclavian-carotid bypass	670.14	238.61
51.24	Aorta-renal bypass		
51.24A	Renal artery reconstruction	548.65	243.07
51.25	Aorta iliac-femoral bypass		
51.25A	Aorta femoral	663.46	501.52
51.25B	Aorta-bifemoral	1,454.52	528.40
51.26	Other intra-abdominal shunt or bypass		
51.26A	Visceral artery reconstruction, any method	585.68	243.07

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

51 OTHER OPERATIONS ON VESSELS (cont'd)

51.2 Other shunt or vascular bypass (cont'd)

		BASE	ANE
51.27	Arteriovenostomy for renal dialysis		
51.27A	Creation of AV fistula	332.89	147.13
51.28	Extracranial-intracranial (ED-IC) vascular bypass		
51.28A	Intracranial arterial bypass NOTE: Includes vein graft harvesting.	2,258.25	935.25
51.29	Other (peripheral) shunt or bypass		
51.29A	Femoral-popliteal	622.40	274.82
51.29B	Femoral-popliteal, artery bypass vein in-situ	609.23	326.23
51.29C	Femoral-tibial	1,122.00	336.23
51.29D	Axillo-femoral	493.57	212.37
51.29E	Femoro-femoral	476.74	212.37
51.29F	Prosthetic graft for vascular access	444.23	141.37
51.29G	Superficial femoral to greater saphenous shunt	356.77	193.19
51.3	Suture of vessel		
51.3 A	Repair of traumatic injury to major vessels, trunk	591.79	208.54
51.3 B	Repair to peripheral vessels, traumatic injury	539.53	199.56
51.3 C	Repair of thoracic aortic injury	1,256.24	461.16
51.4	Revision of vascular procedure		
51.43	Removal of arteriovenous shunt for renal dialysis	79.80 V	100.00
51.49	Other revision of vascular procedure		
51.49A	Declotting of externalized AV shunt	132.49	100.00
51.49B	Excision of arteriovenous graft	216.65	115.78
51.49C	Repair of aorto-enteric fistula, or removal of infected aortic graft, with extra anatomic bypass	BY ASSESS	
51.5	Other repair of vessels		
51.51	Clipping of intracranial aneurysm		
51.51A	Surgical treatment of intracranial aneurysm includes craniotomy	2,258.25	644.84
51.52	Other repair of aneurysm		
51.52A	Ultrasound assisted percutaneous thrombosis of an arterial aneurysm	160.90	
51.53	Repair of arteriovenous fistula		
51.53A	Ligation and division, AV fistula	83.50 V	100.00
51.53B	Ultrasound assisted percutaneous thrombosis of an arterial fistula	131.59	
51.59	Other repair of blood vessel NEC		
51.59A	Open transluminal angioplasty	333.82	174.65

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

51 OTHER OPERATIONS ON VESSELS (cont'd)

51.5 Other repair of vessels (cont'd)

51.59 Other repair of blood vessel NEC (cont'd)

		BASE	ANE
	NOTE: 1. Benefit includes intra-operative angiography. 2. Benefit will be reduced when performed in association with another vascular procedure; refer to Price List.		
51.59B	Percutaneous transluminal angioplasty, excluding coronary vessels	452.81	127.94
51.59D	Percutaneous transluminal coronary angioplasty with associated diagnostic angiogram	1,165.01	294.36
	NOTE: 1. May be claimed when the diagnostic angiogram is intended to determine appropriate treatment of the patient's coronary anatomy and is immediately followed by a coronary angioplasty by the same cardiologist. 2. Benefit includes other angiograms performed on the same date of service. 3. For each additional coronary vessel, refer to Price List. 4. Role modifier ASIC may be claimed for assistance at coronary angioplasty by a second interventional cardiologist.		
51.59E	Percutaneous transluminal coronary angioplasty without associated angiogram	904.78	294.36
	NOTE: 1. Patient will have had a previous angiogram to determine appropriate treatment. 2. May be claimed where the diagnosis has been determined and the patient's need for angioplasty has been established before the date of the procedure. 3. Coronary angiography may not be claimed on the same date of service by the same or different physician. 4. For each additional coronary vessel, refer to Price List. 5. Role modifier ASIC may be claimed for assistance at coronary angioplasty by a second interventional cardiologist.		
51.59F	Percutaneous transluminal coronary angioplasty without associated angiogram	872.97	294.36
	NOTE: 1. May be claimed when another physician has performed the angiogram on the same date of service which established the need for the angioplasty and has claimed 48.98B for the coronary angiogram. 2. Coronary angiography (48.98B) may not be claimed by the same physician on the same date of service. 3. For each additional coronary vessel, refer to Price List. 4. Role modifier ASIC may be claimed for assistance at coronary angiography by a second interventional cardiologist when medically required.		

51.6 Extracorporeal circulation and procedures auxiliary to open heart surgery

51.61 Extracorporeal circulation auxiliary to open heart surgery

51.61A	For open heart surgery	533.63	182.02

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

51 OTHER OPERATIONS ON VESSELS (cont'd)

51.6 Extracorporeal circulation and procedures auxiliary to open heart surgery (cont'd)

51.61 Extracorporeal circulation auxiliary to open heart surgery (cont'd)

		BASE	ANE
51.61B	For other procedures not connected with open heart surgery	411.06	198.96
51.61C	Percutaneous cardiopulmonary bypass	433.06	100.00
	NOTE: 1. May be claimed in addition to concomitant procedure fees. 2. Benefit includes care, removal and haemostasis.		
51.61D	Hypothermic circulatory arrest for open heart surgery	411.87	102.00

51.65 Extracorporeal membrane oxygenation (ECMO)

51.65A	Priming of oxygenator	145.84	
51.65B	Sedation for cannulation/decannulation	156.99	
51.65C	Arterial and venous cannulation	670.08	
51.65D	Arterial and venous decannulation	447.46	
	NOTE: Includes repair of vessels.		

VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM (cont'd)

51 OTHER OPERATIONS ON VESSELS (cont'd)

51.9 Other operations on vessels

51.92 Injection of sclerosing agent or solution into vein

		BASE	ANE
51.92A	Varicose vein, visit with single injection	26.69 V	

NOTE:
1. Sclerotherapy for asymptomatic varicose veins is not an insured service.
2. Subsequent visits within the same benefit year are payable at a reduced rate.
3. At any one visit, a maximum of three 51.92B may be claimed in addition to a 51.92A.
4. A maximum of six 51.92A and eighteen 51.92B may be claimed per benefit year.

51.92B	Varicose vein, additional injection	4.09	

NOTE: Refer to notes following 51.92A.

51.93 Insertion of vessel-to-vessel cannula

51.93A	Arteriovenous cannulation	244.11	

51.98 Control of hemorrhage, not otherwise specified

51.98A	Reoperation for bleeding following cardiac surgery	475.98	196.51

NOTE: Patient must have left both operating room suite and post anaesthetic (recovery) room.

51.99 Other operations on vessels NEC

51.99A	Percutaneous removal or attempted removal of intravascular foreign bodies	344.85	143.93
51.99B	Percutaneous removal or lysis of embolus or thrombus in any vessel	372.43	140.72

NOTE: Includes angiography performed during the procedure.

IX. OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEMS

52 OPERATIONS ON LYMPHATIC SYSTEM

		BASE	ANE
52.0	**Incision of lymphatic structure**		
52.0 A	Drainage, deep cervical abscess	69.11 V	100.00
52.1	**Simple excision of lymphatic structure**		
52.1 A	Biopsy, superficial lymph node	43.68 V	100.00
52.1 B	Cystic hygroma, per 60 minutes or portion thereof	244.92	115.78
52.11	**Excision of deep cervical lymph node (with excision of scalene fat pad)**		
52.11A	Excision deep cervical lymph node	152.50	100.00
52.11B	Scalene fat pad excision	148.62	100.00
52.12	Excision of internal mammary lymph node	138.64	100.00
52.13	Excision of axillary lymph node	152.50	100.00
52.14	Excision of inguinal lymph node That for tissue cross matching purposes	153.09	100.00
52.2	**Regional lymph node excision**		
52.2	Regional lymph node excision That for TB etc	242.32	100.00
52.3	**Radical excision of cervical lymph nodes**		
52.31	**Radical neck dissection, unqualified**		
52.31A	Limited neck dissection (suprahyoid)	351.59	145.20
52.31B	Modified neck dissection with preservation of either one or two of the non-lymphatic structures, (e.g., sternocleidomastoid muscle, jugular vein or spinal accessory nerve), unilateral including removal of all neck lymph nodes NOTE: May not be claimed with 17.08G, 50.72C, 95.14E.	1,057.28	385.22
52.31C	Functional or selective neck dissection with preservation of all non-lymphatic structures, (e.g., sternocleidomastoid muscle, jugular vein, spinal accessory nerve), unilateral, including removal of three or more nodal levels in the neck NOTE: May not be claimed with 17.08G, 50.72C, 95.14E.	1,362.52	496.43
52.31D	Extended neck dissection Removal of all neck lymph nodes and some non-lymphatic structures other than spinal accessory nerve, sternocleidomastoid muscle, or jugular vein. These structures may include the scalene muscle, deep neck muscles, hypoglossal nerve, carotid artery extensive resection of skin, etc, all related to or required because of tumor invasion of those structures NOTE: May not be claimed with 17.08G, 50.72A, 50.72C, 95.14C, 95.14E.	1,667.53	345.00
52.32	Radical or block neck dissection Complete, unilateral including removal of all neck lymph nodes and non-lymphatic structures, (e.g., sternocleidomastoid muscle, jugular vein	795.76	289.15

IX. OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEMS (cont'd)

52 OPERATIONS ON LYMPHATIC SYSTEM (cont'd)

		BASE	ANE
52.3	Radical excision of cervical lymph nodes (cont'd)		
52.31	Radical neck dissection, unqualified (cont'd)		
	and spinal accessory nerve) NOTE: May not be claimed with 17.08G, 50.72C, 95.14E.		
52.4	Radical excision of other lymph nodes		
52.42	Radical excision of axillary lymph nodes	453.66	159.92
52.43	Radical excision of peri-aortic lymph nodes		
52.43A	Radical Retroperitoneal lymph node dissection, thoracoabdominal or transperitoneal	988.90	484.57
52.43B	Radical retroperitoneal lymph node dissection, thoracoabdominal or transperitoneal, for testes cancer	1,233.30	529.65
52.45	Radical groin dissection		
52.45A	Radical inguinal lymph node dissection	426.39	145.84
52.49	Radical excision of other lymph nodes		
52.49A	Radical mediastinal node dissection	BY ASSESS	
52.49B	Popliteal resection	393.29	152.59
52.49C	Pelvic lymphadenectomy for gynaecological malignancy	326.90	168.25
52.49D	Pelvic lymphadenectomy That for carcinoma of the prostate or bladder	454.83	153.34
52.49E	Radical excision of other lymph nodes	BY ASSESS	
52.8	Invasive diagnostic procedures on lymphatic structures		
52.85	Other lymphangiogram		
52.85A	Injection, any area	127.73	
52.89	Other invasive diagnostic procedures on lymphatic structures		
52.89A	Staging laparotomy NOTE: Includes splenectomy.	884.63	326.23
52.89C	Sentinel node biopsy for skin and other cancers NOTE: Benefit will be reduced when performed with another procedure; refer to Price List.	350.00	111.04

53 OPERATIONS ON BONE MARROW AND SPLEEN

53.3	Splenectomy		
53.34	Total splenectomy NOTE: No benefit for incidental splenectomies.	745.80	272.51
53.4	Other operations on bone marrow		
53.42	Injection into bone marrow		
53.42A	Intraosseous cannulation	37.03	

IX. OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEMS (cont'd)

53 OPERATIONS ON BONE MARROW AND SPLEEN (cont'd)

		BASE	ANE
53.5	Other operations on spleen		
53.53	Repair and plastic operations on spleen		
53.53A	Rupture with repair	843.19	275.07
53.8	Invasive diagnostic procedures on bone marrow and spleen		
53.81	Biopsy of bone marrow		
53.81A	Aspiration biopsy of bone marrow	51.94	
53.81B	Needle biopsy of bone marrow	51.68 V	100.00
53.83	Aspiration biopsy of spleen		
53.83A	Needle biopsy of spleen	98.87 V	100.00

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION

54 OPERATIONS ON ESOPHAGUS

		BASE	ANE
54.0	**Esophagotomy**		
54.09	**Other incision of esophagus**		
54.09A	Esophagotomy for removal of foreign body, cervical	538.21	181.67
54.09B	Esophagotomy for removal of foreign body, transthoracic	600.88	210.87
54.1	**Esophagostomy**		
54.12	Cervical esophagostomy	431.88	199.56
54.2	**Local excision or destruction of lesion or tissue of esophagus**		
54.21	**Endoscopic excision or destruction of lesion or tissue of esophagus**		
54.21A	Biopsy of esophagus via rigid esophagoscopy	99.94	105.92
54.21B	Removal of tumor via rigid esophagoscopy	188.83	105.92
54.21C	With palliative bipolar electrocoagulation for obstructive esophageal cancer NOTE: May only be claimed in addition to 01.14.	131.97	
54.21D	With electrocautery or injection haemostasis for esophageal hemorrhage NOTE: 1. May only be claimed in addition to 01.14. 2. Single benefit applies regardless of the number of sites or applications.	80.29	
54.21E	With esophageal polypectomy(s) NOTE: May only be claimed in addition to 01.14.	40.52	
54.22	**Local excision of esophageal diverticulum**		
54.22A	Esophagotomy for removal of diverticulum, cervical	504.25	181.67
54.22B	Esophagotomy for removal of diverticulum, transthoracic	600.88	224.53
54.29	**Other local excision of other lesion or tissue of esophagus**		
54.29A	Esophagotomy for removal of tumor, cervical	481.95	170.61
54.29B	Esophagotomy for removal of tumor, transthoracic	647.22	224.53
54.3	**Excision of esophagus**		
54.32	**Partial esophagectomy**		
54.32A	Resection with primary anastomosis	861.95	377.69
54.33	**Total esophagectomy**		
54.33A	Total esophagectomy	994.16	440.63
54.33B	Total esophagectomy with immediate interposition of hollow viscus	1,874.61	819.84
54.6	**Esophagomyotomy**		
54.6	Esophagomyotomy NOTE: May not be claimed with 54.76A, 65.7B, 65.7C, 65.8B or 65.8C.	738.58	299.38
54.7	**Other repair of esophagus**		
54.76	**Esophagogastroplasty**		
54.76A	Esophagogastric reconstruction (e.g. Collis)	1,239.52	408.12

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

54 OPERATIONS ON ESOPHAGUS (cont'd)

54.7 Other repair of esophagus (cont'd)

54.79 Other repair of esophagus NEC

		BASE	ANE
54.79A	Primary repair of esophageal atresia and tracheoesophageal fistula	2,188.94	852.08
54.79B	Reconstruction of esophagus by interposition of hollow viscus	1,287.69	437.55

54.8 Invasive diagnostic procedures on esophagus

54.89 Other invasive diagnostic procedures on esophagus

54.89A	Esophageal pH monitoring, 24 hours	122.56	
54.89B	Measurement of esophageal motility using triple lumen tube	91.45	
54.89C	Esophageal manometry with anti reflux medication	25.30	
54.89D	Esophageal motility study and pH monitoring of distal esophagus, technical	34.96	
54.89E	Esophageal motility study and pH monitoring of the distal esophagus, interpretation	27.03	
54.89F	Acid infusion test (Berstein test)	28.25	

54.9 Other operations on esophagus

54.91 Injection or ligation of esophageal varices

54.91A	Sclerotherapy, additional benefit. NOTE: May only be claimed in addition to HSC 01.14.	90.12	20.53
54.91B	Trans-esophageal ligation of varicosites (through abdomen or chest)	600.88	228.28
54.91C	Banding, additional benefit NOTE: May only be claimed in addition to HSC 01.14.	107.99	100.00

54.92 Dilation of esophagus

54.92A	Rupture of inferior gastroesophageal sphincter by pneumatic bag That for achalasia	135.17	
54.92B	Dilation by sound or bougie, without endoscopy	44.24	
54.92C	Dilation by sound or bougie, via rigid esophagoscopy, initial	135.66	100.00
54.92D	Dilation by sound or bougie, via rigid esophagoscopy, repeat NOTE: Repeat service should be claimed if provided within 14 days of initial.	90.00 V	100.00
54.92E	Dilation by sound or bougie, or esophageal balloon, additional benefit NOTE: May only be claimed in addition to HSC 01.14.	98.56	

54.99 Other operations on esophagus NEC

54.99A	Esophageal stent placement, additional benefit NOTE: May only be claimed in addition to HSC 01.14.	152.65	115.78

55 INCISION AND EXCISION OF STOMACH

55.0 Gastrotomy

55.0 A	Gastrotomy for foreign body	551.02	186.15

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

55 INCISION AND EXCISION OF STOMACH (cont'd)

		BASE	ANE
55.1	Temporary gastrostomy		
55.1 A	Temporary gastrostomy	469.10	150.41
	NOTE: 1. Fee will be paid at 100% when only procedure performed. 2. With other abdominal or gastrointestinal procedures refer to Price List, fee will be paid as ADD or ADD2.		
55.1 B	Percutaneous endoscopic gastrostomy	113.72	100.00
	NOTE: May only be claimed in addition to 01.14.		
55.2	Permanent gastrostomy		
55.2	Permanent gastrostomy	485.79	164.41
	NOTE: 1. Fee will be paid at 100% when only procedure performed. 2. With other abdominal or gastrointestinal procedures refer to Price List, fee will be paid as ADD or ADD2.		
55.3	Pyloromyotomy		
55.3	Pyloromyotomy Ramstedt	492.71	210.34
55.4	Local excision or destruction of lesion or tissue of stomach		
55.41	Endoscopic excision or destruction of lesion or tissue of stomach		
55.41A	Endoscopic excision or destruction of lesion or tissue of stomach (tumor)	91.45	
	NOTE: May only be claimed in addition to 01.14.		
55.41B	Endoscopic gastric polypectomy(s)	28.44	
	NOTE: May only be claimed in addition to 01.14.		
55.43	Other local excision of lesion or tissue of stomach		
55.43A	Gastrotomy for tumor, foreign body	551.02	186.15
55.8	Other partial gastrectomy		
55.8 A	Sub-total	839.27	299.38
55.8 B	Radical sub-total	952.69	442.14
55.8 C	Radical sub-total with splenectomy	1,068.26	351.83
55.8 D	Radical sub-total with splenectomy and partial pancreatectomy	1,224.88	401.74
55.9	Total gastrectomy		
55.9 A	Total gastrectomy	1,180.10	387.66
55.9 B	With elective splenectomy	1,318.74	432.44
55.9 C	With elective splenectomy and partial pancreatectomy	1,451.71	464.41
55.99	Other total gastrectomy		
55.99A	Thoraco abdominal esophagogastrectomy	1,587.81	778.37

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

56 OTHER OPERATIONS ON STOMACH

		BASE	ANE
56.0	Vagotomy		
56.02	Truncal vagotomy		
56.02A	Truncal vagotomy, transthoracic or abdominal	452.06	182.58
56.03	Selective vagotomy		
56.03A	Selective vagotomy	795.00	259.52
56.03B	For denervation of parietal cells	795.00	252.82
56.1	Pyloroplasty		
56.1	Pyloroplasty	532.22	245.66
56.2	Gastroenterostomy (without gastrectomy)		
56.2	Gastroenterostomy (without gastrectomy)	694.32	307.06
56.3	Control of haemorrhage and suture of ulcer of stomach or duodenum		
56.32	Suture of gastric ulcer site	567.08	223.38
56.33	Suture of duodenal ulcer site	567.08	223.38
56.34	Endoscopic control of gastric or duodenal bleeding		
56.34A	With electrocautery or injection haemostasis That for gastric hemorrhage NOTE: 1. May only be claimed in addition to 01.14. 2. Irrespective of number of sites or applications.	147.84	
56.39	Other control of hemorrhage of stomach or duodenum That with gastrotomy	672.86	186.15
56.4	Revision of gastric anastomosis		
56.4 A	Gastrectomy revision with or without resection	1,250.00	410.68
56.5	Other repair of stomach		
56.51	Suture of stomach		
56.51A	Closure of perforated gastric ulcer	605.79	204.07
56.9	Other operations on stomach		
56.93	Gastric partitioning That for obesity	826.18	378.07
56.99	Other operations on stomach NEC		
56.99A	Balloon dilatation of upper gastrointestinal stricture (stomach, duodenum or jejunum) NOTE: 1. May only be claimed in addition to 01.14. 2. A repeat performed within 90 days is payable at 50%.	53.22	71.65

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

57 INCISION, EXCISION AND ANASTOMOSIS OF INTESTINE

57.0 Enterotomy

	BASE	ANE
57.0 A Removal of foreign body or tumor	634.90	212.37

57.04 Incision of large intestine

57.04A Colotomy with removal of foreign body or tumor	634.90	212.37

57.1 Local excision or destruction of lesion or tissue of small intestine

57.12 Other local excision or destruction of lesion or tissue of duodenum

57.12A Diverticulectomy of duodenum	556.84	176.02
57.12B Duodenal diverticulum with choledochostomy	744.83	259.52

57.13 Endoscopic excision or destruction of lesion or tissue of small intestine except duodenum

57.13A Bipolar electrocoagulation/heater probe haemostasis	88.96	

That for small vascular abnormalities of caecum

NOTE:
1. May only be claimed in addition to 01.22.
2. May not be claimed for control of bleeding, following polypectomies.
3. Maximum of one per sitting irrespective of the number of sites involved.

57.14 Local excision of lesion or tissue of small intestine, except duodenum

57.14A Meckel's diverticulum resection	551.02	215.57

57.2 Local excision or destruction of lesion or tissue of large intestine

57.21 Endoscopic excision or destruction of lesion or tissue of large intestine

57.21A Polypectomy of large intestine, additional benefit	66.91	100.00

NOTE:
1. May only be claimed with 01.22 and when the removal of a colonic muscosal lesion is performed using a polypectomy snare (with or without electro-cautery) or a hot biopsy forcep.
2. May not be claimed when a regular biopsy forcep is used to remove a diminutive polyp without electrocautery, even if multiple passes are required.
3. Each additional polyp may be claimed at the rate specified on the Price List; a maximum benefit of six calls applies.

57.21B Injection haemostasis	88.96	

That for vascular abnormalities of colon

NOTE:
1. May not be claimed for control of bleeding, following polypectomies.
2. Maximum of one per sitting irrespective of the number of sites involved.
3. May only be claimed in addition to 01.22.

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

57 INCISION, EXCISION AND ANASTOMOSIS OF INTESTINE (cont'd)

		BASE	ANE
57.4	Other excision of small intestine		
57.42	Other partial resection of small intestine		
57.42A	Small bowel resection	694.32	232.23
57.42B	Massive resection, over 60%	907.32	299.38
57.5	Partial excision of large intestine		
57.53	Right hemicolectomy	816.59	332.64
57.55	Left hemicolectomy	832.95	332.64
57.59	Other partial excision of large intestine		
57.59A	Segmental colectomy	816.59	332.64
57.6	Total colectomy		
57.6 A	Total colectomy with or without ileostomy	1,237.20	543.73
57.6 B	Total proctocolectomy with ileostomy	1,453.86	475.94
57.6 C	Total proctocolectomy with continent ileostomy	1,566.87	571.89
57.6 D	Total proctocolectomy with diverting ileostomy, ileo-anal pouch and ileo-anal anastomosis	1,670.53	547.57
57.6 E	Creation of ileo-anal pouch and ileo-anal anastomosis following previous total colectomy	1,606.95	475.94
57.7	Small to small intestinal anastomosis		
57.7	Small to small intestinal anastomosis	694.32	212.47
57.8	Other anastomosis of intestine		
57.82	Anastomosis of small intestine to rectal stump		
57.82A	Reanastomosis of colon following Hartman procedure	839.34	332.64
57.9	Invasive diagnostic procedures on intestine		
57.92	Other biopsy of small intestine		
57.92A	Crosby capsule, jejunal biopsy	82.67 V	106.26
	NOTE: For under 13 years of age, refer to Price List.		

58 OTHER OPERATIONS ON INTESTINE

58.1	Colostomy		
58.12	Temporary colostomy		
58.12A	Caecostomy	362.93	119.94
	NOTE: When only procedure performed.		
58.12B	Loop colostomy	417.06	142.66
58.12C	End colostomy	556.84	187.43
58.13	Permanent colostomy		
58.13A	End colostomy	556.84	187.43

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

58 OTHER OPERATIONS ON INTESTINE (cont'd)

58.1 Colostomy (cont'd)

58.13 Permanent colostomy (cont'd)

		BASE	ANE
58.13B	Loop colostomy	417.06	142.66
58.13C	Mitrofanoff antegrade continence enema	612.00	222.98

58.2 Ileostomy

58.23 Permanent ileostomy

58.23A	Conversion of ileostomy to continent (Koch) ileostomy	844.00	292.99

58.3 Other enterostomy

58.39 Other enterostomy NEC

58.39A	Enterostomy primary procedure	551.02	186.15

NOTE: 1. Fee will be paid at 100% when only procedure performed.
2. With other abdominal or gastrointestinal procedures refer to Price List, fee will be paid as ADD or ADD2.
3. To a maximum of two per operation.

58.39B	Percutaneous endoscopic jejunostomy	95.80	

NOTE: May only be claimed in addition to 01.14.

58.4 Revision of intestinal stoma

58.42 Revision of stoma of small intestine

58.42A	Ileostomy revision	624.41	198.31

NOTE: Includes laparotomy and lysis of adhesions.

58.44 Other revision of stoma of large intestine

58.44A	Colostomy revision	624.41	209.18

NOTE: Includes laparotomy and lysis of adhesions.

58.5 Closure of intestinal stoma

58.52 Closure of stoma of small intestine

58.52A	Ileostomy closure	624.41	198.31

NOTE: Includes laparotomy and lysis of adhesions.

58.53 Closure of stoma of large intestine

58.53A	Colostomy closure	624.41	209.18

NOTE: Includes laparotomy and lysis of adhesions.

58.7 Other repair of intestine

58.71 Suture of duodenum

58.71A	Suture of duodenum	634.90	280.19

NOTE: May not be claimed for incidental bowel perforations.

58.71B	Closure of perforated duodenal ulcer	605.79	204.07
58.73	Other suture of small intestine, except duodenum	634.90	280.19

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

58 OTHER OPERATIONS ON INTESTINE (cont'd)

58.7 Other repair of intestine (cont'd)
58.71 Suture of duodenum (cont'd)

		BASE	ANE
	NOTE: May not be claimed for incidental bowel perforations.		
58.75	Suture of large intestine	634.90	280.19
	NOTE: May not be claimed for incidental bowel perforations.		

