

# TARIFF OF FEES

## GENERAL PRACTICE

These fees cannot be correctly interpreted without reference to the Preamble.

### 1. CONSULTATIONS

Consultation - <b>See Preamble Section 10.A and 10.B</b> . . . .	0160	\$	39.30
Repeat within 30 days - <b>See Preamble Section 10.C</b> . . . .	0162	\$	24.00

### 2. OFFICE VISITS

Complete examination - <b>See Preamble Section 10.D</b> . . . .	0110	\$	31.50
Visit with history and/or regular examination . . . . .	0113	\$	22.94
Well baby care - to include examination, instructions and necessary immunization, per visit . . . . .	0115	\$	22.99
<b>Emergency office visit 12 midnight to 8 am - billable for 1<sup>st</sup> patient only per day. May be billed only for office visits in the communities of Hunter River and Crapaud</b> .	9902	\$	200.00
Annual Health Exam:(Billable only once per calendar year)			
Age 1-2 . . . . .	2228	\$	19.40
Age 3-16 . . . . .	2229	\$	25.05
Age 17-64 . . . . .	2230	\$	31.50
Age 65+ . . . . .	2231	\$	37.20

Emergency office visit to physician's home outside regular office hours including weekends and holidays 8 a.m. - 6 p.m. . . . .	0112	\$	19.35
Emergency office visit to physician's home outside regular office hours including weekends and holidays 6 p.m. - 8 a.m . . . . .	0114	\$	32.85
Emergency office call, day, 8 a.m. to 6 p.m. Monday to Saturday - <b>See Preamble Section 10.I</b> . . . .	0118	\$	19.35
Emergency office call, night, 6 p.m. to 8 a.m. Monday to Thursday - <b>See Preamble Section 10.I</b> . . . .	0119	\$	22.15
Emergency office call, day, 8 a.m. to 6 p.m. Sundays and Holidays - <b>See Preamble Section 10.I</b> . . . .	0120	\$	19.35
Emergency office call, night, 6 p.m. - 8 a.m. Friday, Saturday, Sunday and holidays - <b>See Preamble Section 10.I</b> . . . . .	0116	\$	32.15
Extra patients seen during emergency office call . . . .	0113	\$	22.94

### 3. HOSPITAL VISITS - In-Patient Services

Initial visit . . . . .	0130	\$	42.95
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Unassigned Patient ("orphan") - <b>See Preamble Section 11.B.1</b>	0132	\$	25.00
Subsequent visits			
First five weeks, per visit . . . . .	0133	\$	18.72
From 6th to 13th week inclusive - per visit to maximum of 5 visits per week . . . . .	0134	\$	14.69
After 13th week, per week . . . . .	0135	\$	14.10
Supportive care, per visit . . . . .	0140	\$	10.05
Concurrent care, per visit . . . . .	0142	\$	15.03
Continuing care, per visit . . . . .	0143	\$	17.72
Convalescent care in community hospital - initial visit . . . . .	0145	\$	39.30
Convalescent care in community hospitals - 5 visits maximum allowable per week , . . . . .	0144	\$	14.52
History & Physical Examination for Dental care . . . . .	0141	\$	27.65
Complete assessment by a general practitioner of patients in a Psychiatric unit of a general hospital . . . . .	0146	\$	27.65

**4. HOME VISITS**

Home visit (After hours premium applies) . . . . .	0121	\$	44.10
Each additional member of family . . . . .	0124	\$	12.90
Additional fee allowed for emergency visit - <b>See Preamble Definition Section 12.A.2</b> . . . . .	0125	\$	11.10
Emergency Home visit for 1 <sup>st</sup> patient seen between midnight and 8 a.m. - payable only once per day . . . . .	9902	\$	200.00

**5. OBSTETRICAL CARE**

Delivery only . . . . .	0002	\$	410.00
Assessment of Labour. This fee can only be billed once for the period of the assessment. If the same physician delivers within 24 hours, this fee code is not applicable (Time of day is required) . . . . .	0003	\$	19.35
Attendance at labour where patient is referred for complicated delivery or cesarean section (includes assistance at procedure) . . . . .	0004	\$	410.00
Initial visit . . . . .	0100	\$	32.50
Prenatal visit . . . . .	0103	\$	22.61
In-hospital daily care visit . . . . .	0104	\$	18.27
Postnatal visit . . . . .	0105	\$	23.73
Attending delivery for resuscitation . . . . .	0008	\$	31.50

**6. NEWBORN INFANT CARE, PER CHILD**

The routine care of a well baby in hospital up to ten

days, including a complete physical examination and . . . Hospital Visit  
 necessary instructions to mother . . . . . Fees Apply

**7. PALLIATIVE CARE**

**These fees may be billed only by physicians with additional training in this specialty area. See Preamble Section 12.B.**

Comprehensive Palliative Care Consultation - G.P. . . . .	0148	\$	93.35
Comprehensive Palliative Care Consultation-Specialist . . . . .	2048	\$	109.80
Palliative Home Care Admission . . . . .	0149	\$	68.03
Telephone call (maximum 3 claims per patient per week)	0139	\$	7.50

**8. PREMATURE CARE**

First three weeks, per week . . . . .	0138	\$	26.45
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**9. PSYCHIATRIC SERVICES**

**NOTE:** All psychiatric services are payable in blocks of fifteen minutes or major portion thereof with a minimum of 15 minutes service provided - not to apply on a day when visit fees are charged.  
**See Preamble Section 14.**

Psychotherapy . . . . .	2501	\$	26.46
Group psychotherapy 2 to 8 persons . . . . .	2502	\$	21.90
Member of Group Psychotherapy . . . . .	2580	\$	0.00
Psychotherapy by a General Practitioner in Hospital applicable only when patient is formally admitted to a psychiatric unit of a general hospital or when the primary diagnosis is psychiatric. . . . .	2503	\$	25.32
<b>Note:</b> This fee is not payable in addition to a hospital visit on the same day			
Health Promotion counselling (Maximum 45 minutes) . . . . .	2505	\$	24.91
Prenatal Psychosocial Assessment . . . . . (once per pregnancy -maximum 45 minutes)	2590	\$	24.91
Diagnostic and therapeutic interview -- <b>See Preamble Section 14.H</b> . . . . .	2588	\$	25.32
Case Management Conference - <b>See Preamble Section 14.G</b> . . . . .	2507	\$	25.00
Mental Health Crisis Care - <b>See Preamble Section 14.I</b> . . . . .	2508	\$	25.00

**10. DETENTION FEES - See Preamble Definition 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . . . .	0170	\$	26.67
Special call requiring detention per 15 minute - <b>See Preamble Section 11.D.3</b> . . . . .	0176	\$	26.67

**NOTE: Ambulance transport to be billed as detention -  
See Preamble Section 11.D.2**

**11. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit - Monday to Friday, 8 a.m. - 6 p.m. . . . .	0180	\$	17.05
Night visit - Monday to Thursday, 6 p.m. - 8 a.m. . . . .	0181	\$	22.15
Weekend day visit -Saturday, Sunday& holidays 8a.m. to 6 p.m. . . . .	0190	\$	19.65
Weekend night visit-Holidays&Friday 6p.m.to Monday 8 a.m.	0191	\$	32.85

**On Call Coverage:**

Kings County Hospital . . . . .	0150	\$	59.70
Souris Hospital . . . . .	0151	\$	49.70
Western Hospital . . . . .	0152	\$	49.70
Community Hospital . . . . .	0153	\$	49.70
Stewart Memorial Hospital . . . . .	0154	\$	39.70
Queen Elizabeth Hospital . . . . .	0155	\$	115.00
Prince County Hospital . . . . .	0156	\$	115.00

Additional fee allowed for strict emergency visit -

<b>See Preamble Definition</b> . . . . .	0194	\$	10.50
Complete examination in ED - applicable only to those patients age 55 years or over . . . . .	0195	\$	30.85
Care in the Emergency Department by a second physician for a patient that has been in observation for over 8 hours. This fee requires a comment and time of day and can only be billed once. . . . .	0196	\$	19.65

**12. COMMUNITY CARE FACILITIES (Includes nursing homes, manors, etc.)**

Visit (After hours premiums apply) . . . . .	0127	\$	33.60
Each additional patient . . . . .	0129	\$	12.60

**13. CARDIAC ARREST - Code 99 includes the following:**

Resuscitation in emergency situation (cardiac arrest, massive injury, cardio-respiratory failure, severe shock, coma) includes immediate crisis related examination and usual resuscitation measures and to include as required, defibrillation, cardioversion, cut downs, IV lines, arterial and/or venous catheters, blood gases, nasogastric tubes with or

without lavage, endotracheal intubation and tracheal toilet.		
First 15 minutes . . . . .	0182	\$ 56.95
Second 15 minutes . . . . .	0183	\$ 34.15
Subsequent 15 minute periods . . . . .	0184	\$ 22.75

NOTE: Only one physician may bill, that is the physician in charge who is normally the physician on call in the ED and responds as head of the code 99 team.

**14. NEONATAL RESUSCITATION (Physicians on approved Duty Roster)**

Attendance at maternal delivery for neonatal resuscitation for emergency C-Section or emergency forceps for fetal distress . . . . .	0036	\$ 84.60
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**15. SESSIONAL RATES**

Medical Officer QEH Rehab (Daily rate) . . . . .	0147	\$ 100.00
Ambulatory Detox Service (PCH) . . . . .	0158	\$ 50.00

**ANESTHESIA**

These fees cannot be correctly interpreted without reference to the Preamble.

<b>1. CONSULTATION - See Preamble Section 10.A and 11.A . . .</b>	<b>0260</b>	<b>\$ 63.15</b>
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**2. SESSIONAL FEE**

Specialist			
First 30 minutes . . . . .	0265	\$	63.50
Each additional 30 minutes or portion thereof up to a total time of 2 hours . . . . .	0265	\$	36.40
Total anesthetic time in excess of 2 hours per 15 minutes or portion thereof . . . . .	0265	\$	36.40
Non-Specialist First 30 minutes . . . . .	0178	\$	63.50
Each additional 30 minutes or portion thereof up to a total time of 2 hours . . . . .	0178	\$	36.40
Total anesthetic time in excess of 2 hours per 15 minutes or portion thereof . . . . .	0178	\$	36.40
Follow -up visit . . . . .	0213	\$	22.61

**3. DETENTION FEES - See Preamble Definition section 11.D.1 and 18.E**

Per 15 minutes after first half hour (30 minutes) . . . . .	0270	\$	26.90
Special call requiring detention per 15 minutes - <b>See Preamble Section 11.D.3</b> . . . . .	0276	\$	26.90

**4. INTENSIVE CARE**

Per day . . . . .	0271	\$	21.70
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**5. SPECIAL PROCEDURES**

Epidural spinal block (Lumbar and Caudal) . . . . .	2520	\$	54.25
Epidural spinal block, continuous (consultation and institution) . . . . .	2521	\$	108.70
Maintenance of Epidural spinal block continuous per day . . . . .	2523	\$	65.20
Epidural or intrathecal injection of sclerosing solution . . . . .	2524	\$	130.25
IV Guanethedine block . . . . .	2530	\$	70.00
Cervical Epidural . . . . .	2531	\$	85.00
Thoracic Epidural . . . . .	2532	\$	85.00
Facet joint injection (under fluoroscopy) . . . . .	2533	\$	41.75
Patient controlled analgesia - maintenance . . . . .	2534	\$	19.29
Nerve blocks - See Diagnostic and Therapeutic Procedures	Page 40	-	41
Hypothermia - see Diagnostic and Therapeutic Procedures	Page 40	-	41

**6. EPIDURAL ANESTHESIA FOR OBSTETRICS**

Continuous conduction ANESTHESIA			
Introduction of Catheter for Analgesia including first dose (composite fee including consultation and maintenance)	2525	\$	307.00

**7. CRITICAL CARE UNIT**

Includes - examination of the patient, insertion of  
arterial and central venous pressure catheters,

securing and interpretation of blood gases, intubation with or without artificial ventilation, the use of an artificial ventilator and all necessary measures for supervision and treatment.

**'PHYSICIAN IN CHARGE'**

First day . . . . .	0296	\$	108.15
Second to 5th day inclusive, per day . . . . .	0297	\$	54.00
Sixth to 30th day, per day . . . . .	0298	\$	27.20

Appropriate consultation, procedure or visit fee shall apply 24 hours after stopping artificial respiration or special care. Other physicians may charge the appropriate consultation, visit or procedural fees.

**8. CHARGES FOR CANCELLED SURGERY SEE PREAMBLE SECTION 18.H**

Visit Fee . . . . .	0266	\$	32.45
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**9. ON CALL RETAINER**

Anesthesia (QEH/PCH) . . . . .	0240	\$	100.00
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**DERMATOLOGY**

These fees cannot be correctly interpreted without reference to the Preamble

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital . . . . .	0360	\$	63.15
Repeat - within 30 days for same illness or complication thereof - <b>See Preamble Section 10.C</b> . . . . .	0362	\$	24.70

**2. OFFICE VISITS - See Preamble 10.D and 10.E**

Visit - applicable in cases when:

New conditions seen for first time to include complete history and physical examination . . . . .	0310	\$	32.45
First visit with regional exam only . . . . .	0311	\$	21.55
Repeat or subsequent office visits . . . . .	0313	\$	22.61

**3. HOSPITAL VISITS - In-Patient Services**

Initial visit - as in office above . . . . .	0330	\$	40.88
Subsequent visits			
First five weeks, per visit . . . . .	0333	\$	19.18
From 6th week to 13th week, per visit to maximum Of 5 visits per week . . . . .	0334	\$	14.20
After 13th week, per week . . . . .	0335	\$	14.50
Continuing care . . . . .	0341	\$	18.73
Directive care . . . . .	0342	\$	18.73

**4. HOME VISITS**

Day visit: (After Hours Premium Apply) . . . . .	0321	\$	44.10
Each additional member of family includes nursing homes, manors, etc . . . . .	0324	\$	13.25
Additional fee allowed for emergency visit - <b>See Preamble Definition Section 12.A.2</b> . . . . .	0325	\$	11.55

**5. DETENTION FEES - See Preamble Definition Section 11.D.1**



Per 15 minutes after first half hour (30 minutes) . . . . 0370 \$ 26.87  
 Special call requiring detention per 15 minutes -  
**See Preamble Section 11.D.3** . . . . . 0376 \$ 26.87

**6. INTENSIVE CARE**

Per day . . . . . 0371 \$ 21.55

**7. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit - Monday to Friday, 8 a.m. - 6 p.m. . . . . 0380 \$ 17.05  
 Night visit - Monday to Thursday, 6 p.m. - 8 a.m. . . . . 0381 \$ 22.70  
 Weekend day visit -  
     Saturday, Sunday, Holidays 8a.m. to 6 p.m. . . . . 0390 \$ 20.10  
 Weekend night visit -  
     Holidays & Friday 6 p.m. to Monday 8 a.m. . . . . 0391 \$ 33.75  
 Additional fee allowed for emergency visit -  
     **See Preamble Definition Section 8.** . . . . . 0394 \$ 10.50

**8. SPECIAL PROCEDURES**

Ultraviolet Light Therapy  
 General or Local Application - per treatment . . . . . 0395 \$ 7.95

**GENERAL SURGERY**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital . . . . .	0460	\$	63.15
Repeat - within 30 days for same illness or complication thereof - <b>See Preamble Section 10.C</b> . . . . .	0462	\$	24.70

**2. OFFICE VISITS - See Preamble Section 10.D and 10.E**

Visits - applicable in surgical cases when: . . . . .

New condition seen for first time to include complete history and physical examination . . . . .	0410	\$	32.45
First visit with regional exam only . . . . .	0411	\$	21.55
Repeat or subsequent office visits . . . . .	0413	\$	22.61

**3. HOSPITAL VISITS - In-Patient Services**

Initial visit - as in 'office' above . . . . .	0430	\$	40.88
Subsequent visits			
First five weeks, per visit . . . . .	0433	\$	19.18
From 6th week to 13th week, per visit to maximum 5 visits . . . . .	0434	\$	14.20
After 13th week, per week . . . . .	0435	\$	14.50
Continuing care . . . . .	0441	\$	18.73
Directive Care . . . . .	0442	\$	18.73

**4. HOME VISITS**

Day visit: (After Hours Premium Apply) . . . . .	0421	\$	44.10
Each additional member of family includes nursing homes, manors, etc . . . . .	0424	\$	13.25
Additional fee allowed for emergency visit - <b>See Preamble Definition Section 12.A.2</b> . . . . .	0425	\$	11.55

**5. DETENTION FEES - See Preamble Definition Section 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . . . .	0470	\$	26.87
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Special call requiring detention per 15 minutes - See Preamble Section 11.D.3 . . . . .	0476 \$	26.87
<b>6. INTENSIVE CARE</b>		
Per day . . . . .	0471 \$	21.55
<b>7. HOSPITAL EMERGENCY DEPARTMENT VISITS</b>		
Day visit - Monday to Friday, 8 a.m. - 6 p.m. . . . .	0480 \$	17.05
Night visit - Monday to Thursday, 6 p.m. - 8 a.m. . . . .	0481 \$	22.70
Weekend day - Saturday, Sunday & Holidays 8a.m. to 6 p.m. . . . .	0490 \$	20.10
Weekend night visit - Holidays & Friday 6p.m. to Monday 8 a.m . . . . .	0491 \$	33.75
Additional fee allowed for emergency visit - See Preamble Definition Section 8. . . . .	0494 \$	10.50
<b>8. ON CALL RETAINER</b>		
Surgery (QEH/PCH) . . . . .	0440 \$	100.00
<b>9. ON CALL RETAINER</b>		
Plastic Surgery (QEH) . . . . .	9740 \$	100.00

**INTERNAL MEDICINE**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - See Preamble Section 10.A & 11.A . . . . .	0560	\$	109.80
*Repeat consultation (See Preamble Section 10.C) for the same illness or complication thereof within 30 days . . . . .	0562	\$	53.95
Complete re-examination by a medical specialist - See Preamble Section 10.F . . . . .	0563	\$	32.65

**2. OFFICE VISITS - See Preamble Section 10.D & 10.E**

Visits - applicable in medical conditions when:

Initial visit with complete examination and diagnostic survey of a patient . . . . .	0510	\$	54.00
Subsequent visits - with complete re-examination . . . . .	0512	\$	29.50
Subsequent visits with regional examination only . . . . .	0513	\$	22.61

**3. HOSPITAL VISITS - In-Patient Services**

Initial visit - as in 'office' above . . . . .	0530	\$	54.00
Re-admission requiring complete reassessment - first day only . . . . .	0531	\$	21.55
Subsequent visits			
First five weeks, per visit . . . . .	0533	\$	19.18
From 6th to 13th week, inclusive, per visit to a maximum of 5 visits per week . . . . .	0534	\$	14.20
After 13th week, per week . . . . .	0535	\$	14.50
Continuing care . . . . .	0541	\$	20.18
Directive care . . . . .	0542	\$	20.18

**4. HOME VISITS**

Visit (After hours premium apply) . . . . .	0521	\$	44.10
Each additional member of family, includes nursing homes, manors, etc . . . . .	0524	\$	13.25
Additional fee allowed for emergency visit - See Preamble Definition Section 12.A.2 . . . . .	0525	\$	11.55

**5. CRITICAL CARE (in an approved ICU/CCU) - See Preamble Section 11.C.5**  
Applies to a patient ill enough to require invasive cardio-respiratory monitoring or therapy and nursing skills available only in an ICU setting

This fee includes examination of the patient, insertion of arterial and central venous pressure catheters, securing and interpretation of arterial blood gases, intubation with or without artificial ventilation, the use of an artificial ventilator and all necessary measures for supervision and treatment.

**NOTE: Detention, cardioversion, insertion of Swan-Ganz catheter, pacemakers, and dialysis are separate billable procedures.**

**These fees are not chargeable for patients admitted to an ICU/CCU area for convenience or for observation or monitoring of rhythm only. All first day codes require time of day when requesting after hours premium.**

**'PHYSICIAN IN CHARGE'**

First day (includes consultation) (90 minutes) . . . . .	0595	\$	215.06
First day (consult within previous 10 days) (45 minutes) . . . . .	0596	\$	116.11
Second to tenth day inclusive, per day . . . . .	0597	\$	99.29
Day Eleven onward, per day . . . . .	0598	\$	53.40
Routine ICU care per day . . . . .	0501	\$	42.92
Concurrent care per day . . . . .	0502	\$	28.45

Appropriate consultation, procedure or visit fee shall apply 24 hours after stopping artificial respiration or special care. Other physicians may charge the appropriate consultation, visit or procedure fees.

**6. DETENTION FEES - See Preamble Definition Section 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . . . .	0570	\$	26.87
Special call requiring detention per 15 minutes - See Preamble Section 11.D.3 . . . . .	0576	\$	26.87

**7. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit - Monday to Friday 8 a.m. to 6 p.m. . . . .	0580	\$	17.05
Night visit - Monday to Thursday 6 p.m. to 8 a.m. . . . .	0581	\$	22.70
Weekend day visit-Saturday, Sunday & holidays 8 a.m. to 6 p.m. . . . .	0590	\$	20.10
Weekend night visit- Holidays & Friday 6 p.m. to Monday 8 a.m. . . . .	0591	\$	33.75
Additional fee allowed for strict emergency visit - See Preamble Definition Section 8 . . . . .	0594	\$	10.50

**8. PACEMAKER PROCEDURES**

See Tariff codes 4760 - 4776 under 'Pacemaker Procedures'

9. STRESS TEST . . . . .	0599	\$	52.15
10. Diagnostic & Therapeutic Interview - See Preamble 14.H	2586	\$	39.36
11. ON CALL RETAINER			
Internal Medicine (QEH/PCH) . . . . .	0540	\$	100.00

**OBSTETRICS AND GYNECOLOGY**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital . . . . .	0760	\$	63.15
Repeat - within 30 days for same illness or complications thereof - <b>See Preamble Section 10.C</b> . . . . .	0762	\$	24.70
Consultation - Reproductive Endocrinology . . . . .	0764	\$	63.15
Repeat Consultation - Reproductive Endocrinology . . . . .	0765	\$	24.70

**2. OFFICE VISITS - See Preamble Section 10.D and 10.E**

Visits - Applicable in obstetrical and gynecological conditions when:

New conditions seen for first time to include complete

history and physical examination . . . . .	0710	\$	32.45
First visit with regional examination . . . . .	0711	\$	21.55
Subsequent visits . . . . .	0713	\$	22.61
Prenatal visit . . . . .	0703	\$	22.61
Postpartum visit . . . . .	0704	\$	19.05
Postnatal visit . . . . .	0705	\$	23.73

**3. HOSPITAL VISITS - In-Patient Services**

Initial visit - as in 'office' above . . . . .	0730	\$	40.88
Subsequent visits			
First five weeks, per visit . . . . .	0733	\$	19.18
From 6th week to 13th week inclusive, per visit to maximum of 5 visits per week . . . . .	0734	\$	14.20
After 13th week, per week . . . . .	0735	\$	14.50
Continuing care . . . . .	0741	\$	18.73
Directive care . . . . .	0742	\$	18.73

**4. HOME VISITS**

Visit (After hours premium apply) . . . . .	0721	\$	44.10
Each additional member of family, includes nursing homes, manors, etc . . . . .	0724	\$	13.25
Additional fee allowed for emergency visits - <b>See Preamble Definition Section 12.A.2</b> . . . . .	0725	\$	11.55

**5. DETENTION FEES - See Preamble Definition Section 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . . . . 0770 \$ 26.87  
 Special call requiring detention per 15 minutes -  
**See Preamble Section 11.D.3** . . . . . 0776 \$ 26.87

**6. INTENSIVE CARE**

Per day . . . . . 0771 \$ 21.55

**7. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit - Monday to Friday 8 a.m. to 6 p.m. . . . . 0780 \$ 17.05  
 Night visit - Monday to Thursday 6 p.m. to 8 a.m. . . . . 0781 \$ 22.70  
 Weekend day visit- Saturday, Sunday & holidays 8a.m. to  
 6 p.m. . . . . 0790 \$ 20.10  
 Weekend night visit - Holidays & Friday 6p.m. to  
 Monday 8 a.m. . . . . 0791 \$ 33.75  
 Additional fee allowed for emergency visit -  
**See Preamble Definition Section 8** . . . . . 0794 \$ 10.50  
 Outpatient assessment for  
 complications of pregnancy/labor . . . . . 0795 \$ 63.15

**8. ON CALL RETAINER**

Obstetrics/Gynecology (QEH/PCH) . . . . . 0740 \$ 100.00



**OPHTHALMOLOGY**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital . . . . .	0860	\$	63.15
Repeat - <b>See Preamble Section 10.C</b> . . . . .	0862	\$	24.70

**2. OFFICE VISITS - See Preamble Section 10.D and 10.E**

Visits - applicable in ophthalmological conditions when:

Initial visit with complete ophthalmological examination including refraction . . . . .	0810	\$	32.45
First visit not requiring a complete examination . . . . .	0811	\$	21.55
Subsequent visits for special tests . . . . .	0812	\$	28.93
Subsequent visits not including special test or procedures . . . . .	0813	\$	22.61

**3. HOSPITAL VISITS - In-Patient Services**

New condition seen for first time to include complete  
history and physical examination . . . . .

Subsequent visits			
First five weeks, per visit . . . . .	0833	\$	19.18
From 6th week to 13th week, per visit to a maximum of 5 visits per week . . . . .	0834	\$	14.20
After 13th week, per week . . . . .	0835	\$	14.50
Continuing care . . . . .	0841	\$	18.73
Directive care . . . . .	0842	\$	18.73

**4. HOME VISITS**

Visit (After hours premium apply) . . . . .	0821	\$	44.10
Each additional member of family, includes nursing homes, manors, etc . . . . .	0824	\$	13.25
Additional fee allowed for emergency visits - <b>See Preamble Definition Section 12.A.2</b> . . . . .	0825	\$	11.55

**5. DETENTION FEES - See Preamble 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . . . .	0870	\$	26.87
Special call requiring detention per 15 minutes			
<b>See Preamble Section 11.D.3</b> . . . . .	0876	\$	26.87

**6. INTENSIVE CARE**

Per day . . . . .	0871	\$	21.55
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**7. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day Visit - Monday to Friday 8 a.m. - 6 p.m. . . . .	0880	\$	17.05
Night visit - Monday to Thursday 6 p.m. - 8 a.m. . . . .	0881	\$	22.70
Weekend day visit- Saturday, Sunday & holidays 8 a.m. to 6 p.m. . . . .	0890	\$	20.10
Weekend night visit-Holidays & Friday 6 p.m. to Monday 8 a.m. . . . .	0891	\$	33.75
Additional fee allowed for emergency visit - <b>See Preamble Section 8</b> . . . . .	0894	\$	10.50

**8. ON CALL RETAINER**

Ophthalmology (QEH) . . . . .	0840	\$	100.00
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## ORTHOPAEDIC SURGERY

These fees cannot be correctly interpreted without reference to the Preamble.

### 1. REFERRED CASES

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital . . . . .	0960	\$	63.15
Repeat within 30 days for same illness or complication thereof - <b>See Preamble Section 10.C</b> . . . . .	0962	\$	24.70

### 2. OFFICE VISITS - See Preamble Section 10.D and 10.E

Visits - applicable in orthopaedic surgery when:

New condition seen for first time to include complete history and physical examination . . . . .	0910	\$	32.45
First visit with regional examination only . . . . .	0911	\$	21.55
Subsequent visits . . . . .	0913	\$	22.61

### 3. HOSPITAL VISITS - In-Patient Services

New condition seen for first time to include complete  
history and physical examination . . . . .

Subsequent visits			
First five weeks, per visit . . . . .	0933	\$	19.18
From 6th week to 13th week inclusive, per visit to maximum of 5 visits per week . . . . .	0934	\$	14.20
After 13th week, per week . . . . .	0935	\$	14.50
Continuing care . . . . .	0941	\$	18.73
Directive care . . . . .	0942	\$	18.73

### 4. HOME VISITS

Visit (After hours premium apply) . . . . .	0921	\$	44.10
Each additional member of family, includes nursing homes, manors, etc . . . . .	0924	\$	13.25
Additional fee allowed for emergency visits - <b>See Preamble Definition Section 12.A.2</b> . . . . .	0925	\$	11.55

### 5. DETENTION FEES - See Preamble Section 11.D.1

Per 15 minutes after first half hour (30 minutes) . . .	0970	\$	26.87
Special call requiring detention per 15 minutes - <b>See Preamble Section 11.D.3</b> . . . . .	0976	\$	26.87

### 6. INTENSIVE CARE

Per day . . . . . 0971 \$ 21.55

**7. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit - Monday to Friday 8 a.m. - 6 p.m. . . . . 0980 \$ 17.05  
Night visit - Monday to Thursday 6 p.m. - 8 a.m. . . . 0981 \$ 22.70  
Weekend day visit-Saturday, Sunday &  
holidays 8 a.m. to 6 p.m. . . . . 0990 \$ 20.10  
Weekend night visit- Holidays &  
Friday 6 p.m. to Monday 8 a.m. . . . . 0991 \$ 33.75  
Additional fee allowed for emergency visit -  
**See Preamble Section 8** . . . . . 0994 \$ 10.50

**8. ON CALL RETAINER**

Orthopedics (QEH) . . . . . 0940 \$ 100.00

**OTOLARYNGOLOGY**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital . . . . .	1060	\$	63.15
Repeat within 30 days for same illness or complication thereof - <b>See Preamble Section 10.C</b> . . . . .	1062	\$	24.70

**2. OFFICE VISITS - See Preamble Section 10.D AND 10.E**

Visits - applicable in otolaryngological conditions when:

Initial visit with complete examination . . . . .	1010	\$	32.45
Initial visit with regional examination . . . . .	1011	\$	21.55
Subsequent visits . . . . .	1013	\$	22.61

**3. HOSPITAL VISITS - In-Patient Services**

New condition seen for first time to include complete  
history and physical examination . . . . .

Subsequent visits			
First five weeks, per visit . . . . .	1033	\$	19.18
From 6th week to 13th week, per visit to a maximum of 5 visits per week . . . . .	1034	\$	14.20
After 13th week, per week . . . . .	1035	\$	14.50
Continuing care . . . . .	1041	\$	18.73
Directive care . . . . .	1042	\$	18.73

**4. HOME VISITS**

Visit (After hours premium apply) . . . . .	1021	\$	44.10
Each additional member of family, includes nursing homes, manors, etc . . . . .	1024	\$	13.25
Additional fee allowed for emergency visits - <b>See Preamble Definition Section 12.A.2</b> . . . . .	1025	\$	11.55

**5. DETENTION FEES - See Preamble Section 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . . . .	1070	\$	26.87
Special call requiring detention per 15 minutes - <b>See Preamble Section 11.D.3</b> . . . . .	1076	\$	26.87

**6. INTENSIVE CARE**

Per day . . . . .	1071	\$	21.55
<b>7. HOSPITAL EMERGENCY DEPARTMENT VISITS</b>			
Day visit - Monday to Friday 8 a.m. - 6 p.m. . . . .	1080	\$	17.05
Night visit - Monday to Thursday 6 p.m. - 8 a.m. . . . .	1081	\$	22.70
Weekend day visit- Saturday, Sunday & holidays 8 a.m. to 6 p.m. . . . .	1090	\$	20.10
Weekend night visit- Holidays, Friday 6 p.m. to Monday 8 a.m. . . . .	1091	\$	33.75
Additional fee allowed for emergency visit - <b>See Preamble Section 8</b> . . . . .	1094	\$	10.50
<b>8. AUDIOMETRIC TESTS</b>			
*1. Impedance audiometry . . . . . (If consultation or office fees should apply, then above fee should be claimed at 50%)	1095	\$	14.50
2. Microdebridement in office . . . . . Not allowed in addition to consult/visit - Exception first visit.	1099	\$	25.60
<b>9. COMPLETE HEARING TEST</b>			
Including audiometry, tuning fork and speech test . . . . .	2540	\$	32.45
Vestibular function tests . . . . .	2541	\$	21.55
<b>10. ON CALL RETAINER</b>			
ENT(Provincial) . . . . .	1040	\$	100.00

**PAEDIATRICS**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital . . . . .	1160	\$	109.80
Repeat within 30 days for same illness or complication thereof - <b>See Preamble Section 10.C</b> . . . . .	1162	\$	53.95
Complete re-examination by a medical specialist <b>See Preamble Section 10.F.</b> . . . . .	1163	\$	29.50

**2. OFFICE VISITS - See preamble Section 10.D and 10.E**

Visits - applicable in paediatric cases when:

Initial visit with complete examination . . . . .	1110	\$	54.00
Initial visit with regional examination . . . . .	1111	\$	21.55
Subsequent visit with complete re-examination . . . . .	1112	\$	29.50
Subsequent visits . . . . .	1113	\$	22.61
Well baby care - to include examination, instruction regarding health care and necessary immunization procedures . . . . .	1115	\$	20.50

**3. COUNSELLING SERVICES**

All counselling services are payable in blocks of fifteen minutes or major portion thereof - not to apply on a day when visit fees are charged

Health Promotion counselling (Maximum 45 minutes) . . . . .	2505	\$	19.82
Diagnostic and therapeutic interview (includes genetic, drug, psychiatric and family counselling) - <b>See Preamble Section 14.H</b> . . . . .	2586	\$	39.36
Case Management Conference - <b>See Preamble Section 14.G</b>	2507	\$	20.00

**4. HOME VISITS**

Visit (After hours premium apply) . . . . .	1121	\$	44.10
Each additional member of family, includes nursing homes, manors, etc. . . . .	1124	\$	13.25
Additional fee allowed for emergency visits - <b>See Preamble Definition Section 12.A.2</b> . . . . .	1125	\$	11.55

**5. HOSPITAL VISITS - In-Patient Services**

Initial visit - when patient is attended for the first time in the illness . . . . .	1130	\$	54.00
Subsequent visits			
First five weeks, per visit . . . . .	1133	\$	19.18
From 6th week to 13th week inclusive, per visit to maximum of 5 visits per week . . . . .	1134	\$	14.20
After 13th week, per week . . . . .	1135	\$	14.50
Attendance at maternal delivery with or without intubation - <b>See Preamble Section 20.A</b> . . . . .	1136	\$	84.60
Newborn care of a healthy baby for first 20 days, including parental advice			Hospital Visit Fees Apply
Continuing care . . . . .	1141	\$	20.18
Directive care . . . . .	1142	\$	20.18

**6. DETENTION FEES - See Preamble Section 11.D.1**

Detention Per 15 minutes . . . . .	1170	\$	26.87
Special call requiring detention per 15 minutes - <b>See Preamble Section 11.D.3</b> . . . . .	1176	\$	26.87

**7. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit - Monday to Friday 8 a.m. - 6 p.m. . . . .	1180	\$	17.05
Night visit - Monday to Thursday 6 p.m. - 8 a.m. . . . .	1181	\$	22.70
Weekend day visit-Saturday, Sunday,& Holiday 8a.m. to 6 p.m. . . . .	1190	\$	20.10
Weekend night visit-holidays & Friday 6p.m. to Monday 8a.m. . . . .	1191	\$	33.75
Additional fee allowed for emergency visit - <b>See Preamble Section 8</b> . . . . .	1194	\$	10.50

**8. HOSPITAL VISITS - Ill Newborn**

Initial visit in hospital . . . . .	1182	\$	54.00
Subsequent visits			
First 5 weeks, per visit . . . . .	1183	\$	11.55
From 6th week to 13th week inclusive, per visit to maximum of 5 visits per week . . . . .	1184	\$	10.50
After 13th week, per week . . . . .	1185	\$	14.50

**9. INTENSIVE CARE**

Consultation . . . . .	1160	\$	109.80
Supervisory care, per day . . . . .	1179	\$	21.55

**10. PREMATURE CARE**

Initial visit with complete examination . . . . .	1137	\$	75.75
Thereafter up to 3 weeks, per week . . . . .	1138	\$	64.45



After 3 weeks, per week . . . . . 1139 \$ 32.45

**11. \*NEONATAL INTENSIVE CARE SCHEDULE**

<b>Level A:</b> Full life support including invasive monitoring, ventilatory support, and parenteral alimentation (all modalities)		
1st day (120 minutes) . . . . .	1145 \$	307.95
2nd to 10th days (inclusive) . . . . .	1146 \$	153.00
11th day onwards, per diem . . . . .	1147 \$	75.90
<b>Level B:</b> Intensive Care including full monitoring both invasive and non-invasive, oxygen administration and intravenous therapy, but without ventilatory support.		
1st day (90 minutes) . . . . .	1148 \$	198.70
2nd day onwards, per diem . . . . .	1149 \$	56.15
<b>Level C:</b> Intermediate care including oxygen administration, non-invasive monitoring and gavage feeding.		
1st day (60 minutes) . . . . .	1150 \$	133.20
2nd day onwards, per diem . . . . .	1151 \$	27.95

The maximum time frame is indicated in brackets for first day fee codes. Additional time with the patient may be billed with clear supporting documentation. All first day codes require time of day when requesting after hours premium.

The above fees include the initial consultation or assessment and subsequent examinations of the patient and, as required, insertion of arterial, venous, C.V.P. or urinary catheters, intravenous lines, interpreting of blood gases, nasogastric tubes, pressure infusion sets and pharmaceutical agents, endotracheal intubation, tracheal toilet, artificial ventilation and all necessary measures for respiratory support.

If infant has been transferred from one level to another, in either direction, up or down, second day fees apply.

Regular visit and procedure fees will apply the day following termination of Neonatal Intensive Care.

If patient has been discharged from Unit more than 48 hours and is re-admitted to Unit 1st day rate applies again on day of re-admission.

The appropriate consultation, procedure and visit fees shall apply after stopping artificial respiration or special care.

\*Applicable to those Pediatricians with special training in Neonatal Intensive Care.

**12. PEDIATRIC CRITICAL CARE - See Preamble Section 20.E**

Includes - examination of the patient, insertion of arterial and central venous pressure catheters, securing and interpretation of blood gases, intubation with or without artificial ventilation, the use of an artificial ventilator and all necessary measures for supervision and treatment.

**'PHYSICIAN IN CHARGE'**

First day (includes consultation) (90 minutes) . . . . .	1154	\$	204.95
First day (consult within previous 10 days) (45 minutes)	1155	\$	108.15
Second to 5th day, per day . . . . .	1156	\$	54.00
Sixth to 30th day, per day . . . . .	1157	\$	27.20

Appropriate consultation, procedure or visit fee shall apply 24 hours after stopping artificial respiration or special care. Other physicians may charge the appropriate consultation, visit or procedural fees.

The maximum time frame is indicated in brackets for first day fee codes. Additional time with the patient may be billed with supporting documentation. All first day codes require time of day when requesting after hours premium.

**13. ON CALL RETAINER**

Pediatrics (QEH) . . . . .	1140	\$	100.00
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**PSYCHIATRY**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**  
Home, office or hospital to include, if indicated,  
written report and/or certification, but is exclusive of  
specific diagnostic or therapeutic procedures arising  
out of or subsequent to the consultation . . . . . 1260 \$ 109.80

Repeat Consultations - **See Preamble Section 10.C**  
Within 30 days for the same illness or complications  
thereof. . . . . 1262 \$ 53.95

Complete re-examination by a medical specialist -  
**See Preamble Section 10.F** . . . . . 1263 \$ 29.50

**2. OFFICE VISITS - See Preamble Section 10.D and 10.E**

Visits - applicable in psychiatric conditions when:  
Initial visit with complete examination including  
psychiatric evaluation and certification if indicated 1210 \$ 54.00

Subsequent visits . . . . . 1213 \$ 22.61

Sessional fee (may only be billed with approval of JCC) 1264 \$ 125.00

Member of Group - sessional fee . . . . . 2582 \$ 0.00

**3. HOSPITAL VISITS - In-Patient Services**

Initial visit for hospitalized psychiatric patient  
complete examination and review . . . . . 1230 \$ 54.00

Subsequent visits

First five weeks, per visit . . . . . 1233 \$ 19.18

From 6th week to 13th week inclusive, per visit to  
a maximum of 5 visits per week . . . . . 1234 \$ 14.20

After 13th week, per week . . . . . 1235 \$ 14.40

Continuing care . . . . . 1241 \$ 20.18

Directive care . . . . . 1242 \$ 20.18

**4. HOME VISITS**

Visit (after hours premium apply) . . . . .	1221	\$	44.10
Each additional member of family, includes nursing homes, manors, etc . . . . .	1224	\$	13.25
Additional fee allowed for emergency visit - <b>See Preamble Definition Section 12.A.2</b> . . . . .	1225	\$	11.50

**5. DETENTION FEES - See Preamble Section 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . .	1270	\$	26.87
Special call requiring detention per 15 minutes - <b>See Preamble Section 11.D.3</b> . . . . .	1276	\$	26.87

**6. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit: Monday to Friday 8 a.m. - 6 p.m. . . . .	1280	\$	17.05
Night visit - Monday to Friday 6 p.m. to 8 a.m. . . . .	1281	\$	22.70
Weekend day visit -Saturday, Sunday & Holidays 8a.m. to 6 p.m. . . . .	1290	\$	20.10
Weekend night visit - Friday 6 p.m. to Monday 8a.m. . .	1291	\$	33.75
Additional fee allowed for emergency visit - <b>See Preamble Section 8</b> . . . . .	1294	\$	10.50

**7. PSYCHIATRIC SERVICES -- See Preamble Section 14**

**All psychiatric services are payable in blocks of 15 minutes or major portion thereof with a minimum of 15 minutes service provided**

Psychotherapy . . . . .	2504	\$	40.05
Diagnostic and/or therapeutic interview . . . . .	2586	\$	39.36
Group psychotherapy 2-8 persons, . . . . .	2587	\$	36.00
Member of Group Psychotherapy . . . . .	2581	\$	0.00
Case Management Conference . . . . .	2507	\$	25.00

**NOTE:** In exceptionally long cases, psychiatrists should claim detention fees after one hour.

**8. SPECIAL PROCEDURES**

Electroconvulsive therapy . . . . .	2151	\$	32.60
Phototherapy . . . . .	2589	\$	5.70

**UROLOGY**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital. To include history and physical examination as indicated to evaluate the genitourinary system and, when necessary, such procedure as urinalysis, venipuncture, urethral calibration, catheterization, and prostatic fluid examination - including a written report but not to include an endoscopic examination . . . . . 1360 \$ 63.15

Repeat - within 30 days for the same illness or complication thereof - **See Preamble Section 10.C** . . . . . 1362 \$ 24.70

**2. OFFICE VISITS - See Preamble Section 10.D and 10.E**

**Visits - applicable in urological conditions when:**

New condition seen for the first time, to include complete history and physical examination . . . . . 1310 \$ 32.45

Initial visit with regional exam only . . . . . 1311 \$ 21.55

Subsequent visit . . . . . 1313 \$ 22.61

**3. HOSPITAL VISITS - In-Patient Services**

New condition seen for the first time, to include complete history and physical examination . . . . . 1330 \$ 40.88

Subsequent visits

First five weeks, per visit . . . . . 1333 \$ 19.18

From 6th week to 13th week inclusive, per visit to maximum of 5 visits per week . . . . . 1334 \$ 14.20

After 13th week, per week . . . . . 1335 \$ 14.50

Continuing care . . . . . 1341 \$ 18.73

Directive care . . . . . 1342 \$ 18.73

**4. HOME VISITS**

Visit (after hours premium apply) . . . . . 1321 \$ 44.10

Each additional member of family, includes nursing homes, manors, etc. . . . . 1324 \$ 13.25

Additional fee allowed for emergency visit - **See Preamble Definition Section 12.A.2** . . . . . 1325 \$ 11.55

**5. DETENTION FEES - See Preamble Section 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . . . .	1370 \$	26.87
Special call requiring detention per 15 minutes - See Preamble Section 11.D.3 . . . . .	1376 \$	26.87

**6. INTENSIVE CARE**

Per day . . . . .	1371 \$	21.55
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**7. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit: Monday to Friday 8 a.m. - 6 p.m. . . . .	1380 \$	17.05
Night visit: Monday to Thursday 6 p.m. - 8 a.m. . . . .	1381 \$	22.70
Weekend day visit- Saturday, Sunday & Holidays 8 a.m. to 6 p.m. . . . .	1390 \$	20.10
Weekend night visit - Holidays & Friday 6 p.m. to Monday 8 a.m. . . . .	1391 \$	33.75
Additional fee allowed for emergency visit - See Preamble Section 8 . . . . .	1394 \$	10.50

**8. ON CALL RETAINER**

Urology . . . . .	1340 \$	100.00
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**PHYSICAL MEDICINE**

These fees cannot be correctly interpreted without reference to the Preamble.