58.8 Intra-abdominal manipulation of intestine
58.81 Intra-abdominal manipulation of intestine, unqualified

58.81A	Any form of obstruction without resection	694.32	278.68
58.81B	Any form of obstruction with enterotomy decompression	831.78	331.61
58.81C	Any form of obstruction with resection	985.45	359.26

58.9 Other operations on intestines
58.99 Other operations on intestines NEC

58.99A	Repair of bowel perforation(s)	634.90	280.19
	NOTE: When only procedure performed.		
58.99B	Decompression of sigmoid volvulus (trans-rectal)	142.92	100.00
58.99C	Balloon dilatation of lower gastrointestinal (ileum or colonic) stricture in association with colonoscopy	79.86	71.65
	NOTE: 1. May only be claimed in addition to 01.22. 2. A repeat performed within 90 days is payable at 50%.		
58.99D	Balloon dilatation of lower gastrointestinal (ileum or colonic) stricture in association with sigmoidoscopy	58.58	71.65
	NOTE: 1. May only be claimed in addition to 01.24A or 01.24B. 2. A repeat performed within 90 days is payable at 50%.		
58.99E	Intraoperative colonic lavage	153.00	
	NOTE: May only be claimed in addition to 57.53, 57.55, 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, 58.99A, 60.39A, 60.4 A, 60.4 B, 60.52A, 60.54, 60.59A and 60.59B.		

59 OPERATIONS ON APPENDIX

59.0 Appendectomy

59.0	Appendectomy	313.95	115.78
	NOTE: May not be claimed for incidental appendectomies.		

59.1 Drainage of appendiceal abscess

59.1 A	Appendectomy with abscess	433.38	147.77

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

60 OPERATIONS ON RECTUM AND PERIRECTAL TISSUE
No additional benefits for sigmoidoscopy

		BASE	ANE
60.2	Local excision or destruction of lesion or tissue of rectum		
60.21	Fulguration of rectal lesion or tissue (with cautery)		
60.21A	Fulguration of rectal carcinoma	BY ASSESS	100.00
60.24	Local excision of rectal lesion or tissue		
60.24A	Rectal polyp	103.17 V	100.00
60.24B	Major, villous adenoma, per 30 minutes or portion thereof	148.17	115.78
	NOTE: Maximum applies, refer to Price List.		
60.3	Pull-through resection of rectum		
60.39	Other pull-through resection of rectum		
60.39A	Imperforated anus, abdominal perineal repair	1,003.03	331.37
60.4	Abdominoperineal resection of rectum		
60.4 A	Abdominal-perineal resection	1,131.53	339.03
	NOTE: This benefit is for the abdominal surgeon.		
60.4 B	Perineal portion of abdominal-perineal resection	385.61	
	NOTE: This benefit is for the second surgeon.		
60.5	Other resection of rectum		
60.52A	Anterior segmental resection, rectosigmoid	1,043.42	337.75
60.54	Duhamel resection	1,003.03	331.37
60.59	Other resection of rectum NEC		
60.59A	Perineal resection of rectum	816.59	253.97
60.59B	Trans-sphincteric resection of rectum	970.40	321.11
60.6	Repair of rectum		
60.65	Abdominal proctopexy	694.32	232.23
60.66	Other proctopexy		
60.66A	Rectal prolapse (massive) perineal approach	417.06	142.66
60.7	Incision or excision of perirectal tissue or lesion		
60.71	Incision of perirectal tissue		
60.71A	Pelvic abscess incision and drainage, per rectum	256.29	100.00
	NOTE: May only be claimed when performed under general anaesthesia.		
60.8	Invasive diagnostic procedures on rectum and perirectal tissue		
60.82	Other biopsy of rectum		
60.82C	Rectal biopsy for Hirschsprung's disease	106.59 V	100.00

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

60 OPERATIONS ON RECTUM AND PERIRECTAL TISSUE
No additional benefits for sigmoidoscopy (cont'd)

60.8 Invasive diagnostic procedures on rectum and perirectal tissue (cont'd)

60.89 Other invasive diagnostic procedures on rectum and perirectal tissue

		BASE	ANE
60.89A	Rectal motility studies	68.44	

61 OPERATIONS ON ANUS
NOTE: No additional payment for sigmoidoscopy

61.0 Incision or excision of perianal tissue

61.01 Incision of perianal abscess

61.01A	Ano-rectal abscess	89.71 V	100.00
61.01B	Ischiorectal abscess	179.99	100.00
61.03	Excision of perianal skin tags	43.89	
61.04	Other excision of perianal tissue That for excisional biopsy of perianal tissue NOTE: Maximum applies, refer to Price List.	42.28 V	100.00

61.1 Incision or excision of anal fistula

61.12 Anal fistulectomy

61.12A	Anal fistulectomy	144.17	100.00

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

61 OPERATIONS ON ANUS

NOTE: No additional payment for sigmoidoscopy (cont'd)

61.1 Incision or excision of anal fistula (cont'd)

61.12 Anal fistulectomy (cont'd)

		BASE	ANE
61.12B	Complicated For total sphincter involvement or multiple fistulae NOTE: 01.24A,01.24B,10.23,61.01A,61.01B,61.03,61.12A,61.2A,61.29A,61.32A and 61.37A may not be claimed with 61.12B.	334.46	115.78

61.2 Local excision or destruction of other lesion or tissue of anus

61.2 A	Anal fissurectomy	119.98	100.00

61.29 Other local excision or destruction of other lesion or tissue of anus

61.29A	Simple anal polyp	49.80 V	100.00

61.3 Procedures on haemorrhoids

61.32 Injection of haemorrhoids

61.32A	Submucosal injection Per treatment	33.02	100.00

61.36 Excision of haemorrhoids

61.36A	Haemorrhoidectomy Includes related ano-rectal procedures	281.67	100.00

61.37 Evacuation of thrombosed hemorrhoids

61.37A	Incision or excision	51.28 V	100.00

61.39 Other procedures on hemorrhoids

61.39A	Ligation by rubber constricting bands or coagulation or cryosurgery NOTE: A maximum of five repeat procedures may be claimed within 180 days of the initial procedure.	66.96 V	100.00

61.4 Division of anal sphincter

61.4 Sphincterotomy

NOTE: 61.4A and 61.4B may not be claimed with 61.12A or 61.12B but may be claimed with 61.2A

61.4 A	Anoplasty or lateral sphincterotomy	237.64	100.00
61.4 B	Partial division of sphincter or perianal muscles	50.10 V	100.00

61.6 Repair of anus

61.69 Other repair of anus and anal sphincter

61.69A	Rectal prolapse (massive) Thiersch procedure	199.86	100.00
61.69B	Imperforate anus, plastic repair	434.53	170.17

62 OPERATIONS ON LIVER

62.1 Local excision or destruction of lesion or tissue of liver

62.12 Partial hepatectomy

62.12A	Biopsy with laparotomy	527.73	177.18

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

62 OPERATIONS ON LIVER (cont'd)

		BASE	ANE
62.1	**Local excision or destruction of lesion or tissue of liver (cont'd)**		
62.12	**Partial hepatectomy (cont'd)**		
62.12B	Liver biopsy in conjunction with other open or laparoscopic abdominal procedure	93.48	50.00
	NOTE: Excludes needle biopsy.		
62.12C	Partial resection	868.55	442.14
	NOTE: May not be claimed for wedge biopsy.		
62.2	**Lobectomy of liver**		
62.2	Lobectomy of liver	1,814.64	664.78
62.3	**Total hepatectomy**		
62.3 A	Recipient	1,568.49	
62.3 B	Donor	1,961.88	551.59
	NOTE: The anaesthetic fee for recipient hepatectomy is included in the anaesthetic fee for hepatic transplantation.		
62.4	**Liver transplant**		
62.4	Liver transplant	5,350.65	2,732.12
62.5	**Repair of liver**		
62.51	Suture of liver That for (traumatic) laceration	766.54	255.22
62.8	**Invasive diagnostic procedures on liver**		
62.81	**Percutaneous biopsy of liver**		
62.81A	Needle biopsy of liver	98.87 V	100.00
62.82	**Other biopsy of liver**		
62.82A	Transjugular liver biopsy	194.50	107.77

63 OPERATIONS ON GALLBLADDER AND BILIARY TRACT

63.0	**Cholecystotomy and cholecystostomy**		
63.09	**Other cholecystotomy and cholecystostomy**		
63.09A	Cholecystostomy	412.04	157.36
63.1	**Cholecystectomy**		
63.12	**Total cholecystectomy**		
63.12A	Total cholecystectomy	506.43	241.81
63.12B	Cholecystectomy with closure of fistula to duodenum or colon	684.99	301.97
63.12C	Choledochostomy with cholecystectomy	1,162.43	406.86
63.12D	Transduodenal sphincteroplasty with cholecystectomy	1,286.11	428.59
63.12E	Choledocho-enterostomy with cholecystectomy	1,162.43	406.86
63.14	Laparoscopic cholecystectomy	540.54	241.81

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

63 OPERATIONS ON GALLBLADDER AND BILIARY TRACT (cont'd)

		BASE	ANE
63.2	Anastomosis of gallbladder or bile duct		
63.22	Anastomosis of gallbladder to intestine	684.99	232.23
63.24	Anastomosis of gallbladder to stomach	654.70	212.47
63.26	Anastomosis of common bile duct to intestine	852.74	286.57
63.27	Anastomosis of hepatic duct to gastrointestinal tract	1,514.43	504.07
63.4	Other incision of bile duct		
63.41	Incision of common duct	818.96	276.34
63.6	Repair of bile ducts		
63.69	Repair of other bile ducts		
63.69A	Secondary plastic repair	1,514.43	504.07
63.8	Other operations on biliary ducts and operations on sphincter of Oddi		
63.86	Endoscopic sphincterotomy and papillotomy		
63.86A	Transection of papilla of Vater by electocautery NOTE: May only be claimed in addition to 64.97A.	90.12	75.00
63.87	Endoscopic insertion of nasobiliary drainage tube NOTE: 1. May not be claimed in association with 63.88. 2. May only be claimed in addition to 64.97A.	43.80	
63.88	Endoscopic pancreatic stent placement or insertion of stent into bile duct NOTE: 1. May not be claimed in addition to 63.87. 2. May only be claimed in addition to 64.97A.	123.20	
63.89	Other operations on sphincter of Oddi		
63.89A	Transduodenal sphincteroplasty	890.03	299.38
63.9	Other operations on biliary tract		
63.90	Endoscopic removal of calculus (calculi) from biliary tract		
63.90A	Mechanical stone lithotripsy	123.20	
63.90B	Stone extraction NOTE: 1. May not be claimed in association with each other. 2. May be claimed in addition to 64.97A.	61.60	
63.95	Endoscopic retrograde cholangiography (ERC)		
63.95A	Interoperative choledochoscopy	72.07	

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

63 OPERATIONS ON GALLBLADDER AND BILIARY TRACT (cont'd)

63.9 Other operations on biliary tract (cont'd)

63.96 Intra-operative or intravenous cholangiogram or percutaneous hepatic cholangiogram

		BASE	ANE
63.96A	Intra-operative injection of contrast media for cholangiogram	50.68	
63.96B	Percutaneous trans-hepatic cholangiography	107.16	100.00

63.99 Other operations on biliary tract NEC

63.99A	Percutaneous removal or attempted removal of retained biliary tract stone(s)	200.89	100.00
63.99B	Percutaneous biliary tract drainage, including transhepatic cholangiography, first hour	225.74	

NOTE: 1. For each additional 15 minutes refer to Price List.
2. Maximums apply.

63.99C	Biliary lithotripsy for impacted distal common bile duct stone	391.57 V	

NOTE: 1. Only one benefit may be claimed regardless of the number of calculi.
2. Physician in continuous attendance.
3. Includes injection of dye contrast material.
4. Includes injection of sedation when required.
5. Repeat within 42 days - refer to Price List.

64 OPERATIONS ON PANCREAS

64.0 Pancreatotomy

64.09 Other pancreatotomy

64.09A	Pancreatic abscess, drainage	968.08	383.81

64.2 Marsupialization of pancreatic cyst

64.2	Marsupialization of pancreatic cyst Pseudocyst, marsupialization or drainage	895.86	296.80
64.3	Internal drainage of pancreatic cyst Pancreatico-cystoenterostomy	895.86	296.80

64.4 Partial pancreatectomy

64.43 Radical subtotal pancreatectomy

64.43A	Pancreatectomy 95% resection	1,653.08	649.40
64.49	Other partial pancreatectomy	902.84	359.26

64.5 Total pancreatectomy

64.5	Total pancreatectomy Complete pancreatoduodenectomy	1,814.64	655.60

64.7 Anastomosis of pancreas (duct)

64.7	Anastomosis of pancreas (duct) Pancreatico-enterostomy	1,043.80	342.88

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

64 OPERATIONS ON PANCREAS (cont'd)

64.9 Other operations on pancreas

64.95 Aspiration biopsy of pancreas

		BASE	ANE
64.95A	Needle biopsy of pancreas	98.87 V	100.00

64.97 Contrast pancreatogram

64.97A	Endoscopic retrograde cholangiopancreatography (ERCP) NOTE: May be claimed in addition to 63.86A, 63.87, 63.88, 63.90A, and 63.90B.	231.36	123.14

65 REPAIR OF HERNIA

NOTE: 1. For cases presenting with symptoms of bowel obstruction refer to 58.8.
2. Repair of hernia may not be claimed with any 58.8 item.

65.0 Repair of inguinofemoral hernia (unilateral)(without graft or prosthesis)

65.01 Repair of inguinal hernia, unqualified

65.01A	Repair of inguinal hernia	339.58	115.78
65.01B	Recurrent inguinal	439.20	149.69
65.01C	Incarcerated inguinal	411.22	140.10

65.04 Repair of femoral hernia

65.04A	Repair of femoral hernia	339.58	115.78
65.04B	Recurrent femoral	439.20	149.69
65.04C	Incarcerated femoral	411.22	140.10

65.4 Repair of umbilical hernia

65.4 A	Repair of omphalocele	453.66	170.17
65.4 B	Omphalocele, staged	615.09	206.00

65.49 Other repair of umbilical hernia

65.49A	Other repair of umbilical hernia Or other abdominal wall hernia NOTE: For child under 11 years of age, refer to Price List.	315.70 V	115.78

65.5 Repair of other hernia of anterior abdominal wall (without graft or prosthesis)

65.51 Repair of incisional hernia

	NOTE: 1. In conjunction with other abdominal procedures, refer to Price List. 2. May not be claimed in conjunction with bowel obstruction 58.81A, 58.81B, or 58.81C.	629.10	273.79

65.59 Repair of other hernia of anterior abdominal wall

65.59A	Epigastric hernia	315.70	134.97

65.7 Repair of diaphragmatic hernia, (abdominal approach)

65.7 Repair of diaphragmatic hernia

65.7 A	Abdominal approach, congenital or acquired	610.43	205.34

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

65 REPAIR OF HERNIA (cont'd)

65.7 Repair of diaphragmatic hernia, (abdominal approach) (cont'd)
65.7 Repair of diaphragmatic hernia (cont'd)

		BASE	ANE
65.7 B	Anti-reflux procedure	825.96	328.55
65.7 C	Anti-reflux procedure That for recurrent esophagitis, following a previous repair	1,239.52	478.49

65.8 Repair of diaphragmatic hernia, thoracic approach
65.8 Repair of diaphragmatic hernia

65.8 A	Thoracic approach, congenital or acquired	583.26	205.34
65.8 B	Anti-reflux procedure	825.96	273.79
65.8 C	Anti-reflux procedure That for recurrent esophagitis, following a previous repair	1,239.52	437.76

65.9 Repair of other hernia

65.9 A	Strangulated hernia with resection	879.54	290.42
65.9 B	Insertion of prosthetic mesh	181.46	75.00

NOTE: 1. 65.01B, 65.04B, 65.51 may be claimed in addition.
2. When done for a "recurrent" hernia for which a health service code is not specified, text must be submitted indicating that this is for a "recurrent" hernia.

66 OTHER OPERATIONS ON ABDOMINAL REGION

66.1 Laparotomy
66.19 Other laparotomy

66.19A	Other laparotomy	374.09	131.77
66.19B	Drainage of intraperitoneal abscess, including subphrenic and pelvic	464.82	250.25
66.19C	Transabdominal approach to the spine	277.49	308.33

NOTE: Benefit is for the general surgeon when a spinal procedure is performed by a second operator.

66.3 Excision or destruction of lesion or tissue of peritoneum

66.3 A	Omentectomy, for abdominal malignancy	236.23	50.00

NOTE: May be claimed in addition to the primary procedure performed.

66.3 B	Retroperitoneal tumor, excision	644.42	257.16
66.3 C	Retroperitoneal tumor, biopsy	527.73	177.18

66.5 Suture of abdominal wall and peritoneum
66.51 Reclosure of post-operative disruption of abdominal wall

66.51A	Complete	551.02	186.15
66.51B	Superficial	146.90	100.00
66.52	Delayed closure of granulating abdominal wound	136.66	100.00

66.6 Other repair of abdominal wall and peritoneum

66.61	Plication of (small) intestine Any method	756.03	263.54

X. OPERATIONS ON THE DIGESTIVE SYSTEM AND ABDOMINAL REGION (cont'd)

66 OTHER OPERATIONS ON ABDOMINAL REGION (cont'd)

66.6 Other repair of abdominal wall and peritoneum (cont'd)

		BASE	ANE
66.63	Repair of gastroschisis	618.89	170.17
66.8	Invasive diagnostic procedures of abdominal region		
66.83	Laparoscopy Diagnostic, with or without biopsy NOTE: May not be claimed in addition to other procedures if the laparoscopy is an integral part of the procedure with the exception of health service codes 62.12B, 81.09, 82.63, 83.2 B or 86.49A, which may be claimed at 100%.	188.24	115.78
66.89	Other invasive diagnostic procedure on abdominal region		
66.89A	Peritoneal lavage For diagnosis of intra-abdominal bleeding after blunt abdominal trauma	48.62	
66.89B	Instillation or injection of contrast media for loopogram	26.79	
66.89C	Insertion of catheters and injection of dye That for sinograms or fistulograms, single or multiple studies	41.44	
66.9	Other operations in abdominal region		
66.91	Percutaneous abdominal paracentesis		
66.91A	Paracentesis	45.47	
66.91B	Percutaneous catheter drainage of deep abscess That in body cavity, requiring CT or ultrasound localization	229.60	100.00
66.91C	Replacement of percutaneous catheter for drainage of deep abscess in body cavity	73.98	100.00
66.94	Creation of peritoneovascular shunt	419.37	196.40
66.98	Peritoneal dialysis		
66.98A	Insertion of indwelling intraperitoneal dialysis catheter NOTE: Not payable in addition to omentectomy.	196.13	115.78

XI. OPERATIONS ON THE URINARY TRACT

67 OPERATIONS ON KIDNEY

		BASE	ANE
67.0	**Nephrotomy and Nephrostomy**		
67.01	**Nephrotomy**		
67.01A	Renal exploration	320.26	127.94
	NOTE: Includes that with renal biopsy or renal cyst.		
67.01B	Renal exploration to include nephrostomy	400.58	195.09
67.01C	Renal exploration to include drainage of renal or peri-renal abscess	493.32	195.09
67.02	Nephrostomy	199.11	
	Percutaneous		
	NOTE: Refer to Price List for calls variance.		
67.1	**Pyelotomy and Pyelostomy**		
67.11	**Pyelotomy**		
67.11A	Extended pyelolithotomy with infundibulolithotomy	675.98	245.01
67.11B	Removal of renal calculus	785.40	191.27
	That by percutaneous, ureteroscopic or open surgery approach.		
	NOTE: 1. Includes cystoscopy and retrograde pyelogram and all related operative procedures for removal of stone performed during the same hospital admission.		
	2. Repeat percutaneous or ureteroscopic procedure, during the same hospitalization, fee will be modified - Refer to Price List.		
67.12	**Pyelostomy**		
67.12A	Cutaneous	321.30	159.92
67.3	**Partial nephrectomy**		
67.3 A	Secondary	918.00	255.22
67.4	**Total nephrectomy**		
67.4 A	Nephroureterectomy and excision of bladder cuff	1,233.30	369.74
67.4 B	Donor, cadaver unilateral/bilateral	624.87	
67.4 C	Donor, live	1,122.00	239.90
	NOTE: Includes perfusion and arrangements for shipping.		
67.4 D	Laparoscopic live donor nephrectomy	1,683.00	575.88
67.41	**Total nephrectomy (unilateral)**		
67.41A	Total nephrectomy	943.50	217.50
67.41B	Radical nephrectomy thoraco-abdominal or transperitoneal	1,122.00	313.18
	Includes complete peri and paranephric tissue		
67.41C	Laparoscopic radical nephrectomy	1,683.00	735.84
67.41D	Radical nephrectomy with removal of suprahepatic tumor thrombus	2,550.00	850.00
67.5	**Transplant of kidney**		
67.59	**Other kidney transplantation**		
67.59A	Renal transplantation (homo, hetero, auto)	1,294.97	506.62
	NOTE: Includes intra-operative renal biopsy.		
67.6	**Nephropexy**		
67.6	Nephropexy	288.97	120.15

XI. OPERATIONS ON THE URINARY TRACT (cont'd)

67 OPERATIONS ON KIDNEY (cont'd)

67.7 Other repair of kidney

		BASE	ANE
67.71	Suture of kidney That for (traumatic) laceration	703.11	239.69
67.72	Closure of nephrostomy and pyelostomy	596.70	204.26
67.75	Symphysiotomy of horseshoe kidney	616.65	164.02

67.79 Other repair of kidney NEC

67.79A	Pyeloplasty	624.87	228.37

67.8 Invasive diagnostic procedures on kidney

67.81	Percutaneous biopsy of kidney	94.51 V	100.00
67.83	Nephroscopy	148.12	100.00
67.86	Retrograde pyelogram NOTE: 1. Includes cystoscopy. 2. Only one call may be claimed whether unilateral or bilateral.	98.66 V	100.00

67.87 Percutaneous pyelogram

67.87A	Percutaneous injection of contrast media into renal pelvis under CT or ultrasound guidance for antegrade pyelography	111.62	100.00

67.89 Other invasive diagnostic procedures on kidney

67.89A	Instillation or injection of contrast media for nephrostogram NOTE: 1. May be claimed by the surgeon who performed the surgery only when the service is provided after the 14 day post-operative period. 2. Benefit for injection of opaque media without intubation being required is included in X77A and X77B.	26.79	

67.9 Other operations on kidney

67.93	Replacement of nephrostomy tube NOTE: May be claimed by the surgeon who performed the surgery only when the service is provided after the 14 day post-operative period.	28.69	100.00

67.96 Other injection into kidney of therapeutic substance acting locally

67.96A	Aspiration/injection of renal cyst	61.86 V	100.00

67.99 Other operations on kidney NEC

67.99A	Renal bivalve and multiple selected nephrotomies That for stag horn calculus NOTE: Includes renal hypothermia and selective segmental renal artery dissection and occlusion.	833.50	354.40

XI. OPERATIONS ON THE URINARY TRACT (cont'd)

68 OPERATIONS ON URETER

		BASE	ANE
68.0	Transurethral clearance of ureter and renal pelvis		
68.0 A	Endoscopic removal of ureteral calculus (basket extraction)	176.29	100.00
68.1	Ureteral meatotomy		
68.1	Ureteral meatotomy	80.86 V	100.00
68.2	Ureterotomy		
68.2 A	Removal of calculus from ureter That by percutaneous, ureteroscopic or open surgery approach NOTE: 1. Includes cystoscopy and retrograde pyelogram and all related operative procedures for removal of stone performed during the same hospital admission. 2. Repeat percutaneous or ureteroscopic procedure, during the same hospitalization - fee will be modified - Refer to Price List.	521.60	191.27
68.3	Ureterectomy		
68.3	Ureterectomy	369.99	127.94
68.32	Partial ureterectomy		
68.32A	Ureteroureterostomy, ipsilateral	559.14	205.34
68.32B	Excision or incision of ureterocoele	80.86 V	100.00
68.4	Cutaneous ureteroileostomy		
68.41	Formation of cutaneous ureteroileostomy		
68.41A	Ureteral transplant to ileal conduit	430.84	222.38
68.41B	Reimplantation of ureter to ileal conduit	524.72	286.57
68.41C	Uretero-ileo-cutaneous conduit to include entero-enterostomy and ileostomy	918.00	286.57
68.5	Other external urinary diversion		
68.51	Formation of other cutaneous ureterostomy	321.30	159.92
68.6	Urinary diversion to intestine		
68.62	Other urinary diversion to intestine		
68.62A	Uretero-sigmoid-cutaneous conduit	782.39	282.74
68.62C	Continent urinary diversion That with uretero-ileal anastomosis	1,122.00	387.34
68.7	Other anastomosis or bypass of ureter		
68.72	Ureteroneocystostomy		
68.72A	Ureteroneocystostomy	559.14	205.34
68.72B	Ureteroneocystostomy plus excision ureterocoele	613.39	286.57
68.72C	Ureteroneocystostomy with bladder flap	650.95	236.69
68.72D	Ureteroneocystostomy and simultaneous longitudinal ureterectomy and ureteroplasty	651.99	237.33
68.73	Transureteroureterostomy	625.91	214.47

XI. OPERATIONS ON THE URINARY TRACT (cont'd)

68 OPERATIONS ON URETER (cont'd)

		BASE	ANE
68.8	Repair of ureter		
68.83	Closure of ureterostomy		
68.83A	Closure of cutaneous ureterostomy	246.66	120.15
68.9	Other operations on ureter		
68.95	Ureteroscopy	243.06	127.94
	NOTE: 1. Includes cystoscopy. 2. Only one call may be claimed whether unilateral or bilateral.		
68.99	Other operations on ureter NEC		
68.99A	Insertion of double "J" stent	132.49	100.00
	NOTE: Includes cystoscopy.		
68.99B	Removal of double "J" stent	106.47	100.00
	NOTE: Includes cystoscopy.		

69 OPERATIONS ON URINARY BLADDER

69.0	Transurethral clearance of bladder		
69.0 A	Removal of vesical calculus	219.07	115.78
69.0 B	Foreign body removal	207.07	100.00
69.1	Cystotomy and cystostomy		
69.11	Percutaneous aspiration of bladder	22.54	
69.13	Other cystotomy		
69.13A	Removal of foreign body from bladder through open cystotomy	246.66	100.00
69.13B	Removal of vesical calculus, suprapubic approach	246.66	115.78
69.13C	Open (suprapubic)	219.13	100.00
69.13D	Trocar and tube	53.21 V	100.00
69.14	Cystostomy		
69.14A	Vesicostomy	402.68	157.98
69.2	Transurethral excision or destruction of lesion or tissue of bladder		
69.29	Other transurethral excision or destruction of lesion or tissue of bladder		
69.29A	Bladder lesion or small tumor	86.33 V	100.00
69.29B	Moderate sized tumor That for less than 30 minutes of resecting	246.66	100.00
69.29C	Large or multiple tumors That for more than 30 minutes	477.79	175.92
69.3	Other excision or destruction of lesion or tissue of bladder		
69.31	Excision of urachus	321.30	145.20
69.39	Open excision or destruction of other lesion or tissue of bladder		
69.39A	Suprapubic excision or fulguration of bladder tumors	262.87	136.36

XI. OPERATIONS ON THE URINARY TRACT (cont'd)

69 OPERATIONS ON URINARY BLADDER (cont'd)

69.3 Other excision or destruction of lesion or tissue of bladder (cont'd)

69.39 Open excision or destruction of other lesion or tissue of bladder (cont'd)

		BASE	ANE
69.39B	Diverticulectomy of bladder	369.99	127.94

69.4 Partial cystectomy

69.4 A	Partial cystectomy	311.91	127.94
69.4 B	With reimplantation of ureters	616.65	186.15

69.5 Total cystectomy

69.5 A	Total cystectomy	454.83	176.57
69.51	Radical cystectomy That with total prostatectomy, seminal vesiculectomy or hysterectomy	1,105.38	635.24

69.6 Reconstruction of urinary bladder

69.6 A	Entero-cystoplasty	633.22	285.29

69.7 Other repair of urinary bladder

69.71	Suture of bladder That for (traumatic) laceration	374.51	145.20

69.73 Repair of other fistula of bladder

69.73A	Vesicovaginal fistula repair	493.32	145.20
69.73B	Rectovesical fistula, resection	506.76	170.79
69.73C	Vesicovaginal fistula, transvesical repair	554.99	199.56

69.74 Cystourethroplasty and plastic repair of bladder neck

69.74A	Plastic repair of bladder neck	370.34	137.53
69.74B	Insertion artificial external sphincter - to include urethrosphincteroplasty	920.09	414.54
69.74C	Revision of artificial urinary bladder sphincter	493.32	127.94
69.74D	Ligation of bladder neck for incontinence	510.00	185.82

69.8 Invasive diagnostic procedures on bladder

69.83 Cystogram and cystourethrogram

69.83A	Voiding	33.81 V	100.00
69.83B	Retrograde urethrography	33.81 V	100.00

69.9 Other operations on bladder

69.91	Sphincterotomy of bladder	262.87	127.94
69.94	Insertion of indwelling urinary catheter NOTE: May not be claimed in association with another procedure.	27.97	

70 OPERATIONS ON URETHRA

70.0 External urethrotomy

70.0 A	Perineal urethrostomy (solo procedure)	185.00	115.78

70.1 Urethral meatotomy (external)

70.1	Urethral meatotomy (external)	61.67 V	100.00

XI. OPERATIONS ON THE URINARY TRACT (cont'd)

70 OPERATIONS ON URETHRA (cont'd)

		BASE	ANE
70.2	Excision or destruction of urethral lesion or tissue		
70.2 A	Excision or cautery of caruncle	81.14 V	100.00
70.2 B	Caruncle or prolapse of urethral mucosa, fulguration or excision	86.33 V	100.00
70.2 C	Urethral diverticulum, excision	280.62	115.78
70.2 D	Radical urethrectomy, male	262.87	115.78
70.2 E	Radical urethrectomy, female	161.18	100.00
70.2 F	Transurethral resection of prostatic valves	327.56	122.81
70.2 G	Transvesical resection of prostatic valves	327.56	115.34
70.2 H	Transurethral fulguration of urethral condyloma acuminata	80.59 V	100.00
70.3	Repair of urethra		
70.31	Suture of urethra		
70.31A	Urethral rupture, cystotomy and perineal repair	370.34	170.17
70.33	Closure of other fistula of urethra		
70.33A	Urethral fistula repair	207.07	115.78
70.33B	Repair of urethrovaginal fistula	290.00	115.78
70.39	Other repair of urethra		
70.39A	Suprapubic exploration for ruptured urethra, cystotomy and catheter	451.71	160.36
70.4	Freeing of stricture of urethra		
70.4 A	Repair, infrasphincteric, one stage	431.66	170.17
70.4 B	Repair, infrasphincteric, first stage	321.30	170.17
70.4 C	Repair, suprasphincteric, one stage to include skin graft	727.10	273.79
70.4 D	Repair, suprasphincteric, first stage	533.07	214.93
70.4 E	Repair, supra or infrasphincteric, second stage	219.07	115.78
70.4 F	Internal urethrotomy	65.19 V	100.00
70.4 G	Internal urethrotomy endoscopic	145.52	100.00
70.5	Dilation of urethra		
70.5 A	Male NOTE: Repeat service should be claimed if provided within 31 days of initial.	58.68 V	100.00
70.5 B	Female	22.03	100.00

71 OTHER OPERATIONS ON URINARY TRACT

71.0	Dissection of retroperitoneal tissue		
71.02	Ureterolysis with freeing or repositioning of ureter for retroperitoneal fibrosis	403.05	133.69
71.4	Suprapubic sling operation		
71.4 A	Fascia lata sling operation	392.61	197.03
71.7	Other repair of urinary (stress) incontinence		
71.7 A	Anterior urethropexy	376.47	126.36
71.7 B	Repeat repair of urinary (stress) incontinence After failed previous stress incontinence surgery	431.66	177.18

XI. OPERATIONS ON THE URINARY TRACT (cont'd)

71 OTHER OPERATIONS ON URINARY TRACT (cont'd)

		BASE	ANE
71.7	Other repair of urinary (stress) incontinence (cont'd)		
71.7 C	Correction of male incontinence . . . . . With or without simple prosthesis	524.72	202.14
71.8	Ureteral catheterization		
71.8	Ureteral catheterization	107.97	100.00
	NOTE: 1. Includes cystoscopy and renal function tests. 2. Only one call may be claimed whether unilateral or bilateral.		
71.9	Other operations on urinary system		
71.95	Replacement of cystostomy tube	22.50	100.00
71.96	Ultrasonic fragmentation of urinary stones		
71.96A	Extra-corporeal Shock Wave Lithotripsy (ESWL) . . . . . That for upper urinary tract calculi	346.33 V	
	NOTE: 1. Only one benefit may be claimed regardless of the number of calculi treated on one side. 2. Physician in continuous attendance. 3. Includes injection of dye contrast material. 4. Includes injection of sedation when required. 5. Repeat within 42 days, refer to Price List. 6. Cystoscopy and retrograde pyelography performed at the same encounter may be claimed. 7. Bilateral calculi may be claimed for the second side, refer to Price List.		

XII. OPERATIONS ON THE MALE GENITAL ORGANS

72 OPERATIONS ON PROSTATE AND SEMINAL VESICLES

		BASE	ANE
72.0	Incision of prostate		
72.0 A	Perineal drainage of prostatic abscess	163.78	100.00
72.1	Transurethral prostatectomy		
72.1 A	Transurethral	472.30	176.57
72.1 B	Repeat transurethral resection of prostate or bladder neck contracture	240.96	176.57
	NOTE: 1. May only be claimed before one year, by the same operator. 2. May not be claimed during the same hospital admission.		
72.2	Suprapubic prostatectomy		
72.2	Suprapubic prostatectomy	637.50	176.57
72.3	Retropubic prostatectomy		
72.3	Retropubic prostatectomy	637.50	176.57
72.4	Radical prostatectomy		
72.4	Radical prostatectomy	918.00	259.72
	With prostatovesiculectomy		
	NOTE: Benefits for 69.74A may not be claimed in addition.		
72.4 A	Laparoscopic radical prostatectomy	1,836.00	802.73
	NOTE: Benefits for 69.74A may not be claimed in addition.		
72.5	Other prostatectomy		
72.52	Perineal prostatectomy	527.43	176.57
72.52A	Cryosurgery of prostate	1,836.00	555.20
72.9	Invasive diagnostic procedures on prostate and seminal vesicles		
72.91	Needle biopsy of prostate	70.29 V	100.00
72.92	Other biopsy of prostate		
72.92A	Open perineal biopsy of prostate	221.01	100.00

73 OPERATIONS ON SCROTUM AND TUNICA VAGINALIS

73.0	Incision of scrotum and tunica vaginalis		
73.0 A	Incision and drainage, deep scrotal abscess	123.33	100.00
73.1	Excision of hydrocele (of tunica vaginalis)		
73.1 A	Radical cure	185.00	100.00
73.1 B	Repair of communicating hydrocele	362.93	141.37
73.2	Excision or destruction of lesion or tissue of scrotum		
73.2 A	Laser therapy	80.59	100.00
	NOTE: Excludes condylomata accuminata - refer to 98.12S, 98.12T, 98.12U.		

XII. OPERATIONS ON THE MALE GENITAL ORGANS (cont'd)

73 OPERATIONS ON SCROTUM AND TUNICA VAGINALIS (cont'd)

		BASE	ANE
73.2	Excision or destruction of lesion or tissue of scrotum (cont'd)		
73.2 B	Scrotectomy	246.66	115.78
73.9	Other operations on scrotum and tunica vaginalis		
73.91	Percutaneous aspiration of tunica vaginalis Hydrocele - aspiration	30.59	

74 OPERATIONS ON TESTES

74.2	Unilateral orchiectomy		
74.2 A	Unilateral orchiectomy	163.78	100.00
74.2 B	Radical Includes complete removal of cord to internal ring	327.56	122.81
74.4	Orchiopexy		
74.4 A	Orchiopexy	321.30	127.94
74.4 B	Inguinal exploration for cryptorchidism Includes that with orchidectomy	190.93	100.00
74.4 C	Retroperitoneal exploration for cryptorchid testicle Includes that with orchidectomy, via inguinal approach	354.67	132.42
74.4 D	Testicular fixation	123.33	100.00
74.8	Invasive diagnostic procedures on testes		
74.82	Other biopsy of testes		
74.82A	Testicular biopsy	98.05 V	100.00

75 OPERATIONS ON SPERMATIC CORD, EPIDIDYMIS, AND VAS DEFERENS

75.0	Excision of varicocele and hydrocele of spermatic cord		
75.0	Excision of varicocele and hydrocele of spermatic cord	185.00	100.00
75.1	Excision of cyst of epididymis		
75.1 A	Excision of sperm granuloma or spermatocele	200.81	100.00
75.3	Epididymectomy		
75.3	Epididymectomy	185.00	100.00
75.4	Repair of spermatic cord and epididymis		
75.42	Reduction of torsion of testes or spermatic cord	308.33	100.00
75.6	Vasectomy and ligation of vas deferens		
75.64	Vasectomy (complete) (partial)	165.51	100.00
75.8	Invasive diagnostic procedures on spermatic cord, epididymis, and vas deferens		
75.83	Contrast Vasogram		
75.83A	Injection of contrast for vasography	105.36	100.00

XII. OPERATIONS ON THE MALE GENITAL ORGANS (cont'd)

76 OPERATIONS ON PENIS

76.0 Circumcision

		BASE	ANE
76.0	Circumcision	123.33	100.00
	NOTE: Routine newborn circumcisions are not an insured service.		

76.1 Local excision or destruction of lesion of penis

76.1 A	Laser therapy	80.59	100.00
	NOTE: Excludes condylomata accuminata - refer to 98.12S, 98.12T, 98.12U.		

76.2 Amputation of penis

76.2 A	Partial	327.56	122.81
76.2 B	Radical	438.15	161.84
76.2 C	Radical, with unilateral gland dissection	586.28	200.65
76.2 D	Radical, with bilateral lymphadenectomy	800.13	289.57

76.3 Repair and plastic operations on penis

76.32 Release of chordee

76.32A	Correction of chordee without hypospadias	331.50	115.78
76.32B	Correction of chordee with grafting	612.00	222.98

76.33 Repair of epispadias or hypospadias

76.33A	Hypospadias, first stage	323.38	121.55
76.33B	Hypospadias, second stage	430.84	159.28
76.33C	Hypospadias, one stage repair combining urethroplasty and chordee correction	547.67	238.61

76.8 Invasive diagnostic procedures on penis

76.89 Other invasive diagnostic procedures on penis

76.89A	Injection of contrast media for corpus cavernosogram	36.04	

76.9 Other operations on male genital organs

76.91 Dorsal or lateral slit of prepuce

76.91A	Without circumcision	61.67 V	100.00
	NOTE: May not be claimed with 76.0.		

76.95 Insertion or replacement of internal prosthesis of penis

76.95A	Without scrotal pump or abdominal reservoir	489.25	221.98
76.95B	With abdominal and scrotal reservoir and inflatable prosthesis	741.70	368.45

76.97 Other operations on penis

76.97A	Corpus-cavernosis to greater saphenous shunt or corpus spongiosis shunt	350.51	238.61

XIII OPERATIONS ON THE FEMALE GENITAL ORGANS

77 OPERATIONS ON OVARY

77.9 Other operations on ovary
77.99 Other operations on ovary NEC

		BASE	ANE
77.99A	Ovarian carcinoma, debulking, additional benefit	134.46	50.00
	NOTE: May not be claimed with 66.3 A.		

78 OPERATIONS ON FALLOPIAN TUBES

78.5 Other salpingectomy
78.52 Salpingectomy

78.52C	Surgical treatment of ectopic pregnancy	344.12	155.45

78.7 Insufflation of fallopian tube

78.7 A	Patency determination of fallopian tube(s)	16.13 V	100.00
	NOTE: A repeat performed within the same day is payable at a reduced rate. Refer to Price List.		

78.9 Other operations on fallopian tubes
78.99 Other operations on fallopian tubes NEC

78.99B	Other tubal sterilization, any method	188.24	115.78

79 OPERATIONS ON CERVIX

79.1 Conization of cervix

79.1 A	Cone biopsy	134.46	100.00
	Includes D & C		

79.2 Other excision or destruction of lesion or tissue of cervix

79.22	Destruction of lesion of cervix by cauterization	37.65	
	NOTE: 1. Benefit includes biopsy. 2. May be claimed in addition to a visit or consultation.		

79.23 Destruction of lesion of cervix by cryosurgery

79.23A	Cryotherapy	37.65	
	NOTE: 1. Benefit includes biopsy. 2. May be claimed in addition to a visit or consultation.		

79.29 Other excision or destruction of lesion or tissue of cervix NEC

79.29C	By CO2 laser therapy	136.50	100.00
	That for cervical interepithelial neoplasia		
79.29D	Loop electrical excision procedure (LEEP)	121.52	100.00
	For cervical interepithelial neoplasia		
79.29E	Biopsy of cervix	37.65 V	
	NOTE: May not be claimed with any other procedure.		

XIII OPERATIONS ON THE FEMALE GENITAL ORGANS (cont'd)

79 OPERATIONS ON CERVIX (cont'd)

		BASE	ANE
79.3	Amputation of cervix		
79.3 E	Excision of cervical stump, abdominal or vaginal approach	364.28	138.80
79.4	Repair of internal cervical os		
79.4 A	Repair of internal os NOTE: Includes D & C.	136.50	100.00
79.4 C	Suturing of cervix, encircling suture For cervical incompetence, elective NOTE: May be claimed in addition to a visit or consultation.	147.90	100.00
79.4 D	Suturing of cervix, emergency cerclage after cervix has been effaced or opened NOTE: May be claimed in addition to a consultation or visit.	198.99	124.92

80 OTHER INCISION AND EXCISION OF UTERUS

80.1	Excision or destruction of lesion or tissue of uterus		
80.19	Other excision or destruction of lesion of uterus		
80.19A	Correction of congenital abnormalities	268.91	115.78
80.19B	Myomectomy, vaginal	268.91	115.78
80.19C	Myomectomy, abdominal	314.62	134.97
80.19D	Endometrial ablation by hysteroscopic method to include roller ball or resectoscope NOTE: Benefit includes hysteroscopy.	390.20	157.52
80.19E	Endometrial ablation by any non-hysteroscopic method (eg. microwave, thermablate, etc.) NOTE: 80.81 may be claimed in addition.	200.00	100.00
80.8	Invasive diagnostic procedures on uterus and supports		
80.81	Hysteroscopy NOTE: 1. Benefit includes biopsy. 2. May not be claimed with 80.19D.	121.01 V	100.00
80.83	Uterine biopsy		
80.83B	Endometrial biopsy	37.65 V	100.00
80.85	Opaque dye contrast hysterosalpingography		
80.85A	Hysterosalpingogram insufflation or injection of opaque material	76.44	100.00
80.85B	Pneumohysterosalpingogram	63.41 V	100.00

XIII OPERATIONS ON THE FEMALE GENITAL ORGANS (cont'd)

81 OTHER OPERATIONS ON UTERUS AND SUPPORTS

81.0 Dilation and curettage (of uterus)

81.01 Dilation and curettage following delivery or abortion

		BASE	ANE
81.01D	D & C for missed abortion or following delivery	126.00 V	100.00
	NOTE: May be claimed in addition to a consultation.		
81.09	Other dilation and curettage	126.00	100.00
	NOTE: 1. Benefit includes biopsy or polypectomy.		
	2. May be claimed in addition to a consultation.		

81.2 Excision or destruction of lesion or tissue of uterine supports

81.29 Other excision or destruction of lesion or tissue of uterine supports

81.29B	Laparotomy, to include conservation procedures for endometriosis	312.84	145.20
81.29C	Laparoscopy, for conservative procedures for endometriosis and/or lysis of adhesions first 15 minutes of operating time	188.24	115.78
	NOTE: Each subsequent 15 minutes is payable at the rate specified on the Price List.		

81.5 Repair of uterus

81.51 Suture of uterus

81.51A	Repair due to injury	336.14	127.94
	NOTE: Excludes obstetrical trauma.		

81.8 Insertion of intra-uterine contraceptive device

81.8	Insertion of intra-uterine contraceptive device	59.06 V	
	NOTE: May be claimed in addition to a visit or consultation.		

81.9 Other operations on uterus, cervix, and supporting structures

81.91 Insertion of therapeutic device into uterus

81.91A	Radium insertion - each insertion	125.90	100.00
	NOTE: 1. May be claimed in addition to a visit or consultation.		
	2. May not be claimed with any other procedure.		
81.96	Removal of cerclage material from cervix	48.40 V	100.00
	NOTE: 1. May be claimed in addition to delivery benefits regardless of who performs the delivery.		
	2. May be claimed in addition to a visit or consultation.		
81.99A	Hysterectomy, any method	537.82	158.66
	NOTE: If pelvic lymphadenectomy is performed for cancer, 52.49C may be claimed in addition.		

XIII OPERATIONS ON THE FEMALE GENITAL ORGANS (cont'd)

82 OPERATIONS ON VAGINA AND CUL-DE-SAC

		BASE	ANE
82.0	**Culdocentesis**		
82.0 A	Culdocentesis Includes D & C	81.38 V	100.00
82.1	**Incision of vagina and cul-de-sac**		
82.12	**Colpotomy or culdotomy**		
82.12A	Diagnostic	72.25 V	100.00
82.12B	Therapeutic	81.14 V	100.00
82.12C	With D & C	97.80 V	100.00
82.12D	Drainage pelvic abscess NOTE: May only be claimed when performed under general anaesthesia.	257.77	100.00
82.14	**Other vaginotomy**		
82.14D	Other vaginotomy NOTE: 1. May be claimed in addition to a visit or consultation. 2. May not be claimed with any other procedure.	121.01 V	100.00
82.3	**Obliteration and total excision of vagina**		
82.3 A	LeFort operation	231.26	100.00
82.3 B	Colpectomy That for carcinoma	500.17	243.07
82.4	**Repair of cystocele and rectocele**		
82.41	**Repair of cystocele**		
82.41A	Repair of cystocele	295.80	100.00
82.42	**Repair of rectocele**		
82.42A	Rectocele repair	295.80	100.00
82.5	**Vaginal construction and reconstruction**		
82.51	**Vaginal construction, Abbe, McIndoe, Williams**		
82.51A	Plastic correction of congenital absence	375.54	199.56
82.6	**Other repair of vagina**		
82.61	**Suture of vagina**		
82.61A	Repair of non-obstetrical laceration NOTE: 1. May only be claimed when performed under general anaesthesia. 2. May be claimed in addition to a consultation. 3. May not be claimed with any other procedure.	125.90	100.00
82.62	**Repair of fistula of vagina**		
82.62A	Rectovaginal fistula repair	373.95	145.20
82.63	Hymenorrhaphy NOTE: 1. May be claimed in addition to a consultation. 2. 66.83 may be claimed in addition.	121.01 V	100.00

XIII OPERATIONS ON THE FEMALE GENITAL ORGANS (cont'd)

82 OPERATIONS ON VAGINA AND CUL-DE-SAC (cont'd)

82.6 Other repair of vagina (cont'd)

82.64 Vaginal suspension and fixation

	BASE	ANE
82.64A Vaginal vault suspension	150.00	
NOTE: May only be claimed in addition to 81.99A, 82.41A, 82.42A, 82.69B.		

82.69 Other repair of vagina NEC

82.69B Enterocoele repair	295.80	115.78
82.69C Insertion of prosthetic mesh	53.78	
NOTE: May only be claimed in addition to 71.4 A, 71.7 A, 71.7 B, 81.99A, 82.3 A, 82.41A, 82.42A, 82.69B, 82.7 A.		

82.7 Obliteration of vagina vault

82.7 A Abdominal sacrocolpopexy	403.37	177.18

82.8 Invasive diagnostic procedures on vagina and cul-de-sac

82.81 Culdoscopy/Colposcopy

82.81A Colposcopy	37.65 V	100.00
NOTE: 1. Includes biopsy. 2. Repeat within 90 days, refer to Price List.		

Other operations on vagina

82.91A Biopsy of vagina	37.65 V	100.00
NOTE: A maximum of three calls applies.		

83 OPERATIONS ON VULVA AND PERINEUM

83.0 Incision of vulva and perineum

83.09 Other incision of vulva and perineum

83.09A Perineal abscess, I & D, marsupialization	121.01 V	100.00
NOTE: 1. May be claimed in addition to a visit or consultation. 2. May not be claimed with any other procedure.		

83.1 Operations on Bartholin's gland

83.19A Operations on Bartholin's gland	121.01 V	100.00
NOTE: 1. May be claimed in addition to a consultation. 2. May not be claimed with any other procedure.		

83.2 Other local excision or destruction of vulva and perineum

83.2 B Other local excision or destruction of vulva and perineum	121.01 V	100.00

XIII OPERATIONS ON THE FEMALE GENITAL ORGANS (cont'd)

83 OPERATIONS ON VULVA AND PERINEUM (cont'd)

		BASE	ANE
83.2	Other local excision or destruction of vulva and perineum (cont'd)		
	NOTE: 1. May not be claimed for condylomata accuminata; refer to HSCs 98.12S, 98.12T, 98.12U. 2. May be claimed in addition to a visit or consultation. 3. May be claimed in addition to HSC 66.83.		
83.4	Radical vulvectomy		
83.4 A	Radical vulvectomy	371.10	170.17
83.4 B	Radical Vulvectomy with gland dissection	588.91	228.37
83.5	Other vulvectomy		
83.5 A	Labial reduction or large vulvar resection	150.59	100.00
83.6	Repair of vulva and perineum		
83.61	Suture of vulva and perineum Perineorrhaphy	121.01 V	100.00
	NOTE: 1. May not be claimed with any other procedure. 2. May be claimed in addition to a visit or consultation.		
83.69	Other repair of vulva and perineum		
83.69B	Repair of old 3rd degree laceration	280.04 V	115.78
83.69C	Repair of vulvar or vaginal haematoma	125.90	100.00
	NOTE: 1. May be claimed in addition to a consultation. 2. May not be claimed with any other procedure.		
83.7	Other operations on vulva		
83.7 A	Biopsy of vulva	37.65 V	100.00
	NOTE: A maximum of three calls applies.		
83.9	Other operations on female genital organs NEC		
83.9 A	Operations on the adnexa, any method	349.58	135.00
	NOTE: 1. May be claimed with 71.7 A, 82.7 A and 81.99A. 2. May not be claimed for sterilization.		

XIV OBSTETRIC PROCEDURES

84 FORCEPS EXTRACTION AND OTHER INSTRUMENTAL DELIVERY

84.2 Mid forceps delivery

84.21 Mid forceps delivery with episiotomy

		BASE	ANE
84.21B	Assisted mid-cavity delivery, forceps or vacuum, with or without rotation .	127.77	50.00
	NOTE: May be claimed in addition to delivery benefits regardless of who performs the delivery.		
84.21C	Lower cavity assisted delivery (greater than or equal to station)	63.89	50.00
	NOTE: 1. May be claimed for forceps (including outlet forceps) and vacuum-assisted deliveries.		
	2. May be claimed in addition to delivery benefits regardless of who performs the delivery.		

85 OTHER PROCEDURES INDUCING OR ASSISTING DELIVERY

85.5 Medical induction of labour

85.5 A	Medical induction	115.00	
	NOTE: 1. May only be claimed when a physician has assessed the patient prior to the induction and monitors the patient's progress subsequent to the induction.		
	2. A maximum of two per 24 hour period to a maximum of four per pregnancy may be claimed.		
	3. May be claimed in addition to delivery benefits regardless of who performs the delivery.		

85.6 Manually assisted delivery

85.69B	Management of shoulder dystocia	127.77	75.00
	NOTE: 1. May only be claimed when one of the recognized maneuvers for correction of the situation is employed.		
	2. May be claimed in addition to delivery benefits regardless of who performs the delivery.		
85.69C	Manually assisted delivery (breech presentation, manually or forceps assisted)	161.02	50.00
	NOTE: May be claimed in addition to delivery benefits regardless of who performs the delivery.		

85.9 Other operations assisting delivery

85.91 External version

85.91	External version	127.77	50.00
	Cephalic		

XIV OBSTETRIC PROCEDURES (cont'd)

85 OTHER PROCEDURES INDUCING OR ASSISTING DELIVERY (cont'd)

85.9 Other operations assisting delivery (cont'd)

85.91 External version (cont'd)

	BASE	ANE
NOTE: 1. Service must be provided in hospital with level II & III obstetrical units. 2. Ultrasound must be available. 3. Immediate access to OR for Cesarean Section must be available. 4. May only be claimed by specialists or physicians with special accreditation by CPSA. 5. Gestation age must be 37 weeks or greater.		

86 CESAREAN SECTION AND REMOVAL OF FETUS

86.3 Removal of intraperitoneal embryo

86.3	Removal of intraperitoneal embryo	442.93	170.17

86.4 Other removal of embryo

86.41	Hysterotomy to terminate pregnancy	214.41	115.78

86.49 Other removal of embryo NEC

86.49A	Injection of prostaglandins into ectopic pregnancy NOTE: May only be claimed in addition to 66.83.	26.65	

86.9 Cesarean section of unspecified type

86.9 B	Cesarean hysterectomy	615.12	276.38
86.9 C	Elective Cesarean section, any approach	448.21	217.24
86.9 D	Cesarean section of unspecified type following trial of labour for any reason	625.18	231.30

87 OTHER OBSTETRIC OPERATIONS

87.0 Intra-amniotic injection for termination of pregnancy

87.0 A	Termination of pregnancy between 13 and 20 weeks for medical or genetic reasons using potent prostaglandins by any route NOTE: 1. Includes the insertion of a laminaria tent if required. 2. A D & C required within 14 days should be claimed under 81.09.	127.77	

87.2 Other termination of pregnancy

87.29 Other termination of pregnancy NEC

87.29A	Suction curettage or dilation and curettage for termination of pregnancy	126.00	100.00

87.3 Amniocentesis

87.3	Amniocentesis NOTE: When performed for a twin pregnancy, refer to Price List.	92.01	

XIV OBSTETRIC PROCEDURES (cont'd)

87 OTHER OBSTETRIC OPERATIONS (cont'd)

87.4 Intrauterine transfusion

		BASE	ANE
87.4	Intrauterine transfusion	350.32	149.24

87.53 Fetal blood sampling and biopsy

87.53A Fetal scalp sampling — 30.67

NOTE: May be claimed in addition to delivery benefits regardless of who performs the delivery.