**1. REFERRED CASES**

Consultations - **See Preamble Section 10.A and 11.A**

Office, home or hospital . . . . .	1660	\$	109.80
Repeat - within 30 days for same illness or complication thereof - <b>See Preamble Section 10.C</b> . . . . .	1662	\$	53.95
Complete re-examination by a medical specialist - <b>See Preamble Section 10.F.</b> . . . . .	1663	\$	29.50

**2. OFFICE VISITS - See Preamble Section 10.D and 10.E**

Visits - applicable in cases when:  
 New conditions seen for the first time to include complete history and physical examination . . . . .

1610	\$	54.00	
First visit with regional exam only . . . . .	1611	\$	29.50
Repeat or subsequent office visits . . . . .	1613	\$	22.61

**3. HOSPITAL VISITS - In-Patient Services**

Initial visits - as in 'office' above . . . . .	1630	\$	54.00
Subsequent visits			
First five weeks, per visit . . . . .	1633	\$	19.18
From 6th week to 13th week, inclusive, per visit to maximum of 5 visits per week . . . . .	1634	\$	14.20
After 13th week, per week . . . . .	1635	\$	14.50
Continuing care . . . . .	1641	\$	18.73
Directive care . . . . .	1642	\$	18.73

**4. HOME VISITS**

Visit (After hours premium apply) . . . . .	1621	\$	44.10
Each additional member of family, includes nursing homes, manors, etc . . . . .	1624	\$	13.25
Additional fee allowed for emergency visit - <b>See Preamble Definition Section 12.A.2</b> . . . . .	1625	\$	11.55

**5. DETENTION FEES - See Preamble Section 11.D.1**

Per 15 minutes after first half hour (30 minutes) . . . . .	1670 \$	26.87
Special call requiring detention per 15 minutes - <b>See Preamble Section 11.D.3</b> . . . . .	1676 \$	26.87

**6. INTENSIVE CARE**

Per day . . . . .	1671 \$	21.55
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**7. HOSPITAL EMERGENCY DEPARTMENT VISITS**

Day visit: Monday to Friday 8 a.m. - 6 p.m. . . . .	1680 \$	17.05
Night visit: Monday to Thursday 6 p.m. - 8 a.m. . . . .	1681 \$	22.70
Weekend day visit- Saturday, Sunday & Holidays 8 a.m. to 6 p.m. . . . .	1690 \$	20.10
Weekend night visit-Holidays & Friday 6 p.m. to Monday 8 a.m. . . . .	1691 \$	33.75
Additional fee allowed for emergency visit - <b>See Preamble Section 8</b> . . . . .	1694 \$	10.50



**RADIATION ONCOLOGY (THERAPEUTIC RADIOLOGY)**

The listed fees are for the professional services of a certified therapeutic radiologist, the services of a specialist for the intracavitary or interstitial application of radium or sealed sources and the service of a specialist using non-sealed sources of radioisotopes in a laboratory authorized by the Atomic Energy Control Board of Canada. Other medical services to the patient are not included in these figures. The cost of material is additional.

**CONSULTATIONS**

Examination of patient and decision as to treatment		
Major malignancy . . . . .	1760 \$	44.55
Minor malignancy . . . . .	1761 \$	28.15
Repeat consultation within 30 days . . . . .	1762 \$	19.70
Return visits at request of patient . . . . .	1713 \$	19.35

**EXTERNAL THERAPY**

Treatment planning, dosage calculation and preparation of any special treatment device. (This is to apply only to malignant conditions treated radically.) . . . . .	1715 \$	36.50
Superficial therapy - x-ray under 100 K.V.P. per treatment visit . . . . .	1716 \$	6.85
Deep therapy - e.g. super voltage, Cobalt 60 or x-rays over 150 K.V.P. per treatment visit . . . . .	1717 \$	9.40
Preparation and application of Radium mould . . . . .	1718 \$	16.50
Application of Strontium 90 ophthalmic device . . . . .	1719 \$	8.40
Treatment planning for non malignant conditions . . . . .	1720 \$	22.75

**INTERSTITIAL THERAPY**

Consultation and treatment planning fees as above.		
Interstitial insertion of Radium needles, Gold 98 grains or other sealed Radioisotopes.		
Biopsy as separate procedure . . . . .	1725 \$	182.60

**INTRACAVITARY THERAPY**

Consultation and treatment planning fees as above.		
Radium insertion - per insertion . . . . .	1730 \$	157.70
Provision of radium in suitable containers and attendance in the operating room with advice and dosage calculation . . . . .	1731 \$	91.35

**RADIOISOTOPE THERAPY**

Consultation and treatment planning fees as above  
(Treatment planning fee to apply to malignant conditions only.)

Radioisotope therapy -carcinoma of thyroid (per course)	. 1735 \$	74.65
Treatment for hyperthyroidism and/or cardiac disease		
per course of treatment . . . . .	. 1736 \$	54.90
Treatment for Polycythemia Vera with Page 33 - charge		
per course of treatment . . . . .	. 1737 \$	44.75

**DIAGNOSTIC AND THERAPEUTIC PROCEDURES**

These fees cannot be correctly interpreted without reference to the Preamble.

These fees apply only when such procedures are carried out by or under the supervision of a physician. Cost of medication used in any of these procedures is additional.

**LIST 1**

**No additional charge, if consultation or visit fee apply**

**Urinary Bladder-acute retention or change of catheter . . . Visit Fee**

Urinalysis-complete routine to include S.G., P.H., protein sugar and microscopic (Acetone, occult blood or bile if indicated ) . . . . .	2002	\$	3.75
Partial examination - of one or more of above . . . . .	2003	\$	2.05
Hemoglobin estimation . . . . .	2004	\$	3.75
Occult blood in stool . . . . .	2005	\$	2.05
Nasal smear for eosinophil . . . . .	2006	\$	3.75
Injections-Intradermal, subcutaneous and/or Intramuscular injections including immunizations, and therapeutic injections (may include one or more injections at one visit) . . . . .	2009	\$	6.50
Visit for change of dressing . . . . .	2010	\$	6.40
Cryoprecipitate e.g. - Preparation and administration . . . . .	2015	\$	19.80
Desensitization, acute e.g. tetanus . . . . .		Visit Fee	
Plus Detention			
Hyposensitization - Initial visit and assessment . . . . .		Visit Fee	
Subsequent visits including supervision per injection . . . . .	2102	\$	5.95
Supervision of anticoagulant therapy - by telephone per month . . . . .	2106	\$	9.80
Injection - intravenous . . . . .	2165	\$	9.80
Injection - Ages 0 to 4 only - by cut down . . . . .	2252	\$	29.65
Injection - Ages 0 to 4 only - by scalp vein . . . . .	2253	\$	19.80
Vaccination with certificate . . . . .	2243	\$	15.05
Venipuncture - Adults or child 6 years or older . . . . .	2238	\$	5.95

LIST 1 (Cont.)

Examination and certification of a patient		
re: admission to a mental or alcohol treatment facility	2800 \$	32.45
Fitting of diaphragm . . . . .	6936 \$	28.45

**LIST II**

Visit fee or consultation is payable in full in addition to a List II procedure except when such procedure is the sole reason for the patient's attendance.

**ALLERGY SKIN TESTS**

Technical Component \$0.65 cents each to a maximum . . . . .	2349 \$	31.05
Professional Component \$0.15 cents each maximum . . . . .	2359 \$	7.00
Arthogram - See Radiology		

**ASPIRATIONS**

Aspiration of (also see Injection of Medications)		
Abdomen - see Paracentesis . . . . .	See 2213	Pg 41
Chest - see Paracentesis . . . . .	See 2214	Pg 41
Lymph Node in neck . . . . .	2050 \$	22.75
Bladder . . . . .	2107 \$	15.05
Breast cyst . . . . .	2108 \$	15.05
Bursa . . . . .	2109 \$	15.05
Cisterna magna . . . . .	2110 \$	22.55
Duodenum . . . . .	2111 \$	37.50
Esophagus or stomach . . . . .	2112 \$	15.05
Hydrocele . . . . .	2113 \$	15.05
Joint . . . . .	2114 \$	15.05
Lumbar puncture . . . . .	2115 \$	36.59
Therapeutic Pericardiocentesis . . . . .	2116 \$	105.25
Subdural (tap) . . . . .	2117 \$	29.65
Subdural puncture(each additional tap) . . . . .	2118 \$	9.80
Thyroid cyst . . . . .	2119 \$	15.05

**AUDIOMETRIC TESTS - See Otolaryngology**

B.C.G. Vaccination, including necessary Tuberculin tests	2122 \$	9.80
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**BIOPSIES - see Needle Biopsies, and General Listings**

Breast Excisional Biopsy . . . . .	3073 \$	129.75
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**BLOOD TRANSFUSION**

Indirect Transfusions . . . . .	2123 \$	19.80
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**CARDIAC PROCEDURES**

Cardioversion only (one procedure to be billed per session)	2124 \$	94.10
Selective percutaneous aortography - see Radiology		
Catheterization		
Selective coronary angiography . . . . .	2125 \$	247.15
Of heart-right . . . . .	2126 \$	148.25
Hepatic - wedge pressure . . . . .	2127 \$	98.80
Of heart-left . . . . .	2128 \$	197.70
Left ventricular puncture . . . . .	2129 \$	98.80
Phonocardiogram - Supervision and interpretation . . . . .	2217 \$	29.65

**CERUMEN:**

Removal of, unilateral or bilateral . . . . .	2000 \$	5.70
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**CHEMOTHERAPY**

Administration of chemotherapy, including

therapeutic aspiration and sample . . . . .	2215 \$	49.35
IV administration of chemotherapy agent - per injection . . . . .	2174 \$	19.80
Additional injections of chemotherapy agent at time of initial injection . . . . .	2264 \$	9.85
Administration of chemotherapy into an Omayya Reservoir . . . . .	2550 \$	36.40
Intrathecal chemotherapy including lumbar puncture with diagnostic sample . . . . .	2551 \$	58.20
Administration of sclerosing material via chest tube . . . . .	2552 \$	18.20
Cryotherapy of cervix . . . . .	2131 \$	41.50

**DIALYSIS for Renal Failure**

First dialysis (Maximum 1 only) . . . . .	2135 \$	170.85
each succeeding acute peritoneal dialysis . . . . . (Maximum 3 only) . . . . .	2136 \$	113.90
Peritoneal dialysis for chronic renal failure (Maximum 3/week) . . . . .	2137 \$	102.50
Insertion of permanent peritoneal dialysis catheter . . . . .	2132 \$	145.20

**ELECTROCARDIOGRAM**

**\*Payment for interpretation of electrocardiograms made only to those physicians so qualified.**

Electrocardiogram - Technical Component only . . . . .	2257 \$	7.40
Procedure with interpretation in office . . . . .	2142 \$	17.10
Procedure with interpretation, home . . . . .	2143 \$	25.05
Interpretation only . . . . .	2145 \$	9.70
Holter Monitoring . . . . .	2144 \$	25.30

**Exercise tests**

The following fees refer to the professional component only of the test:

1. Simple progressive exercise tests at several work loads and with measurement of heart rate by ECG and of ventilation . . . . . 2249 \$ 23.70
2. Exercise in a steady state at two or more work loads with measurement of heart rate by ECG ventilation VO VCO end tidal and mixed venous PCO2 . . . . . 2250 \$ 49.35
3. As above with calculation of cardiac output by respiratory gas technique . . . . . 2251 \$ 79.00

<b>ELECTROCONVULSIVE THERAPY (ECT)</b> . . . . .	2151 \$	32.60
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**ELECTROENCEPHALOGRAM**

Interpretation only . . . . .	2146 \$	19.80
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Insertion of subtemporal needles, add . . . . .	2147 \$	19.80
With activating Drugs, e.g. Metrazule, add . . . . .	2148 \$	19.80

**ELECTROMYOGRAPHY**

Major testing of the majority of the muscles in more than one limb . . . . .	2149 \$	74.55
Minor testing of muscles . . . . .	2150 \$	53.60

**NOTE:** Consult not to be paid in addition unless there is a clear request from the referring physician.

**ENDOCRINOLOGY AND METABOLISM**

ACTH Stimulation Test . . . . .	2248 \$	40.80
Insulin Hypoglycemia for Pituitary Function . . . . .	2152 \$	56.95
TRH Test . . . . .	2153 \$	28.45
GNRH (LHRH) Tests . . . . .	2154 \$	28.45
Combined calcium and pentagastrin . . . . .	2155 \$	68.35
Calcium or pentagastrin alone . . . . .	2156 \$	45.55
Tensilon test . . . . .	2269 \$	20.50
Eustachian tube- Catheterization . . . . .	2130 \$	9.80

**GASTROENTEROLOGY PROCEDURES**

Ambulatory 24 hour Esophageal ph Monitoring . . . . .	2309 \$	30.80
HCL drip test . . . . .	2157 \$	29.65
Motility studies . . . . .	2158 \$	69.05
Esophageal variceal banding (includes esophagoscopy) . . . . .	5166 \$	260.00
Achalasia Botox injection . . . . .	2167 \$	60.00
Gastro-esophageal tamponade . . . . .	2159 \$	49.35
Fluoroscopy and/or orthodiagram . . . . .	2161 \$	9.80
Gastric lavage - diagnostic and emergency . . . . .	2162 \$	19.80
Gastrosocopy - see Surgical section		
Diagnostic Peritoneal lavage . . . . .	2255 \$	41.50
Balloon stricture dilatation (includes colonoscopy) . . . . .	2237 \$	247.00
Fractional test - meal (samples and analysis) . . . . .	2163 \$	29.65
Colonoscopic Examination . . . . .	2260 \$	142.35
Removal of polyp under colonoscopic examination		
For first polyp . . . . .	2360 \$	80.10
Plus 25% of the fee for each additional polyp		
Proctoscopic exam . . . . .	2007 \$	5.70
Sigmoidoscopy (with or without biopsy of rectum or sigmoid) . . . . .	2235 \$	29.65
Sigmoidoscopy - Flexible (with or without biopsy of rectum or sigmoid) . . . . .	2242 \$	43.35

**GYNECOLOGY**

Pelvic Examination Only . . . . .	2001 \$	5.90
PAP SMEAR with/without a Pelvic examination . . . . .	2008 \$	5.90
Pap Screening Clinic . . . . .	2018 \$	0.00

Insertion of Pessary . . . . .	Visit Fee
Vaginal Insufflation . . . . .	Visit Fee
Cryotherapy of cervix . . . . .	2131 \$ 41.50

**INJECTIONS**

Injection of medication -e.g. bursa, joint	2168 \$ 15.05
Injection Facet joint (under fluoroscopy see page 6) . . .	2533 \$ 41.75
Injection of hemorrhoids, initial	2169 \$ 15.05
Injection of hemorrhoids, subsequent	2170 \$ 15.05
Injection for pruritus ani	2171 \$ 15.05
Injection of medication into chest or abdominal cavities - see Paracentesis	
Intrathecal Epi-morph Injection . . . . .	2307 \$ 57.50
Myelogram	
Lumbar . . . . .	2172 \$ 69.05
Cisternal . . . . .	2173 \$ 79.00

**NEEDLE BIOPSY PROCEDURES**

Marrow . . . . .	2175 \$ 39.65
Kidney . . . . .	2176 \$ 69.05
Liver . . . . .	2177 \$ 49.35
Needle Biopsy of Lung . . . . .	2263 \$ 70.00
Pleura . . . . .	2178 \$ 39.65
Synovial Tissue . . . . .	2180 \$ 49.35
Pericardium (see also heart and Pericardium) . . . . .	2181 \$ 148.25
Prostate . . . . .	2182 \$ 79.00
Fine needle aspiration biopsy of thyroid . . . . .	2259 \$ 22.75
Lung- transbronchial . . . . .	2268 \$ 116.20

**NERVE BLOCKS, DIAGNOSTIC & THERAPEUTIC**

Epidural -	
Cervical epidural . . . . .	2531 \$ 85.00
Thoracic epidural . . . . .	2532 \$ 85.00
Block of single somatic nerve or paravertebral somatic nerve . . . . .	2183 \$ 29.65
Additional nerves, each . . . . .	2184 \$ 14.80
Lumbar Sympathetic block (unilateral) . . . . .	2185 \$ 69.05
Cervical plexus . . . . .	2186 \$ 59.35
Mandibular . . . . .	2187 \$ 49.35
Maxillary . . . . .	2188 \$ 49.35
Brachial plexus . . . . .	2189 \$ 49.35
Presacral . . . . .	2190 \$ 49.35
Caudal . . . . .	2191 \$ 49.35
Sciatic . . . . .	2192 \$ 49.35
Obturator . . . . .	2193 \$ 49.35
Pudendal . . . . .	2194 \$ 39.65
Subarachnoid (Diagnostic spinal) . . . . .	2195 \$ 59.35
Epidural, single injection as with cortisone . . . . .	2196 \$ 49.35
continuous - intermittent . . . . .	See Anesthesia
Coeliac plexus . . . . .	2197 \$ 69.05



Gasserian ganglion . . . . .	2198	\$	69.05
Stellate ganglion . . . . .	2199	\$	69.05
IV Guanethidine block . . . . .	2530	\$	70.00
Therapeutic Seventh Nerve Block:			
Unilateral . . . . .	2304	\$	42.00
Bilateral . . . . .	2305	\$	63.05

**NERVE BLOCKS, WITH ALCOHOL OR OTHER SCLEROSING SOLUTIONS**

Single somatic nerve . . . . .	2200	\$	118.60
Sensory Nerve . . . . .	2201	\$	118.60
Gasserian ganglion block . . . . .	2202	\$	118.60
Intrathecal or epidural spinal block . . . . .	2524	\$	130.25
Lateral femoral cutaneous nerve . . . . .	2204	\$	59.35
Lumbar sympathetic . . . . .	2205	\$	118.60
Maxillary or mandibular division of trigeminal nerve . . . . .	2206	\$	59.35
Spheno-palantine ganglion . . . . .	2207	\$	59.35
Stellate ganglion . . . . .	2208	\$	118.60
Superior laryngeal nerve . . . . .	2209	\$	118.60
Paravertebral - single nerve . . . . .	2210	\$	59.35
Each additional nerve . . . . .	2211	\$	29.65
Not to exceed maximum billing allowed . . . . .	2212	\$	197.70

**OPHTHALMIC TESTS**

Annual Diabetic Retinopathy Photographic Screening . . . . .	2308	\$	10.50
Anterior stromal puncture corneal erosion . . . . .	2303	\$	53.35
Intravitreal Injection of Eye . . . . .	2306	\$	74.05
Visual Fields with a Goldman perimeter . . . . .	2258	\$	38.15
Ultrasonography (procedures only) . . . . .	8887	\$	37.90
Ultrasound - interpretation . . . . .	8889	\$	18.90

**PARACENTESIS - THORACIC OR ABDOMINAL**

Aspiration for diagnostic sample . . . . .	2213	\$	15.05
Therapeutic aspiration including diagnostic sample . . . . .	2214	\$	37.50

**Pulmonary Function Studies**

1. Evaluation and interpretation of results of complete pulmonary function study, (i.e. ventilation, lung volumes, and pulmonary diffusing capacity) with or without other studies . . . . .	2218	\$	45.55
2. Evaluation and Interpretation of:			
(a) Maximum breathing capacity or peak flow study . . . . .	2219	\$	9.80
(b) Pulmonary diffusing capacity . . . . .	2220	\$	19.80
(c) Pressure tracings only . . . . .	2222	\$	9.80
(d) Lung volume determination . . . . .	2223	\$	19.80
(e) Vital capacity and timed unit capacity . . . . .	2247	\$	9.80

Methacholine challenge . . . . .	2245	\$	52.15
<b>RHEUMATOLOGY AND PHYSICAL MEDICINE</b>			
Uric acid cryst . . . . .	2233	\$	5.95
Mucin clot . . . . .	2234	\$	2.00
<b>STERILITY INVESTIGATION</b>			
Male, sperm cell count and morphology . . . . .	2236	\$	9.80
Female . . . . .	see Gynecology		
<b>SWEAT TEST</b> . . . . .	2261	\$	31.80
<b>VENEPUNCTURE</b>			
IV Start on Pediatric Patient (under 6 yrs) . . . . .	2232	\$	31.81
Injections - Ages 0-4 only			
By cutdown . . . . .	2252	\$	29.65
By scalp vein . . . . .	2253	\$	19.80
Central I.V. Line Insertion . . . . .	2254	\$	48.95
Venepuncture- infant or child under 6 years . . . . .	2239	\$	15.05
Venepuncture - femoral vein puncture . . . . .	2240	\$	15.05
Venepuncture - jugular vein puncture . . . . .	2241	\$	15.05
Central Venous Pressure - placement of catheter . . . . .	2244	\$	29.65
Swan-Ganz Catheter . . . . .	2262	\$	127.30
Therapeutic phlebotomy . . . . .	2266	\$	19.80
Umbilical vessel catheterization . . . . .	2256	\$	72.05
<b>UROLOGY</b>			
<b>TESTS</b>			
Cystometrogram . . . . .	2246	\$	30.00
Urodynamic Studies: . . . . .			
Urine Flow rate determination . . . . .	2267	\$	12.00
Urethral pressure profile or leak pressure test . . . . .	2276	\$	20.00
Electromyography . . . . .	2278	\$	20.00
Pressure flow study . . . . .	2284	\$	20.00
Videourodynamic assessment . . . . .	2290	\$	20.00
Periurethral collagen injection . . . . .	2292	\$	150.00
Peri-renal insufflation of air . . . . .	2216	\$	49.35
Prostatic massage . . . . .	Visit Fee		
Intravenous Pyleogram - after hours in Emergency Dept . . . . .	2265	\$	31.05

**Diagnostic Vascular Laboratory Procedures**

<b>Fee</b>	<b>*Technical</b>	<b>Fee</b>	<b>Professional</b>
<b>Code</b>	<b>Component</b>	<b>Code</b>	<b>Component</b>

Extracranial cerebrovascular

assessment (Bilateral carotid and/or subclavian and/or vertebral arteries)				
Doppler scan or B scan	2270	\$ 40.65	2271	\$ 22.85
Frequency analysis	2272	\$ 40.65	2273	\$ 22.85
Frequency analysis plus scan	2274	\$ 61.05	2275	\$ 34.35
Peripheral arterial evaluation (not to be billed routinely with the above cerebrovascular assessment)				
Doppler scan or B scan	2277	\$ 15.35		
Frequency analysis	2279	\$ 12.70		
Frequency analysis with scan	2280	\$ 29.25	2281	\$ 24.10
<b>Venous assessment (bilateral - includes assessment of femoral, popliteal, pos- terior and tibial veins with appropriate functional maneuvers and permanent record - not chargeable during surgery or during the patient's post operative stay in hospital)</b>	2282	\$ 6.40	2283	\$ 10.20
Ankle pressure determination - not chargeable during surgery or during the patient's post operative stay in hospital			2285	\$ 8.35
Ankle pressure measurements with segmental pressure recordings and/ or Doppler recordings	2286	\$ 19.20	2287	\$ 22.85
Ankle pressure measurements with exercise or tourniquet hyperemia induced velocity changes, added to the above	2288	\$ 7.05	2289	\$ 10.85
Penile pressure recordings - two or more pressures			2291	\$ 7.60
Strain gauge plethysmography, i.e. venous capacitance and venous outflow			2293	\$ 5.70
Periorbital studies for reversed flow in carotid system by Doppler or by photo plethysmography	2294	\$ 12.70	2295	\$ 13.95
Venous Refilling Time	2296	\$ 11.55	2297	\$ 5.70
Sympathetic Tone, Sweat Test and Respiratory Reflex by photo plethysmography	2298	\$ 11.55	2299	\$ 5.70

\*Professional and technical components are only payable when qualified physicians provide both components.