87.53B Percutaneous umbilical blood sampling (Cordocentesis) — 236.49

87.54 Fetal monitoring, unqualified

87.54A Interpretation of non-stress test — 12.00

NOTE: May not be claimed if labour has commenced.

87.54B Interpretation and supervision of continuous fetal monitoring (includes application of internal electrode) — 60.66

NOTE:
1. May be claimed:
   - for continuous monitoring by either internal or external electrical means.
   - in addition to delivery benefits regardless of who performs the delivery.
2. May only be claimed in situations of suspected fetal or maternal compromise requiring greater than usual physician supervision.
3. May only be claimed once per hospitalization unless the patient is transferred to another physician or facility for a higher level of care.

87.55 Other diagnostic procedures on fetus and amnion

87.55A	Chorionic villus sampling	92.01	100.00

87.6 Removal of retained placenta

87.6	Removal of retained placenta	92.01 V	105.92

Manual removal of retained placenta and membranes

NOTE:
1. May be claimed in addition to delivery benefits regardless of who performs the delivery.
2. May be claimed in addition to a consultation.

87.7 Repair of obstetric laceration of uterus

87.72 Repair of obstetric laceration of cervix

87.72A Repair of extensive laceration of cervix — 92.01 V — 115.78

NOTE:
1. May be claimed in addition to delivery benefits regardless of who performs the delivery.
2. May be claimed in addition to a consultation.

87.8 Repair of other obstetric lacerations

87.82	Repair of obstetric laceration of sphincter ani	92.01 V	115.78

XIV OBSTETRIC PROCEDURES (cont'd)

87 OTHER OBSTETRIC OPERATIONS (cont'd)

87.8 Repair of other obstetric lacerations (cont'd)

		BASE	ANE
	NOTE: 1. May be claimed in addition to delivery benefits regardless of who performs the delivery. 2. May be claimed in addition to a consultation.		
87.89	Repair of other obstetric lacerations NEC		
87.89A	Repair of obstetrical laceration involving rectal mucosa	92.01 V	115.78
	NOTE: 1. May be claimed in addition to delivery benefits regardless of who performs the delivery. 2. May be claimed in addition to a consultation.		
87.89B	Repair of extensive vaginal laceration	92.01 V	115.78
	NOTE: 1. May be claimed in addition to delivery benefits. 2. A second call may only be claimed if a non-contiguous site requires suturing. 3. A maximum of two calls applies. 4. May be claimed in addition to a consultation.		
87.9	Other obstetric operations		
87.91	Evacuation of incisional hematoma	30.67 V	100.00
	NOTE: 1. May be claimed in addition to delivery benefits regardless of who performs the delivery. 2. May be claimed in addition to a visit or consultation.		
87.92	Evacuation of other hematoma of vulva or vagina	92.01 V	100.00
	NOTE: 1. May be claimed in addition to delivery benefits regardless of who performs the delivery. 2. May be claimed in addition to a consultation.		
87.93	Surgical correction of inverted uterus		
87.93A	Replacement of inverted uterus, abdominal approach	362.05	158.01
	NOTE: 1. May only be claimed when performed under general anaesthesia. 2. May be claimed in addition to delivery benefits regardless of who performs the delivery.		
87.94	Manual replacement of inverted uterus		
87.94C	Manual replacement of inverted uterus	113.79	115.78
	NOTE: May be claimed in addition to delivery benefits regardless of who performs the delivery.		
87.98	Delivery NEC		
87.98A	Vaginal delivery	372.55	143.96
87.98B	Management of labour and attempted delivery	372.55	157.36

XIV OBSTETRIC PROCEDURES (cont'd)

87 OTHER OBSTETRIC OPERATIONS (cont'd)

87.9 Other obstetric operations (cont'd)

87.98 Delivery NEC (cont'd)

		BASE	ANE
	NOTE: 1. The benefit includes all usual hospital care associated with the confinement and provided by the referring physician. 2. May be claimed by the referring physician, when the referring physician intended to conduct the delivery, provided the following conditions are met: - the referring physician attended the patient during labour and provided assessment of the progress of the labour, both initial and ongoing; - there is a documented complication warranting the referral, such as fetal distress or dysfunctional labour (failure to progress), and - the referring physician remains in attendance and assists the consultant; or - where the physician must transfer the patient to another facility because of either fetal or maternal indications and delivery occurs within 24 hours of transfer. 3. The same physician may not claim both the delivery and management of labour and attempted delivery.		
87.98C	Vaginal delivery following trial of labour after previous cesarean section . .	625.18	157.36
87.98D	Multiple birth, vaginal delivery (for each additional newborn)	127.77	50.00
	NOTE: 1. May not be claimed in addition to 84.53A or 84.62 for the same newborn. 2. May be claimed in addition to delivery benefits regardless of who performs the delivery.		
87.98E	Attendance at delivery	64.64	
	NOTE: 1. May only be claimed when a physician is specifically requested by the physician intending to perform a delivery and no other service may be claimed for that attendance. 2. Care of healthy newborn in hospital (03.05G) may be claimed in addition.		

87.99 Other obstetric operations NEC

87.99A	Management of post partum hemorrhage	92.01	
	NOTE: 1. May be claimed in addition to delivery benefits regardless of who performs the delivery. 2. May be claimed in addition to a consultation.		
87.99B	Selective fetal reduction	132.99	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM

88 OPERATIONS ON FACIAL BONES AND JOINTS

		BASE	ANE
88.0	**(Closed) reduction of facial fractures**		
88.02	**(Closed) reduction of malar and zygomatic fracture**		
88.02A	Hook or temporal elevation	229.50	100.00
88.02B	Hook or temporal elevation and antral packing	193.20	115.78
88.03	**(Closed) reduction of maxillary fracture**		
88.03A	With external fixation	239.92	145.20
88.04	**(Closed) reduction of mandibular fracture**		
88.04A	With external fixation	308.38	145.20
88.04B	Multiple fractures, with external fixation	448.57	170.17
88.1	**Open reduction of facial fractures**		
88.12	**Open reduction of malar and zygomatic fracture**		
88.12A	Fixation	321.75	130.51
88.12B	With mini-plate fixation of fractured zygoma, malar, one plate	543.36	221.33
88.12C	With mini-plate fixation of fractured zygoma, malar, more than one plate	814.38	328.80
88.12D	With mini-plate fixation of fractured zygoma, malar, via coronal approach	814.38	374.55
88.13	**Open reduction of maxillary fracture**		
88.13A	With suspension	385.84	187.42
88.13B	With mini-plate fixation, one side only	543.36	254.00
88.13C	With mini-plate fixation, both sides	1,085.39	550.14
88.14	**Open reduction of mandibular fracture**		
88.14A	With internal fixation, single	287.86	170.17
88.14B	Single and interdental fixation with splint	467.27	170.17
88.14C	Multiple and interdental fixation with splint	528.68	184.24
88.14D	Mini-plate fixation of fractured mandible, one plate or lag screws	680.26	409.39
88.14E	With mini-plate fixation of fractured mandible, more than one plate or lag screws in more than one fracture	1,085.39	550.14
88.16	**Open reduction of orbital fracture**		
88.16A	Orbital floor fracture NOTE: May not be claimed in addition to item 98.79A.	371.69	159.92
88.16B	Mini-plate fixation of fractured supraorbital ridge via coronal approach	1,085.39	503.31
88.19	**Open reduction of other facial fracture**		
88.19A	With mini-plate fixation of fractured frontal bone via coronal approach	1,085.39	550.14
88.4	**Partial ostectomy of facial bone, except mandible**		
88.4 A	Resection of maxilla	976.50	359.51
88.5	**Excision and reconstruction of mandible**		
88.51	**Partial ostectomy, mandible**		
88.51A	Segmental resection	290.55	127.94
88.51B	Hemiresection	431.44	170.17

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

88 OPERATIONS ON FACIAL BONES AND JOINTS (cont'd)

88.6 Temporomandibular arthroplasty

		BASE	ANE
88.6 A	Temporomandibular arthroplasty	391.22	170.17
88.6 B	Temporomandibular arthrotomy NOTE: Includes menisectomy.	266.01	115.78

88.7 Other facial bone repair and osteoplasty

88.76	Reconstruction of mandible without associated resection Bone graft mandible	323.38	159.92

88.9 Other operations on facial bones and joints

88.92	Closed reduction of temporomandibular dislocation	21.16 V	100.00

88.99 Other operations on facial bones and joints NEC
Osseointegrated cranio-facial reconstruction
NOTE: May only be claimed following surgery for cancer or trauma or to patients with congenital anomalies.

88.99A	One or two fixtures, first stage	685.94	364.03
88.99B	One or two fixtures, second stage	513.59	304.49
88.99C	Three fixtures, first stage	992.17	592.35
88.99D	Three fixtures, second stage	744.13	374.55
88.99E	Four or more fixtures, first stage	1,322.47	721.02
88.99F	Four or more fixtures, second stage	992.17	550.14

89 INCISION, EXCISION, AND DIVISION OF OTHER BONES

89.0 Sequestrectomy

89.0 A	Radical surgical debridement of sternum NOTE: 1. Includes insertion of irrigation and drainage catheters. 2. Includes with or without closure of sternum.	720.24	278.90
89.03	Sequestrectomy, carpals and metacarpals	118.93	100.00
89.07	Sequestrectomy, tarsals and metatarsals	149.24	100.00

89.08 Sequestrectomy, other specified site

89.08B	Phalanx	111.93	100.00

89.09 Sequestrectomy, unspecified site

89.09A	Large bone	373.10	159.92

89.1 Other incision of bone without division

89.12 Other incision of bone without division, radius and ulna

89.12A	Olecranon excision	227.97	115.78
89.12B	Radial head or neck excision	289.33	134.97

89.19 Other incision of bone without division, unspecified site

89.19A	Incision and drainage subperiosteal abscess	223.86	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

89 INCISION, EXCISION, AND DIVISION OF OTHER BONES (cont'd)

89.2 Wedge osteotomy
NOTE: Benefits for 89.20A to 89.26B includes fixation

89.20 Wedge osteotomy, scapula, clavicle, and thorax (ribs and sternum)

		BASE	ANE
89.20A	Clavicle	373.10	100.00
89.21	Wedge osteotomy humerus	596.96	123.45
89.22	Wedge osteotomy, radius and ulna		
89.22A	Radius	596.96	115.78
89.22B	Ulna	447.72	115.78
89.23	Osteotomy, carpal bones or metacarpals (including fixation)	447.72	100.00
89.24	Wedge osteotomy, femur	895.45	173.99
89.26	Wedge osteotomy, tibia and fibula		
89.26A	Tibia	746.21	145.20

89.3 Other division of bone - specified site or other specified site
NOTE: Benefits for 89.36A to 89.38B include fixation

89.33 Other division of bone, carpals and metacarpals

89.33A	Osteotomy, carpal bone (including fixation)	415.24	147.17
89.36	Osteotomy, tibia		
89.36A	Mal-united fracture, dislocation, ankle	746.21	173.99
89.36C	Osteotomy, fibula (including fixation)	223.86	100.00
89.37	Other division of bone, tarsals and metatarsals		
89.37A	Osteotomy, calcaneum or talus	447.72	127.94
89.37B	Osteotomy, Lesser bone of foot	223.86	100.00
89.38	Other division of bone, other specified site		
89.38B	Osteotomy, pelvis (including fixation)	895.45	225.15
89.38C	Osteotomy for kyphosis correction, posterior cervical spine	1,380.48	453.76
89.38D	Osteotomy spine, posterior thoracolumbar	671.58	220.75
89.38E	Subtraction/decancellation posterior osteotomy, lumbar	1,522.55	539.61
89.38F	Anterior release, thoracolumbar, multilevel	1,119.31	367.92
89.38G	Periacetabular osteotomy	2,238.62	735.00

89.4 Excision of bunion (bunionectomy)

89.41	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal		
89.41A	Bunionectomy with distal osteotomy of the first metatarsal or proximal phalanx	298.48	137.53
89.41B	Bunionectomy with proximal osteotomy first metatarsal	671.58	220.75

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

89 INCISION, EXCISION, AND DIVISION OF OTHER BONES (cont'd)

		BASE	ANE
89.4	Excision of bunion (bunionectomy) (cont'd)		
89.41	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal (cont'd)		
	NOTE: May not be claimed with other osteotomy services on the first metatarsal.		
89.42	Bunionectomy with soft tissue correction and arthrodesis		
89.42A	Bunionectomy with soft tissue correction	223.86	100.00
89.5	Local excision of lesion or tissue of bone		
89.53	Local excision of lesion or tissue of bone, metacarpal		
89.53A	Excision of tumor	298.48	100.00
89.57	Local excision of lesion or tissue of bone, tarsals and metatarsals		
89.57B	Saucerization	149.24	100.00
89.58	Local excision of lesion or tissue of bone, phalanx		
89.58A	Tumor	298.48	100.00
89.58B	Saucerization	106.41	100.00
89.58C	With bone graft	209.68	127.94
89.59	Local excision of lesion or tissue of bone, unspecified site		
89.59A	Biopsy bone tumor, superficial	111.93 V	100.00
89.59B	Percutaneous, biopsy bone tumor, deep	114.75	100.00
89.59F	Local excision or saucerization, large bone	373.10	159.92
89.59G	Open biopsy bone tumor, first 30 minutes	167.90	100.00
	NOTE: 1. May not be claimed with other procedures. 2. Each subsequent 15 minutes is payable at the rate specified on the Price List.		
89.6	Excision of bone for graft		
	Allograft harvesting from cadaver for bone bank		
89.6 A	Major, may include hemipelvis, long bone and joint articulation	373.10	
89.6 C	Harvesting of autologous bone That for grafting by a second surgeon for immediate insertion	186.55	
89.7	Other partial ostectomy		
89.78	Other partial ostectomy (specified site)		
89.78D	Odontoidectomy, transoral approach	1,583.56	526.28
89.78E	Temporal bone, subtotal resection That for malignant disease	2,462.01	390.21
89.78H	Vertebrectomy cervical, partial	551.01	466.03

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

89 INCISION, EXCISION, AND DIVISION OF OTHER BONES (cont'd)

89.7 Other partial ostectomy (cont'd)
89.78 Other partial ostectomy (specified site) (cont'd)

		BASE	ANE
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78I	Vertebrectomy cervical, total, one level	1,343.17	564.14
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78L	Vertebrectomy cervical, total, two levels	1,475.15	864.84
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78M	Vertebrectomy cervical, total, three levels	1,729.48	1,067.56
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78N	Vertebrectomy cervical, total, four levels	1,983.82	1,168.92
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78J	Vertebrectomy, partial, thoracolumbar	746.21	564.14
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78K	Vertebrectomy, total, thoracolumbar, one level	1,511.07	662.25
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78P	Vertebrectomy, total, thoracolumbar, two levels	1,660.97	1,166.88
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78Q	Vertebrectomy, total, thoracolumbar, three levels	1,920.50	1,303.98
	NOTE: 1. Benefit includes discectomy(s). 2. Fusion, bone graft harvesting and/or plating may be claimed in addition.		
89.78R	Vertebrectomy, total, thoracolumbar, four levels	2,180.03	1,616.12

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

89 INCISION, EXCISION, AND DIVISION OF OTHER BONES (cont'd)

89.7 Other partial ostectomy (cont'd)
89.78 Other partial ostectomy (specified site) (cont'd)

NOTE: 1. Benefit includes discectomy(s).
2. Fusion, bone graft harvesting and/or plating may be claimed in addition.

		BASE	ANE
89.78S	Anterior cervical plating, 2 vertebrae	562.93	358.02
89.78T	Anterior cervical plating, 3 vertebrae	613.79	358.02
89.78U	Anterior cervical plating, 4 vertebrae	664.67	358.02
89.78V	Anterior cervical plating, 5 vertebrae	715.54	358.02
89.78W	Anterior thoracolumbar plating, 2 vertebrae	677.48	358.02
89.78X	Anterior thoracolumbar plating, 3 vertebrae	712.15	358.02
89.78Y	Anterior thoracolumbar plating, 4 vertebrae	763.01	358.02

89.8 Total ostectomy

89.85	Total patellectomy	373.10	127.94

89.88 Total ostectomy (specified site)

89.88A	Coccygectomy	373.10	100.00

89.89 Complete ostectomy, unspecified site

89.89B	Radical or wide en-bloc resection of bone or soft tissue tumor of limb and limb salvage reconstruction, per hour	447.72	

NOTE: Each subsequent 15 minutes is payable at the rate specified in the Price List.

89.9 Biopsy of bone
89.98 Biopsy of bone, other specified site

89.98A	Needle biopsy of vertebral body or disc	114.75	100.00

90 OTHER OPERATIONS ON BONES EXCEPT FACIAL BONES

90.0 Bone graft
NOTE: Benefits for 90.00A to 90.08A include harvesting and fixation

90.00 Bone graft, scapula, clavicle, and thorax (ribs or sternum)

90.00A	Clavicle	316.91	145.20
90.01	Bone graft, humerus	447.72	173.99

90.02 Bone graft, radius and ulna

90.02B	Radius	316.91	145.20
90.02C	Ulna	316.91	145.20

90.03 Bone graft, carpals and metacarpals

90.03A	Carpal scaphoid	596.96	131.77
90.03B	Metarcarpal	234.37	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

90 OTHER OPERATIONS ON BONES EXCEPT FACIAL BONES (cont'd)

90.0 Bone graft (cont'd)

90.03 Bone graft, carpals and metacarpals (cont'd)

		BASE	ANE
90.03C	Carpal, vascularized	895.45	294.33
90.04	Bone graft, femur	604.19	232.23

90.05 Bone graft, patella

90.05A	Articular osteochondral graft in the knee	671.58	220.75

90.06 Bone graft, tibia and fibula

90.06A	Tibia	447.78	173.99
90.06B	Medial malleolus	260.69	145.20

90.07 Bone graft, tarsals and metatarsals

90.07A	Calcaneum	447.72	159.92
90.07B	Metatarsals	298.48	100.00

90.08 Bone graft, other specified site

90.08A	Phalanges	234.37	100.00
90.08B	Ilioplasty, repair iliac crest defect following bone graft harvest	74.62	

NOTE: Benefit includes repair with autograft, allograft, or bone cement.

90.09 Bone graft, unspecified site

90.09A	Preparation of allograft bone from bone bank, for insertion, including spinal cage insertion	111.93	

NOTE: 1. For spinal surgery, may be claimed only once regardless of the number of levels.
2. May be claimed with 90.09B or 90.09C if autogenous bone is harvested.

90.09B	Harvest autogenous bone graft, iliac crest	223.86	

NOTE: May not be claimed in association with HSC 90.00A to 90.08A inclusive.

90.09C	Harvest autogenous bone graft, different bone	95.84	

NOTE: May not be claimed in association with HSC 90.00A to 90.08A inclusive.

90.2 Epiphyseal stapling

90.2 A	Epiphyseal stapling, One side	298.48	115.78

90.3 Other change in bone length

90.32 Other change in bone length, radius and ulna

90.32A	Shortening of radius	298.48	115.78
90.32B	Shortening of ulna	291.30	115.78

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

90 OTHER OPERATIONS ON BONES EXCEPT FACIAL BONES (cont'd)

90.3 Other change in bone length (cont'd)

90.34 Other change in bone length, femur

		BASE	ANE
90.34A	Femur, (shortening)	895.45	243.07
90.34B	Femur, (lengthening)	830.48	299.38

90.39 Other change in bone length, unspecified site

90.39A	Incremental lengthening using external fixation device, per hour	447.72	410.68
	NOTE: Each subsequent 15 minutes is payable at the rate specified in the Price List.		

90.4 Other repair or plastic operation on bone

90.40 Other repair or plastic operation on bone, scapula, clavicle, and thorax (ribs and sternum)

90.40A	Congenital elevation scapula, scapulopexy	596.96	163.40

90.5 Internal fixation of bone (without fracture reduction)

90.5 A	Odontoid screw fixation	1,380.48	453.76
90.5 B	C1 - C2 facet screw fixation and posterior tension band	1,940.13	637.72

90.6 Removal of internal fixation device

90.6 D	Removal of external fixation device	298.52	100.00
	NOTE: May only be claimed when performed in a hospital operating theatre or non-hospital surgical suite		
90.6 E	Removal of hardware under local anesthetic	74.62	
	NOTE: Regardless of the number of pieces of hardware removed, only one call may be claimed per site.		
90.6 F	Removal of hardware, excluding external fixator devices, first 30 minutes	167.90	100.00
	NOTE: 1. May only be claimed when performed in a hospital operating theatre or non-hospital surgical suite. 2. Each subsequent 15 minutes is payable at the rate specified on the Price List.		

91 REDUCTION OF FRACTURE AND DISLOCATION

91.0 Closed reduction of fracture (without internal fixation)

91.00 Closed reduction of fracture, humerus

91.00A	Surgical neck	111.88	
91.00B	Surgical neck with anaesthesia and manipulation	159.48	100.00
91.00C	Shaft	171.09	100.00
91.00D	Supracondylar	209.68	100.00
91.00E	Supracondylar, traction or external skeletal fixation	447.72	115.78
91.00F	Elbow, one or more bones	111.88	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

91 REDUCTION OF FRACTURE AND DISLOCATION (cont'd)

91.0 Closed reduction of fracture (without internal fixation) (cont'd)

91.01 Closed reduction of fracture, radius and ulna

		BASE		ANE
91.01A	Radius head, not requiring anaesthesia	67.72		
91.01B	Radius head with manipulation and anaesthesia	122.33		100.00
91.01C	Radius, shaft	106.41		100.00
91.01D	Ulna, shaft	106.41		100.00
91.01E	Monteggia	190.15		145.20
91.01F	Colles	135.45		100.00
91.01G	CR fracture, Colles with pin fixation	298.48		100.00
91.01H	Styloid process radius	67.72	V	100.00
91.01J	Styloid, ulna	28.54	V	100.00
91.01K	Undisplaced	67.72		
91.01L	Greenstick	106.41		100.00
91.01M	Displaced	171.09		100.00

91.02 Closed reduction of fracture, carpals and metacarpals

91.02A	Metacarpal	52.95	V	100.00
91.02B	Bennett's	106.41		100.00
91.02C	Carpals, excluding scaphoid	111.88		100.00
91.02D	Scaphoid	135.45		100.00

91.03 Closed reduction of fracture, phalanges of hand

91.03A	Phalanx	54.28	V	100.00
91.03B	Simple distal phalanx	26.05	V	100.00

91.04 Closed reduction of fracture (without internal fixation), femur

91.04A	Femur (Intertrochanteric, undisplaced)	171.09		
91.04B	Intertrochanteric, femur, skeletal traction	393.76		150.97
91.04C	Shaft	393.76	V	150.97
	NOTE: For under 10 years of age, refer to Price List.			
91.04E	Closed reduction femoral shaft fracture, patient under 10 years of age	447.72		147.17
	NOTE: 1. Benefit includes application of hip spica. 2. May only be claimed when performed in a hospital operating theatre or non-hospital surgical suite.			

91.05 Closed reduction of fracture, tibia and fibula

91.05A	Tibia, plateau, traction	220.46		100.00
91.05B	Tibia, shaft, with or without fibula	218.26	V	100.00
	NOTE: For under 10 years of age, refer to Price List.			
91.05K	Closed reduction of tibia, patient under 10 years of age	298.48		100.00
	NOTE: May only be claimed when performed in a hospital operating theatre or non-hospital surgical suite.			
91.05C	Medial malleolus, without displacement of astragalus	111.88		100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

91 REDUCTION OF FRACTURE AND DISLOCATION (cont'd)

91.0 Closed reduction of fracture (without internal fixation) (cont'd)

91.05 Closed reduction of fracture, tibia and fibula (cont'd)

		BASE	ANE
91.05D	Medial or lateral malleolus with displacement of astragalus	158.49	100.00
91.05E	Fibula, shaft	77.61 V	100.00
	NOTE: May be claimed in addition to 91.05C.		
91.05F	Ankle, bi-malleolar	220.46	100.00
91.05G	Ankle, tri-malleolar	220.46	140.72
91.05H	Lateral malleolus	73.82 V	100.00
	NOTE: May not be claimed in addition to 91.05C.		

91.06 Closed reduction of fracture (without internal fixation), tarsals and metatarsals

91.06A	Talus	136.01	100.00
91.06B	Calcaneus	111.88	100.00
91.06C	Calcaneus, external skeletal fixation	447.72	115.78
91.06D	Metatarsal	54.28 V	100.00
91.06E	Other tarsal bone(s)	77.61 V	100.00
	NOTE: A second call may only be claimed when a fracture in the second foot is reduced.		

91.07 Closed reduction of fracture, phalanges of foot

91.07A	Phalanx or phalanges	21.16 V	100.00

91.08 Closed reduction of fracture (without internal fixation), other specified bone

91.08B	Scapula	42.25 V	100.00
91.08C	Scapula and acromion	111.88	100.00
91.08L	External fixation, pelvis	671.58	220.75
	NOTE: Benefit includes closed reduction		
91.08G	Central dislocation of hip, displaced, skeletal traction	316.91	131.77
91.08J	Sacrum	41.94	

91.09 Closed reduction of fracture (without internal fixation) unspecified bone

91.09A	External fixation long bone (humerus, radius, ulna, femur or tibia) or adjacent joint including closed reduction	447.72	147.17

91.1 Closed reduction of fracture with internal fixation

91.10 Closed reduction of fracture with internal fixation, humerus

91.10A	Closed reduction and percutaneous pinning proximal humeral fracture	447.72	147.17

91.12 Closed reduction of fracture with internal fixation, carpals and metacarpals

91.12A	Metacarpal	62.14 V	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

91 REDUCTION OF FRACTURE AND DISLOCATION (cont'd)

91.1 Closed reduction of fracture with internal fixation (cont'd)

91.13 Closed reduction of fracture with internal fixation, phalange of hand

		BASE	ANE
91.13A	Phalanx	54.34 V	100.00
91.13B	Simple distal phalanx	28.48 V	100.00

91.14 Closed reduction of fracture with internal fixation, femur

91.14A	Neck	671.58	173.99
91.14B	With insertion of intramedullary nail	746.21	183.59
91.14C	With insertion of locking intramedullary nail	895.45	221.98

91.15 Closed reduction of fracture with internal fixation, tibia and fibula

91.15A	With insertion of intramedullary nail	559.65	149.69
91.15B	With insertion of locking intramedullary nail	727.55	170.17

91.2 Open reduction of fracture (without internal fixation)

91.22 Open reduction of fracture (without internal fixation), carpals and metacarpals

91.22A	Open reduction without internal fixation of carpal	311.43	131.57
91.22B	Open reduction without internal fixation of metacarpal	207.62	100.00

91.23 Open reduction of fracture (without internal fixation) phalanges of hand

91.23A	Phalanx	143.43	100.00
91.23B	Bennett's	260.01	115.78

91.3 Open reduction of fracture with internal fixation

91.30 Open reduction of fracture with internal fixation, humerus

91.30A	Elbow (medial or lateral condyles)	447.72	127.94
91.30B	Surgical neck	559.65	131.77
91.30C	Shaft	559.65	131.77
91.30D	Supracondylar	559.65	161.22
91.30F	ORIF complex intercondylar distal humeral fracture (T-type, more than 2 articular fragments)	1,007.38	331.12
91.30G	ORIF simple intercondylar distal humeral fracture, 2 articular fragments	596.96	196.22
91.30H	ORIF complex proximal humeral fracture (3-4 part) including hemiarthroplasty NOTE: This code may not be used for primary shoulder hemiarthroplasty for arthritis.	1,007.38	331.12
91.30I	ORIF glenoid fracture, excluding bony Bankart lesion repair(s)	503.69	222.00

91.31 Open reduction of fracture with internal fixation, radius and ulna

91.31B	Radius shaft	298.48	115.78
91.31C	Ulna shaft	298.48	115.78
91.31D	ORIF of fracture, Colles (extra-articular)	447.72	116.73
91.31E	Monteggia	447.72	161.22

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

91 REDUCTION OF FRACTURE AND DISLOCATION (cont'd)

91.3 Open reduction of fracture with internal fixation (cont'd)

91.31 Open reduction of fracture with internal fixation, radius and ulna (cont'd)

		BASE	ANE
91.31F	Olecranon	298.48	115.78
91.31G	ORIF complex distal radial fracture (comminuted, intra-articular), not percutaneous	746.21	245.28
91.31H	ORIF Galeazzi fracture	447.72	147.17
91.31J	ORIF radial head/neck or replacement radial head arthroplasty	447.72	147.17

91.32 Open reduction of fracture with internal fixation, carpals and metacarpals

91.32A	Metacarpal	279.88	100.00
91.32B	Carpal bone(s)	415.24	140.10
91.32C	ORIF scaphoid	596.96	196.22

91.33 Open reduction of fracture with internal fixation, phalanges of hand

91.33A	Phalanx(s)	245.10	100.00
91.33B	ORIF intra-articular or Bennett's fracture	301.92	115.78

91.34 Open reduction of fracture with internal fixation, femur

91.34A	Inter-trochanteric	671.58	171.43
91.34B	Bicondylar, supracondylar fracture, T-shaped	1,007.38	310.88
91.34C	Supracondylar fracture	746.21	310.88
91.34D	Fracture femoral condyle	447.72	157.98
91.34E	Femur, neck	671.58	173.99
91.34F	ORIF femoral head fracture	746.21	245.28
91.34G	ORIF femoral shaft fracture	746.21	245.28
91.34H	ORIF subtrochanteric femur fracture	895.45	294.33

91.35 Open reduction of fracture with internal fixation, tibia and fibula

91.35A	Tibial plateau	671.58	145.20
91.35B	Tibia	503.69	140.72
91.35C	Medial malleolus	227.97	115.78
91.35D	ORIF of fracture, Fibula, shaft	261.17	115.78
91.35G	ORIF, Tibial plateau - bicondylar fracture (T type, comminuted, displaced)	1,007.38	303.41
91.35H	ORIF of fracture, Lateral malleolus	261.17	115.78
91.35K	ORIF tibial plafond (2 intra-articular fragments)	671.58	220.75
91.35L	ORIF comminuted tibial plafond (more than 2 intra-articular fragments)	1,007.38	331.12
91.35M	ORIF posterior malleolus	149.24	100.00
91.35N	Syndesmosis screw insertion	186.55	330.00

91.36 Open reduction of fracture with internal fixation, tarsals and metatarsals

91.36A	Talus	671.58	140.72
91.36B	ORIF of fracture, Calcaneus	671.58	149.04
91.36C	ORIF of fracture, other tarsal bone	447.72	115.78
91.36D	ORIF of fracture, Metatarsal	223.86	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

91 REDUCTION OF FRACTURE AND DISLOCATION (cont'd)

91.3 Open reduction of fracture with internal fixation (cont'd)

91.36 Open reduction of fracture with internal fixation, tarsals and metatarsals (cont'd)

		BASE	ANE
91.36E	ORIF Lisfranc fracture dislocation	503.69	165.57
91.36F	ORIF navicular fracture	335.79	110.38
91.36G	ORIF Lisfranc fracture dislocation, 3 or more dislocations	671.58	420.00

91.37 Open reduction of fracture with internal fixation, phalanges of foot

91.37A	Toe	149.24	100.00

91.38 Open reduction of fracture with internal fixation, other specified bone

91.38A	Clavicle	373.10	100.00
91.38B	Scapula	447.72	115.78
91.38D	ORIF, Acetabulum - simple wall (anterior/posterior)	895.45	295.52
91.38F	Patella	335.79	127.94
91.38H	ORIF pubic symphysis or iliac wing	671.58	220.75
91.38J	ORIF complex, acetabular (column) fracture	1,790.89	588.66
91.38K	ORIF sacroiliac joint	895.45	294.33

91.4 (Closed) reduction of separated (slipped) epiphysis

91.44 (Closed) reduction of separated (slipped) epiphysis (femur)

91.44B	Upper femoral, internal fixation	671.58	173.99

91.7 Closed reduction of dislocation of joint

For those not listed - claim a visit.

91.70 Closed reduction of dislocation of shoulder

91.70A	Primary	55.72 V	100.00
91.70B	Recurrent	31.01 V	100.00

91.71	Closed reduction of dislocation of elbow	55.72 V	100.00
91.72	Closed reduction of dislocation of wrist	128.83	100.00

91.73 Closed reduction of dislocation of hand and finger

91.73A	Carpo-metacarpal	31.01 V	100.00
91.73B	MP or IP joint	29.47 V	100.00

91.74 Closed reduction of dislocation of hip

91.74A	Closed reduction of dislocation of hip	171.09	100.00
91.74B	Closed reduction of developmental hip dislocation	671.58	154.80

NOTE: May only be claimed when performed under general anesthetic.

91.75 Closed reduction of dislocation of knee

91.75A	Tibio-femoral	155.19	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

91 REDUCTION OF FRACTURE AND DISLOCATION (cont'd)

91.7 Closed reduction of dislocation of joint (cont'd)

91.75 Closed reduction of dislocation of knee (cont'd)

		BASE	ANE
91.76	Closed reduction of dislocation of ankle	135.45	100.00
91.77	Closed reduction of dislocation of foot and toe		
91.77A	Tarsus	126.25	100.00
91.77B	Metatarsal	29.47 V	100.00
91.77C	Toes	22.28 V	100.00
91.78	Closed reduction of dislocation of other specified sites		
91.78A	Sterno-clavicular	54.28 V	100.00
91.78B	Acromio-clavicular	55.67 V	100.00
91.78C	Neck simple, with anaesthetic	116.80	100.00
91.78D	Vertebra fracture, fracture dislocation, Halo traction, total care NOTE: Includes total care.	447.72	
91.8	Open reduction of dislocation of joint		
91.80	Open reduction of acute dislocation of shoulder, less than 21 days after injury	559.65	173.99
91.80A	Open reduction of chronic dislocation of shoulder, more than 21 days after injury	761.28	557.45
91.81	Open reduction of dislocation of elbow	559.65	145.20
91.82	Open reduction of dislocation of wrist		
91.82A	ORIF, Carpal Dislocation	559.65	115.78
91.83	Open reduction of dislocation of hand and finger		
91.83A	Carpo-metacarpal	251.02	100.00
91.83B	MP or IP joint	177.98	100.00
91.84	Open reduction of dislocation of hip		
91.84A	Open reduction of dislocation of hip NOTE: May be claimed in addition to 89.38B.	559.65	212.37
91.84C	Open reduction of developmental hip dislocation	895.45	188.04
91.84D	Repeat open reduction of developmental dislocation of hip NOTE: May not be claimed within 14 days of a 91.84C.	1,343.17	441.50
91.85	Open reduction of dislocation of knee		
91.85A	Tibio-femoral	385.42	159.92
91.86	Open reduction of dislocation of ankle	260.69	145.20
91.87	Open reduction of dislocation of foot and toe		
91.87A	Tarsus	260.69	145.20

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

91 REDUCTION OF FRACTURE AND DISLOCATION (cont'd)

91.8 Open reduction of dislocation of joint (cont'd)

91.87 Open reduction of dislocation of foot and toe (cont'd)

		BASE	ANE
91.87B	Metatarsal	149.24	100.00
91.87C	Toes	149.24 V	100.00

91.88 Open reduction of dislocation of other specified sites

91.88A	Sterno-clavicular	447.72	123.75
91.88B	Acromio-clavicular	307.73	127.94

91.9 Other or unspecified operations on bone injuries NEC

91.90 Other or unspecified operations on bone injuries NEC, humerus

91.90A	Open or closed reduction of fracture, humerus with insertion of intermedullary locking-nail	727.55	193.67

92 INCISION AND EXCISION OF JOINT STRUCTURES

92.1 Other arthrotomy

NOTE: Benefits 92.10 through 92.19A (except 92.13) may not be claimed with other procedures on the same joint.

92.10	Arthrotomy, shoulder	335.79	131.77
92.11	Arthrotomy, elbow	298.48	115.78
92.12	Arthrotomy, wrist	262.69	100.00
92.13	Arthrotomy, hand and finger	88.36 V	100.00
92.14	Arthrotomy, hip	447.72	150.97
92.15	Arthrotomy, knee NOTE: May not be claimed with other procedures on the same joint.	298.48	100.00
92.16	Arthrotomy, ankle	298.48	115.78

92.19 Other arthrotomy, unspecified site

92.19A	Arthrotomy of any joint, not elsewhere classified NOTE: May not be claimed with other procedures on the same joint.	223.86	100.00

92.3 Excision (or destruction) of certain specified joint structures

92.31 Excision or destruction of intervertebral disc

92.31C	Cervical discectomy with fusion, Neurosurgical component	700.06	246.93
92.31D	Cervical discectomy with fusion, Orthopaedic component	557.06	243.07
92.31E	Anterior cervical discectomy and fusion, one level	1,129.13	723.71
92.31M	Anterior cervical discectomy and fusion, two levels	1,169.94	864.84

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

92 INCISION AND EXCISION OF JOINT STRUCTURES (cont'd)

92.3 Excision (or destruction) of certain specified joint structures (cont'd)

92.31 Excision or destruction of intervertebral disc (cont'd)

		BASE	ANE
	NOTE: 1. Benefit includes discectomy(s). 2. Bone graft harvesting and/or plating may be claimed in addition.		
92.31N	Anterior cervical discectomy and fusion, three levels	1,322.54	1,067.56
	NOTE: 1. Benefit includes discectomy(s). 2. Bone graft harvesting and/or plating may be claimed in addition.		
92.31P	Anterior cervical discectomy and fusion, four levels	1,505.24	1,199.92
	NOTE: 1. Benefit includes discectomy(s). 2. Bone graft harvesting and/or plating may be claimed in addition.		
92.31Q	Microscopic assisted discectomy	772.32	355.20
92.31R	Artificial disc replacement, cervical disc	1,455.10	532.80
92.31S	Artificial disc replacement, lumbar disc	1,432.71	621.60
92.31F	Thoracic disc,anterior approach	944.09	339.03
92.31H	Cervical laminectomy for discectomy	761.28	269.81
	NOTE: 1. Benefit includes discectomy. 2. Instrumentation may be claimed in addition.		
92.31J	Posterolateral fusion, lumbar, 2 levels or less	596.96	179.52
92.31K	Posterolateral fusion, lumbar, more than 2 levels	783.52	257.54
92.31L	Cervical/lumbar discectomy without fusion	698.25	258.44

92.32 Excision of semilunar cartilage of knee

NOTE: Benefits 92.32B through 92.32D may not be claimed with other procedures on the same knee.

92.32B	Arthroscopy knee, including menisectomy	298.52	123.45
92.32C	Meniscal repair	485.03	134.36
92.32D	Arthroscopy knee, including non-reconstructive procedures (loose body, plica, etc.)	298.48	115.78

92.4 Synovectomy

NOTE: 1. 92.40 to 92.46 inclusive may only be claimed for total synovectomy.
2. Partial synovectomy is considered to be an incidental procedure and may not be claimed.

92.40	Synovectomy, shoulder	447.72	150.97
92.41	Synovectomy, elbow	447.72	134.36
92.42	Synovectomy, wrist	318.45	115.78

92.43 Synovectomy, hand and finger

92.43A	MP joint or IP joint	111.99	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

92 INCISION AND EXCISION OF JOINT STRUCTURES (cont'd)

92.4 Synovectomy (cont'd)

92.43 Synovectomy, hand and finger (cont'd)

		BASE	ANE
92.44	Synovectomy, hip	559.65	163.40
92.45	Synovectomy, knee	447.72	150.97
92.46	Synovectomy, ankle	447.72	115.78

92.5 Other local excision or destruction of lesion of joint

92.5 Bursotomy

92.5 B	Synovial biopsy NOTE: May not be claimed with other procedures on the same joint.	207.62	100.00

92.7 Contrast arthrogram

Injection for

92.70	Shoulder	48.44	
92.71	Elbow	48.44	
92.72	Wrist	48.44	
92.74	Hip	48.44	
92.75	Knee	48.44	
92.76	Ankle	48.44	

92.78 Contrast arthrogram, other specified site

92.78A	Temporomandibular joint	48.44	
92.78B	Facet joint in spine	48.44	
92.78C	Unspecified site	48.44	

92.8 Arthroscopy

92.8 A	Arthroscopy diagnostic-knee, shoulder, elbow, wrist, ankle NOTE: May not be claimed when a subsequent therapeutic open or arthroscopic procedure is performed in the same body cavity.	261.17	100.00
92.8 B	Arthroscopy, hip-diagnostic NOTE: May not be claimed when a subsequent therapeutic open or arthroscopic procedure is performed in the same body cavity.	447.72	147.17
92.8 C	Arthroscopy, hip, therapeutic intervention, including debridement/drilling, etc.	634.27	208.49

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

92 INCISION AND EXCISION OF JOINT STRUCTURES (cont'd)

92.8 Arthroscopy (cont'd)

		BASE	ANE
92.8 D	Arthroscopy, (wrist, elbow, ankle, shoulder) therapeutic intervention, including debridement/drilling, etc.	447.72	147.17

93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES

93.0 Spinal fusion

93.01 Atlas-axis spinal fusion

93.01A	Foramen magnum, decompression and occiput-cervical: exploration, open reduction, internal fixation, and fusion with autogenous bone	1,861.16	780.40
93.01B	Occipital cervical fusion with instrumentation	2,238.62	735.83

93.02 Other cervical spinal fusion

93.02A	2 vertebrae	545.92	214.93
93.02B	3 - 5 vertebrae	621.57	243.07

93.05 Other dorsolumbar spinal fusion

93.05D	Instrumentation of spine following decompression	895.45	301.43
93.05E	Instrumentation of spine following excision of spinal or paraspinal tumor	1,242.94	572.40

93.06 Lumbar spinal fusion

93.06A	Spine fusion and disc Transabdominal NOTE: This benefit is for the spinal procedure when the abdominal approach was performed by a second operator.	571.94	308.33

93.09 Other spinal fusion

93.09B	Arthrodesis sacro-iliac	746.21	170.17
93.09C	Percutaneous sacroiliac joint fixation	671.58	220.75
93.09E	Scoliosis correction (anterior or posterior more than 5 levels)	2,984.82	1,177.33
93.09D	Instrumentation of dorsolumbar and cervical spine with or without fusion, posterior, 2 vertebrae	895.45	353.20
93.09F	Instrumentation of dorsolumbar and cervical spine with or without fusion, posterior, 3 vertebrae	1,044.69	412.07
93.09G	Instrumentation of dorsolumbar and cervical spine with or without fusion, posterior, 4 vertebrae	1,193.93	470.94
93.09H	Instrumentation of dorsolumbar and cervical spine with or without fusion, posterior, 5 vertebrae	1,343.17	529.79

93.1 Arthrodesis of foot and ankle

93.11 Ankle fusion

93.11A	Ankle fusion	820.83	171.43

93.12 Triple arthrodesis (and stripping)

93.12A	Single hindfoot joint fusion	492.50	147.17
93.12B	Double hindfoot joint fusion	656.66	196.22
93.12C	Triple hindfoot joint fusion	820.83	171.43

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES (cont'd)

93.1 Arthrodesis of foot and ankle (cont'd)

93.14 Midtarsal fusion

		BASE	ANE
93.14	Midtarsal fusion	447.72	147.13
	NOTE: 1. A second call may only be claimed when a midtarsal joint in the other foot is fused. 2. Additional midtarsal fusions in the same foot may be claimed under 93.14A.		
93.14A	Each additional midtarsal fusion	69.21	100.00
	NOTE: 1. May only be claimed with 93.14. 2. A maximum benefit of 4 calls applies to each foot.		

93.16 Metatarsophalangeal fusion

93.16A	MP joint great toe	298.48	100.00

93.18 Other fusion of toe

93.18A	IP joint great toe	159.48	100.00
93.18B	Other toe joints	149.24	100.00

93.2 Arthrodesis of other joints

93.21	Arthrodesis of hip	1,492.41	249.48
93.22	Arthrodesis of knee	895.45	171.43
93.23	Arthrodesis of shoulder	1,492.41	210.47
93.24	Arthrodesis of elbow	895.45	159.81
93.25	Carporadial fusion	746.21	159.28
93.26	Metacarpocarpal fusion	447.72	159.28
93.26A	Intercarpal fusion	671.58	220.75
93.27	Metacarpophalangeal fusion	447.72	100.00
93.28	Interphalangeal fusion Arthrodesis or tenodesis	447.72	100.00

93.3 Arthroplasty of foot and toe

93.39 Other arthroplasty of foot and toe

93.39B	Other toes, excision metatarsal head, Hoffmann's procedure NOTE: Includes hammer toes, single joint.	149.24	100.00
93.39C	Arthroplasty great toe, MP joint NOTE: Includes bunionectomy.	223.86	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES (cont'd)

		BASE	ANE
93.4	**Arthroplasty of knee and ankle**		
93.41	**Total knee replacement (geomedic)(polycentric)**		
93.41A	Total knee arthroplasty, including hemiarthroplasty	895.45	300.68
93.44	**Patellar stabilization**		
93.44A	Reconstruction, patellar tendon transplant for recurrent dislocation patella	447.72	152.87
93.45	**Other repair of the cruciate ligaments**		
93.45A	Anterior cruciate ligament reconstruction That with bone - patellar tendon graft	671.58	271.14
93.45B	Early repair knee cruciate ligament, less than 14 days	447.72	147.17
93.45C	Anterior cruciate ligament reconstruction with meniscectomy	820.83	295.28
93.45D	Anterior cruciate ligament reconstruction with meniscal repair	1,007.38	331.12
93.45E	Revision anterior cruciate ligament reconstruction	1,007.38	343.39
93.45F	Revision anterior cruciate ligament reconstruction with meniscal repair	1,220.82	526.26
93.45J	Revision anterior cruciate ligament reconstruction with meniscectomy	1,072.71	418.99
93.45G	Posterior cruciate ligament reconstruction	1,044.69	310.97
93.45H	Posterior cruciate ligament reconstruction with meniscal repair	1,254.72	640.46
93.45K	Revision posterior cruciate ligament reconstruction with meniscectomy	1,107.31	575.84
93.47	**Other repair of knee**		
93.47A	Early repair, knee, collateral ligament, less than 14 days	373.10	122.64
93.47C	Reconstruction of collateral ligament, knee, late repair, more than 14 days	503.69	191.27
93.49	**Other repair of ankle**		
93.49A	Reconstruction ligament(s) ankle, early repair less than 14 days	298.48	127.94
93.49B	Reconstruction ligament(s) ankle, late repair, more than 14 days	447.72	166.96
93.49C	Arthroplasty, ankle	447.72	145.20
93.5	**Total hip replacement**		
93.59	**Other total hip replacement**		
93.59A	Total hip arthroplasty	895.45	300.68
93.6	**Other arthroplasty of hip**		
93.6 A	Resection arthroplasty of hip	671.58	216.85
93.6 B	Surgical hip dislocation with trochanteric flip, osteochondroplasty labral repair	1,343.17	450.00
93.69	**Other repair of hip**		
93.69A	Congenital dislocation of hip with acetabuloplasty or iliac osteotomy, or shelf	1,343.17	247.54
93.69B	Hemiarthroplasty hip with uncemented prosthesis	671.58	204.87
93.69C	Hemiarthroplasty hip with cemented prosthesis	716.36	235.46
93.7	**Arthroplasty of hand and finger**		
93.71	**Arthroplasty of hand and finger with synthetic prosthesis**		
93.71A	Resection arthroplasty MP or IP joint, single	308.38	100.00
93.71B	Repair recurrent dislocation, MP or IP joint	301.92	100.00
93.71C	Reconstruction of collateral ligament and/or the volar plate of the MP or IP joint	249.74	115.78

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES (cont'd)

93.7 Arthroplasty of hand and finger (cont'd)

93.71 Arthroplasty of hand and finger with synthetic prosthesis (cont'd)

		BASE	ANE
93.71D	Total finger joint arthroplasty (replacement with synthetic joint)	388.03	127.54

93.8 Arthroplasty of upper extremity, except hand

93.8 A	Acromio-clavicular or sterno-clavicular	335.79	168.25

93.81 Arthroplasty of shoulder with synthetic prosthesis

93.81A	Total joint arthroplasty of shoulder (glenoid and humeral replacement)	895.45	243.07
93.81B	Hemiarthroplasty of shoulder with synthetic prosthesis	811.03	243.07
	NOTE: May not be claimed with 93.83D, 95.65B, 93.83H or 91.30H.		

93.83 Other repair of shoulder

93.83B	Repair recurrent sterno-clavicular, acromioclavicular dislocation	319.98	145.20
93.83C	Posterior shoulder instability repair	596.96	220.75
	NOTE: May not be claimed in association with 93.83D or 95.65B.		
93.83D	Bankart repair or capsular shift for anterior instability	596.96	206.00
93.83E	Superior Labrum Anterior-Posterior (SLAP) repair (reattachment of the biceps anchor utilizing an anchoring device)	503.69	165.57
93.83F	Bankart repair (reattachment of the labrum to the rim of the glenoid) plus Superior Labrum Anterior-Posterior (SLAP) repair (reattachment of the biceps anchor utilizing an anchoring device)	708.90	233.01
93.83G	Other shoulder instability repair not elsewhere listed	503.69	165.57
	NOTE: May not be billed in association with 93.83D or 95.65B.		
93.83H	Rotator cuff repair, including tendon transfer	447.72	147.17
	NOTE: May not be claimed with 95.65B except where tendon transfers are performed through a different incision and do not involve rotator cuff muscles.		
93.83I	Rotator cuff repair, with Superior Labrum Anterior-Posterior (SLAP) or Bankart repair, including tendon transfer	746.21	245.28
	NOTE: May not be claimed with 95.65B except where tendon transfers are performed through a different incision and do not involve rotator cuff muscles.		
93.83N	Revision rotator cuff repair, including tendon transfer	895.45	294.33
	NOTE: May not be claimed with 95.65B except where tendon transfers are performed through a different incision and do not involve rotator cuff muscles.		
93.83O	Circumferential repair glenoid labrum	895.45	430.00

93.84 Arthroplasty of elbow with synthetic prosthesis

93.84A	Arthroplasty of elbow with synthetic prosthesis/fascial graft	895.45	243.07

93.85 Other repair of elbow

93.85A	Arthroplasty elbow	447.72	171.43

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES (cont'd)

93.8 Arthroplasty of upper extremity, except hand (cont'd)

93.85 Other repair of elbow (cont'd)

		BASE	ANE
	NOTE: May not be billed in association with 92.41.		
93.87	Other repair of wrist		
93.87A	Arthroplasty, lower radio-ulnar joint	298.48	115.78
93.87B	Arthroplasty of wrist - excision single carpal bone with or without insertion of synthetic prosthesis	447.72	145.20
93.87C	Total arthroplasty of wrist using synthetic prosthesis	585.33	189.84
93.87E	Resection arthroplasty of wrist (proximal row carpectomy)	746.21	245.28
93.87H	Arthrodesis and arthroplasty lower radio-ulnar joint, e.g. Sauve-Kaoanji	415.24	138.21
93.87J	Triangulo fibrocartilage complex repair, arthroscopic or open	553.66	184.28
93.87K	Wrist ligament reconstruction (including scapholunate or lunotriquetral ligament)	553.66	184.28
93.9	Other operations on joints		
93.91	Arthrocentesis		
93.91A	Joint aspiration, injection, hip NOTE: Refer to notes following 93.91B.	28.63 V	100.00
93.91B	Joint aspiration, injection, other joints NOTE: 1. When 93.91A and 93.91B are performed in the office, a visit or consultation benefit may also be claimed. 2. A second call may only be claimed for 93.91A and 93.91B when a second joint is either aspirated and/or injected.	17.39 V	100.00
93.96	Other repair of joint		
93.96B	Reconstruction, elbow single ligament, more than 14 days	447.72	147.17
93.96C	Reconstruction, elbow two ligaments, more than 14 days	746.21	245.28
93.96D	Primary total joint arthroplasty (ankle, elbow, wrist)	895.45	294.33
93.96E	Primary total joint arthroplasty with major reconstruction including structural allograft, protrusio ring/custom implant (hip, knee, ankle, shoulder, elbow, wrist)	1,164.08	382.63
93.96F	Revision total joint arthroplasty - Bearing change only or patellar revision	1,044.69	343.39
93.96G	Removal components insertion spacer (Prostalac or equivalent)	1,343.17	441.50
93.96H	Revision total joint arthroplasty single side (excluding patellar revision)	1,253.62	494.48
93.96I	Revision total joint arthroplasty both sides	1,432.71	565.13
93.96J	Revision total joint arthroplasty with major reconstruction one side including structural allograft/protrusio ring/custom implant	1,790.89	706.39
93.96K	Revision total joint arthroplasty with major reconstruction both sides including structural allograft/protrusio ring/custom implant	2,238.62	735.83

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES (cont'd)
93.99 Other operations on joint

Alberta Hip and Knee Replacement Program
Surgical Treatment Case Rate
NOTE: 1. This is a case rate model for orthopaedic surgeons that encompasses payment for the general practitioner referral and examination, orthopaedic consultation (including a second opinion where required or requested), the surgical procedure, surgical assistant payment (whether done by a physician or nurse) and three follow up visits.
2. Case rate payments for either form completion and examination or surgical assistance will be made through the Alberta Hip and and Knee Replacement Program.
3. The case rate benefits for 93.99PA, 93.99PB, 93.99PC and 93.99PD may only be claimed by orthopaedic surgeons participating in the Alberta Hip and Knee Replacement Program.
4. Re-admissions and re-operations may not be claimed under 93.99PA, 93.99PB, 93.99PC, 93.99PD. These should be claimed under the appropriate visit and procedure codes listed elsewhere in the Schedule.
5. Anaesthetic benefits may be claimed as the listed benefit (ANE) or as a benefit based on the duration of the anaesthetic (ANEST).