#### **Office Diagnostic Vascular Procedures**

Ultrasound assessment of cerebral circulation with segmental pressures and analysis of wave forms. Technical and professional components . . . . .	2300	\$ 44.35
Ultrasound assessment of cerebral		

circulation plus periorbital flow studies.  
Technical and professional components . . . . . 2301 \$ 44.35

Please refer to appropriate sections in the PREAMBLE

**INTEGUMENTARY SYSTEM**

**Skin and Subcutaneous Tissue**

Incision		
Abscess		
Subcutaneous boil, infected cyst, superficial lymphadenitis paronychia, felon, etc.		
Local anesthetic . . . . .	3000	\$ 21.55
General anesthetic . . . . .	3001	\$ 43.20
Carbuncle - neck, complete care . . . . .	3002	\$ 86.45
Perianal or pilonidal		
Local anesthetic . . . . .	3003	\$ 25.95
General anesthetic, complete care . . . . .	3004	\$ 64.90
Ischiorectal		
Simple incision - local anesthetic . . . . .	3005	\$ 25.95
Unroofing - complete care . . . . .	3006	\$ 129.75
Palmar and plantar space infections, tenosynovitis General or regional - complete care .		
	3007	\$ 129.75
Haematoma		
Local anesthetic . . . . .	3008	\$ 21.15
General anesthetic - depending on size and other compiling factors . . . . .	3009	\$ 43.20
Tongue-tie, release of		
Infant . . . . .	Visit	Fee
Child - local anesthetic . . . . .	3010	\$ 13.25
general anesthetic . . . . .	3011	\$ 43.20
Removal of foreign body or fibroma		
Local anesthetic . . . . .	3012	\$ 25.95
General anesthetic . . . . .	3013	\$ I.C.

Note: Pre and Post-operative care for the above at visit fees unless otherwise specified.

Excision		
*Biopsy, surgical . . . . .	3030	\$ 41.05
Carcinoma of skin, excision, simple . . . . .	3031	\$ 75.75
complicated, depending on site, etc. . . . .	3032	I.C.
*Cyst, pilonidal - simple excision of marsupialization	3033	\$ 205.80
*Cyst, sebaceous - face or neck . . . . .	3034	\$ 41.05
- other areas . . . . .	3035	\$ 32.45
Simple removal of finger or toe nail . . . . .	3036	\$ 30.85
Resection of portion of nail, nail bed and matrix .	3037	\$ 43.20

Radical removal of nail to include destruction of nail bed  
and shortening of phalanx if necessary . . . . . 3038 \$ 108.15

\*Pre and Post-operative care for the above at visit fees unless otherwise specified.

Lipoma, simple removal, local anesthetic . . . . .	3039	\$	43.20
Lipoma, complicated, large or involving deeper structures . . . . .	3040		I.C.
Neuroma, simple, subcutaneous, local anesthetic . . . . .	3041	\$	43.20

**WARTS**

Warts, including papillomatosis, keratosis, nevi, moles, pyogenic granuloma, etc. removal by use of medical methods . . . . .	Visit	Fee	
Benign skin lesion, cryotherapy, initial visit, single or multiple lesions . . . . .	3042	\$	24.75
Cryotherapy, subsequent visit, single or multiple lesions . . . . .	3043	\$	10.90
Warts, including papillomata, keratosis, nevi, moles, pyogenic granuloma etc. removal by use of surgical methods			
- curettage or electrocautery - single or multiple . . . . .	3044	\$	24.70
- simple excision - single or multiple . . . . .	3045	\$	30.85

**PLANTAR WARTS**

Curettage, electrocautery or cryotherapy, <b>single or multiple</b> , with a maximum of 3 sittings per year for each individual patient per physician . . . . .	3046	\$	24.70
Plantar wart, surgical excision . . . . .	3047	\$	54.00

**INTRODUCTION**

Implantation of hormone pellets ( <b>Prior approval required</b> )	3049	\$	32.45
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**SUTURE**

Simple wounds or lacerations . . . . .	3050	\$	32.45
Complicated, extensive lacerations . . . . .	3051		I.C.

**REPAIR**

Thermal burns - simple small burns, office dressing . . . . .	Visit	Fee	
Extensive burns - requiring debridement, grafts, etc. . . . .	3052		I.C.

**SKIN GRAFT**

The fee would depend on the size and location of the area grafted and the type of graft. Additional procedures other than skin grafting are extra, tendon grafts, inlay grafts, etc. Local tissue shift advancement: rotation, transposition, Z plasty, etc. will depend on the site and size.

Small, with or without skin graft for secondary defect . . . . .	3053	\$	154.35
Eyebrow, eyelid, lip, ear, nose . . . . .	3054	\$	257.20
Large flap, i.e. for decubitus ulcer . . . . .	3055	\$	378.35
Flaps from a distance, direct, small, i.e. cross finger flap to include staging . . . . .	3056	\$	257.20
Flaps from a distance, direct, large, i.e. cross leg flap initial stage . . . . .	3057	\$	463.05
further staging, per stage . . . . .	50%of\$		435.75
Indirect, major stage per operation . . . . .	3058	\$	324.40
minor stage per operation . . . . .	3059	\$	162.25
Longer stage with skin graft . . . . .	3060	\$	324.40
Delay of tube or pedicle . . . . .	3061	\$	75.75
Full thickness grafts			

Eyelid, nose, lips . . . . .	3062	\$ 257.20
Finger tip . . . . .	3063	\$ 108.15
Volar/palm . . . . .	3064	\$ 162.25
Island graft . . . . .	3065	\$ 432.55
Split thickness grafts		
very small, very minor, e.g. trauma . . . . .	3066	\$ 75.75
Minor to medium sized areas, e.g. varicose ulcer, breast	3067	\$ 162.25
Intermediate large area trunk, legs . . . . .	3068	\$ 257.20
Major large areas extensive but thickness grafting . . .	3069	\$ 378.35
Destruction		
Surgical planing, face for acne, whole face		
(Prior approval required) . . . . .	3080	\$ 216.10
Single area, e.g. trauma scar (Prior approval required) .	3081	\$ 75.75

**MALIGNANT LESIONS INCLUDING BIOPSY OF EACH LESION - SINGLE OR MULTIPLE SITES**

**Deep Cryotherapy**

**Face or Neck**

Single lesion . . . . .	3087	\$ 72.80
Two lesions . . . . .	3088	\$ 119.65
Three or more lesions . . . . .	3089	\$ 227.60

**Other Areas**

Single lesion . . . . .	3090	\$ 58.05
Two lesions . . . . .	3091	\$ 95.75
Three or more lesions . . . . .	3092	\$ 191.25

**OPERATIONS ON THE BREAST**

**INCISION**

Drainage of intramammary abscess, single or multiple - including pre and post-operative care . . . . .	3070	\$	86.45
Repeat incision . . . . .	3071	\$	86.45
Aspiration of cyst of breast . . . . .	2108	\$	15.05

**EXCISION**

Mastectomy, simple . . . . .	3074	\$	259.40
Lumpectomy . . . . .	3086	\$	247.00
Mastectomy, radical or modified radical . . . . .	3075	\$	514.60
Mastectomy, radical with skin graft . . . . .	3076	\$	566.10
Mastectomy, male simple ( <b>Prior approval required</b> ) . . . . .	3077	\$	129.75
Mastectomy, partial or resection of duct papilloma for bleeding from nipple, to include removal of fistula abscess and underlying aerolar tissue . . . . .	3078	\$	129.75
Removal of breast prosthesis ( <b>Prior approval required</b> ) . . . . .	3079	\$	75.75
Mammoplasty, reduction - unilateral( <b>Prior approval required</b> )	3082	\$	390.00
Augmentation, by prosthesis - unilateral ( <b>Prior approval required</b> ) . . . . .	3072	\$	262.15
Augmentation, by prosthesis - bilateral ( <b>Prior approval required</b> ) . . . . .	3083	\$	432.55
Segmental Mastectomy with Axillary Dissection . . . . .	3084	\$	514.60
Needle Biopsy - Breast . . . . .	3085	\$	50.95
Sentinel node biopsy . . . . .	4805	\$	200.00
Tram Flap ( <b>Prior approval required</b> ) . . . . .	9999		I.C.

**OPERATIONS OF THE MUSCULOSKELETAL SYSTEM**

Application of Plaster - Not requiring an anesthetic and not associated with initial fractures or initial dislocations.

**EXTREMITIES**

Finger . . . . .	3100	\$	21.55
Arm or leg . . . . .	3101	\$	32.45
Shoulder spica . . . . .	3102	\$	54.00
Head and torso . . . . .	3103	\$	108.15
Body cast, torso . . . . .	3104	\$	86.45
Hip spica, single . . . . .	3105	\$	75.75
Removal of plaster (not continuity of treatment) . . . . .	3106	\$	32.45
Unna boot . . . . .	3107	\$	21.55

**APPLICATION OF CORRECTIVE SPLINTS - Arthritic and spastic deformities, not associated with fractures or dislocations.**

Upper limb - hand and wrist . . . . .	3108	\$	32.45
- elbow . . . . .	3109	\$	32.45
- shoulder . . . . .	3110	\$	43.20
Lower limb - whole leg . . . . .	3111	\$	43.20
- below knee . . . . .	3112	\$	32.45
Neck . . . . .	3113	\$	32.45
Body cast . . . . .	3114	\$	86.45

**INTRODUCTION**

Injection of medication into bursa, ganglion or joints including preliminary aspiration - medications not included. See 2168



**BONES**

**INCISION, DRAINAGE OF BONE (OSTEOMYELITIS)**

**Upper Extremity**

Hand and foot		
Phalanx . . . . .	3150	\$ 54.00
Metacarpal or metatarsal . . . . .	3151	\$ 108.15
Carpus or tarsus . . . . .	3152	\$ 108.15
Humerus - acute osteomyelitis		
Incision and drainage . . . . .	3153	\$ 162.25
Saucerization . . . . .	3154	\$ 270.25
Secondary closure . . . . .	3155	\$ 162.25
Humerus - chronic		
Sequestrectomy, simple . . . . .	3156	\$ 162.25
Saucerization and bone chips where necessary . . . . .	3157	\$ 324.40
Secondary closure . . . . .	3158	\$ 162.25
Radius or ulna - acute osteomyelitis		
Incision and drainage . . . . .	3159	\$ 162.25
Saucerization . . . . .	3160	\$ 270.25
Secondary closure . . . . .	3161	\$ 162.25
Radius or ulna - chronic osteomyelitis		
Sequestrectomy, simple . . . . .	3162	\$ 162.25
Saucerization and bone chips where necessary . . . . .	3163	\$ 324.40
Secondary closure . . . . .	3164	\$ 162.25

**INCISION**

**Lower Extremity**

Tibia - acute osteomyelitis		
Incision and drainage . . . . .	3165	\$ 162.25
Tibia - chronic osteomyelitis		
Sequestrectomy, simple . . . . .	3167	\$ 216.10
Saucerization and bone chips where necessary . . . . .	3168	\$ 324.40
Secondary closure . . . . .	3169	\$ 162.25
Femur - acute osteomyelitis		
Incision and drainage . . . . .	3170	\$ 216.10
Saucerization . . . . .	3171	\$ 378.35
Femur - chronic osteomyelitis		
Sequestrectomy, simple . . . . .	3172	\$ 216.10
Saucerization and bone chips where necessary . . . . .	3173	\$ 378.35
Secondary closure . . . . .	3174	\$ 162.25
Pelvis		
Sequestrectomy, simple . . . . .	3175	\$ 270.25
Other, depending on extent of operation . . . . .	3176	I.C.
Vertebra - acute osteomyelitis		
Incision and drainage . . . . .	3177	\$ 216.10
Saucerization and bone chips where necessary . . . . .	3178	\$ 432.55
Secondary closure . . . . .	3179	\$ 162.25
Vertebra - chronic osteomyelitis		
Sequestrectomy, simple . . . . .	3180	\$ 216.10

Saucerization and/or bone graft . . . . .	3181	\$ 378.35
Skull, osteomyelitis . . . . .	3182	I.C.
Transection of Bone - Osteotomy		
Phalanx, metacarpal, metatarsal . . . . .	3183	\$ 162.25
Radius, ulna, fibula . . . . .	3184	\$ 270.25
Humerus, tibia . . . . .	3185	\$ 353.50
Femur, neck or shaft . . . . .	3186	\$ 540.65
Spine . . . . .	3187	I.C.
Incision for removal of bone plates, screws, and other Appliances used for fixation because of complications		
Under local Anesthesia . . . . .	3188	\$ 54.00
Under general Anesthesia . . . . .	3189	\$ 162.25

**EXCISION**

Bone Tumor, depending on site and extent . . . . .	3190	I.C.
Bone Biopsy		
Vertebra - x-ray control . . . . .	3191	\$ 216.10
- open . . . . .	3192	\$ 308.70
Other - punch, simple . . . . .	3193	\$ 108.15
- punch, x-ray control . . . . .	3194	\$ 162.25
- open . . . . .	3195	\$ 162.25

**SKULL**

Maxilla, with or without exenteration of orbit and Skin graft . . . . .	3196	\$ 617.45
Mandible . . . . .	3197	\$ 411.60

**EXCISION**

**Upper Extremity**

Carpal bone, one or more . . . . .	3199	\$ 257.15
Radius - styloid . . . . .	3200	\$ 216.10
- head . . . . .	3201	\$ 216.10
- head with replacement . . . . .	3202	\$ 324.40
Ulna - lower end . . . . .	3203	\$ 205.80
- olecranon and fascial repair . . . . .	3205	\$ 324.40
Humerus - head . . . . .	3206	\$ 411.60
- head with replacement . . . . .	3207	\$ 514.60
- exostosis . . . . .	3208	\$ 205.80
- tumor - simple excision . . . . .	3209	\$ 270.25
excision and bone graft . . . . .	3210	\$ 432.55
excision resection and reconstruction . . . . .	3211	I.C.
Acromion and/or outer end of clavicle . . . . .	3212	\$ 216.10

**Lower extremity**

Foot bones - proximal phalanx . . . . .	3213	\$ 162.25
- tumor of phalanx, excision and replacement . . . . .	3214	\$ 257.20
- sesamoid . . . . .	3215	\$ 205.80
- bunion, exostectomy only		
- unilateral . . . . .	3216	\$ 129.75

- bilateral . . . . .	3217	\$ 194.55
- Keller . . . . .	3218	\$ 257.20
- scaphoid, accessory . . . . .	3219	\$ 205.80
- tarsal bar . . . . .	3220	\$ 257.20
- calcaneal spur, exostosis . . . . .	3221	\$ 162.25
- os calcis or talus . . . . .	3222	\$ 308.70
- metatarsal head . . . . .	3223	\$ 162.25
- each additional . . . . .	3224	\$ 54.00
Tibia, exostosis . . . . .	3225	\$ 216.10
tumor (see humerus)		
Patella - excision with reconstruction . . . . .	3226	\$ 308.70
- excision with prosthesis . . . . .	3227	\$ 432.55
Femur, - exostosis . . . . .	3228	\$ 216.10
head and neck . . . . .	3229	\$ 432.55
tumor (see humerus)		
Trunk		
Cervical rib - complete removal . . . . .	3230	\$ 514.60

**REPAIR, MANIPULATION AND RECONSTRUCTION**

Grafts of Bone - see fractures		
Lengthening of Bone		
Tibia . . . . .	3232	\$ 514.60
Femur . . . . .	3233	\$ 617.45
Shortening of Bone		
Femur, Tibia, Humerus . . . . .	3234	\$ 514.60
metatarsal, one . . . . .	3235	\$ 257.20
more than one . . . . .	3236	\$ 360.20
Epiphyseal Stapling		
tibia . . . . .	3237	\$ 308.70
femur . . . . .	3238	\$ 324.40
tibia and femur . . . . .	3239	\$ 463.05
Scoliosis - definite care, corrective casts and fusion . . . . .	3240	\$1011.85
Scoliosis - non-operative, corrective casts and braces, etc. . . . .	3241	\$ 432.55
Reconstruction of Chest		
Pectus excavatum- infant . . . . .	3242	\$ 270.25
- other than infant . . . . .	3243	\$ 540.65
Scapulopexy - congenital evaluation . . . . .	3244	\$ 432.55
- winged scapula . . . . .	3245	\$ 432.55
Reconstruction of foot (Joplin, McBride, Lapitus, etc.)		
e.g. osteotomy and/or tendon transfers, etc.		
Unilateral . . . . .	3246	\$ 308.70
Bilateral . . . . .	3247	\$ 540.65
Exostectomy and arthrodesis, metacarpophalangeal joint		
Unilateral . . . . .	3248	\$ 308.70
Bilateral . . . . .	3249	\$ 486.50
Hip arthroplasty - resurfacing . . . . .	3250	\$ 935.55
Total knee . . . . .	3251	\$ 664.15
Total ankle . . . . .	3252	\$ 664.15
Arthroplasty . . . . .	3253	\$ 162.25

Conversion of Moores prosthesis to total hip . . . . .	3255	\$1010.15
Revision of total hip . . . . .	3256	\$1010.15
Shoulder arthroplasty . . . . .	3550	\$ 656.40
Revision of total knee . . . . .	3257	\$ 966.55
Bone graft . . . . .	3258	\$ 126.05

(shall be paid at 100% in addition to other procedure)  
Tissue from arthroscopic synovectomy requires pathology.

**ARTHROSCOPY FEES**

Diagnostic Arthroscopy - all joints (including instrumentation, lavage and biopsy) . . . . .	3254	\$ 154.35
Surgical Procedures with or without Arthroscopic (all joints)		
Lateral/medial retinacular release . . . . .	3848	\$ 181.75
Synovectomy - 1 compartment . . . . .	3542	\$ 308.70
- 2 or more compartments . . . . .	3507	\$ 432.55
- menisectomy/debridement - 1 compartment . . . . .	3502	\$ 308.70
- 2 or more compartments . . . . .	3547	\$ 432.55
Reduction & pinning of intra-articular fragments . . . . .	3548	\$ 308.70
Meniscal repair (medial or lateral) . . . . .	3549	\$ 308.70

- All above arthroscopy fees are mutually exclusive for the same joint (e.g. cannot do both debridement and synovectomy on the same joint).
- Diagnostic fee will not be paid in addition to procedure for the same leg.
- When 2 or more joints being done, the 2nd procedure will be paid at 65%.

**FRACTURES**  
**PREAMBLE**

1. Open Reductions: shall mean the reduction of a fracture by an operative procedure and is intended to include exposure of the fracture site with fixation as indicated.
2. Closed Reduction: shall mean the reduction of a fracture by non-operative methods with the aid of local or general Anesthesia.
3. No Reduction: shall mean treatment of a fracture by any method other than that designated in one and two.
4. The stated fee is intended to cover treatment of the fracture including necessary after care up to forty-five days.
5. The fee for compound fracture or dislocation will be the fee for the appropriate fracture plus 50%. If open reduction is done the fee for it will apply.
6. In multiple fracture, the fee for the major fracture requiring open reduction, plus 50% of the fee for the minor fractures requiring cast of closed reduction will apply.
7. In cases where two closed reductions are done for one fracture the tariff should be half the usual fee for the first reduction when done by the same surgeon. When the subsequent reduction is done by a different surgeon the full fee should apply in each case.
8. In cases where a closed reduction is followed by an open reduction, the tariff should be 50% of the usual fee for the closed reduction and full fee for open reduction.

**UPPER EXTREMITY**

Phalanx

No reduction . . . . .	3300	\$ 21.55
Closed reduction . . . . .	3301	\$ 75.75
Open reduction . . . . .	3302	\$ 162.25

Metacarpal

No reduction, one or more . . . . .	3303	\$ 32.45
Reduction with or without extension . . . . .	3304	\$ 86.45
Open reduction . . . . .	3305	\$ 205.80

Bennett's Fracture - Dislocation

No reduction . . . . .	3306	\$ 54.00
Reduction with external pin fixation . . . . .	3544	\$ 140.60
Reduction with or without extension . . . . .	3307	\$ 108.15
Open reduction . . . . .	3308	\$ 216.10

Carpus (Excluding Scaphoid)		
Closed reduction, one or more . . . . .	3309	\$ 108.15
Open reduction, one or more . . . . .	3310	\$ 205.80
Scaphoid		
Closed reduction . . . . .	3311	\$ 108.15
Excision . . . . .	3312	\$ 205.80
Bone graft or replacement . . . . .	3313	\$ 411.60
Radius		
Closed reduction of head . . . . .	3314	\$ 39.90
Excision or open reduction of head . . . . .	3315	\$ 205.80
Radius and Ulna		
Colles - no reduction, cast . . . . .	3316	\$ 82.25
- closed reduction . . . . .	3317	\$ 123.35
- open reduction . . . . .	3318	\$ 308.70
Shafts - no reduction . . . . .	3319	\$ 82.25
- closed reduction . . . . .	3320	\$ 162.25
- open reduction . . . . .	3321	\$ 378.35
Monteggia - closed reduction . . . . .	3323	\$ 205.80
- Open reduction . . . . .	3324	\$ 360.20
Radius or Ulna		
No reduction, cast . . . . .	3326	\$ 82.25
Closed reduction . . . . .	3327	\$ 162.25
Open reduction . . . . .	3328	\$ 257.20
Dislocation of head of radius . . . . .	3546	\$ 46.45
Olecranon		
No reduction, cast . . . . .	3330	\$ 86.45
Closed reduction . . . . .	3331	\$ 162.25
Open reduction . . . . .	3332	\$ 257.20
Humerus		
Epicondyle - medial or lateral		
Closed reduction . . . . .	3333	\$ 108.15
Open reduction . . . . .	3334	\$ 257.20
Supra or transcondylar		
No reduction . . . . .	3335	\$ 86.45
Closed reduction . . . . .	3336	\$ 215.10
Open reduction . . . . .	3337	\$ 324.40
Shaft		
No reduction . . . . .	3338	\$ 108.15
Closed reduction . . . . .	3339	\$ 205.80
Open reduction . . . . .	3340	\$ 360.20
Neck or Tuberosity		
No reduction . . . . .	3342	\$ 108.15
Closed reduction . . . . .	3343	\$ 205.80
Open reduction . . . . .	3344	\$ 378.35
<b>LOWER EXTREMITY</b>		
Phalanx		
No reduction . . . . .	3345	\$ 43.20
Closed reduction . . . . .	3346	\$ 75.75
Open reduction . . . . .	3347	\$ 162.25

Metatarsal		
No reduction, one or more . . . . .	3348	\$ 54.00
Closed reduction . . . . .	3349	\$ 86.45
Open reduction . . . . .	3350	\$ 205.80
Tarsus - one or more (excluding Os Calcis)		
No reduction . . . . .	3351	\$ 86.45
Closed reduction . . . . .	3352	\$ 162.25
Open reduction . . . . .	3353	\$ 308.70
Os Calcis		
No reduction, no cast . . . . .	3354	\$ 86.45
cast . . . . .	3355	\$ 108.15
Closed reduction (manipulation) . . . . .	3356	\$ 247.00
Open reduction . . . . .	3357	\$ 308.70
Open reduction, primary arthrodesis . . . . .	3358	\$ 411.60
Ankle Fracture or Fracture Dislocation		
No reduction . . . . .	3359	\$ 86.45
Closed reduction . . . . .	3360	\$ 205.80
Open reduction - medial malleolus . . . . .	3361	\$ 257.20
- bi or trimalleolar . . . . .	3362	\$ 360.20
Tibia with or without Fibula		
No reduction . . . . .	3363	\$ 140.60
Closed reduction . . . . .	3364	\$ 205.80
Open reduction . . . . .	3365	\$ 378.35
Fibula Only		
No reduction . . . . .	3367	\$ 75.75
Closed reduction . . . . .	3368	\$ 108.15
Open reduction . . . . .	3369	\$ 216.10
Patella		
No reduction . . . . .	3370	\$ 86.45
Closed reduction . . . . .	3371	\$ 108.15
Open reduction - by suture . . . . .	3372	\$ 308.70
- excision . . . . .	3373	\$ 308.70
Femur		
Shaft or Transcondylar		
No reduction, cast . . . . .	3374	\$ 162.25
Closed reduction - child . . . . .	3375	\$ 270.25
- adult . . . . .	3376	\$ 378.35
Open reduction . . . . .	3377	\$ 432.55
Neck or Intertrochanteric		
No reduction . . . . .	3379	\$ 316.10
Closed reduction . . . . .	3380	\$ 324.40
Open reduction, pin and/or plate . . . . .	3381	\$ 486.50
Prosthesis . . . . .	3382	\$ 566.10
Spine		
Fracture of spinous or transverse process, facet, etc . . . . .	3383	\$ 108.15
Fracture or fracture-dislocation of body, without cord injury		
Closed reduction, with or without anesthetic, cast, frame, brace, etc . . . . .	3384	\$ 257.20
Supervision, bed rest only . . . . .		Visit Fee

Skull calipers, visit fee plus . . . . .	3385	\$ 108.15
Not to apply if case proceeds to surgery		
Open reduction with or without internal fixation . . . . .	3386	\$ 617.45
Open reduction and fusion . . . . .	3387	\$ 648.50
Open reduction and fusion in conjunction with Neurosurgeon each surgeon with cord injury . . . . .	3388	\$ 486.50
No operation . . . . .	Visit Fee	
Skull calipers, visit fee plus . . . . .	3389	\$ 108.15
Not to apply if case proceeds to surgery		
Closed reduction under Anesthesia . . . . .	3390	\$ 514.60
Open reduction with or without internal fixation . . . . .	3391	\$ 756.80
Open reduction and fusion . . . . .	3392	\$ 756.80
Open reduction and fusion in conjunction with Neurosurgeon - each surgeon . . . . .	3393	\$ 514.60
Open reduction with decompression of cord or nerve roots	3394	\$ 720.30
Sacrum		
Complete care . . . . .	3395	\$ 54.00
Coccyx		
No reduction, complete care . . . . .	3396	\$ 54.00
Excision . . . . .	3397	\$ 205.80
<b>TRUNK</b>		
Clavicle		
No reduction		
- child - up to and including 15 years of age . . . . .	3398	\$ 33.00
- adult . . . . .	3399	\$ 64.90
Closed reduction - child . . . . .	3400	\$ 75.75
Closed reduction - adult . . . . .	3401	\$ 64.90
Open reduction . . . . .	3402	\$ 216.10
Scapula - body, neck or glenoid		
No reduction . . . . .	3404	\$ 54.00
Closed reduction . . . . .	3405	\$ 108.15
Sternum		
No reduction . . . . .	3406	\$ 54.00
Closed reduction . . . . .	3407	\$ 108.15
Open reduction . . . . .	3408	\$ 216.10
Ribs		
Uncomplicated - three ribs or less . . . . .	3409	\$ 32.45
- each additional . . . . .	3410	\$ 10.85
Complicated, requiring special treatment . . . . .	3411	I.C.
Pelvis		
No reduction, bed rest and supervision . . . . .	3412	\$ 19.35
No reduction, manipulation and control . . . . .	3413	\$ 324.40
Open reduction . . . . .	3414	I.C.
<b>HEAD</b>		
Nasal Bones		
No reduction . . . . .	3415	\$ 32.45
Closed reduction - local . . . . .	3416	\$ 43.20
- general . . . . .	3417	\$ 108.15
Open reduction, rhinoplastic method . . . . .	3418	\$ 216.10



Mandible		
No reduction, no wiring of teeth . . . . .	3419	\$ 54.00
Closed reduction, including wiring of teeth . . . . .	3420	\$ 216.10
Open reduction, unilateral or bilateral skeletal fixation	3421	\$ 324.40
Maxilla - Malar bone		
Reduction by direction of forceps . . . . .	3423	\$ 108.15
Open reduction . . . . .	3424	\$ 216.10
Complicated mid-face . . . . .	3425	I.C.
Skull		
No reduction, complete care, simple or compound . . . . .		Visit Fees

**JOINTS**

Incision - Arthrotomy		
Wrist, elbow, shoulder, ankle . . . . .	3500	\$ 216.10
Knee - exploratory and/or removal loose body . . . . .	3501	\$ 257.20
Meniscus/debridement, compartment . . . . .	3502	\$ 411.60
Hip - exploratory and/or removal loose body . . . . .	3503	\$ 411.60
Excision		
Capsulectomy - Synovectomy - Debridement		
Elbow, wrist . . . . .	3504	\$ 324.40
Shoulder . . . . .	3505	\$ 432.55
Hip . . . . .	3506	\$ 514.60
Knee . . . . .	3507	\$ 432.55
Fingers, toes - one or more joints . . . . .	3508	\$ 162.25
Neurectomy		
Elbow, knee . . . . .	3509	\$ 308.70
Hip . . . . .	3510	\$ 378.35
Chondrectomy		
Temporomandibular menisectomy . . . . .	3511	\$ 257.20
Knee - menisectomy . . . . .	3512	\$ 308.70
- Baker's cyst . . . . .	3513	\$ 162.25
Intervertebral Discs		
Excision of intervertebral disc, lumbar - single . . . . .	3514	\$ 514.60
- bilateral, recurrent or multiple . . . . .	3515	\$ 648.50
Excision of intervertebral disc, dorsal . . . . .	3516	\$ 756.80
Excision of intervertebral disc, cervical - single . . . . .	3517	\$ 617.45
- bilateral, recurrent or multiple . . . . .	3518	\$ 720.30
Excision of intervertebral disc with fusion		
- one surgeon . . . . .	3519	\$ 756.80
- two surgeons, each . . . . .	3520	\$ 486.50
Reconstruction		
Arthroplasty - all types		
interphalangeal, metacarpophalangeal . . . . .	3521	\$ 216.10
Hand, reconstruction of rheumatoid joints, multiple . . . . .	3522	\$ 514.60
Wrist, ankle . . . . .	3523	\$ 411.60
Elbow, knee . . . . .	3524	\$ 432.55
Acromio, or sternoclavicular . . . . .	3525	\$ 270.25
Shoulder . . . . .	3550	\$ 656.40

Foot- Hallux rigidus . . . . .	3526	\$ 216.10
- Keller operations . . . . .	3528	\$ 257.20
Hip - Cup arthroplasty . . . . .	3529	\$ 648.50
- Total arthroplasty . . . . .	3530	\$ 702.75
Arthrodesis		
Finger, thumb . . . . .	3531	\$ 216.10
Wrist, elbow, ankle . . . . .	3532	\$ 411.60
Shoulder, knee, sacroiliac . . . . .	3533	\$ 514.60
Hip . . . . .	3534	\$ 648.50
Foot - Toe, one joint . . . . .	3535	\$ 162.25
- toe, multiple joints (add \$32.45 for each toe) . . . . .	3536	\$ 32.45
- Mid-tarsal, sub-talar, triple, etc . . . . .	3537	\$ 411.60
- Pan-talar, one stage . . . . .	3538	\$ 540.65
- Congenital club foot, fusions and tendon transfers . . . . .	3539	\$ 514.60
Spinal Column fusion- one or more spaces . . . . .	3540	\$ 617.45
- more than two spaces . . . . .	3541	\$ 756.80
Voss procedure . . . . .	3543	\$ 648.50
Chemoneucleolysis - including placement of needle and injection - per disc . . . . .	3545	\$ 242.25

**REDUCTIONS - DISLOCATIONS**

Upper Extremity		
Finger and Thumb		
Closed reduction, one . . . . .	3600	\$ 54.00
Open reduction . . . . .	3601	\$ 162.25
Metacarpophalangeal		
Closed reduction, one . . . . .	3602	\$ 54.00
Open reduction . . . . .	3603	\$ 162.25
Wrist and Carpal Bones		
Closed reduction . . . . .	3604	\$ 162.25
Open reduction . . . . .	3605	\$ 308.70
Elbow		
Closed reduction . . . . .	3606	\$ 171.55
Open reduction . . . . .	3607	\$ 308.70
Shoulder		
Closed reduction . . . . .	3608	\$ 103.00
Open reduction . . . . .	3609	\$ 378.35
Recurrent dislocations, repair, all types . . . . .	3610	\$ 411.60
Acromioclavicular		
Closed reduction . . . . .	3611	\$ 64.90
Open reduction . . . . .	3612	\$ 270.25
Sternoclavicular		
Closed reduction . . . . .	3613	\$ 54.00
Open reduction . . . . .	3614	\$ 216.10

**LOWER EXTREMITY**

Toe, Interphalangeal		
Closed reduction . . . . .	3615	\$ 32.45
Open reduction . . . . .	3616	\$ 162.25
Metatarsophalangeal		
Closed reduction . . . . .	3617	\$ 54.00
Open reduction . . . . .	3618	\$ 162.25
Tarsus		
Closed reduction . . . . .	3619	\$ 108.15
Open reduction . . . . .	3620	\$ 270.25
Ankle, Subluxation		
Closed reduction with or without anesthetic (general) . .	3621	\$ 108.15
Open reduction . . . . .	3622	\$ 308.70
Repair or recurrent subluxation . . . . .	3623	\$ 411.60
Knee		
Closed reduction . . . . .	3624	\$ 162.25
Simple reduction . . . . .	3625	\$ 378.35
Patella		
Closed reduction, with or without anesthetic . . . . .	3626	\$ 75.75
Open reduction for recurrent dislocation . . . . .	3627	\$ 324.40
Open reduction with reconstruction of ligaments, medial collateral, lateral collateral and/or cruciates with or without menisectomy . . . . .	3648	\$ 486.50
Hip		
Anterior or Posterior Dislocation		
Closed reduction with or without anesthetic . . . . .	3628	\$ 162.25
Open reduction . . . . .	3629	\$ 378.35
Central Dislocation		
Closed reduction with or without anesthetic . . . . .	3630	\$ 216.10
Open reduction . . . . .	3631	\$ 432.55
Congenital Dislocation		
Closed reduction with or without anesthetic		
- unilateral . . . . .	3632	\$ 162.25
repeat manipulation and plaster . . . . .	3633	\$ 75.75
Simple or rotation osteotomy . . . . .	3634	\$ 432.55
Acetabuloplasty . . . . .	3635	\$ 540.65
Spine		
Intervertebral		
Closed reduction, correction spica . . . . .	3636	\$ 216.10
Open reduction . . . . .	3637	\$ 411.60
Open reduction with fusion cervical spine, with or without cord injury . . . . .	3638	\$ 668.90
Open reduction with fusion, thoracic and lumbar spine with or without cord injury . . . . .	3639	\$ 648.50
Sacrococcygeal		
Non-operative . . . . .		Visit Fee
Open reduction - removal of coccyx . . . . .	3640	\$ 216.10
Temporomandibular		
Closed reduction . . . . .	3641	\$ 32.45
Open reduction . . . . .	3642	\$ 216.10

Manipulation of Joints under General Anesthesia  
Indicated fees do not include pre or post-manipulative care

Wrist, elbow, ankle . . . . .	3643	\$	32.45
Shoulder, knee, hip . . . . .	3644	\$	54.00
Congenital foot deformity, club-foot, non-operative			
With or without anesthetic -			
Dennis Brown's splints . . . . .	3645	\$	21.55
Manipulation and cast, single . . . . .	3646	\$	32.45
Knee - Open reduction with reconstruction of ligaments,			
medial collateral, lateral collateral and/or cruciatus			
with or without menisectomy . . . . .	3647	\$	486.50

**BURSAE**

Incision			
Removal of calcium . . . . .	3701	\$	216.10
Excision			
Olecranon, prepatellar bursae . . . . .	3702	\$	162.25
Humero-radial . . . . .	3703	\$	162.25
Sub-acromial . . . . .	3704	\$	216.10
Sub-trochanteric . . . . .	3705	\$	257.20
Biopsy			
Superficial bursa . . . . .	3706	\$	32.45
Deep bursa . . . . .	3707	\$	75.75

**MUSCLES**

Incision			
Removal of foreign body, general anesthetic			
Simple . . . . .	3750	\$	54.00
Complicated e.g. gunshot wound . . . . .	3751		I.C.
Release or cutting of muscle (myotomy)			
Scalenus anticus . . . . .	3752	\$	270.25
Sternomastoid (torticollis) . . . . .	3753	\$	216.10
Tennis Elbow . . . . .	3754	\$	162.25
Excision			
Biopsy, independent procedure . . . . .	3755	\$	54.00
Resection of muscle . . . . .	3756		I.C.
Local excision of lesion of muscle . . . . .	3757	\$	75.75
Repair			
Manipulation and injection, tennis elbow . . . . .	3758	\$	34.45
Quadricepsplasty . . . . .	3760	\$	378.35

**TENDONS, TENDON SHEATHS, FASCIA**

Incision			
Exploration of tendon or tendon sheath . . . . .	3800	\$	129.75
Tenosynovitis, finger . . . . .	3801	\$	129.75
Trigger finger, release . . . . .	3802	\$	129.75
Exploration of fascia . . . . .			
3803	\$	129.75	
Drainage of tendon sheath . . . . .	3804	\$	129.75
Tenotomy (closed)			

toe - singular . . . . .	3805	\$	32.45
- multiple . . . . .	3806	\$	54.00
Plantar fascia . . . . .	3807	\$	54.00
Hip adductors . . . . .	3808	\$	54.00
Tendo-Achilles . . . . .	3809	\$	54.00
Excision			
Ganglion, tendon sheath or joint . . . . .	3810	\$	108.15
DeQuervian's (Wrist) . . . . .	3811	\$	259.40
Tendon sheath for tuberculosis . . . . .	3812	\$	324.40
Fascia for Dupuytren's - partial . . . . .	3813	\$	216.10
- complete . . . . .	3814	\$	378.35
Xanthoma . . . . .	3815	\$	108.15
Repair			
Tenoplasty, shortening, lengthening, etc.			
one tendon, one location . . . . .	3816	\$	216.10
two or more . . . . .	3817	\$	270.25
Tendon graft - hand or wrist- single . . . . .	3818	\$	411.60
- two or more . . . . .	3819	\$	514.60
- other location . . . . .	3820	\$	324.40
Fasciotomy - lengthening of ileo-tibial			
Band - unilateral . . . . .	3821	\$	205.80
Decompression carpal tunnel . . . . .	3822	\$	205.80
Transplant of tendon, transposition			
Hand, forearm- single . . . . .	3823	\$	216.10
- multiple . . . . .	3824	\$	378.35
Shoulder - pectoralis minor . . . . .	3825	\$	216.10
- trapezius . . . . .	3826	\$	360.20
Foot, ankle - single . . . . .	3827	\$	216.10
- multiple . . . . .	3828	\$	378.35
Knee - transposition of tendons . . . . .	3829	\$	324.40
Foot - tenodesis . . . . .	3830	\$	216.10
Repair of mallet finger - closed . . . . .	3831	\$	54.00
- operative . . . . .	3832	\$	162.25
Tenoplasty - shortening, lengthening, etc. achilles biceps or quadriceps tendon . . . . .	3847	\$	257.20
Sutures			
Tenorrhaphy, tendon suture			
Finger, hand, wrist, foot, ankle			
Extensor tendon - partially severed . . . . .	3849	\$	127.30
- single . . . . .	3833	\$	162.25
- each subsequent . . . . .	3834	\$	54.00
Flexor tendon - single . . . . .	3835	\$	216.10
- each subsequent . . . . .	3836	\$	108.15
Achilles, biceps, quadriceps . . . . .	3837	\$	270.25
Reconstruction			
Fascia and ligaments, shoulder, cuff tear . . . . .	3838	\$	360.20
- late repair . . . . .	3839	\$	432.55
- acromioplasty only . . . . .	3840	\$	324.40
Acromioclavicular, sternoclavicular - early repair See Dislocations			
- late repair . . . . .	3841	\$	360.20
Elbow, wrist, ankle- early repair . . . . .	3842	\$	216.10

- late repair . . . . .	3843	\$ 378.35
Knee - early repair . . . . .	3844	\$ 324.40
- late repair . . . . .	3845	\$ 432.55
Metacarpophalangeal - early or late . . . . .	3846	\$ 162.25

**AMPUTATION**

Upper Extremity

Through phalanx . . . . .	3900	\$ 64.90
Through metacarpal or M.P. joint . . . . .	3901	\$ 108.15
Of hand - through all metacarpals . . . . .	3902	\$ 270.25
Through radius and ulna . . . . .	3903	\$ 324.40
Through humerus . . . . .	3904	\$ 324.40
At shoulder . . . . .	3905	\$ 378.35
Fore quarter . . . . .	3906	\$ 514.60