Non Surgical Treatment Case Rate
NOTE: 1. This is a case rate model for orthopaedic surgeons that encompasses payment for the general practitioner referral and examination, orthopaedic consultation, follow up visits and non-surgical treatment (injections).
2. Case rate payments for form completion and examination will be made through the Alberta Hip and Knee Replacement Program.
3. Benefits for 93.99PE and 93.99PF may only be claimed by orthopaedic surgeons participating in the Alberta Hip and Knee Replacement Program.

		BASE	ANE
93.99PA	Total knee arthroplasty, physician first assistant	1,468.60	300.68
93.99PB	Total knee arthroplasty, nurse first assistant	1,384.21	300.68
93.99PC	Total hip arthroplasty, physician first assistant	1,468.60	300.68
93.99PD	Total hip arthroplasty, nurse first assistant	1,384.21	300.68
93.99PE	Knee, non surgical treatment, case rate	292.31	
93.99PF	Hip, non surgical treatment, case rate	292.31	

94 OPERATIONS ON MUSCLE, TENDON, FASCIA AND BURSA OF HAND

94.0 Incision of muscle, tendon, fascia and bursa of hand
94.01 Incision of tendon sheath of hand

94.01A	Incision of tendon sheath of hand	138.41	100.00
94.01B	Incision and drainage of tendon sheath of hand	138.41	100.00
94.04	Incision and drainage of palmar and thenar space	69.11 V	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

94 OPERATIONS ON MUSCLE, TENDON, FASCIA AND BURSA OF HAND (cont'd)

	BASE	ANE
94.2 Excision of lesion of muscle, tendon and fascia of hand		
94.21 Excision of lesion of sheath tendon of hand		
94.21A Ganglion of hand	133.76	100.00
94.3 Other excision of muscle, tendon and fascia of hand		
94.35 Other excision of fascia of hand		
94.35A Radical fasciectomy for Dupuytren's contracture	336.43	145.20
94.35B Partial fasciectomy for Dupuytren's contracture	219.63	115.78
94.4 Suture of muscle, tendon and fascia of hand		
NOTE: For second and subsequent tendon repairs, claim 50% (flexor or extensor).		
94.42 Delayed suture of flexor tendon of hand		
94.42A Secondary repair, flexor	497.25	145.20
94.43 Delayed suture of other tendon of hand		
94.43A Secondary repair, extensor	262.69	115.78
94.44 Other suture of flexor tendon of hand		
94.44A Primary repair, flexor	342.65	145.20
94.45 Other suture of other tendon of hand		
94.45A Primary repair, extensor	207.62	100.00
94.5 Transplantation of muscle and tendon of hand		
94.55 Other transfer or transplantation of tendon of hand	415.24	127.94
94.6 Reconstruction of thumb		
94.61 Pollicization (operation) with neurovascular bundle carryover Thumb reconstruction	628.21	228.28
94.7 Plastic operations on muscle, tendon, and fascia of hand with graft or implant		
94.71 Tendon pulley reconstruction		
94.71A Hand	220.27	115.78
94.72 Plastic operation on hand with graft of tendon		
94.72A Flexor or extensor, tendon graft	562.15	202.78
94.8 Other plastic operations on hand		
94.82 Other change in length of muscle, tendon, and fascia of hand		
94.82A Tendon lengthening or shortening	218.00	115.78
94.85 Repair of mallet finger	96.78 V	115.78
94.9 Other operations on muscle, tendon, fascia, and bursa of hand		
94.91 Freeing of adhesions of muscle, tendon, fascia and bursa of hand		
94.91A Tenolysis	203.26	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

94 OPERATIONS ON MUSCLE, TENDON, FASCIA AND BURSA OF HAND (cont'd)

94.9 Other operations on muscle, tendon, fascia, and bursa of hand (cont'd)
94.91 Freeing of adhesions of muscle, tendon, fascia and bursa of hand (cont'd)

		BASE	ANE
94.91B	Tenolysis following flexor tendon graft	380.15	163.76

95 OPERATIONS ON MUSCLES, TENDONS, FASCIA AND BURSA, EXCEPT HAND

95.0 Incision of muscle, tendon, fascia and bursa
95.01 Incision of tendon sheath

95.01A	Incision of tendon sheath	138.41	100.00
95.01B	Incision of tendon sheath, stenosing tenosynovitis or excision tendon sheath tumor	149.24	100.00

95.02 Myotomy

95.02A	Myotomy That for removal of foreign body	77.61 V	100.00
95.03	Bursotomy NOTE: May not be claimed for percutaneous aspiration of bursa.	32.92 V	100.00

95.09 Incision of other soft tissue

95.09A	Removal of deep foreign body, with or without imaging, first 15 minutes of operating time NOTE: Maximums apply, refer to Price List.	111.88	100.00

95.1 Division of muscle, tendon and fascia

95.12	Adductor tenotomy of hip	149.24	100.00

95.13 Other tenotomy

95.13A	Hip flexor release	367.02	159.28
95.13B	Proximal hamstring release	367.02	188.04

95.14 Myotomy for division

95.14A	Thoracic outlet, release or rib resection	576.65	193.81
95.14B	Thoracic outlet, release or rib resection, repeat	758.40	312.40
95.14C	Scalenus anterior division	212.80	108.73
95.14D	Scalenus anterior with cervical rib resection	345.05	159.81
95.14E	Sterno-mastoid That for congenital torticollis	276.83	127.94

95.15 Fasciotomy for division

95.15A	Fasciotomy of all compartments in one extremity in one limb segment (arm, forearm, hand, buttock, thigh, leg, foot) NOTE: Only one call per limb segment may be claimed regardless of the number of incisions.	447.72	125.39
95.15B	Plantar fasciotomy	223.86	115.78
95.15C	Division ilio-tibial band, distal end	223.86	100.00
95.15F	Plantar fasciectomy, partial	298.48	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

95 OPERATIONS ON MUSCLES, TENDONS, FASCIA AND BURSA, EXCEPT HAND (cont'd)

95.1 Division of muscle, tendon and fascia (cont'd)

95.15 Fasciotomy for division (cont'd)

		BASE	ANE
95.15G	Plantar fasciectomy, complete	596.96	179.52

95.19 Division of other soft tissue

95.19A	Release or sever operation for Erbs palsy NOTE: Includes that with osteotomy of humerus.	367.02	159.92

95.2 Excision of lesion of muscle, tendon, fascia, and bursa

95.29 Excision of lesion of other soft tissue

95.29A	Baker's cyst	447.72	149.69
95.29B	Excision ganglion	122.50	100.00

95.3 Other excision of muscle, tendon, and fascia

95.32 Other excision of tendon

95.32A	Excision tendon sheaths forearm, wrist, tubercular or other granuloma	302.54	145.20
95.32B	Tenosynovectomy wrist	447.72	147.17

95.35 Other excision of fascia

95.35A	Excision of deep fascia of calf in association with varicose vein operation, additional benefit NOTE: May only be claimed with 50.4 F.	110.06	100.00

95.4 Excision of bursa

95.4 A	Olecranon, prepatellar	149.24	100.00
95.4 B	Excision of bursa, Ischial, trochanteric	159.48	115.78

95.5 Suture of muscles, tendon, and fascia

95.54 Other suture of tendon

95.54A	Primary repair of tendo achilles, less than 14 days	373.10	120.26
95.54B	Primary repair, extensor, less than 14 days	223.86	100.00
95.54C	Primary repair, flexor, less than 14 days	331.50	145.20
95.54D	Reconstruction of tendo achilles, more than 14 days	559.65	183.95
95.54E	Quadriceps or patellar tendon repair	447.72	147.17
95.54F	Other suture of tendon, primary repair, extensor, greater than 14 days	335.79	330.00
95.54G	Other suture of tendon, primary repair, flexor, greater than 14 days	335.79	330.00

95.6 Reconstruction of muscle and tendon

95.65 Other transfer or transplantation of tendon

95.65B	About shoulder	596.96	150.97
95.65C	About elbow	596.96	145.20
95.65D	About hip	596.96	212.37
95.65E	About knee	447.72	150.97
95.65F	Distal knee	447.72	127.94
95.65G	Distal Elbow	447.72	127.94

95.66 Other transfer or transplantation of muscle

95.66B	Muscle slide of the forearm	596.96	115.78

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

95 OPERATIONS ON MUSCLES, TENDONS, FASCIA AND BURSA, EXCEPT HAND (cont'd)

		BASE	ANE
95.7	**Other plastic operations on muscles, tendon and fascia**		
95.71	**Tendon pulley reconstruction**		
95.71A	Tendon graft for pulley reconstruction	223.86	115.78
95.71B	Repair recurrent dislocation peroneal tendons	447.72	125.39
95.72	**Plastic operation with graft of tendon**		
95.72A	Silastic rod first stage tendon graft	357.00	115.78
95.72B	Flexor or extensor tendon graft	562.15	202.78
95.75	**Release of clubfoot NEC**		
95.75A	Metatarsus varus or club hand, medial or posterior release	447.72	147.13
95.75B	Metatarsus varus or club hand, medial and posterior release	895.45	202.78
95.76	**Other change in length of muscle, tendon, and fascia**		
95.76A	Tendon lengthening or shortening	223.86	115.78
95.76B	Repeat posteriomedial release of foot	1,343.17	403.92
95.76C	Myotendinous lengthening or gastrosoleus slide	335.79	100.00
95.77	**Other plastic operations on tendon**		
95.77A	Biceps tenodesis, including tendon transfer NOTE: May not be billed in association with 95.65B	111.93	100.00
95.78	**Other plastic operations on muscle**		
95.78A	Quadricepsplasty	596.96	150.97
95.78B	Distal biceps/triceps, primary repair (less than 14 days)	596.96	196.22
95.78C	Distal biceps/triceps, late repair (more than 14 days)	746.21	245.28
95.8	**Invasive diagnostic procedures on muscle, tendon, fascia and bursa**		
95.81	**Biopsy of muscle, tendon, fascia and bursa**		
95.81A	Biopsy of muscle	63.68 V	100.00
95.9	**Other operations on muscle, tendon, fascia, and bursa**		
95.91	**Freeing of adhesions of muscle, tendon, fascia, and bursa**		
95.91A	Tenolysis	161.69	100.00
95.91B	Tenolysis following flexor tendon graft	407.17	163.76
95.91C	Subacromial decompression, including bursectomy NOTE: May not be billed in association with 95.65B.	279.83	100.00
95.93	Injection/aspiration of therapeutic substance into bursa Subacromial NOTE: A second call may only be claimed when the second bursa is either aspirated and/or injected.	15.35 V	100.00
95.94	**Injection of therapeutic substance into other soft tissue**		
95.94A	Injection with local anaesthetic of myofascial trigger points combined with a spray and stretch technique	55.77	
95.94B	Intravaginal trigger point injection(s)	89.70	

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

95 OPERATIONS ON MUSCLES, TENDONS, FASCIA AND BURSA, EXCEPT HAND (cont'd)

95.9 Other operations on muscle, tendon, fascia, and bursa (cont'd)

95.94 Injection of therapeutic substance into other soft tissue (cont'd)

	BASE	ANE

NOTE: 1. Benefit includes a general gynaecological examination and concurrent specialized physiotherapy.
2. When only an injection is provided, refer to 13.59J.

95.96 Aspiration of other soft tissue

95.96A	Other bursae, tendon sheaths, ganglion of wrist or ankle, aspiration, injection	11.16 V	100.00

NOTE: A second call may only be claimed when a second bursa, tendon sheath or ganglion is either aspirated and/or injected.

95.99 Other operations on muscle, tendon, fascia, and bursa NEC

95.99A	Open reconstruction of congenital vertical talus	830.48	213.65

96 OTHER OPERATIONS ON THE MUSCULOSKELETAL SYSTEM

96.0 Amputation of upper limb

96.01 Amputation and disarticulation of finger(s), except thumb

96.01A	Finger, one	80.66 V	100.00

96.03 Amputation through hand

96.03A	Metacarpal, entire ray	166.17	100.00
96.03B	Through metacarpal or MP joint	118.02	100.00
96.03C	Through metacarpals	447.72	100.00
96.04	Disarticulation of wrist	559.65	100.00
96.05	Amputation through forearm	559.65	141.37
96.06	Disarticulation of elbow or amputation through humerus	559.65	141.37
96.07	Disarticulation of shoulder	746.21	183.59
96.08	Interthoracoscapular amputation	830.48	187.42

96.1 Amputation of lower limb

96.11 Amputation and disarticulation of toe(s)

96.11A	Toe, one	149.24	100.00

96.12 Amputation and disarticulation of foot

96.12A	Metatarsal - whole ray	148.67	100.00
96.12B	Transmetatarsal	209.68	100.00
96.12C	Mid-tarsal	447.72	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

96 OTHER OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

96.1 Amputation of lower limb (cont'd)

96.12 Amputation and disarticulation of foot (cont'd)

		BASE	ANE
96.13	Amputation and disarticulation of ankle . . . . . Symes, Pirogoff	746.21	309.02
96.14	Amputation of lower leg . . . . . Below knee	671.58	141.37
96.15	Amputation of thigh or disarticulation of knee . . . . . Supracondylar Thigh through femur	671.58	127.94
96.16	Disarticulation of hip	895.45	243.07
96.17	Abdominopelvic amputation or hindquarter amputation	2,238.62	873.84

96.2 Revision of amputation stump

96.2 A	Finger	126.17 V	100.00

96.3 Reattachment of extremity

96.3 A	Involving microsurgical technique, per hour (includes preparation of severed part)	446.29	

NOTE: Second surgeon (microsurgical) with a role modifier, refer to Price List.

XVI. OPERATIONS ON THE BREAST

97 OPERATIONS ON THE BREAST

		BASE	ANE
97.1	**Excision or destruction of lesion or tissue of breast**		
97.11	**Local excision or lesion of breast**		
97.11A	Directed breast biopsy following mammography needle localization	215.51	100.00
97.11B	Biopsy and/or local excision of lesion(s)	140.55	100.00
97.12	**(Unilateral) complete mastectomy**		
97.12A	Without removal of nodes or muscle	455.50	154.17
97.12B	Total mastectomy with formal axillary node dissection and/or sentinal node biopsy, with or without removal of pectoral muscles	763.04	251.40
97.2	**Other excision or destruction of breast tissue**		
97.22	**Other (unilateral) subcutaneous mastectomy**		
97.22A	With retention of areola and nipple	504.55	171.43
97.27	**Resection of quadrant of breast**		
97.27A	Segmental resection	196.91	100.00
97.27B	Segmental resection, with formal axillary node dissection and/or sentinel node biopsy, with or without removal of pectoral muscles	763.04	251.40
97.29	**Other excision of breast tissue NEC**		
97.29A	Simple mastectomy NOTE: 1. Includes that for gynaecomastia. 2. For cases other than those involving malignancies.	296.05	115.78
97.3	**Reduction mammoplasty**		
97.31	Unilateral reduction mammoplasty	479.70	167.61
97.4	**Augmentation mammoplasty**		
97.43	Unilateral augmentation mammoplasty by implant or graft That for reconstruction NOTE: Payable only for congenital aplasia, hypoplasia or post-mastectomy.	342.72	147.13
97.5	**Mastopexy (post mastectomy)**		
97.5	Mastopexy (Post mastectomy)	326.40	115.78
97.7	**Other repair and plastic operations on breast**		
97.77	Other repair or reconstruction of nipple	334.05	136.25
97.8	**Invasive diagnostic procedures on breast**		
97.81	Percutaneous (needle) biopsy of breast	37.41 V	100.00
97.82	**Other biopsy of breast**		
97.82A	Percutaneous stereotactic core breast biopsy	74.01	
97.83	**Contrast mammary ductogram**		
97.83A	Catheterization of mammary duct and injection of contrast media	41.44	
97.89	**Other invasive diagnostic procedures on breast**		
97.89A	Needle localization under mammographic control, single lesion	41.13	

XVI. OPERATIONS ON THE BREAST (cont'd)

97 OPERATIONS ON THE BREAST (cont'd)

97.8 Invasive diagnostic procedures on breast (cont'd)

97.89 Other invasive diagnostic procedures on breast (cont'd)

		BASE	ANE
97.89B	Injection of contrast media into cyst of breast	41.44	

97.9 Other operations on the breast

97.95	Insertion of breast tissue expanders	326.40	115.78
97.96	Removal of breast tissue expander(s) NOTE: When removal is the only procedure performed and not part of another procedure.	84.45 V	100.00

97.99 Other operations on the breast NEC

97.99A	Mammary capsulectomy	179.45	100.00

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE

98.0 Incision of skin and subcutaneous tissue

98.01 Tattooing or insertion into skin and subcutaneous tissue

		BASE		ANE
98.01A	Implantation of subdermal contraceptive implant	49.52		100.00

98.03 Other incision with drainage of skin and subcutaneous tissue

98.03A	Incision and drainage of abscess or hematoma, subcutaneous or submucous	30.90	V	100.00
98.03B	Incision and drainage of abscess, deep, unspecified site	BY ASSESS		100.00
98.03C	Aspiration of hematoma	11.16		

98.04 Incision with removal of foreign body of skin and subcutaneous tissue

98.04A	Under anaesthesia	52.47	V	100.00
98.04B	Without anaesthesia	26.69		
98.04C	Removal of subdermal contraceptive implant	99.03		100.00

98.1 Excision of skin and subcutaneous tissue

98.11 Debridement of wound or infected tissue

NOTE: Only one of 98.11A to 98.11F may be claimed per anatomical area.

98.11A	Up to 32 square cms	82.52		152.26
98.11B	Over 32 and up to 64 square cms	205.59		152.26
98.11C	Over 64 square cms	395.17		172.71

Tangential excision of burned tissue, functional areas, not including skin graft

98.11D	Up to 32 square cms	88.82		100.00
98.11E	Over 32 and up to 64 square cms	177.62		100.00
98.11F	Over 64 square cms	404.52		144.57

98.12 Local excision or destruction of lesion or tissue of skin and subcutaneous tissue

98.12A	Excisional biopsy, skin NOTE: Maximum applies, refer to Price List.	39.56	V	100.00
98.12B	Excisional biopsy, skin of face NOTE: Maximum applies, refer to Price List.	52.95	V	100.00
98.12C	Removal of sebaceous cyst NOTE: Maximum applies, refer to Price List.	51.58	V	100.00
98.12D	Bilateral excision, apocrine glands, major	204.15		127.94
98.12E	Excision, apocrine glands, minor That for suppurative hydradenitis	97.76	V	100.00
98.12F	Excision and graft, apocrine glands That for suppurative hydradenitis	313.82		145.20
98.12G	Laser treatment of cutaneous vascular tumors	64.68		100.00
98.12H	Excision of soft tissue tumor(s) (subcutaneous) up to 30 minutes of operating time	73.01	V	100.00

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.1 Excision of skin and subcutaneous tissue (cont'd)

		BASE	ANE
	NOTE: 1. For sebaceous cyst removal see 98.12C. 2. Each subsequent 15 minutes of operating time, or major portion thereof, may be claimed at the rate specified on the Price List; a maximum benefit applies.		
	Warts or Keratoses NOTE: 1. Items 98.12J, 98.12K and 98.12L may only be claimed for the following: genital warts; plantar warts; precancerous skin lesions, e.g., actinic keratoses; seborrhoeic keratoses which are irritated and treatment is medically required; warts in immuno-deficient patients or immuno-suppressed patients; or molluscum contagiosum. 2. The treatment of common warts or keratoses is an uninsured service.		
98.12J	Removal or excision, first lesion	23.59 V	100.00
	NOTE: Maximums apply, refer to Price List.		
98.12K	Removal by fulguration, first lesion	23.59 V	100.00
	NOTE: Maximums apply, refer to Price List.		
98.12L	Non-surgical treatment (cryotherapy, chemotherapy), warts or keratoses . . .	19.95	
	NOTE: May be claimed in addition to a visit or consultation.		
98.12M	Removal of pigmental benign naevus, excluding face	33.28 V	100.00
98.12N	Removal of pigmented benign naevus of the face	49.47 V	100.00
98.12P	Removal of complicated naevi	BY ASSESS	
	Multiple dysplastic or localized carcinomatous lesions of the skin		
98.12Q	Removal of (any method)	36.23 V	100.00
	Example: Multiple dysplastic naevi syndrome Multiple basal cell		
	NOTE: 1. For second and subsequent, refer to Price List. 2. Maximums apply, refer to Price List.		
98.12R	Removal first plantar wart	38.70 V	100.00
	NOTE: 1. For non-surgical treatment, see 98.12L. 2. Maximums apply, refer to Price List.		
	Condylomata acuminata		
98.12S	Non surgical treatment, cryotherapy	24.44	
98.12T	Removal of minor condylomata acuminata without general anesthetic by any surgical method	59.72	
98.12U	Removal of major condylomata acuminata under general anesthetic	130.00	100.00

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

Warts or Keratoses (cont'd)

98.13 Radical excision of skin lesion

		BASE	ANE
98.13A	Melanoma, excision with skin graft, excluding face	170.04	100.00
98.13B	Excision of large malignant facial lesion with primary closure	190.14	127.94
	Excision of contracted and/or unstable scar and application of skin graft		
98.13C	Up to 32 square cms	118.00	185.50
98.13D	Over 32 and up to 64 square cms	239.72	185.50
98.13E	Over 64 and up to 100 square cms	446.07	185.50

98.14 Excision of pilonidal sinus or cyst

98.14A	Pilonidal cyst - excision or marsupialization	227.75	115.78

98.2 Suture of skin and subcutaneous tissue

98.22 Suture of skin and subcutaneous tissue of other sites

98.22A	Laceration, face, up to 2.5 cms (1 unit) or body, up to 5 cms (1 unit)	53.97 V	100.00

NOTE: See 98.22B for lacerations exceeding the lengths listed above.

98.22B	Laceration, face, over 2.5 cms (1 unit) and/or body, over 5 cms (1 unit)	46.94	100.00

For each layer or unit, refer to Price List

NOTE: The following applies to 98.22A and 98.22B.

1. Fee includes primary closure of wound, normal wound care follow-up and suture removal.
2. Where the laceration is treated with the use of steri-strip, or simple bandaging, a visit, not this item should be claimed.
3. Where multiple lacerations are repaired, use the combined length.

98.4 Free skin graft

98.41 Free skin graft, unqualified

98.41A	Skin graft in association with varicose vein operation, additional benefit	110.06	100.00

NOTE: May only be claimed in addition to HSC 50.4 F.

98.44 Full thickness skin graft to other sites

NOTE: Includes closure of donor defect. Dorsum of hand, palm of hand and web space of hand are considered separate sites.

98.44A	Up to 32 square cms	200.16	100.00
98.44B	Over 32 square cms	357.00	145.20

98.49 Other free skin graft to other sites

	Non-functional split thickness skin grafts		
98.49A	Up to 32 square cms	84.45 V	100.00
98.49B	Over 32 and up to 64 square cms	142.75	100.00
98.49C	Over 64 and up to 100 square cms	344.45	112.07
98.49D	Over 100 square cms	596.11	279.40

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.4 Free skin graft (cont'd)

98.49 Other free skin graft to other sites (cont'd)

		BASE	ANE
	NOTE: For an extensive graft over 100 square cms, only one 98.49D per anatomical area may be claimed.		
	Functional split thickness skin grafts		
98.49E	Up to 32 square cms	133.88	100.00
98.49F	Over 32 and up to 64 square cms	224.91	100.00
98.49G	Over 64 square cms	404.52	143.96
	Skin graft following tangential excision of burned tissue		
98.49H	Up to 32 square cms	78.76	100.00
98.49J	Over 32 and up to 64 square cms	159.41	100.00
98.49K	Over 64 square cms	287.72	110.62
	NOTE: The benefits for 98.49H, 98.49J, 98.49K are payable in addition to 98.11D, 98.11E, 98.11F.		
	Mucosal Grafts		
98.49L	Mucosal grafts up to 32 square cms	209.59	100.00
98.49M	Mucosal grafts over 32 square cms	311.14	145.20
	NOTE: Benefits payable for 98.49L, 98.49M include closures of donor defect.		

98.5 Flap or pedicle graft

NOTE:
1. Functional areas includes the following anatomical areas: Head, neck, axillae, elbow, wrist, hand, groin, perineum, knee, ankle, foot and includes coverage of exposed vital structures (bone, tendon, major vessel, nerve)
2. Flaps (98.53,98.5A,98.51A,98.51B) for functional areas are designated by FNCAR modifier, add 50% to total benefit.
3. Flap size 5-10 cms or double Z-plasty designated by 2ZPL modifier, add 25% to benefit.
4. Flap size greater than 10 cms or triple Z-plasty designated by 3ZPL modifier, add 50% to benefit.
5. Composite tissue resection (includes bone) designated by CMPRSC modifier, add 25% to benefit.
6. Only one modifier (CMPRSC, FNCAR, 2ZPL, 3ZPL) may be claimed per flap.
7. Modifiers do not apply to pedicle flaps.

98.5 A	Rotation or transposition flap	331.63	153.50

98.51 Flap or pedicle graft, unqualified

98.51A	Major flap of single tissue (e.g. fasciocutaneous or muscle) with axial blood supply	803.98	273.79

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.5 Flap or pedicle graft (cont'd)

98.51 Flap or pedicle graft, unqualified (cont'd)

		BASE	ANE
	NOTE: 1. Includes insertion of tissue expanders. 2. Local block of somatic nerve or infiltration of tissue may not be claimed post-operatively. 3. A claim may not be submitted for infiltration into the tissue expander in the post-operative period.		
98.51B	Composite compound flap using two or more of the following: skin, muscle, bone: with axial blood supply	1,179.12	385.11
98.51C	Free flaps involving microsurgical technique and neuro-vascular hook up, per hour	434.70	

98.52 Cutting and preparation of flap or pedicle graft

98.52A	Less than 2 cms	127.68	100.00
98.52B	Less than 2 cms (delay)	71.36	100.00
98.52C	2-5 cms	410.07	155.68
98.52D	2-5 cms (delay)	205.05	100.00
98.52E	Greater than 5 cms	468.66	202.78
98.52F	Greater than 5 cms (delay)	209.64	100.00
98.53	Advancement of flap or pedicle graft (no donor defect)	172.60	100.00

98.55 Attachment of flap or pedicle graft to other sites

98.55A	Less than 2 cms (insetting)	100.12	100.00
98.55B	2-5 cms (insetting)	275.45	118.82
98.55C	Greater than 5 cms (insetting)	329.28	141.05

98.56 Revision of flap or pedicle graft

98.56A	Less than 2 cms (revision)	103.75	100.00
98.56B	2-5 cms (revision)	307.88	129.87
98.56C	Greater than 5 cms (revision)	351.49	154.17

98.6 Plastic operations on lip and external mouth

98.6 A	Simple excision of carcinoma of lip	66.85 V	100.00
98.6 B	Major excision of carcinoma of lip	129.31	115.78
98.6 C	Leukoplakia wedge resection	106.57 V	100.00
98.6 D	Leukoplakia vermilionectomy	202.57	117.05
98.6 E	Leukoplakia vermilionectomy and wedge resection	281.70	145.20
98.6 G	Major excision and plastic repair	BY ASSESS	159.81
	Primary reconstruction of cleft lip and palate		
98.6 H	Unilateral	510.00	207.26
	NOTE: If bilateral lip done staged, claim 98.6H per stage.		
98.6 J	Bilateral, done at one operative sitting	714.00	289.15
98.6 K	Repair of cleft nose deformity at time of primary lip repair	679.54	307.06
	NOTE: Includes fee for lip repairs.		