Lower Extremity

Through phalanx . . . . .	3907	\$ 75.75
Through metatarsal or M.P. joint . . . . .	3908	\$ 108.15
Transmetatarsal . . . . .	3909	\$ 257.20
Symes . . . . .	3910	\$ 308.70
Through tibia and fibula . . . . .	3911	\$ 324.40
At knee - Gritti - Stokes or Callander . . . . .	3912	\$ 324.40
Through femur . . . . .	3913	\$ 324.40
At hip . . . . .	3914	\$ 617.45
Hind quarter . . . . .	3915	\$ 756.80
Hemipelvectomy . . . . .	3916	\$ 756.80

**OPERATIONS OF THE RESPIRATORY SYSTEM**

Nose

Incision

Drainage of nasal abscess, complete care . . . . .	4000	\$	54.00
Drainage of septal abscess, complete care . . . . .	4001	\$	86.45

Excision

Biopsy of soft tissue . . . . .	4002	\$	43.20
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Nasal Polypi

Unilateral - local . . . . .	4003	\$	32.45
- general . . . . .	4004	\$	54.00
Bilateral - local . . . . .	4005	\$	54.00
- general . . . . .	4006	\$	108.15

Excision of choanal polyp . . . . .	4007	\$	75.75
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Excision of nasopharyngeal fibroma . . . . .	4008	\$	514.60
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Excision of skin of nose for rhinophyma

Uncomplicated . . . . .	4009	\$	75.75
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Septectomy, submucous resection . . . . .	4010	\$	216.10
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Septectomy, submucous resection including septoplasty . . . . .	4011	\$	270.25
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Turbinectomy, complete or partial . . . . .	4012	\$	43.20
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Submucosal turbinectomy . . . . .	4013		I.C.
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Endoscopy

Rhinoscopy with removal of foreign body in nose . . . . .	4014	\$	21.55
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Under general Anesthesia . . . . .	4015	\$	43.20
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Repair

Rhinoplasty, and closure of septal perforation

Complete with or without grafts <b>(Prior approval required)</b> . . . . .	4016	\$	635.85
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Choanal atresia, membranous - dilation . . . . .	4017	\$	54.00
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Destruction

Infraction of turbinate, unilateral or bilateral . . . . .	4019	\$	21.55
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Cauterization of turbinates, unilateral . . . . .	4020	\$	32.45
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Cauterization of turbinates, bilateral . . . . .	4021	\$	54.00
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Manipulation

Control of primary nasal hemorrhage

(1) With cauterization of nasal septum . . . . .	4022	\$	21.55
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(2) With anterior nasal packing . . . . .	4023	\$	32.45
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(3) With posterior nasal packing . . . . .	4024	\$	75.75
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Control of secondary hemorrhage same as above . . . . .	4025	\$	75.75
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Catheterization of Eustachian Tube for infiltration

Of middle ear . . . . .	4026	\$	10.85
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**NOSE - ACCESSORY SINUSES**

Incision		
Sinusotomy, sinusectomy, as indicated		
Maxillary - intranasal		
- unilateral . . . . .	4027	\$ 129.75
- radical, Caldwell-Luc		
- unilateral . . . . .	4028	\$ 308.70
Frontal		
Trephine and sinusectomy . . . . .	4029	\$ 162.25
Radical . . . . .	4030	\$ 514.60
External fronto-ethmoidal with sphenoid if necessary . .	4031	\$ 162.25
Ethmoidal		
Intranasal - unilateral . . . . .	4032	\$ 162.25
Sphenoidal - intranasal . . . . .	4033	\$ 216.10
Introduction		
Lavage - maxillary . . . . .	4034	\$ 21.55
- frontal . . . . .	4035	\$ 43.20
- sphenoidal . . . . .	4036	\$ 43.20
Suture		
Closure of antro-oral fistula . . . . .	4037	\$ 324.40
Examination under general Anesthesia of the post nasal space		
Described as above . . . . .	4040	\$ 42.30
Submucous Diathermy of the turbinates (Bilateral) . . . .	4041	\$ 56.95

**LARYNX**

Excision		
Laryngectomy - partial (laryngo-fissure) . . . . .	4100	\$ 432.55
- total . . . . .	4101	\$ 648.50
Introduction		
Intubation of larynx (Independent procedure) . . . . .	4104	\$ 32.45
Endoscopy		
Laryngoscopy, direct (without biopsy) Only 1 procedure to		
be billed per session . . . . .	4105	\$ 54.00
(with biopsy) . . . . .	4106	\$ 86.45
Laryngoscopy with removal of foreign body . . . . .	4107	\$ 162.25
Laryngoscopy with removal of benign growth . . . . .	4108	\$ 205.80
Laryngoscopy, indirect with biopsy . . . . .	4109	\$ 43.20
Repair		
Laryngoplasty, plastic operation on larynx . . . . .	4110	I.C.
Arytenoidopexy (King or Kelly) . . . . .	4111	\$ 411.16

**TRACHEA AND BRONCHI**

Incision		
Tracheostomy . . . . .	4200	\$ 205.80
Endoscopy		
Bronchoscopy, diagnostic. Only 1 procedure to be billed		
per session . . . . .	4201	\$ 142.35
With biopsy . . . . .	4202	\$ 142.35
With insertion of radioactive substance . . . . .	4203	\$ 142.35
With removal of foreign body . . . . .	4204	\$ 205.80



With excision of tumor . . . . .	4205	\$ 205.80
Broncho-esophagoscopy with or without biopsy. Only one procedure to be billed per session . . . . .	4206	\$ 194.55
Suture		
Tracheorrhaphy; suture of external wound in trachea . . . . .	4207	\$ 162.25
Closure of tracheostomy or tracheal fistula . . . . .	4208	\$ 162.25
Quadroscopy . . . . .	4209	\$ 187.90
Includes direct laryngoscopy, esophagoscopy, examination of the post nasal space and bronchoscopy.		
Transbronchial lung biopsy . . . . .	4210	\$ 196.10

**CHEST WALL AND MEDIASTINUM**

Incision		
Mediastinotomy with drainage . . . . .	4300	\$ 432.55
Reconstruction		
Pectus excavatum . . . . .		See Page 51
Excision		
Chest wall tumor involving ribs or cartilage and reconstruction of chest wall . . . . .	4302	\$ 540.65
Mediastinal tumor . . . . .	4303	\$ 540.65
Mediastinoscopy . . . . .	4304	\$ 247.00
Transaxillary resection 1st rib . . . . .	4313	\$ 432.55
Surgical Collapse		
Thoracoplasty one stage . . . . .	4305	\$ 411.60
multi-stage, each . . . . .	4306	\$ 259.40
Pneumolysis - intrapleural . . . . .	4308	\$ 194.55
- extrapleural . . . . .	4309	\$ 324.40
Apicolysis - extrafascial (Sembs) . . . . .	4310	\$ 324.40
- extrapleural . . . . .	4311	\$ 324.40
Phrenicotomy . . . . .	4312	\$ 123.35

**LUNGS AND PLEURA**

Incision		
Thoracocentesis		
Closed drainage, operation and after care . . . . .	4400	\$ 129.75
Rib resection and drainage . . . . .	4401	\$ 247.00
Drainage of lung abscess . . . . .	4402	\$ 389.15
Exploratory thoracotomy or removal of foreign body . . . . .	4403	\$ 389.15
Biopsy of pleura or lung . . . . .	4404	\$ 389.15
Needle biopsy of pleura . . . . .	2178	\$ 39.65
Excision		
Pneumonectomy . . . . .	4406	\$ 756.80
Lobectomy . . . . .	4407	\$ 756.80
Lobectomy and segmental resection . . . . .	4408	\$ 756.80
Segmental resection . . . . .	4409	\$ 756.80
Wedge resection . . . . .	4410	\$ 518.95
Pleurectomy - pleural decortication . . . . .	4411	\$ 617.45
with bullous emphysema . . . . .	4412	\$ 617.45
Endoscopy		

Thoracoscopy . . . . . 4413 \$ 129.75

**OPERATIONS ON THE CARDIOVASCULAR SYSTEM**

Veins

Incision

Venogram . . . . . 4500 \$ 54.05

Repair

Venous Anastomosis

Porto-caval . . . . . 4501 \$ 756.80

Splenorenal . . . . . 4502 \$ 756.80

Meso-caval . . . . . 4503 \$ 720.30

Arterio-venous fistula or aneurysm resection and

ligation of grafting depending on extent . . . . . 4504 I.C.

Creation of A-V fistula . . . . . 4505 \$ 389.15

Suture

Ligation

Jugular vein, internal . . . . . 4506 \$ 162.25

Femoral . . . . . 4507 \$ 162.25

Inferior vena cava, ligation or plication . . . . . 4508 \$ 432.55

Popliteal . . . . . 4509 \$ 129.75

Saphenous . . . . . 4510 \$ 54.00

Excision, Ligation, Injection

Injection, single . . . . . 4511 \$ 10.85

Multiple at same sitting . . . . . 4512 \$ 46.45

Ligation, multiple, one leg . . . . . 4513 \$ 129.75

Ligation, long saphenous,

sapheno-femoral junction-one leg . . . . . 4514 \$ 129.75

Ligation, long saphenous, and/or short saphenous,

one leg with stripping . . . . . 4515 \$ 216.10

With multiple low ligation and excision-ligation of

perforators . . . . . 4516 \$ 270.25

Short saphenous ligation and stripping . . . . . 4517 \$ 108.15

Recurrent or complicated varicose veins . . . . . 4518 \$ 381.70

Excision of ulcer, multiple ligation and skin graft,

one leg . . . . . 4519 \$ 324.40

Plus sympathectomy, extra . . . . . 4520 \$ 162.25

Excision of stasis ulcer and skin graft . . . . . 4521 \$ 216.10

Sub-fascial ligation . . . . . 4522 \$ 324.40

With stripping of veins . . . . . 4523 \$ 432.55

Thrombectomy, iliac or femoral . . . . . 4524 \$ 514.60

Sclerotherapy - with/without ligation

(Prior approval required) . . . . . 4529 \$ 116.20

**VENOUS PROCEDURES**

Distal splenorenal shunt . . . . . 4525 \$ 927.80

Superior vena cava bypass graft . . . . . 4526 \$ 557.45

**REPAIR PROCEDURES**

Obliteration of AV fistula . . . . . 4527 \$ 61.90

Suture - a major vein repair . . . . . 4528 \$ 278.70

**ARTERIES**

Abdominal aorta repair procedures, plus implantation of inferior mesenteric artery (additional) . . . . .	4654	\$ 130.05
Repair of false aneurysm . . . . .	4650	\$ 655.25
Repair of popliteal aneurysm . . . . .	4651	\$ 605.75
Extended profundoplasty . . . . .	4652	\$ 572.80
In situ peripheral vein graft procedure (additional)	4653	\$ 247.65
Arterial Cannulation . . . . .	4599	\$ 41.50
Incision		
Arteriotomy . . . . .	4600	\$ 75.75
Aortotomy . . . . .	4601	\$ 162.25
Transection of artery, peripheral . . . . .	4603	\$ 162.25
Intra-abdominal or intra-thoracic . . . . .	4604	\$ 216.10
Division of vascular ring, esophagus . . . . .	4605	\$ 540.65
Excision		
Aneurysm		
Thoracic aorta - without bypass with hypothermia . .	4606	\$ 756.80
With by-pass . . . . .	4607	\$ 973.05
Abdominal aorta . . . . .	4608	\$ 864.95
With rupture . . . . .	4609	\$ 973.05
Splenic, hepatic . . . . .	4610	\$ 432.55
- with bypass . . . . .	4612	\$ 864.95
Femoral, popliteal, subclavian		
By excision . . . . .	4613	\$ 432.55
By graft . . . . .	4614	\$ 540.65
Occlusive Disease		
Aorta - bifurcation graft . . . . .	4617	\$1064.80
Thromboendarterectomy . . . . .	4618	\$ 648.50
Thromboendarterectomy and vein graft . . . . .	4619	\$ 756.80
Peripheral arterial graft - bypass synthetic . . . .	4620	\$ 540.65
Autogenous, vein graft . . . . .	4621	\$ 648.50
Embolectomy, aortic . . . . .	4622	\$ 648.50
Iliac or femoral . . . . .	4623	\$ 432.55
Mesenteric Embolectomy . . . . .	4624	\$ 450.00
Renal . . . . .	4625	\$ 540.65
Coarctation of aorta . . . . .	4626	\$ 756.80
Carotid body tumor . . . . .	4627	\$ 540.75
With graft . . . . .	4628	\$ 702.75
With vessel bypass . . . . .	4629	\$ 756.80
Introduction		
Arteriography - Peripheral		
Carotid . . . . .	4630	\$ 108.15
Femoral - unilateral . . . . .	4631	\$ 54.00
Femoral - bilateral . . . . .	4632	\$ 86.45
Aortography - percutaneous . . . . .	4633	\$ 108.15
Exposure of major artery . . . . .	4634	\$ 162.25
Arteriography, selective (renal etc.) . . . . .	4635	\$ 108.15
Arterial cannulation . . . . .	4636	\$ 54.00
Femoral anterior or posterior tibial bypass . . . .	4644	\$ 702.75
Profunda angioplasty and patch graft . . . . .	See 4642	Page 69
Exposure of leg vessels for inspection and evaluation, per exposure, plus sympathectomy if applicable . . .	See 4643	Page 69
Femoro-femoral bypass synthetic . . . . .	4645	\$ 540.65

With vein . . . . .	4646	\$ 648.50
Axilo-femoral bypass, synthetic . . . . .	4647	\$ 540.65
With vein . . . . .	4648	\$ 648.50
Repair		
Arterioplasty		
Femoral . . . . .	4637	\$ 324.40
Iliac . . . . .	4638	\$ 324.40
Suture		
Ligation carotid, neck-simple . . . . .	4639	\$ 162.25
Application of occlusive clamp . . . . .	4640	\$ 324.40
Ligation anterior ethmoid artery, epistaxis . . . . .	4641	\$ 108.15
Profunda, femoris endarterectomy and patch graft . . . . .	4642	\$ 432.55
Exposure of leg vessels for inspection and evaluation per exposure plus sympathectomy (4520) if applicable	4643	\$ 108.15
Pulmonary Stenosis		
Blalock procedure . . . . .	4649	\$ 648.50
Open heart without bypass . . . . .	4738	\$ 756.80
Open heart with bypass . . . . .	4739	\$ 864.95
Mitral Valve		
Valvotomy transatrial . . . . .	4740	\$ 648.50
Transventricular . . . . .	4741	\$ 702.75
by open heart with bypass . . . . .	4742	\$ 864.85
Valve replacement . . . . .	4743	\$1081.05
Aortic Valve		
Valvotomy - transventricular . . . . .	4744	\$ 756.80
- with bypass . . . . .	4745	\$ 973.05
Valve replacement . . . . .	4746	\$1081.05
Coronary Arteries		
Pericardial insufflation with powder . . . . .	4747	\$ 324.40
Vineberg procedure . . . . .	4748	\$ 756.80
Open repair of artery . . . . .	4749	\$ 756.80
With bypass . . . . .	4750	\$ 973.05
Aneurysm of sinus of Valsalva . . . . .	4751	\$ 864.85
Suture		
Suture of wound . . . . .	4752	\$ 540.65
Manipulation		
Cardiac Massage		
Opening and closing chest and massage in addition to fee for operation during which arrest occurred . . . . .	4753	\$ 216.10

**PACEMAKER PROCEDURES**

<b>ITEM</b>	<b>Fee Code</b>	<b>Super- visory Fee</b>	<b>Fee Code</b>	<b>Surgical Fee</b>	<b>Fee Code</b>	<b>Composite Fee</b>
Insertion temporary catheter pacemaker, including repositioning within 24 hours . . . . .	4770	\$173.95	4760	\$232.10	4766	\$ 307.60
Repositioning temporary catheter pacemaker after 24 hours . . . . .	4771	\$ 70.20	4761	\$ 87.85	4767	\$ 123.00
Replace temporary catheter pacemaker . . . . .	4772	\$116.25	4762	\$175.75	4768	\$246.10
Insertion of permanent pacemaker (epicardial) . . . . .	4773	\$170.55	4769	\$470.75		N/A
Insertion of permanent pacemaker (transvenous) . . . . .	4777	\$170.55	4763	\$327.70		
Repositioning/replacement permanent pacemaker wire . . . . .	4774	\$116.25	4764	\$175.75		N/A
Repositioning/replacement power source (generator) . . . . .	4775	\$116.25	4765	\$232.10		N/A
Reprogramming of a programmable cardiac pacemaker - post insertion . . . . .	4776	\$ 72.95				

**HEART AND PERICARDIUM**

Incision

Atrial or ventricular puncture . . . . .	4700	\$ 43.20
Biopsy of pericardium - by needle . . . . .	2181	\$ 148.25
- by thoracotomy . . . . .	4702	\$ 324.40
Cardiotomy with exploration . . . . .	4703	\$ 540.65
With removal of foreign body or tumor . . . . .	4704	\$ 540.65
By closed technique . . . . .	4705	\$ 648.50
By open technique without bypass . . . . .	4706	\$ 756.80
By open technique with bypass . . . . .	4707	\$ 864.95

Excision

Pericardiectomy - partial . . . . .	4708	\$ 432.55
- sub-total . . . . .	4709	\$ 648.50
Ventricular diverticulum . . . . .	4710	\$ 648.50
Ventricular aneurysm . . . . .	4711	\$1081.05
Tumors of heart, i.e. Myxoma . . . . .	4712	\$ 973.05
Insertion of Portacath . . . . .	4714	\$ 157.60
Removal of Portacath . . . . .	4715	\$ 52.55

Introduction

Catheterization of heart-right . . . . .	2126	\$ 148.25
Hepatic wedge pressure . . . . .	2127	\$ 98.80
Left . . . . .	2128	\$ 197.70
of catheter pacemaker . . . . .	4716	\$ 216.10

Hickman catheter . . . . .	4717	\$ 142.35
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Removal Hickman catheter . . . . .	4713	\$ 34.15
Repair		
Patent ductus arteriosus . . . . .	4718	\$ 540.65
Closure of atrial septal defect		
By closed technique . . . . .	4719	\$ 648.50
By open technique without bypass . . . . .	4720	\$ 756.80
By open technique with bypass . . . . .	4721	\$ 864.95
Anomalous pulmonary venous drainage		
Without bypass . . . . .	4722	\$ 756.80
With bypass . . . . .	4723	\$ 864.95
Repair of ventricular septal defect . . . . .	4724	\$ 973.05
Banding of pulmonary artery . . . . .	4725	\$ 648.50
Tetralogy of Fallot . . . . .	4726	\$ 864.95
Pulmonary - aortic anastomosis - Potts . . . . .	4727	\$ 756.80
Pulmonary - subclavian - Blalock . . . . .	4728	\$ 756.80
Total repair tetralogy . . . . .	4729	\$1081.05
Transposition of Great Vessels		
Creation of atrial septal defect . . . . .	4730	\$ 756.80
Without bypass . . . . .	4731	\$ 756.80
With bypass . . . . .	4732	\$ 864.95
Blalock Hanlon . . . . .	4733	\$ 756.80
Total repair . . . . .	4734	\$1081.05
Tricuspid Atresia		
Glenn procedure . . . . .	4735	\$ 756.80
Creation of atrial septal defect . . . . .	4736	\$ 756.80
Ebstein's . . . . .	4737	\$1081.05

**OPERATIONS ON THE HAEMIC AND LYMPHATIC SYSTEMS**

**Spleen and Marrow**

Incision		
For injection of contrast substance . . . . .	4801	\$ 64.90
Excision		
Splenectomy . . . . .	4802	\$ 432.55
Biopsy of Marrow, as Independent Procedure		
Aspiration, needle or punch . . . . .	2175	\$ 39.65
Bone button . . . . .	4804	\$ 64.90
Sentinel Node biopsy . . . . .	4805	\$ 200.00

**LYMPH CHANNELS**

Excision		
Cystic hygroma . . . . .	4900	\$ 389.15
Lymphedema		
Kondolean . . . . .	4901	\$ 389.15
Radical Sleeve Excision . . . . .	4902	\$ 648.50
Lymphangiogram . . . . .	4903	\$ 194.55
Excision of Lymph Glands		
Tumor		
Suprahyoid - unilateral . . . . .	4904	\$ 324.40
- bilateral . . . . .	4905	\$ 486.50
Radical neck dissection . . . . .	4906	\$ 648.50
Dissection of inguinal glands . . . . .	4907	\$ 324.40
Radical dissection of axillary glands . . . . .	4908	\$ 324.40
Radical dissection of inguinal glands, including		
Iliac glands . . . . .	4909	\$ 432.55
Radical dissection of inguinal glands and iliac glands,		
bilateral . . . . .	4910	\$ 491.35
Biopsy - cervical, axillary, inguinal . . . . .	4911	\$ 64.90
Scalene . . . . .	4912	\$ 129.75
Complicated biopsy . . . . .	4913	I.C.
Laparotomy for lymphoma staging . . . . .	4914	\$ 540.65



**OPERATIONS ON THE DIGESTIVE SYSTEM**

Mouth

Incision

Drainage of Ludwig's Angina, complete care . . . . . 5000 \$ 108.15

Excision

Biopsy . . . . . 5001 \$ 43.20

Excision of - simple lesion . . . . . 5002 \$ 43.20

- leukoplakia, limited . . . . . 5003 \$ 64.90

Excision of ranula of dermoid cyst . . . . . 5005 \$ 129.75

Local excision for carcinoma of floor of mouth,  
mandible, alveolar margin or buccal mucosa . . . . . 5006 \$ 194.55