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.6 Plastic operations on lip and external mouth (cont'd)

		BASE	ANE
	Secondary reconstruction of cleft lip and palate		
98.6 L	Revision of one of mucosa, skin, muscle, nostril floor	190.24	100.00
98.6 M	Revision of two of mucosa, skin, muscle, nostril floor	249.67	115.78
98.6 N	Complete lip reconstruction	619.49	287.86
98.6 P	Abbe flap	458.67	178.47
98.6 Q	Columella lengthening	249.67	120.15
98.6 R	Major, reconstruction of cleft lip and nasal deformity	679.54	242.44

98.7 Other repair and reconstruction of skin and subcutaneous tissue

98.71 Correction of syndactyly

NOTE: Grafts are paid per anatomic functional area

98.71A	With local flaps	110.68	100.00
98.71B	With flap and graft reconstruction	438.76	163.13
98.71C	Post-traumatic excision of scar and skin graft	408.00	163.13
98.72	Facial rhytidectomy That for facial palsy NOTE: One side only.	556.71	209.18

98.73 Repair for facial weakness

98.73A	Fascial-sling for facial palsy (static)	394.67	170.17
98.73B	Dynamic facial sling	612.23	256.34

98.74 Size reduction plastic operation

98.74A	Major panniculectomy	635.12	332.64

98.79 Other repair and reconstruction of skin and subcutaneous tissue NEC

NOTE: 1. Fee includes harvesting and insertion.
2. Grafting to the nasal tip and tip rhinoplasty may not be claimed together.
3. Grafting to the nasal dorsum and dorsal rhinoplasty may not be claimed together.

	Transplantation of autogenous tissues other than skin		
98.79A	Auricular cartilage, costal cartilage or bone graft, to nose, orbit, forehead, etc.	405.92	178.49
98.79B	Septal cartilage	194.98	100.00
	Allograft/ Prosthetic		
98.79C	Insertion of bone/cartilage/prosthetic graft	298.87	132.84

98.8 Invasive diagnostic procedures on skin and subcutaneous tissue

98.8 A	Skin test, e.g. tuberculin	7.59	

98.81 Biopsy of skin and subcutaneous tissue

98.81A	Biopsy, skin	36.23 V	100.00

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.8 Invasive diagnostic procedures on skin and subcutaneous tissue (cont'd)

98.81 Biopsy of skin and subcutaneous tissue (cont'd)

		BASE	ANE
	NOTE: Maximum applies, refer to Price List.		
98.81B	Punch biopsy	28.77	

98.89 Other invasive diagnostic procedures on skin and subcutaneous tissue

98.89A	Skin tests, intradermal or prick, on children under five years, carried out by a physician, per test NOTE: Refer to the notes following 98.89F.	2.58	
98.89B	Passive transfer test, per test NOTE: Refer to the notes following 98.89F.	4.09	
98.89C	Skin tests, stinging insects NOTE: Refer to the notes following 98.89F.	59.21	
98.89D	Skin test, patch, per test NOTE: Refer to the notes following 98.89F.	1.62	
98.89E	Skin test, airborne allergens, intradermal or prick, per test NOTE: Refer to the notes following 98.89F.	1.65	
98.89F	Skin test, food allergens, intradermal or prick, per test NOTE: 1. A maximum per benefit year as specified on the Price List applies to 98.89A, 98.89B, 98.89C, 98.89D, 98.89E and 98.89F. 2. A second set of tests (98.89A, 98.89B, 98.89C, 98.89D, 98.89E, 98.89F) may be claimed only by a specialist for a patient who is referred. 3. Benefits do not include the cost of materials.	1.62	
98.89G	Provocative testing for suspected sensitivity to local anaesthetic NOTE: 1. That requiring constant supervision by a physician for a duration of one hour or more. 2. To a maximum per benefit year, per patient, per physician.	116.75	
98.89H	Photo test or photopatch test set of four	32.85	

98.9 Other operations on skin and subcutaneous tissue

98.92 Chemosurgery of skin

Chemical peel, cryotherapy or tattooing

98.92A	Less than 1/4 of face	48.41 V	100.00
98.92B	Between 1/4 and 1/2 of face	95.35 V	100.00
98.92C	Full face NOTE: 98.92 items may not be claimed in combination with 98.93 items.	188.46	120.15
98.92D	Nipple/areola tattooing following repair or reconstruction	200.00	

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.9 Other operations on skin and subcutaneous tissue (cont'd)

98.92 Chemosurgery of skin (cont'd)

		BASE	ANE
	NOTE: May only be claimed when performed by a physician.		
98.92E	Technical component for nipple tattooing (staff, equipment, consumables) associated with 98.92D when performed by a physician	100.00	
	NOTE: May not be claimed when the procedure is performed in the hospital.		

98.93 Dermabrasion

98.93A	Less than 1/4 of face	51.42 V	100.00
98.93B	Between 1/4 and 1/2 of face	109.62 V	100.00
98.93C	Full face	216.66	127.94

98.96 Removal of nail, nailbed, or nailfold

98.96A	Wedge excision	41.08 V	100.00
98.96B	Radical excision	82.14 V	100.00
98.96C	Wedge excision with plastic repair, one side of nail	55.51 V	100.00
98.96D	Wedge excision with plastic repair, two sides of nail	83.96 V	105.92

98.98 Insertion of tissue expanders

98.98A	Insertion of tissue expanders	326.40	115.78
98.98B	Removal of tissue expanders	75.55 V	100.00
	NOTE: When removal is the only procedure performed and not part of another procedure.		

98.99 Other operations on skin and subcutaneous tissue NEC

98.99A	Acne surgery	28.43 V	
	That for incision and drainage and/or cryotherapy of cysts		

Tangential excision of skin cancer, microscopically controlled

98.99B	Initial excision	270.49	115.78
98.99C	One or more extra cuts, additional benefit	229.95	100.00

NOTE:
1. HSCs 98.99B and 98.99C refer to recognized techniques in which the excised tissue is appropriately marked, oriented and mapped by the surgeon in such a way as to anatomically locate residual malignant cells, if any, in the corresponding sector of the tumor bed.
2. HSCs 98.99B and 98.99C may only be claimed when a certified pathologist has confirmed the diagnosis from a prior biopsy.
3. HSCs 98.99B and 98.99C may only be claimed once whether or not the excision of the lesion extends to the subsequent day.

Moh's microscopically controlled excision

98.99D	Initial cut, including debulking	292.10	
98.99E	One or more additional cuts, extra	253.49	
98.99F	Special overhead and technical component, extra	239.92	

XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.99 Other operations on skin and subcutaneous tissue NEC (cont'd)

BASE ANE

NOTE:
1. 98.99D may be claimed only by physicians who have been accredited to provide these services by the College of Physicians and Surgeons of Alberta.
2. 98.99D may only be claimed when a certified pathologist has confirmed the diagnosis from a prior biopsy.
3. 98.99E, 98.99F may be claimed only once, whether or not excision of the lesion extends to the subsequent day.
4. 98.99F may not be claimed if the surgery is performed in a hospital setting.
5. Closure of the resulting defect by undermining the advancement flaps is included in the above fees. If any more complicated closure is medically necessary, claim as an additional procedure under the appropriate listing for grafts.

XVIII. PROCEDURES NOT ELSEWHERE CLASSIFIED

99 PROCEDURES NOT ELSEWHERE CLASSIFIED

99.0 Ill-defined operations

99.09 Surgical procedures NOS

		BASE	ANE
99.09A	Unlisted Procedures, Nervous System	BY ASSESS	
99.09B	Unlisted Procedures, Endocrine System	BY ASSESS	
99.09C	Unlisted Procedures, Eyes	BY ASSESS	
99.09D	Unlisted Procedures, Ears	BY ASSESS	
99.09E	Unlisted Procedures, Nose, mouth and pharynx	BY ASSESS	
99.09F	Unlisted Procedures, Respiratory system	BY ASSESS	
99.09G	Unlisted Procedures, Cardiovascular system	BY ASSESS	
99.09H	Unlisted Procedures, Hemic and Lymphatic system	BY ASSESS	
99.09J	Unlisted Procedures, Digestive system and abdominal repair	BY ASSESS	
99.09K	Unlisted Procedures, Urinary tract	BY ASSESS	
99.09L	Unlisted Procedures, Male genital organs	BY ASSESS	
99.09M	Unlisted Procedures, Female genital organs	BY ASSESS	
99.09N	Unlisted Procedures, Obstetric procedures	BY ASSESS	
99.09P	Unlisted Procedures, Musculoskeletal system	BY ASSESS	
99.09Q	Unlisted Procedures, Breast	BY ASSESS	
99.09R	Unlisted Procedures, Skin and subcutaneous tissue	BY ASSESS	
99.09U	Unlisted Procedures, Certain Diagnostic and Therapeutic Procedures	BY ASSESS	
99.09V	Unlisted Procedures, Radiology	BY ASSESS	

LABORATORY AND PATHOLOGY

HEMATOLOGY

NOTE: Unusual multiple charges for the same laboratory service should be submitted with an explanation

Hematology - General

		BASE	ANE
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	14.18	
	NOTE: 1. Includes check by pathologist or hemopathologist if required. 2. No combination of those items which constitute a complete blood count shall be billed in excess of a complete blood count.		
E 29	Blood smear by special request of referring physician Claim only an E1 (CBC) if the test results are not outside the laboratory's criteria for referring the smear to a pathologist for review	39.35	
E 13	Bone marrow - interpretation of smear by pathologist or hematopathologist	61.75	
E400	Eosinophil count - direct	5.44	
E 7	Hematocrit	4.22	
E 2	Hemoglobin	4.22	
E404	Hemosiderin stain on blood, bone marrow or urine smear	7.86	
E 23	Malaria or other parasite	13.08	
E 3	Red blood cell count by electronic counting	4.22	
E 8	Reticulocyte count	8.00	
E 6	Sedimentation rate	3.02	
E 4	White blood cell count	4.22	
E 5	White blood cell - differential count	6.90	

Hematology - Special

E 9	Acid hemolysis test	20.82	
E 10	Ascorbic test for red cell enzyme deficiency	13.08	
E 11	Autohemolysis with glucose and ATP	38.44	
E 16	Cold hemolysins (Donath-Landsteiner)	13.08	
E427	Fetal hemoglobin cell count (Kleihauer)	20.82	
E 18	Fetal hemoglobin by denaturation	13.08	
E 19	Fragility test	36.64	
E429	Heinz body (in vitro)	10.78	
E460	Hemoglobin hybridization in identification of abnormal hemoglobins	47.53	
E517	Hemoglobin, unstable by heat stability	22.54	
E 22	Leukocyte alkaline phosphatase (L.A.P.)	15.48	
E 24	P.N.H. screen	10.53	
E520	Platelet aggregation per aggregating agent	15.01	
	NOTE: Up to three agents, maximums apply refer to Price List.		
E 25	Red cell G-6-PD (quantitative)	43.58	
E 26	Red cell pyruvate kinase (quantitative)	43.58	
E366	Schilling test - with or without intrinsic factor	51.47	
E 27	Sickle cell identification	8.62	

LABORATORY AND PATHOLOGY (cont'd)

HEMATOLOGY (cont'd)

Hematology - Coagulation, Hemostasis

		BASE	ANE
E 30	Bleeding time	5.56	
E 32	Circulating anticoagulant	15.48	
E 33	Clot retraction	8.96	
E 31	Clotting time (Lee-White)	4.71	
E 36	Contact activation	20.82	
E405	Factor VIII (A.H.G.) assay	52.07	
E406	Factor IX (P.T.C.) assay	52.07	
E 34	Factor XI - identification of defect (P.T.A.)	36.64	
E 35	Factor XII - identification of defect (Hageman)	36.64	
E 38	Fibrinogen Qualitative (eg. fibrindex)	9.94	
E 37	Fibrinogen Quantitative - chemical	25.73	
E464	Fibrinogen split products	13.93	
E 17	Fibrinolysin (dilute whole blood clot lysis)	10.53	
E 40	Platelet adhesiveness	25.41	
E 41	Platelet count	10.42	
E 42	Prothrombin consumption test	20.82	
E 43	Prothrombin time	11.27	
E428	Stypven time	13.08	
E 45	Thromboplastin generation test - full identification of defect	52.07	
E 44	Thromboplastin generation test - screening	22.64	
E 46	Thromboplastin time - partial	13.08	

Immunohematology

E 51	ABO grouping	6.30	
E 49	Antibody identification including antiglobulin test, warm and cold phase but not elution or absorption	32.09	
E468	Donor antibody screen, per donor, per day, including antiglobulin test	17.68	
E 48	Antiglobulin test, direct or indirect or both, when not part of a cross match, includes negative and positive control	8.12	
E 50	Cross match, per patient, per set-up, includes antiglobulin test as well as grouping	36.64	
E 21	Leukoagglutinins (qualitative)	25.41	
E434	Leukoagglutinins (quantitative)	76.88	
E435	Platelet antibodies, modification of complement fixation	76.88	
E472	Preparation of cryoprecipitate - per unit (not including collection)	32.99	
E469	Preparation of packed red cells - per patient, per day (not including collection)	11.49	
E471	Preparation of platelet concentrate (minimum of eight donors) (not including collection)	66.59	
E432	R.B.C. absorption and elution studies	64.46	
E433	R.B.C. elution only	38.44	
E 52	Rh groupings, per antigen	6.30	
E436	Red blood cell antibody titration, warm or cold, saline and/or antiglobulin test	20.82	

LABORATORY AND PATHOLOGY (cont'd)

CHEMISTRY

Chemistry - Routine blood

		BASE	ANE
E 55	Acetone	17.68	
E 79	Acetylcholinesterase (red cells)	25.41	
E515	Alanine aminotransferase (ALT)	11.49	
E473	Aldolase	15.86	
E475	Alpha 1 antitrypsin	29.06	
E551M	Alpha fetoprotein	45.40	
E 57	Amino acid (total)	13.93	
E 58	Ammonia	17.68	
E 59	Amylase	15.86	
E 60	Ascorbic acid	17.68	
E 62	Bilirubin - total and fractionation (conjugated)	10.91	
E 63	Bilirubin - total - without fractionation	7.39	
E 68	Calcium	14.16	
E 81	Carbon dioxide (C02)	4.88	
E 70	Carbon monoxide (quantitative)	20.72	
E551J	Carcinoembryonic antigen (CEA)	45.40	
E 72	Carotene	17.68	
E 75	Ceruloplasmin (quantitative)	20.82	
E 76	Chloride	4.88	
E 77	Cholesterol total	12.48	
E519	Cholesterol, high density lipoprotein (HDL) fraction	25.11	
E 79A	Cholinesterase (serum) total	25.41	
E 79B	Cholinesterase (serum) isoenzyme fractionation	26.96	
E525	Chromatography (blood) by column	52.07	
E422	Chromatography (blood), gas per specimen, per injection	52.07	
E524	Chromatography (blood), liquid per specimen, per injection	52.35	
E526	Chromatography (blood), thin layer qualitative, per plate	23.24	
E560	C-1 Esterase Inhibitor	29.06	
E492	Complement 3, serum	29.06	
E494	Complement 4, serum	29.06	
E495	Complement, total (hemolytic assay)	35.42	
E 84	Creatinine	8.71	
E 86	Cryoprotein per fraction	6.90	
E420	Creatine kinase (CK)	13.08	
E420A	Creatine kinase (CK) isoenzyme fractionation	27.26	
E425	D-Xylose tolerance	25.41	
E150E	Enzyme, serum otherwise not listed	15.97	
E 88	Fatty acid (total)	15.48	
E550D	Ferritin	45.40	
E401A	Folic acid, red cell	32.09	
E 90	Galactose tolerance - I.V.	37.54	
E 92	Glucose - fasting	8.00	
E 92D	Glucose - spot	8.00	
E 92E	Glucose - two hour P.C.	8.00	
E 93	Glucose - stick test	2.77	
E 94	Glucose tolerance - includes urines as required, four or more specimens	36.03	
E 92B	Glucose - Gestational Diabetic screen	11.38	
E 54	Haptoglobins	25.41	

LABORATORY AND PATHOLOGY (cont'd)

CHEMISTRY (cont'd)

Chemistry - Routine blood (cont'd)

		BASE	ANE
E 96	Hemoglobin (plasma) quantitative	13.67	
E 97A	Hemoglobin electrophoresis, together with quantitation of abnormal hemoglobin by scanning or elution	49.33	
E503	Hemoglobin A2 by chromatography	52.07	
E512	Heavy metals, each	22.54	
E 98	Immunoelectrophoresis (1 membrane)	34.20	
E 98A	Additional slides to a maximum of two	16.94	
E 99	Immunoglobulin quantitation of IgG, IgA, and IgM, inclusive	53.87	
E 99A	Immunoglobulin quantitation of any of IgG, IgA, IgM, IgD each	17.68	
E550X	IgE (immunoglobulin E)	45.40	
E103	Iron - serum and iron binding capacity	22.95	
E104	Lactic acid or lactate	27.56	
E105	Lactic dehydrogenase (LD)	15.86	
E106	LD Isoenzyme fractionation	27.26	
E107	Lipase	14.16	
E504	Lithium	17.07	
E111	Magnesium	13.08	
E114	Methaemalbumin (Schumm test)	5.44	
E150	Multi-channel analysis	19.26	
E116	Osmolarity	10.53	
E119	pH of blood	13.08	
E119A	pCO2	13.67	
E121A	pO2	13.08	
E122	Phenylalanine - chemical quantitative	13.08	
E123D	Phosphatase acid	15.86	
E123	Phosphatase alkaline	15.82	
E123B	Phosphatase alkaline, isoenzyme fractionation	27.26	
E124	Phospholipids	13.08	
E125	Phosphorus, inorganic	10.78	
E127	Potassium	4.88	
E128	Proteins - total only	7.86	
E130	Proteins - electrophoresis	19.51	
E527	Protoporphyrin, free (red cell)	31.79	
E528	Pyruvic acid or pyruvate	27.56	
E552	Radioimmunoassay specify	BY ASSESS	
E137	Sodium	4.88	
E529	Transferrin, quantitative	20.36	
E142	Triglyceride	12.48	
E144	Urea	9.21	
E145	Uric acid	8.96	
E146	Vitamin A tolerance - includes vitamin A (4 specimens)	69.00	
E147	Vitamin A	17.68	
E148	Vitamin B 12	35.42	

Chemistry - Routine urine

E151	Urinalysis routine examination - including exam of centrifuged sediment	5.44	

NOTE: Item E152, item E153, or item E222 shall not be submitted for a service rendered on the same day as item E151.

LABORATORY AND PATHOLOGY (cont'd)

CHEMISTRY (cont'd)

Chemistry - Routine urine (cont'd)

		BASE	ANE
E152	Urinalysis without microscopic examination of centrifuged sediment	2.77	
E153	Microscopic examination, alone	2.77	
E157	Amino acids - total (chemical)	17.68	
E158	Amino acids - paper chromatography screening	17.68	
E159	Amino acids - chromatography (semi-quantitative) (includes sugars)	30.59	
E162	Amylase	15.86	
E163	Ascorbic acid (quantitative)	17.68	
E169	Calcium (quantitative)	15.86	
E291	Calculus analysis (qualitative)	17.68	
E479	Calculus analysis by infra-red spectroscopy or x-ray diffraction	19.13	
E480	Calculus - infra-red scan - interpretation of	9.21	
E172A	Chlorides (quantitative)	7.86	
E505	Chromatography, gas, per specimen, per injection	52.07	
E521	Chromatography, liquid - per specimen - per injection	52.07	
E522	Chromatography by column	52.07	
E523	Chromatography, thin layer - qualitative, per plate	23.24	
E181	Concentration test only	2.67	
E203	Concentration test with osmolality	19.62	
E182	Coproporphyrin (quantitative)	17.68	
E183	Coproporphyrin (qualitative)	8.62	
E178	Creatinine (quantitative)	8.96	
E179	Creatinine clearance test	20.82	
E530	Cystine, quantitative	46.62	
E184	Cystine (screening)	8.62	
E481	Delta-aminolevulinic acid	32.99	
E189	Glucose (quantitative)	8.96	
E190	Heavy metals, each	22.54	
E531	Homogentisic acid, qualitative	9.94	
E532	Hydroxyproline, quantitative	46.62	
E518	Immunoelectrophoresis or immunofixation, including dialysis concentration	64.77	
E198	Melanin	17.68	
E200	Myoglobin	25.41	
E533	Mucopolysaccharides, qualitative	13.67	
E202	Osmolality	10.53	
E483	Oxalate	19.13	
E205	Phenylpyruvic acid (qualitative) (P.K.U.)	2.67	
E206	Phosphorus	10.78	
E207	Porphobilinogen (qualitative)	5.44	
E208	Porphyrins (quantitative)	13.08	
E209	Potassium (quantitative)	14.04	
E188	Protein electrophoresis	31.19	
E210	Protein (quantitative) 24 hour	14.16	
E513	Radioimmunoassay	44.79	
E213	Serotonin - quantitative	20.82	
E214	Serotonin - qualitative	5.44	
E215	Sodium (quantitative)	13.19	
E175	Sugars - chromatography, screening	10.53	
E175A	Sugars - chromatography, semi-quantitative	30.59	
E219	Urea clearance	20.82	

LABORATORY AND PATHOLOGY (cont'd)

CHEMISTRY (cont'd)

Chemistry - Routine urine (cont'd)

		BASE	ANE
E224	Uric acid	8.96	
E221	Urobilinogen - quantitative	13.93	
E222	Urobilinogen - qualitative	5.44	
E223	Uroporphyrin (quantitative)	17.68	

Chemistry - Endocrine blood

E551K	Adrenocorticotropin (ACTH)	45.40	
E551N	Androstenedione	45.40	
E550K	Human chorionic gonadotropin, beta sub-unit	45.40	
E487	Cortisol	47.53	
E551F	Dihydroepiandrosterone F. (DHEAS)	45.40	
E550A	Estradiol	45.40	
E550B	Estrogen, total	45.40	
E550E	Follicle stimulating hormone (F.S.H.)	45.40	
E551D	Gastrin	45.40	
E550M	Human growth hormone, (H.G.H.) (maximum of two for function test)	45.40	
E551Q	17 Hydroxyprogesterone	45.40	
E550N	Insulin (maximum of six for function test)	45.40	
E550P	Luteinizing hormone, (L.H.)	45.40	
E551E	Parathormone	73.86	
E550Q	Progesterone	45.40	
E550R	Prolactin (maximum of 2 for function test)	45.40	
E551G	Renin (per test, maximum of two)	64.17	
E550S	Testosterone	45.40	
E550U	T-4 (thyroxine)	1.22	
E350	T3 uptake	1.22	
E353	T4 corrected for abnormal thyroid binding protein	1.22	
E550W	Total T-3 (tri-iodothyronine)	36.59	
E750	Sensitive thyroid stimulating hormone (s-T.S.H)	36.59	
E751	Free Tri-iodothyronine (FT3)	23.39	
E752	Free thyroxine (FT4)	23.39	

Chemistry - Endocrine urine

E225	Aldosterone	129.56	
E226	Catecholamines	38.44	
E489	Metanaphrine	35.42	
E411	Pregnancy test	9.21	
E234	Pregnanediol or pregnanetriol	38.44	
E235	Pregnanediol and pregnanetriol	64.46	
E486	Urinary free cortisol	47.53	
E603	Urine beta HCG	15.26	
E237	V.M.A. - quantitative	38.44	
E238	V.M.A. Screening	10.53	

Chemistry - Therapeutic drug monitoring and toxicology

E 56	Alcohol (Ethanol) - blood	17.68	

LABORATORY AND PATHOLOGY (cont'd)

CHEMISTRY (cont'd)

Chemistry - Therapeutic drug monitoring and toxicology (cont'd)

		BASE	ANE
E 56D	Alcohol (Ethanol) - urine	17.68	
E 61	Barbiturates - blood	36.64	
E164	Barbiturates - urine - quantitative	36.64	
E165	Barbiturates - urine - qualitative	7.86	
E 65	Bromide (quantitative)	10.53	
E516M	Carbamazepine (quantitative)	29.06	
E550	Digoxin	45.40	
E516A	Diphenylhydantoin (phenytoin) (quantitative)	28.76	
E516G	Drug assay - (not to be used if specific fee code for drug assayed exists in schedule) specify (quantitative)	36.64	
E516	Ethosuximide (quantitative)	31.19	
E516N	N-acetylprocainamide (quantitative)	31.19	
E501	Narcotic drug screen urine - suspect drug specified	17.68	
E516B	Phenobarbitone (quantitative)	29.67	
E204	Phenothiazine tranquilizers - urine (screen)	8.62	
E516D	Primidone (quantitative)	31.19	
E516E	Procainamide (quantitative)	31.19	
E516F	Quinidine (quantitative)	31.19	
E135	Salicylates - blood	15.37	
E212	Salicylates - urine	15.37	
E516J	Theophylline (quantitative)	28.46	
E516K	Valproic acid (quantitative)	36.64	

Other body fluids (amniotic, cerebrospinal, serous, synovial, etc)

E 56B	Alcohol (Ethanol) - Gastric fluid	17.68	
E426	Bilirubin	13.08	
E409	Cell count	4.59	
E239A	Chloride	7.86	
E511	Crystal identification by polarizing microscopy	8.12	
E307	Eosinophils - sputum or nasal secretions	5.44	
E294	Gastric analysis - single specimen	5.44	
E295	Gastric analysis - with histamine	15.48	
E536	Gastric contents - gas or liquid chromatography, per specimen, per injection	52.07	
E537	Gastric contents, thin layer chromatography, qualitative, per plate	23.24	
E241	Glucose	8.00	
E242	Protein	7.86	
E243	Protein electrophoresis	31.19	
E305	Semen analysis, including sperm count	25.73	
E305B	Semen - examination for presence of sperm only	7.86	
E305A	Sperm agglutination test	52.07	
E309A	Sweat chloride test including collection of specimen	25.41	

Feces

E245	Fat, total	44.79	
E248	Occult blood	6.30	
E534	PH (feces)	20.36	

LABORATORY AND PATHOLOGY (cont'd)

CHEMISTRY (cont'd)

Feces (cont'd)

		BASE	ANE
E250	Trypsin (semi-quantitative)	8.62	
E251	Urobilinogen (quantitative)	20.72	

Bacteriology

E253	Antibiotic level, estimation of	15.48	
E256	Autogenous vaccine, preparation of	24.51	
E272	Bacteruria screening test	5.44	
E258B	Bacterial culture including, when necessary, indentification, sensitivity and quantitation Only one bacterial culture may be billed per specimen	27.01	
E261	Culture - Tuberculosis - atypical or Mycobacterium tuberculosis	25.41	
E264	Darkfield microscopy - identification of Treponema, Borrelia, etc	36.64	
E263	Microscopic examination for parasites with concentration methods	19.97	
E263A	Microscopic examination of smear for M. tuberculosis or atypical mycobacteria	19.97	
E262	Microscopic identification (Gram-stain without culture, worm identification, ecto parasites, (eg. scabies, ticks), hairs, scales, smear, film preparations)	5.69	
E269	Phage typing per organism	25.41	
E265	Trophozoites - amoeba in stool - direct examination	13.08	
E262A	Wet mount and/or hanging drop preparations (e.g. Trichomonas vaginalis, Campylobacteria, etc.)	5.69	
E280	Examination of stool for cryptosporidium including stain and concentration	19.86	