With hemimandibulectomy . . . . . 5007 \$ 432.55

Either of above combined with unilateral neck dissection 5008 \$ 756.80

Destruction

Cauterization of leukoplakia . . . . . 5009 \$ 64.90

Suture

Closure of antero-oral fistula with flap . . . . . 5010 \$ 324.40

Closure of antero-oral fistula with radical antrotomy . 5011 \$ 378.35

**LIPS**

Excision

Biopsy . . . . . 5020 \$ 43.20

Lip Shave . . . . . 5021 \$ 129.75

Excision of simple lesion . . . . . 5022 \$ 64.90

V-excision for carcinoma . . . . . 5023 \$ 194.55

plus radical neck dissection . . . . . 5024 \$ 702.75

One half lip - plus reconstruction . . . . . 5025 \$ 324.40

plus radical neck dissection . . . . . 5026 \$ 756.80

Total excision of lip . . . . . 5027 \$ 432.55

plus radical neck dissection . . . . . 5028 \$ 756.80

Repair

Harelip, unilateral . . . . . 5029 \$ 324.40

Harelip, bilateral . . . . . 5030 \$ 540.65

**TONGUE**

Excision

Biopsy . . . . . 5040 \$ 43.20

Local excision of simple tumor . . . . . 5041 \$ 108.15

Hemiglossectomy . . . . . 5042 \$ 324.40

plus radical neck dissection . . . . . 5043 \$ 756.80

Total glossectomy . . . . . 5044 \$ 389.15

plus radical neck dissection . . . . . 5045 \$ 756.80

Repair

Minor lacerations . . . . . 5047 \$ 32.45

**TEETH AND GUMS**

Incision			
Drainage of alveolar abscess - general anesthetic . . . .	5060	\$	43.20
Excision			
Biopsy of gum . . . . .	5061	\$	43.20
Mucous cyst . . . . .	5063	\$	43.20
Suture			
Suture of gum, secondary . . . . .	5064	\$	43.20

**PALATE AND UVULA**

Incision			
Palate abscess . . . . .	5080	\$	43.20
Excision			
Uvulectomy - independent procedure . . . . .	5081	\$	43.20
Biopsy . . . . .	5082	\$	43.20
Excision of simple lesion . . . . .	5083	\$	64.90
Excision of malignant lesion (with reconstruction) . .	5084	\$	302.75
Repair			
Cleft Palate . . . . .	5085	\$	378.35
Suture			
Suture of palate wound . . . . .	5086	\$	32.45
Uvulopalatopharyngoplasty			
includes Tonsillectomy, partial palatectomy and			
pharyngoplasty . . . . .	5087	\$	248.65

**SALIVARY GLANDS AND DUCTS**

Incision			
Sialolithotomy - local anesthetic . . . . .	5100	\$	32.45
- general anesthetic			
- simple . . . . .	5102	\$	64.90
- complicated . . . . .	5103	\$	194.55
Excision			
Submandibular gland . . . . .	5104	\$	259.40
Parotid gland - superficial parotidectomy . . . . .	5105	\$	486.50
Total parotidectomy . . . . .	5106	\$	594.70
plus unilateral radical neck dissection . . . . .	5107	\$	756.80
Repair			
Plastic repair of duct . . . . .	5108	\$	270.25
Dilation of duct as independent procedure . . . . .	5109	\$	43.20
Probing			
Catheterization for Sialogram . . . . .	5111	\$	43.20
Radical Neck Dissection . . . . .			
A composite resection of the head and neck for			
malignancy, neck dissection with reconstruction			
utilizing local or distant flaps . . . . .	5112	\$	1922.10

A composite fee which includes elevation of free island skin and bone flap and closure of defect; preparation of microvascular recipient site for free island skin and

bone flap immediately following ablative surgery and when recipient vessels are in the site of ablation; and transplanation of free island skin and bone flap with microvascular anastomosis(es) and bone fixation . . . 5113 \$1940.80

\* NOTE in most cases this procedure will require 8 hours or more. Where a procedure requires less than 8 hours, independent consideration will be considered.

**PHARYNX, ADENOIDS AND TONSILS**

**Incision**

Biopsy of Pharynx . . . . . 5120 \$ 43.20  
 Drainage of retropharyngeal abscess  
   internal approach . . . . . 5121 \$ 54.00  
   external approach . . . . . 5122 \$ 162.25  
 Drainage of peritonsillar abscess, operation only . . . 5123 \$ 43.20

**Excision**

Branchial cyst . . . . . 5124 \$ 324.40  
 Sinus . . . . . 5125 \$ 432.55  
 Pharyngo-esophageal diverticulum . . . . . 5126 \$ 540.65  
 Thyroglossal duct cyst . . . . . 5127 \$ 270.25  
 Cyst and sinus . . . . . 5128 \$ 389.15  
 Tonsillectomy with or without adenoidectomy  
   Under age 16 . . . . . 5129 \$ 144.31  
   Adult . . . . . 5130 \$ 162.08  
 Excision of Tonsil tag -unilateral . . . . . 5131 \$ 86.45  
 Excision of Lingual tonsil (independent procedure) . 5132 \$ 86.45

**Repair**

Choanal atresia . . . . . 5133 \$ 540.65  
 Pouch-Back Flap (Pharyngeal) . . . . . 5134 \$ 486.50  
 Suture of exterior wound or injury of pharynx . . . . . 5136 \$ I.C.  
 Removal of Foreign Body -pharynx . . . . . 5137 \$ 32.45  
 Adenoidectomy without tonsillectomy . . . . . 5138 \$ 54.00

**OESOPHAGUS**

**Incision**

Cervical oesophagotomy . . . . . 5140 \$ 324.40  
 Thoracic oesophagotomy . . . . . 5141 \$ 432.55  
 Oesophagomyotomy . . . . . 5142 \$ 540.65

**Excision**

Intrathoracic diverticulum . . . . . 5143 \$ 518.95  
 Extrathoracic diverticulum - one stage . . . . . 5144 \$ 432.55  
 Resection of oesophagus - primary anastomosis . . . . 5145 \$ 756.80  
 With replacement by jejunum, colon, or stomach  
   1st surgeon . . . . . 5146 \$ 864.95  
   2nd surgeon . . . . . 5147 \$ 216.10

Oesophago-gastrectomy . . . . . 5148 \$ 864.95  
 Oesophageal bypass with colon or jejunum . . . . . 5149 \$ 756.80

**Endoscopy**

Oesophagoscopy, with or without biopsy Only 1 procedure

to be billed per session . . . . .	5150	\$ 129.75
With removal of foreign body . . . . .	5151	\$ 216.10
Oesophago-bronchoscopy		
Only 1 procedure billed per session . . . . .	5152	\$ 194.55
Oesophago-gastroscopy with Elder-Palmer or similar instrument. Only 1 procedure to be billed per session	5153	\$ 162.25
Repair		
Oesophagoplasty (repair of stricture) . . . . .	5155	\$ 648.50
Oesophageal Hiatus Hernia		
Abdominal approach . . . . .	5156	\$ 540.65
Abdominal approach plus cholecystectomy, if indicated	5157	\$ 648.50
Transthoracic approach . . . . .	5158	\$ 540.65
Ruptured oesophagus . . . . .	5159	\$ 518.95
Cervical drainage . . . . .	5160	\$ 378.35
Oesophago-gastrostomy . . . . .	5161	\$ 756.80
Oesophago-duodenostomy or jejunostomy . . . . .	5162	\$ 756.80
Closure of oesophageal - tracheal fistula . . . . .	5163	\$ 756.80
Oesophagotomy with ligation of varices . . . . .	5164	\$ 518.95
Injection		
Esophageal Varices with Oesophagoscopy		
Initial . . . . .	5165	\$ 259.40
Esophageal variceal banding (Esophagoscopy) . . . . .	5166	\$ 260.00
Gastro-esophageal tamponade . . . . .	2159	\$ 49.35
Introduction of Mousseau-Barbin tube . . . . .	5167	\$ 324.40
Dilation		
Indirect		
Active - with or without guiding string . . . . .	5168	\$ 54.00
Passive - using mercury filled tubes . . . . .	5169	\$ 21.55
With Esophagoscopy		
Initial . . . . .	5172	\$ 247.00
Repeat . . . . .	5173	\$ 64.90
Dilation of oesophagus with fluoroscopic control . . . . .	5174	\$ 75.75
Repair of hiatal hernia plus esophagoplasty . . . . .	5175	\$ 756.80
Fundoplication with or without hiatal hernia repair . . . . .	5176	\$ 540.65
<b>STOMACH</b>		
Incision		
Gastrotomy with removal of tumor or foreign body . . . . .	5200	\$ 324.40
Pyloromyotomy (Ramstedt's) . . . . .	5201	\$ 324.40
Simple tube gastrotomy . . . . .	5202	\$ 324.40
Excision		
Biopsy - by gastroscopy . . . . .	5204	\$ 194.55
- by gastrotomy . . . . .	5205	\$ 324.40
Gastreotomy		
Wedge resection for ulcer . . . . .	5207	\$ 389.15
Partial, or subtotal . . . . .	5208	\$ 648.50
Plus repair of hiatus hernia . . . . .	5209	\$ 756.80
After previous gastro-enterostomy or partial gastrectomy . . . . .	5210	\$ 756.80
Antrectomy or sub-total - plus vagotomy . . . . .	5211	\$ 756.80
Total Gastrectomy . . . . .	5212	\$ 864.95

Excision of gastroduodenal lesion (recurrent ulcer) . . . . .	5213	\$ 756.80
plus vagotomy . . . . .	5214	\$ 864.95
Excision of gastrojejunal lesion (recurrent ulcer) . . . . .	5215	\$ 756.80
Any of the above, plus cholecystectomy, add . . . . .	5217	\$ 108.15
Endoscopy		
Gastroscoy-Diagnostic biopsy, removal of foreign body	5218	\$ 142.35
*subsequent - means within 45 days of initial procedure	5219	\$ 71.20
IC for full fee may be given under exceptional circumstances		
Repair		
Pyloroplasty . . . . .	5220	\$ 389.15
Pyloroplasty and vagotomy . . . . .	5221	\$ 514.60
Gastroduodenostomy, gastrojejunosotomy, or gastrogastrostomy . . . . .	5222	\$ 389.15
Either of the above plus vagotomy . . . . .	5223	\$ 540.65
Pyloroplasty or gastroenterostomy with vagotomy and hiatal hernia . . . . .	5224	\$ 648.50
Vagotomy alone . . . . .	5225	\$ 389.15
Any of the above plus cholecystectomy, add . . . . .	5226	\$ 108.15
Suture		
Closure of gastrostomy or other external fistula of stomach . . . . .	5227	\$ 259.40
Closure of perforated ulcer or wound of stomach . . . . .	5228	\$ 324.40
Closure of gastro-colic or gastro-jejunocolic fistula, one stage . . . . .	5229	\$ 756.80
two stages, including colostomy . . . . .	5230	\$ 756.80
Gastric cooling . . . . .	5231	\$ 129.75
Highly Selective Vagotomy . . . . .	5232	\$ 636.35
Gastric partition for morbid obesity ( <b>Prior approval required</b> ) . . . . .	5233	I.C
Gastric partition plus all other procedures for morbid obesity ( <b>Prior approval required</b> ) . . . . .	5234	I.C
*Subsequent means within 45 days of initial procedure. Independent consideration for full fee may be given under exceptional circumstances.		
E.R.C.P.		
Standard E.R.C.P. . . . .	5235	\$ 163.15
Biopsy at time of procedure (Additional) . . . . .	5236	\$ 11.65
E.R.C.P. on a bilroth II . . . . .	5237	\$ 192.80
E.R.C.P. with spincterotomy . . . . .	5238	\$ 229.25
Placement of Stent at E.R.C.P (Additional) . . . . .	5239	\$ 63.05

#### INTESTINES (EXCEPT RECTUM)

Incision		
Ileostomy for ulcerative colitis . . . . .	5250	\$ 389.15
Ileostomy for jejunostomy (with tube) . . . . .	5251	\$ 270.25

1st stage Michaelis . . . . .	5252	\$ 389.15
Colostomy . . . . .	5253	\$ 324.40
Revision of colostomy for stenosis . . . . .	See	5278
Cecostomy, as single procedure . . . . .	5255	\$ 270.25
Enterotomy or colotomy . . . . .	5256	\$ 389.15
with operative sigmoidoscopy . . . . .	5257	\$ 432.55
Multiple with operative sigmoidoscopy . . . . .	5258	\$ 540.65
Excision		
Biopsy by intubation . . . . .	5259	\$ 64.90
Local excision of lesion of small intestine including diverticulum of duodenum . . . . .	5260	\$ 389.15
Enterectomy with Anastomis		
Small Intestine		
Duodenectomy . . . . .	5261	\$ 432.55
Other . . . . .	5262	\$ 432.55
Small and Large Intestine		
Terminal ileum and caecum . . . . .	5263	\$ 540.65
Terminal ileum, caecum and ascending colon . . . . .	5264	\$ 648.50
Large Intestine		
Segmental . . . . .	5265	\$ 540.65
Hemicolectomy, right or left . . . . .	5266	\$ 648.50
Total colectomy without perineal resection . . . . .	5267	\$ 756.80
Total colectomy with ileostomy and abdomino-perineal resection		
single team . . . . .	5268	\$ 932.31
two team, 1st surgeon . . . . .	5269	\$ 848.43
1st surgical assistant . . . . .	5270	\$ 259.40
2nd surgical assistant . . . . .	5271	\$ 194.55
Intestinal Obstruction		
without resection . . . . .	5272	\$ 411.13
with resection . . . . .	5273	\$ 540.65
Entero-enterostomy . . . . .	5275	\$ 389.15
Duodenal atresia, duodeno-jejunostomy . . . . .	5276	\$ 432.55
Multiple stage procedures, preliminary colostomy, bowel resection, closure of colostomy, etc., to be paid at fee listed for individual procedure.		
Repair		
Fecal fistula, radical with resection . . . . .	5277	\$ 594.70
Revision of ileostomy or colostomy . . . . .	5278	\$ 129.75
Closure of perforation . . . . .	5279	\$ 324.40
Closure of perforation with colostomy . . . . .	5280	\$ 432.55
Cecopexy or sigmoidopexy, independent operation . . . . .	5281	\$ 324.40
Suture		
Closure of enterostomy plus resection . . . . .	5282	\$ 389.15
Closure of colostomy . . . . .	5283	\$ 259.40
Plication of small intestine for adhesions . . . . .	5284	\$ 486.50
Manipulation		
Dilation of enterostomy, colostomy, etc.		
with anesthetic . . . . .	5285	\$ 43.20
without anesthetic . . . . .	Visit	Fee
E.E.A. Stapler . . . . .	5286	\$ 52.55

**MECKEL'S DIVERTICULUM AND THE MESENTERY**

Excision		
Meckel's diverticulum . . . . .	5287	\$ 324.40
Local excision of lesion or mesentery . . . . .	5288	\$ 324.40
Resection of mesentery . . . . .	5289	\$ 324.40
Mesenteric cyst . . . . .	5290	\$ 324.40

**APPENDIX**

Incision		
Drainage of abscess, complete care . . . . .	5300	\$ 270.25
Excision		
Appendectomy . . . . .	5301	\$ 280.29
With gross perforation and peritonitis . . . . .	5302	\$ 331.52
With removal of Meckel's Diverticulum . . . . .	5303	\$ 331.52

**RECTUM**

Proctotomy		
With drainage (perirectal abscess) . . . . .	5322	\$ 129.75
Pelvic abscess - drainage . . . . .	5323	\$ 162.25

Excision		
Proctectomy		
Anterior resection of rectum . . . . .	5324	\$ 683.32
Perineal resection of rectum . . . . .	5325	\$ 518.95
Abdomino-perineal resection plus colostomy		
Single team . . . . .	5326	\$ 816.70
Two team - 1st surgeon . . . . .	5327	\$ 701.05
- 1st surgical assistant . . . . .	5328	\$ 216.10
- 2nd surgical assistant . . . . .	5329	\$ 151.20
Hartman procedure . . . . .	5330	\$ 482.80

Abdomino-perineal pull-through for		
Hirschprung's disease or imperforate anus		
Rectal polyp, low, excision or cauterization . . . . .	5336	\$ 64.90
upper rectum and sigmoid through sigmoidoscope . . . . .	5337	\$ 129.75
Biopsy of recto-sigmoid for Hirschprung's disease . . . . .	5338	\$ 86.45
Electro coagulation of rectal carcinoma		
initial . . . . .	5358	\$ 216.10
repeat . . . . .	5359	\$ 108.15

Repair		
Proctostomy . . . . .	5339	\$ 324.40
Proctopexy - abdominal route . . . . .	5340	\$ 389.15

Rectal prolapse		
Excision of mucous membrane . . . . .	5341	\$ 216.10
Perineal repair, major . . . . .	5342	\$ 389.15

Abdominal approach . . . . .	5343	\$ 518.95
Thiersch wire procedure . . . . .	5344	\$ 129.75
Suture		
External approach . . . . .	5345	\$ 259.40
Intraperitoneal approach . . . . .	5346	\$ 432.55
Closure of Fistula		
Recto-vaginal . . . . .	5347	\$ 432.55
Recto-vesical . . . . .	5348	\$ 432.55

**ANUS**

Clamping of internal hemorrhoid - per hemorrhoid . . .	5349	\$ 60.70
Incision		
Thrombosed hemorrhoid		
Local anesthetic . . . . .	5350	\$ 21.55
General anesthetic . . . . .	5351	\$ 54.00
Excision		
Local excision of lesion (fissure, malignancy) . . . .	5352	\$ 129.75
Hemorrhoidectomy, with or without sigmoidoscopy . . . .	5353	\$ 194.55
Anal polyp, hemorrhoidal tags . . . . .	5354	\$ 64.90
Fistula-in-ano, low level . . . . .	5355	\$ 194.45
high level with division of internal sphincter . . . .	5356	\$ 389.15
Biopsy, independent operation, general anesthetic . . . .	5357	\$ 43.20
Introduction		
Haemorrhoid injections - initial . . . . .	2169	\$ 15.05
- subsequent . . . . .	2170	\$ 15.05
Injections for pruritus ani or fissure . . . . .	2171	\$ 15.05
Repair		
Excision of scar, for stenosis . . . . .	5361	\$ 129.75
Anaplasty for stenosis . . . . .	5362	\$ 259.40
Repair of anal sphincter . . . . .	5363	\$ 324.40
Repair of anal sphincter and anorectal ring . . . . .	5364	\$ 324.40
Repair of Imperforate Anus		
Membranous obstruction of anus . . . . .	5365	\$ 129.75
Rectal Atresia		
Perineal repair . . . . .	5366	\$ 518.95
Abdomino-perineal repair - single surgeon . . . . .	5367	\$ 648.50
Two team approach - 1st surgeon . . . . .	5368	\$ 648.50
- 1st surgical assistant . . . . .	5369	\$ 194.55
- 2nd surgical assistant . . . . .	5370	\$ 151.20
Destruction		
Cauterization of fissure . . . . .	5371	\$ 21.55
Electro-dessication of condylomata . . . . .	5372	\$ 43.20
Manipulation		
Dilation of anal sphincter under general anesthetic		
independent procedure . . . . .	5373	\$ 21.55
Anoscopy . . . . .	5374	\$ 10.85
Partial Lateral internal sphincterotomy . . . . .	5375	\$ 191.00



**LIVER**

Incision

Hepatotomy		
Exploratory . . . . .	5380	\$ 389.15
Drainage of abscess or cyst . . . . .	5381	\$ 389.15
Removal of foreign body . . . . .	5382	\$ 389.15
Incision and packing of wound . . . . .	5383	\$ 389.15

Excision

Hepatotomy		
Local excision of lesion . . . . .	5384	\$ 389.15
Resection of liver - partial hepatectomy or lobectomy .	5385	\$ 864.95
Biopsy - needle . . . . .	2177	\$ 49.39

Repair

Suture		
Rupture or wound . . . . .	5388	I.C.