Mycology

E274	Culture, fungal and identify	17.68	
E273	Smear - (KOH) preparation and examination	7.86	
E275	Yeast identification - serological or by chlamydiospores	7.86	

Serology

E288	Antibody screen by immunofluorescence antibody, other than antinuclear, per antibody, (up to maximum of three)	25.41	
E288A	Antibody, titre of, identified in E288 screen as positive (maximum of three different antibodies)	50.85	
E550Y	Anti DNA	45.40	
E287	Antinuclear antibodies by fluorescence, screen, e.g. Fluorescence (FANA), Peroxidase, Other methodology	25.41	
E287A	Antinuclear antibody titre if screen positive (not to be claimed in addition to screen)	50.85	
E304	Antinuclear antibody - latex antinuclear nucleoprotein test	7.86	
E278	ASOT - antistreptolysin 'O' titre (ASO)	13.08	
E277	Serologic identification - antibodies, using up to four antigens, e.g. Agglutination, Complement fixation, Enzyme immunoassay	13.08	
E286	Bovine milk antibodies	20.82	
E410	C. reactive protein	7.86	

LABORATORY AND PATHOLOGY (cont'd)

CHEMISTRY (cont'd)

Serology (cont'd)

		BASE	ANE
E279	Cold agglutinins with titre	10.53	
E293	Glutin antibodies	20.82	
E303	Rheumatoid factor qualitative	7.86	
E562	Rheumatoid factor quantitative	23.49	
E283	Serological test for syphilis (S.T.S.)	13.08	
E299	Thyroglobulin - antithyroglobulin antibodies	38.44	
E299A	Thyroid antibodies - microsomal antibodies	38.44	
E300	Thyroid antibodies - screening test, e.g. latex	13.08	
E508	Toxoplasmosis, IgG or IgM	22.54	

Viruses/Rickettsia/Chlamydia

E602	Chlamydia/viral culture e.g. Herpes	30.59	
E601	Direct fluorescent or special staining examination of specimens for chlamydia, viral inclusions	17.68	
E550F	Hepatitis A virus antibody, per antibody (maximum of 2)	33.18	
E550G	Hepatitis B virus antibody, per antibody (maximum of 2)	33.18	
E550J	Hepatitis B virus antigen, per antigen (maximum of 2)	33.18	
E298	Infectious mononucleosis - immunologic screen	7.86	
E281	Infectious mononucleosis heterophile agglutination with absorption (see also E-298)	21.57	
E553	Rubella - screen or semi-quantitative	14.40	
E554	Rubella IgM antibody - quantitative	18.64	
E499	Viral serology - hemagglutination inhibition test	14.16	
E496	Viral serology - complement fixation test, single antigen	22.54	
E497	Viral serology - complement fixation test, 5 to 7 antigens	61.75	
E498	Repeat viral complement fixation test, (convalescent) - 5 to 7 antigens	44.21	

Cytopathology

E310	Breast cytopathology (processing, examination and interpretation)	18.26	
E314	C.S.F. cytopathology (processing, examination and interpretation)	25.41	
E311	Cervical cytopathology (processing, examination and interpretation)	17.31	
E312	Gastric or colon washings for cytopathology (collection only)	20.82	
E317	Gastric or colon wash cytopathology (excluding collection) (processing, examination and interpretation)	25.41	
E297	Inclusion bodies	13.08	
E301	Karyotype determination by tissue culture	259.11	
E538	Needle aspiration cytopathology (processing, examination and interpretation)	56.00	
E318	Oral cytopathology (processing, examination and interpretation)	18.26	
E320	Serous fluid cytopathology (processing, examination and interpretation)	25.41	
E319	Sex chromatin determination (vaginal or oral)	25.41	
E313	Spermatozoa, cytopathological examination on fomites or invasion test	25.41	
E321	Sputum or bronchial wash cytopathology (processing, examination and interpretation)	36.93	
E323	Urine cytopathology (processing, examination and interpretation)	25.41	
E324	Vaginal cytopathology for hormonal status (maturation index plus interpretation)	17.07	

LABORATORY AND PATHOLOGY (cont'd)

CHEMISTRY (cont'd)

Histopathology

		BASE	ANE
E493	Antigen identification in tissue biopsy by immunologic techniques, per antigen, maximum of three	50.85	
E450	Electron microscopy of biopsy specimen with report	324.48	
E315	Frozen section and quick report	44.79	
E322	Tissue, gross and microscopic examination with report	61.75	

Pulmonary Function

E333	Blood gas studies - includes serial blood, pH, C02 and oxygen content studies (5 estimations of each) and alveolar air, oxygen and carbon dioxide analysis (3 estimations of each)	194.33	
E336	Determination of blood gases, pH, pCO2, pO2	25.41	
E337	Urea breath test (C-13) for Helicobacter pylori	62.08	

RADIOISOTOPE TESTS - IN VIVO

Thyroid Function - Isotopes 131 or 125

E346	Thyroid uptake	42.69	
E347	Thyroid uptake and scan	69.62	
E349	T.S.H. stimulation test (exclusive of T.S.H cost)	63.56	
E351	Thyroid suppression test	51.47	

Blood studies and haemopoietic function

E354	Red cell survival	101.40	
E355	Red cell volume	52.66	
E356	Plasma iron turnover	63.56	
E356A	Radioactive iron (59) binding capacity determination	17.79	
E357	Plasma iron red cell utilization	94.75	
E359	Red cell survival and splenic sequestration	229.44	
E358	Survey sites of erythropoiesis	229.44	
E360	Plasma volume (direct)	63.56	

Gastrointestinal studies

E367	1131 triolein studies	63.56	
E368	1131 oleic acid study	63.56	
E369	Gastrointestinal blood loss (quantitative) (include survival)	177.36	
E370	Localization gastrointestinal tract bleeding	254.26	
E371	Protein losing enteropathy	190.70	

Miscellaneous procedures

E500	Unlisted procedures	BY ASSESS	
E500A	Unlisted procedures (out of province referral to Canadian Laboratories)	BY ASSESS	
E500B	Unlisted procedures (out of Canada referrals)	BY ASSESS	

LABORATORY AND PATHOLOGY

F 7	Interpretation of karyotype	35.71	

LABORATORY AND PATHOLOGY (cont'd)

LABORATORY AND PATHOLOGY (cont'd)

			BASE	ANE
F	8	Plasmapheresis	37.56	
F	9	Interpretation of histocompatibility testing	35.71	

DIAGNOSTIC RADIOLOGY

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services.

Head

X	1	Skull	43.56
X	2	Skull (including stereos)	54.78
X	3	Encephalogram or ventriculogram	82.34
X	3A	Encephalogram or ventriculogram, fractional	132.12
X	3B	Posterior fossa myelogram with fluoroscopy	97.94
X	4	Facial bones	43.56
X	5	Mandible	36.76
X	6	Nasal bones	36.76
X	6A	Adenoids or nasopharynx	28.60
X	7	Mastoids	54.78
X	8	Sinuses - paranasal	43.56
X	9	Temporo-mandibular joints	43.56
X	10	Sella turcica	36.76
X	11	Localization for chemopallidectomy	91.21
X	12	Orbit - for foreign body	36.76
X	13	Orbit - for foreign body localization	73.19
X	13A	Optic foramina	54.78
X	14	Orbital pneumography	66.06
X	14A	Dacryocystography	49.45
X	15	Salivary duct for calculus	36.76
X	16	Sialography	54.78
X	17	Tooth (single)	9.97
X	18	Teeth (half set)	26.12
X	19	Teeth (complete)	39.32

Chest

X	20	Chest - single view	24.23
X	20A	Chest - single view - interpretation only	7.90
X	20B	Chest - single view - technical only	14.74
X	21	Chest - multiple views	30.96
X	21A	Thoracic inlet views	58.56
X	22	Ribs	38.14
X	23	Chest - fluoroscopy	22.45
X	24	Chest - bronchography (instillation, see 45.86A)	90.77

DIAGNOSTIC RADIOLOGY (cont'd)

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services. (cont'd)

Chest (cont'd)

		BASE	ANE
	Pre-breast biopsy needle localization under mammographic control		
X 27A	Single lesion	86.14	
X 27B	Multiple lesions	133.21	
	NOTE: X26 or X27 not payable for the same date of service.		
X 25	Chest - cardiac fluoroscopy including P.A., lateral and oblique views with barium in esophagus	68.72	
X 26	Mammography (one breast)	84.83	
X 26A	Mammoductography	80.51	
X 26B	Mammocystography	80.51	
	Automated stereotactic-guided large core biopsy (LNCB)		
X 26C	Percutaneous stereotactic core breast biopsy imaging guidance	218.11	
X 27	Mammography (both breasts)	131.54	
X 27C	Screening mammography (age 40 to 49 years inclusive)	99.56	
	NOTE: Refer to notes following X27E for further information.		
X 27D	Screening mammography (age 50 to 69 years inclusive)	99.56	
	NOTE: Refer to notes following X27E for further information.		
X 27E	Screening mammography (age 70 years and over)	99.56	
	NOTE: 1. Benefits for X27C, X27D and X27E include patient education. A visit benefit may not be claimed in conjunction with these services by the radiologist performing the screening mammogram or by a different radiologist in conjunction with the same radiological examination. 2. Only one Screen Test or fee-for-service benefit may be claimed every year for X27C or X27D. Only one Screen Test or fee-for-service benefit may be claimed every two years for X27E. 3. X27C and X27E must be referred. X27D does not require a referral. 4. X27C or X27D may not be claimed if an X27 was provided within the previous year. X27E may not be claimed if an X27 was provided within the previous two years. 5. Supplementary views, refer to X27F.		
X 27F	Diagnostic mammography, supplementary views	31.98	
	Taken within 90 days of X27C, X27D, X27E		
	NOTE: 1. May be self-referred. 2. May not be claimed in addition to X26 or X27.		
X 28	Sternum and/or sterno-clavicular joint	36.76	

DIAGNOSTIC RADIOLOGY (cont'd)

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services. (cont'd)

Upper extremity

		BASE	ANE
X 29	Finger	16.62	
X 30	Hand	25.87	
X 31	Wrist or carpal bone (or wrist and hand)	29.27	
X 31A	Carpal tunnel view, additional benefit	9.67	
X 32	Radius and ulna	28.94	
X 33	Elbow	26.39	
X 34	Humerus	28.94	
X 35	Clavicle	28.94	
X 36	Shoulder girdle	43.56	
X 36A	Scapula	37.12	
X 37	Arthrogram - any upper extremity joint	86.78	

Lower extremity

X 38	Toe	16.62	
X 39	Foot	25.87	
X 40	Ankle	29.27	
X 41	Os calcis	25.46	
X 42	Tibia and fibula	28.94	
X 43	Knee	33.36	
	Skyline or tunnel view of knee		
X 43A	Additional benefit	11.32	
X 43B	Both views, additional benefit	16.89	
X 44	Arthrogram - any lower extremity joint	87.15	
X 45	Femur or thigh	28.94	
X 46	Femur, including hip and knee	73.19	
X 47	Hip	37.78	
X 48	Hip - arthrogram	86.78	
X 49	Hip pinning	54.78	
X 50	Hip pinning with fluoroscopy	65.61	
X 51	Pelvis	37.78	
X 52	Pelvis and one hip	48.66	
X 53	Pelvis and both hips	55.15	
X 54	Sacro-iliac joints	48.66	
	Stress views of a limb		
	Additional benefit		
X 54A	- unilateral	11.15	
X 54B	- bilateral	16.89	

Spine

X 55	One area	54.78	
X 56	One area - with obliques	66.36	

DIAGNOSTIC RADIOLOGY (cont'd)

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services. (cont'd)

Spine (cont'd)

		BASE	ANE
X 57	Two areas	91.21	
X 57A	Two areas (of the spine) with obliques of each area	130.69	
X 58E	More than two areas (of the spine) with obliques of each area	196.71	
X 58	Complete spine	127.64	
	Flexion and extension or lateral bending views of the spine.		
	Additional benefit		
X 58A	- flexion and extension	11.15	
X 58B	- lateral bending	11.15	
X 58D	- both	16.89	
	NOTE: Codes X58A, X58B and X58D may be claimed in addition to X55, X56, X57, X57A, X58 and X58E.		
X 59	Lumbo sacral spine and pelvis	88.14	
X 60	Lumbo sacral spine and sacro-iliac joints	66.36	
X 61	Lumbo sacral spine and pelvis and sacro-iliac joints	88.14	
X 62	Lumbo sacral spine and one hip	88.14	
X 63	Lumbo sacral spine and both hips	109.93	
X 64	Lumbo sacral spine, pelvis and one hip	101.76	
X 65	Lumbo sacral spine, pelvis and both hips	109.93	
X 66	Myelogram, x-ray and fluoroscopy	88.79	
X 66A	Cervical or thoracic myelogram with fluoroscopy	97.94	
X 67	Discography	106.37	
Genito urinary			
X 68	K.U.B.	36.76	
X 69	Cystography	32.97	
X 70	Urethrography	28.94	
X 71	Excretory pyelography (includes injections of material)	90.64	
X 72	Pyelography with either voiding or post voiding cystography	132.41	
X 73	Retrograde pyelogram	54.78	
X 74	Nephrotomography (includes injection of media)	158.55	
X 75	Minute sequence excretory pyelography (includes injection of media)	138.26	
X 76	Excretory pyelography with urea washout studies (includes injection of media)	132.12	
X 77	Infusion pyelography (includes injection of media)	138.26	
X 77A	Nephrostogram with fluoroscopy, unilateral	81.76	
X 77B	Nephrostogram with fluoroscopy, bilateral	122.67	
X 78	Pelvimetry	54.78	
X 80	Hystero-salpingography (with or without fluoroscopy) (instillation of medium, see 80.85A	73.50	
Gastrointestinal tract			
X 81	Esophagus with fluoroscopy	85.84	

DIAGNOSTIC RADIOLOGY (cont'd)

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services. (cont'd)

Gastrointestinal tract (cont'd)

		BASE	ANE
X 82	Stomach and duodenum with fluoroscopy	116.94	
X 82A	Double contrast examination of stomach - additional fee to X 82, X 83 and X 84	13.79	
X 83	Follow-up film taken the following day	13.06	
X 84	Stomach, duodenum and small bowel follow through and with fluoroscopy (includes follow-up film taken next day if necessary)	141.98	
X 85	Small bowel only with fluoroscopy	85.84	
X 85A	Selective hypotonic duodenography	94.90	
X 85B	Small bowel studies including fluoroscopy following selective intubation and administration of cholinergic drugs (enteroclysis)	155.01	
X 86	Colon (with fluoroscopy and films)	85.84	
X 87	Colon (with fluoroscopy and films) combined with air contrast examination	116.59	
X 88	Colon - separate air contrast (fluoroscopy and films)	116.59	
X 88A	Barium enema for the reduction of intussusception	206.95	
	NOTE: If any of the above procedures are done without fluoroscopy the fee should be reduced by $9.54.		
X 89	Cholecystography (includes repeat examinations on following day if necessary)	51.31	
X 90	Cholecystography with fluoroscopy	78.12	
X 91	Continuing cholecystography, four day gall bladder test	49.45	
	NOTE: The three preceding items do not include the cost of opaque material.		
X 92	Intravenous cholecystogram or cholangiogram (includes injection of media)	87.83	
X 93	Intravenous cholangio-planography (includes injection of media)	133.99	
X 94	Trans-hepatic percutaneous cholangiography (instillation, see 63.96)	143.51	
X 94B	Hepatic venogram - hepatic wedge pressure	145.90	
X 95	Operative cholangiogram (includes cost of contrast media)	59.27	
X 96	T-tube cholangiogram (includes injection and cost of contrast material)	87.29	
X 97	Splenoportography (excludes injection of contrast media)	128.04	
X 98	Abdomen - single view	33.01	
X 99	Abdomen - multiple views	43.56	
X100	Abdomen for obstruction or perforation	54.78	

Skeletal survey for secondary neoplasms, etc.

X102	Skull, shoulder, chest, spine and pelvis	109.93	
X103	Chest, spine and pelvis	73.19	
X104	Plus all long bones - additional	36.76	

DIAGNOSTIC RADIOLOGY (cont'd)

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services. (cont'd)

Special techniques

		BASE	ANE
X105	Planogram (tomogram, laminogram) - including stereos and fluoroscopy when necessary - any area	95.42	
X105A	Multi-directional tomography, any area	194.16	
X106	Scanogram (including stereos and fluoroscopy)	95.42	
X107	Fluoroscopy of a joint with image intensification (including spot films)	59.16	
X107A	Fluoroscopy performed by a radiologist during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	271.76	
X107F	Xeroradiography any area, additional fee to routine radiography	6.89	
X128	Bone mineral content determination dual photon absorptiometry	151.31	

Heart

X108	Guidance of right heart catheterization	184.02	
X109	Guidance of left heart catheterization	184.02	
X110	Guidance combined left and right	272.75	
	NOTE: If angiography is done at the same time, see subsequent items for appropriate charge.		
X111	Guidance of pacemaker	184.02	
X111A	Guidance of extracardiac vascular catheterization without angiography	184.02	

ANGIOGRAPHY

NOTE: If cine, video or automatic rapid film changer are used, add 50%, refer to Price LIst.

Peripheral

X112	Artery or vein	64.02	
X113	Lymphangiography - unilateral	77.11	
X114	Lymphangiography - bilateral	115.83	

Abdominal

X115	Abdominal angiography	111.66	
X116	Selective abdominal angiography	160.19	
X117	Combined abdominal and selective abdominal	223.32	

Thoracic

X118	Thoracic angiography	111.66	
X119	Selective thoracic angiography	160.19	
X120	Combined thoracic and selective thoracic	223.32	

DIAGNOSTIC RADIOLOGY (cont'd)

ANGIOGRAPHY (cont'd)

Thoracic (cont'd)

		BASE	ANE
X121	Inferior or superior vena cavography	111.66	
X122	Angiocardiography	239.38	
X123	Pulmonary angiography	160.19	

Head and neck

X124	Cerebral - unilateral	95.88	
X125	Cerebral - bilateral	175.05	

NUCLEAR MEDICINE

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services.

Thyroid studies

X140	Thyroid scan	86.06	

Liver studies

X151	Liver scan	120.41	
X151A	Combined liver and spleen scan	172.75	
X151B	Dynamic liver and/or spleen scan including static views	258.14	
X152	Pancreatic scanning	414.86	
X153	Whole body scanning	414.86	

Cardiac studies

X154	Cardiac output (I.S.H.A)	94.09	
X155	Circulation time (I.S.H.A.)	94.09	
X170	Thallium myocardial perfusion imaging (rest study)	284.35	
X171	Thallium myocardial perfusion imaging (rest and exercise)	394.53	
X172	Gated cardiac imaging (rest study)	209.99	
X173	Gated cardiac imaging (rest and exercise)	353.18	

Brain studies

X156	Brain scan	157.33	

Bone studies

X157	Bone scan	345.49	

Lung studies

X158	Lung scan	172.75	

DIAGNOSTIC RADIOLOGY (cont'd)

NUCLEAR MEDICINE

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services. (cont'd)

Lung studies (cont'd)

		BASE	ANE
X158A	Lung scan with unilateral venogram (to include injection of radionuclide)	258.14	
X158B	Lung scan with bilateral venogram (to include injection of radionuclide)	279.99	
X158D	Xenon ventilation imaging	164.40	

Spleen studies

X159	Splenic scan	172.75	

Gastrointestinal studies

X174	Gastrointestinal imaging	199.72	

Adrenal imaging

X175	M.I.B.G. (I-131) adrenal imaging	394.29	
X176	M.I.B.G. (I-123) adrenal imaging	120.37	

Miscellaneous

X254	Eye tumor localization	126.24	
X160	Heart, aorta, or great vessel scan	157.33	
X161	Dynamic heart imaging	205.50	
X162	Glomerular filtration rate	141.93	
X163	Dynamic renal transplant imaging studies	314.66	
X164	Renal flow studies	108.85	
X165	Cisternography	314.66	
X166	Dynamic brain studies (including static views)	235.05	
X167	Radionuclide cystography	113.67	
X168	Radionuclide dacrocystogram	91.51	
X169	Radionuclide venogram, unilateral (to include injection of radionuclide)	103.07	
X169A	Radionuclide venogram, bilateral (to include injection of radionuclide)	124.91	
X255	Renogram	99.54	
X256	Renal scan	99.54	

DIAGNOSTIC RADIOLOGY (cont'd)

DIAGNOSTIC ULTRASOUND

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services.

NOTE: A-mode - Implies a one-dimensional ultrasonic measurement procedure.
M-mode - Implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.
Scan B-mode - Implies a two-dimensional ultrasonic scanning procedure with two-dimensional display.

Head and neck

		BASE	ANE
X199	Ultrasonic head scan through open fontanel	116.56	
X201A	Echoencephalography complete, B-mode	87.27	
X295	Ocular ultrasonography, A mode, for cataract surgery (to include both eyes)	85.54	
X296	Ocular ultrasonography, A mode, for diagnostic and serial measurement of intraocular lesions	97.91	
X297	Ocular ultrasonography, combined A and B modes for intraocular and orbital pathology	128.20	
X212	Echography thyroid, scan B-mode	57.42	
X290	Carotid and vertebral Doppler studies, includes color flow mapping - bilateral study	217.36	

Heart

X213	Echocardiography, pericardial effusion, M-mode	44.52	
X215	Echocardiography, cardiac valve(s), M-mode	71.29	
X216	Echocardiography, M-mode, complete (X-213 and X-215 combined and chamber dimensions)	95.38	
X216A	Real-time echocardiography, includes M-mode tracing	162.19	
X216B	Echocardiogram - real-time to include M-mode tracing and continuous and pulse Doppler recording	171.48	
X216D	Echocardiogram - complete study, M-mode, real-time, all Doppler studies including colour flow study	207.57	
X217	Echocardiography, limited, e.g. follow-up or limited study	46.79	

Thorax

X219	Thoracentesis, by ultrasonic guidance	BY ASSESS	
Echography breast, scan B-mode			
X221	Unilateral	95.38	
X221A	Bilateral	143.40	

DIAGNOSTIC RADIOLOGY (cont'd)

DIAGNOSTIC ULTRASOUND

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services.

NOTE: A-mode - Implies a one-dimensional ultrasonic measurement procedure.
M-mode - Implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.
Scan B-mode - Implies a two-dimensional ultrasonic scanning procedure with two-dimensional display. (cont'd)

Abdomen and retroperitoneum

		BASE	ANE
X222	Echography, scan B-mode, abdominal complete survey study	113.85	
X222A	Complete, real-time abdominal study to include liver, gallbladder, pancreas, kidneys, aorta, and to include hard copy images of all areas described	151.83	
X223	Limited, e.g. follow-up or limited study	76.88	
X224	Echography, scan B-mode hepatic	113.85	
X225	Gall bladder	113.85	
X226	Renal	114.19	
X227	Ultrasonic guidance, for renal cyst aspiration	BY ASSESS	
X228	Renal biopsy	BY ASSESS	
X229	Echography, scan B-mode, pancreas	113.85	
X230	Spleen	113.85	
X232	Echography, abdominal aorta, scan B-mode	105.43	
X233	Echography, scan B-mode, retroperitoneal	97.53	
X257	Transrectal ultrasonic scan	142.11	

Obstetrics, gynaecology, and pelvis

X234	Urinary bladder	76.88	
X235	Echography, scan B-mode, pregnancy diagnosis	71.01	
X236	Fetal age determination (biparietal diameter)	68.58	
X237	Fetal growth rate (series of X-236)	46.75	
X238	Placenta localization	74.87	
X239	Pregnancy, complete (X-235, X-236 and X-238 combined)	105.43	
X239A	Complete, real-time ultrasound scan for pregnancy diagnosis, placental localization and evaluation and complete detailed prenatal fetal evaluation in complicated or high risk pregnancy to include hard copy images of all areas described	146.89	
X240	Molar pregnancy diagnosis	76.88	
X241	Ectopic pregnancy diagnosis	113.85	

DIAGNOSTIC RADIOLOGY (cont'd)

DIAGNOSTIC ULTRASOUND

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services.

NOTE: A-mode - Implies a one-dimensional ultrasonic measurement procedure.
M-mode - Implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.
Scan B-mode - Implies a two-dimensional ultrasonic scanning procedure with two-dimensional display. (cont'd)

Obstetrics, gynaecology, and pelvis (cont'd)

		BASE	ANE
X242	Intra-uterine contraceptive device (I.U.C.D.)	76.88	
X243	Pelvic mass diagnosis	105.11	
X258	Transvaginal ultrasound, not claimable in addition to X234, X235, X239A, X240, X241, X242 or X243	91.77	
X258A	Transvaginal ultrasound in addition to pelvic ultrasound	49.61	

Peripheral vascular system

X280	Doppler studies to include all necessary Doppler studies and, if necessary, color flow mapping; additional benefit excluding cardiac and peripheral vascular applications.	59.38	
X245	Peripheral flow study (Doppler), arterial	72.57	
X246	Venous	72.07	
X247	Arterial and venous (X-245 and X-246 combined)	87.75	
X285	Ultrasonic venography to include imaging and Doppler flow studies as necessary, unilateral study	136.27	
X286	Ultrasonic vascular peripheral arterial imaging (excluding carotid) - to include imaging, doppler and color flow imaging	121.98	

Miscellaneous

X250	Ultrasound study follow-up (not listed above)	BY ASSESS	
X253	Unlisted ultrasound examination (see guidelines)	BY ASSESS	
X260	Scrotal ultrasound, real-time bilateral	57.75	

Skeletal

Ultrasound examination, real-time, of any extremities or joints

X270	Unilateral	57.75	
X271	Bilateral	86.58	

DIAGNOSTIC RADIOLOGY (cont'd)

DIAGNOSTIC ULTRASOUND

NOTE: As outlined in G.R. 11.1.1 claims for services in the Diagnostic Radiology section will not be payable unless the physician has been accredited by the College of Physicians and Surgeons of Alberta to provide those services.

NOTE: A-mode - Implies a one-dimensional ultrasonic measurement procedure.
M-mode - Implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.
Scan B-mode - Implies a two-dimensional ultrasonic scanning procedure with two-dimensional display. (cont'd)

Skeletal (cont'd)

Ultrasound examination, real-time, of any extremities or joints (cont'd)

BASE ANE

NOTE: 1. Except where specified in Section X stereo examinations increase the cost by $13.49.
2. Cine studies, add 50% to usual fee.

THERAPEUTIC RADIOLOGY

X-ray therapy

			BASE	ANE
Y	1	Superficial x-ray therapy excluding cancer, per sitting - one area	13.65	
Y	2	Multiple areas treated at one sitting - not to exceed	27.31	
Y	3	Superficial x-ray therapy, cancer	BY ASSESS	100.00