**BILIARY TRACT**

Incision

Cholecystostomy . . . . .	5390	\$ 324.40
Cholecysto-enterostomy . . . . .	5391	\$ 389.15
Cholecysto-enterostomy plus enteroenterostomy . . . . .	5392	\$ 432.55
Cholecystogastrostomy . . . . .	5393	\$ 389.15
Choledochoduodenostomy . . . . .	5394	\$ 540.65
Common duct exploration . . . . .	5395	\$ 518.95
Common duct exploration with duodenotomy sphincterotomy	5396	\$ 648.50

Excision

Lesion of hepatic ducts . . . . .	5397	\$ 594.70
Choledochetomy . . . . .	5398	\$ 648.50
Excision of Ampulla of Vater . . . . .	5399	\$ 594.70
Cholecystectomy . . . . .	5400	\$ 432.55
with operative cholangiogram . . . . .	5401	\$ 486.50
Cholecystectomy and exploration of bile duct . . . . .	5402	\$ 518.95
with operative cholangiogram . . . . .	5403	\$ 540.65
Cholecystectomy and exploration of bile ducts plus duodenotomy . . . . .	5404	\$ 648.50

Repair

Surgical reconstruction of common bile duct . . . . .	5405	\$ 864.95
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Suture

Closure of fistula . . . . .	5406	\$ 594.70
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**PANCREAS**

Incision

Pancreatotomy . . . . .	5410	\$ 432.55
Pancreatic abscess or cyst . . . . .	5411	\$ 432.55

Excision

Pancreatectomy		
Total . . . . .	5413	\$ 864.95

Local Excision of lesion . . . . .	5414	\$ 518.95
Partial - resection of tail . . . . .	5415	\$ 518.95
Pancreatico-duodenal resection (Whipple type operation) . . . . .	5416	\$ 864.95
Excision pancreatic cyst . . . . .	5417	\$ 518.95
Repair		
Pancreatico -gastrostomy . . . . .	5418	\$ 518.95
- duodenostomy . . . . .	5419	\$ 518.95
- jejunostomy . . . . .	5420	\$ 518.95
Marsupialization of cyst . . . . .	5421	\$ 432.55

**ABDOMEN, PERITONEUM AND OMENTUM**

Incision		
Laparotomy, with or without biopsy . . . . .	5450	\$ 270.25
Peritoneal abscess -		
Drainage of subphrenic abscess . . . . .	5451	\$ 389.15
Intra-abdominal abscess, other . . . . .	5452	\$ 270.25
Drainage of abdominal wall abscess general anesthetic, complete care . . . . .	5480	\$ 64.90
Removal of foreign body, abdominal wall - gun shot . . . . .	5453	I.C.
Excision		
Desmoid tumor, depending on extent . . . . .	5454	I.C.
Lipectomy, removal of panniculus (Prior approval required) . . . . .	5456	\$ 324.40
Retroperitoneal tumor . . . . .	5457	\$ 518.95
Mesenteric cyst . . . . .	5458	\$ 324.40
Introduction		
Injection of air . . . . .	5459	\$ 43.20
Endoscopy		
Peritoneoscopy . . . . .	5460	\$ 154.35
Repair		
Herniotomy and Herniorrhaphy		
Inguinal or femoral, single . . . . .	5461	\$ 270.25
Inguinal - single with hydrocele . . . . .	5462	\$ 324.40
Inguinal and femoral - same side . . . . .	5463	\$ 324.40
Sliding hernia . . . . .	5464	\$ 324.40
Inguinal or femoral repair by prosthesis or graft . . . . .	5465	\$ 324.40
Recurrent hernia . . . . .	5466	\$ 389.15
Recurrent hernia repair by prosthesis or graft . . . . .	5467	\$ 432.55
Umbilical hernia- adult . . . . .	5468	\$ 308.70
- child . . . . .	5469	\$ 205.80
Enterocoele, infant . . . . .	5470	\$ 324.40
Omphalocoele . . . . .	5471	\$ 432.55
Diaphragmatic hernia . . . . .	5472	\$ 540.65
with prosthesis . . . . .	5473	\$ 594.70
Incision or ventral - repair by suture . . . . .	5474	\$ 370.40
- repair by prosthesis . . . . .	5475	\$ 432.55
Epigastric . . . . .	5476	\$ 247.00
Suture		
Strangulated or Incarcerated without resection . . . . .	5477	\$ 324.40

with resection . . . . .	5478	\$ 518.95
Suture		
Secondary closure for evisceration . . . . .	5479	\$ 216.10

**OPERATIONS ON THE ENDOCRINE SYSTEM**

Thyroid Gland

Incision

Abscess, complete care . . . . . 5500 \$ 129.75

Excision

Biopsy - needle (core) . . . . . 5501 \$ 43.20

- surgical . . . . . 5502 \$ 259.40

Thyroidectomy

Bilateral total thyroidectomy . . . . . 5503 \$ 594.70

Total lobectomy . . . . . 5504 \$ 432.55

Total lobectomy plus subtotal lobectomy . . . . . 5505 \$ 486.50

Sub-total bilateral thyroidectomy . . . . . 5506 \$ 432.55

Partial lobectomy . . . . . 5507 \$ 389.15

Excision of solitary nodule . . . . . 5508 \$ 259.40

If one of the following procedures carried out with either of the above add:

Unilateral limited node dissection . . . . . 5509 \$ 129.75

Bilateral limited node dissection . . . . . 5510 \$ 259.40

Radical neck dissection unilateral . . . . . 5511 \$ 324.40

**PARATHYROID, THYMUS AND ADRENAL GLANDS**

Excision

Parathyroidectomy for hyperplasia . . . . . 5550 \$ 594.70

Parathyroid tumor . . . . . 5551 \$ 518.95

if sternal splitting required . . . . . 5552 \$ 648.50

Thymectomy . . . . . 5553 \$ 648.50

Adrenal exploration - unilateral . . . . . 5554 \$ 324.40

Adrenalectomy - unilateral . . . . . 5555 \$ 540.65

**OPERATIONS OF THE NERVOUS SYSTEM**

**PREAMBLE**

1. In cases where bilateral procedures are performed at same operation, the fee for the 2nd side is 50% of the fee for the 1st side (Except for removal of discs.)
2. In cases of paraplegia and in cases of cerebral lesions, traumatic or other treated surgically, the tariff of fees for daily visits may be added to the surgical fee after one month of hospitalization.

**Diagnostic Procedures**

Lumbar puncture . . . . .	2115	\$ 36.59
Subdural puncture - first . . . . .	2117	\$ 29.65
- each additional . . . . .	2118	\$ 9.80
Myelogram - Lumbar . . . . .	2172	\$ 69.05
- Cisternal . . . . .	2173	\$ 79.00
Ventriculogram		
percutaneous . . . . .	5609	\$ 151.20
Arteriography		
percutaneous, carotid or vertebral . . . . .	See 4630	Page 68
cutdown brachial, carotid or vertebral . . . . .	See 4634	Page 68
Aortic arch study . . . . .	See 4633/4634	Page 68

**Vascular procedures**

Carotid endarterectomy . . . . .	5652	\$ 648.50
with patch graft . . . . .	5653	\$ 756.80
with graft and by-pass shunt . . . . .	5654	\$ 864.95

**Trauma**

**Cranial**

**Scalp lacerations**

simple uncomplicated . . . . .	3050	\$ 32.45
extensive, multiple or complicated . . . . .	3051	I.C.

**Head Injury, closed initial examination and**

recommendations re further management . . . . .	5702	\$ 54.00
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**Skull**

**Fractures**

Non-operative - same as in Head Injury, closed

**Operative**

**Decompressive Craniotomy**

Temporal . . . . .	5710	\$ 432.55
Subtemporal . . . . .	5711	\$ 648.50

**Meninges**

Surgical management of extradural hematoma, or subdural hematoma, hygroma, effusion		
Extradural . . . . .	5716	\$ 594.70
Subdural with burr holes . . . . .	5717	\$ 594.70
Fracture or fracture-dislocation of body without cord injury		
Closed reduction, with or without anesthetic cast, frame, brace, etc. . . . .		
	3384	\$ 257.20
Supervision, bed rest only . . . . .	Visit Fee	
Skull calipers, visit fee plus . . . . .	3385	\$ 108.15
Not to apply if case proceeds to surgery		
Open reduction with or without internal fixation . . .	3386	\$ 617.45
Open reduction and fusion . . . . .	3387	\$ 648.50
Open reduction and fusion in conjunction with Orthopedic Surgeon - each surgeon . . . . .		
	3388	\$ 486.50
with cord injury		
No operation . . . . .		
	Visit Fee	
Skull Calipers, visit fee plus . . . . .	3389	\$ 108.15
Not to apply if case proceeds to surgery		
Closed reduction under Anesthesia . . . . .	3390	\$ 514.60
Open reduction with or without internal fixation . . .	3391	\$ 756.80
Open reduction and fusion . . . . .	3392	\$ 756.80
Open reduction and fusion in conjunction with Orthopedic Surgeon - each surgeon . . . . .		
	3393	\$ 514.60
Open reduction and decompression of cord or nerve roots . . . . .	3394	\$ 720.30
Skull lesions		
Linear craniectomy for craniosynostosis		
One suture . . . . .	5800	\$ 532.55
Brain		
Craniotomy		
with partial or total excision of cerebral neoplasm, cyst acoustic neuroma or meningioma . . . . .		
	5850	\$ 864.95
with biopsy of brain or tumor . . . . .	5857	\$ 648.50
Brain Abscess		
Burr hole and aspiration . . . . .	5859	\$ 540.65
Spinal Cord		
Laminectomy		
For excision of neoplasm, hematoma, vascular anomaly, constrictive pachy-meningitis of spinal cord or nerve roots . . . . .		
	5900	\$ 756.80
For opening of dura and exploration biopsy of cord or nerve roots or section of dentate ligaments . . . . .		
	5901	\$ 648.50
For decompression of spinal cord or cauda equina . . .	5902	\$ 648.50
For treatment of extradural abscess . . . . .	5903	\$ 648.50
Excision of meningocele . . . . .	5907	\$ 432.55
Discs		
Cervical		
Removal of protruded discs, unilateral . . . . .	3517	\$ 617.45
- bilateral or multiple . . . . .	3518	\$ 720.30
Thoracic		

Removal of protruded disc . . . . .	3516	\$ 756.80
Lumbar		
Unilateral . . . . .	3514	\$ 514.60
Bilateral, multiple or recurrent . . . . .	3515	\$ 648.50
Excision of disc with fusion - one surgeon . . . . .	3519	\$ 756.80
two surgeons, each . . . . .	3520	\$ 486.50
Peripheral Nerves		
Exploration of major nerve (median, ulnar, radial, sciatic, etc.) with or without neurolysis . . . . .	5963	\$ 216.10
Removal tumor major peripheral nerve . . . . .	5964	\$ 324.40
Suture major peripheral nerve . . . . .	5965	\$ 324.40
Suture small peripheral nerve (digital) . . . . .	5967	\$ 162.25
Decompression median nerve at wrist (carpal tunnel syndrome) . . . . .	5968	\$ 216.10
Decompression ulnar nerve at elbow (cubital tunnel syndrome) . . . . .	5969	\$ 216.10
Transposition of ulnar nerve at elbow . . . . .	5970	\$ 270.25
Morton's Neuroma, excision . . . . .	5973	\$ 216.10
Vegetative Nervous System		
Sympathectomy		
Cervical . . . . .	5980	\$ 432.55
Cervicodorsal . . . . .	5981	\$ 449.65
Thoracolumbar (Smithwick) . . . . .	5982	\$ 864.95
Lumbar . . . . .	5983	\$ 341.80

**OBSTETRICS**

Obstetrical care is the care of the complicated and uncomplicated case, including a complete history and physical examination, routine prenatal visits with necessary haemoglobin estimation and urinalysis; care during labor, delivery, post-partum care and post-natal office visit. Care of the newborn is not included in the obstetrical fee.

Illnesses resulting from or associated with pregnancy requiring added home or hospital care should be charged on a per visit basis.

**Obstetrical Care**

Initial Visit . . . . .	0700	\$ 33.45
Assessment of Labour. This fee can only be billed once for the period of the assessment. If the same physician delivers within 24 hours, this fee code is not applicable. Time of day is required. . . . .	0701	\$ 19.35
Prenatal care in office . . . . .	0703	\$ 21.01
Delivery . . . . .	6001	\$ 410.00
Postnatal care in office . . . . .	0705	\$ 23.25
In hospital daily care per visit . . . . .	0704	\$ 16.09
Operative Delivery - Caesarean Section - procedure and post-operative care only . . . . .	6004	\$ 452.00
Sterilization at time of Caesarean Section, hysterotomy, laparotomy, etc . . . . .	6005	\$ 54.00
Caesarean Hysterectomy, subtotal or total . . . . .	6006	\$ 540.65
Operative delivery other than Caesarean section, consultation and procedure . . . . .	6007	\$ 417.50
Surgical or medical induction of labour, consultation and/or procedure . . . . .	6008	\$ 68.55
Abortion - complete, under 20 weeks . . . . .	Visit Fee	
- incomplete, including D & C . . . . .	6009	\$ 129.75
- therapeutic ( <b>Prior approval required</b> ) . . . . .	6010	\$ 151.20
Hysterotomy abdominal or vaginal . . . . .	6011	\$ 324.40
Missed abortion, with or without intra-uterine hypertonic solution . . . . .	6012	\$ 151.20
Repair of third degree laceration, consultation and procedure . . . . . (includes evacuation of vaginal hematoma and repair)	6013	\$ 108.15
**Retained placenta removal, consultation and procedure . . . . .	6014	\$ 108.15
Ectopic pregnancy . . . . .	6015	\$ 324.40
Suture of incompetent cervix during pregnancy . . . . .	6016	\$ 151.20
Sterilization-postpartum (in addition to obstetrical fee)	6017	\$ 216.10
Amniocentesis . . . . .	6019	\$ 43.20
Abortion incomplete without Anesthesia or D&C (in hospital) . . . . .	6021	\$ 75.75
Post coital testing . . . . .	6025	\$ 34.15

\*\*Chargeable by an obstetrician on his own patient when the services of an anesthetist is required.

Fetal Monitoring



Consultation and interpretation of fetal monitoring records . . . . .	6022	\$ 43.20
External cephalic version with or without tocolysis . . . . .	6024	\$ 121.45

**OPERATIONS ON THE FEMALE GENITAL SYSTEM**

**PREAMBLE**

In composite operations such as repair of cystocele and rectocele and D & C or cystocele and rectocele and cauterization of cervix and biopsy, the fee shall, unless otherwise mentioned below, be that of the major procedure.

**VULVA**

Incision		
Hymenectomy . . . . .	6500	\$ 54.00
Abscess of vulva, Bartholin or Skene's gland - complete care . . . . .	6501	\$ 54.00
Marsupialization or cautery . . . . .	6502	\$ 65.45
Excision		
Vulvectomy - simple . . . . .	6503	\$ 259.40
Cyst of Bartholin's gland . . . . .	6506	\$ 131.05
Condylomata . . . . .	6508	\$ 108.15

**VAGINA**

Incision		
Colpotomy, posterior, drainage or needling . . . . .	6600	\$ 86.45
Excision		
Local excision of cyst . . . . .	6601	\$ 151.20
Repair		
Cystocele or Rectocele . . . . .	6602	\$ 205.80
Cystocele and rectocele . . . . .	6603	\$ 370.40
Cystocele, rectocele and prolapse (Fothergill) . . . . .	6604	\$ 432.55
Cystocele, Rectocele and excision of cervical stump . . . . .	6605	\$ 432.55
Vaginal vault prolapse (post-hysterectomy, vaginal or abdominal) . . . . .	6606	\$ 411.60
Rectocele and repair of anal sphincter . . . . .	6607	\$ 370.40
Perineorrhaphy . . . . .	6608	\$ 129.75
Repair of double vagina . . . . .	6611	\$ 194.55
Closure of fistula- vesico-vaginal . . . . .	6612	\$ 432.55
- recto-vaginal . . . . .	6613	\$ 432.55
- uretero-vaginal . . . . .	6614	\$ 518.95
Urethral caruncle or prolapse of mucosa . . . . .	6615	\$ 86.45
Enterocoele . . . . .	6616	\$ 370.40
Retropubic operation for incontinence, (Marchetti) . . . . .	6617	\$ 370.40
Operations for stress incontinence- vaginal . . . . .	6618	\$ 308.70
- abdominal . . . . .	6619	\$ 370.40
- combined . . . . .	6620	\$ 514.60

Endoscopy		
Culdoscopy . . . . .	6621	\$ 123.35
Manipulation . . . . .		
Examination and/or dilation, general Anesthesia, independent operation . . . . .	6622	\$ 75.75

**FALLOPIAN TUBES**

Excision

Salpingectomy and Salpingo-oophorectomy . . . . .	6700	\$ 308.70
Repair		
Tubal plastic operation . . . . .	6701	\$ 360.20
Sterilization . . . . .	6702	\$ 257.20
Peritoneoscopy . . . . .	5460	\$ 154.35
Lysis of adhesion . . . . .	6704	\$ 257.20
Infertility investigation with tubal insufflation . . .	6705	\$ 210.50

**OVARY**

Excision		
Ovarian cyst . . . . .	6800	\$ 308.70
Paraovarian cyst . . . . .	6801	\$ 308.70
Oophorocystectomy . . . . .	6802	\$ 308.70

**UTERUS AND CERVIX UTERI**

Uterus and Cervix Uteri		
Diagnostic curettage . . . . .	6901	\$ 103.00
Myomectomy . . . . .	6902	\$ 370.40
Hysterectomy - total, abdominal or vaginal . . . . .	6903	\$ 411.60
Hysterectomy - total, abdominal or vaginal with rectocele and/or cystocele repair . . . . .	6904	\$ 540.65
Hysterectomy-partial or subtotal with or without adnexae with rectocele and/or cystocele . . . . .	6905 6906	\$ 308.70 \$ 411.60
Septate uterus . . . . .	6908	\$ 411.65
Cervical polyp, without D&C . . . . .	6909	\$ 30.85
Amputation of cervix . . . . .	6910	\$ 185.25
Cervical stump - vaginal . . . . .	6911	\$ 247.00
- abdominal . . . . .	6912	\$ 308.70
Biopsy of cervix - independent operation with general Anesthesia . . . . .	6913	\$ 51.35
Presacral Neurectomy . . . . .	6915	\$ 370.40

Introduction		
Insufflation, Rubin's test and D&C . . . . .	6916	\$ 108.15
Insufflation and endometrial biopsy . . . . .	6917	\$ 64.90
Hysterosalpingogram . . . . .	6918	\$ 75.75
I.U.C.D. . . . .	6919	\$ 51.35

Repair		
Hysteropexy (uterine suspension) . . . . .	6920	\$ 257.20
with D&C . . . . .	6921	\$ 360.20
with rectocele and cystocele . . . . .	6922	\$ 411.60
Cervix with or without biopsy . . . . .	6923	\$ 185.25
Incompetent cervix - any suture repair . . . . .	6924	\$ 154.35
Repair of inversion of uterus - operative . . . . .	6925	\$ 370.40
- manual . . . . .	6926	\$ 154.35

Electro-cautery of cervix

Office Procedure . . . . .	6928	\$ 32.45
Biopsy of cervix		
Office Procedure . . . . .	6929	\$ 30.85
D&C and conization of cervix . . . . .	6930	\$ 162.25
Endometrial biopsy . . . . .	6931	\$ 41.05
Injection of fissure in ano . . . . .	6932	\$ 21.55
Colposcopy . . . . .	6934	\$ 79.05
Artificial insemination . . . . .	6935	\$ 43.20
Vaporization of endometriosis and treatment of pelvic pain, including all associated procedures . . . . .	6937	\$ 320.35
Surgical procedure for infertility involving tubal blockage at the level of the cornua . . . . .	6938	\$ 640.70
Introduction of I.U.C.D. at same time as annual health exam . . . . .	6939	\$ 25.70
Hysteroscopy examination (+/- D&C; +/-polyp removal) . .	6940	\$ 135.00
Endometrial ablation..(+/- D&C; +/- hysteroscopy) . . . .	6942	\$ 286.40

**OPERATIONS OF THE EYE**

Examination under general Anesthesia with or without intubation . . . . .	7000	\$ 54.00
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**EYEBALL**

Incision		
Goniotomy . . . . .	7002	\$ 324.40
Excision		
Enucleation . . . . .	7003	\$ 270.25
with prosthesis implant . . . . .	7004	\$ 324.40
Repair		
Evisceration . . . . .	7005	\$ 270.25

with implant . . . . .	7006	\$ 324.40
Removal introcular foreign body . . . . .	7007	\$ 360.20

**CORNEA**

Incision		
Paracentesis . . . . .	7050	\$ 51.35
Removal embedded foreign body		
Local anesthetic . . . . .	7051	\$ 21.55
General anesthetic . . . . .	7052	\$ 51.35
Excision		
Keratotomy . . . . .	7053	\$ 324.40
Excision of dermoid . . . . .	7054	\$ 162.25
Introduction		
Tattoo . . . . .	7055	\$ 108.15
Cauterization of ulcer		
Local anesthetic . . . . .	7056	\$ 21.55
General anesthetic . . . . .	7057	\$ 51.35
Repair		
Corneal transplant		
penetrating . . . . .	7058	\$ 688.90
Lamellar . . . . .	7059	\$ 514.60
Suture		
with excision of iris . . . . .	7060	\$ 324.40
without excision of iris . . . . .	7061	\$ 216.10
Removal of corneal sutures in O.R . . . . .	7062	\$ 49.80
Corneal retrieval . . . . .	7063	\$ 131.35

**SCLERA**

Incision		
Sclerotomy, posterior . . . . .	7100	\$ 154.35
Corneo-scleral trephining . . . . .	7101	\$ 308.70
Excision		
Sclerectomy . . . . .	7102	\$ 360.20
Suture		
All penetrating wounds . . . . .	7103	\$ 324.40

**IRIS AND CILIARY BODY**

Incision		
*Iridectomy . . . . .	7150	\$ 257.20
Iridencleisis . . . . .	7151	\$ 324.40
Division of anterior synechia following penetrating		
keratoplasty . . . . .	7152	\$ 162.25
Destruction		
Diathermy of Ciliary body . . . . .	7153	\$ 216.10
Electrolysis of Ciliary body . . . . .	7154	\$ 216.10
Cyclodialysis . . . . .	7155	\$ 324.40
Anterior chamber open evacuation of clot . . . . .	7156	\$ 324.40
Iridencysis . . . . .	7160	\$ 318.35
Trabeculoplasty . . . . .	7161	\$ 336.70
Anterior Vitrectomy . . . . .	7162	\$ 300.55

\*Note - Fee applies to laser as well as surgical iridectomy. Repeat procedure not payable within 30 days.

**CRYSTALLINE LENS**

Incision		
Needling - primary . . . . .	7200	\$ 216.10
- subsequent . . . . .	7201	\$ 108.15
Capsulotomy . . . . .	7202	\$ 205.80
Excision		
Cataract		
Senile . . . . .	7203	\$ 458.35
Congenital . . . . .	7204	\$ 484.40
Traumatic . . . . .	7205	\$ 484.40
Extraction of dislocated lens . . . . .	7206	\$ 484.40
Severance of Vitreous Strands (Yag Laser) . . . . .	7208	\$ 156.35
Cataract Extraction with Intra-ocular Lens Insertion . . . . .	7210	\$ 555.55
Secondary Lens Insertion . . . . .	7211	\$ 333.05
Reposition - Intra-ocular Lens . . . . .	7212	\$ 159.05
Removal of Intra-ocular Lens . . . . .	7213	\$ 279.90

**RETINA**

Re-attachment of retina and choroid		
Simple coagulation (diathermy) . . . . .	7250	\$ 432.55
Photocoagulation . . . . .	7251	\$ 411.60
Cryopexy . . . . .	7252	\$ 411.60
Non-circling tube or buckle procedures, including that group of operations in which silicone is implanted to produce a non-permanent small choroidal elevation . . . . .	7253	\$ 648.50
For circling tube, as a first operation . . . . .	7254	\$ 648.50
Previously untreated retinal detachments, including scleral resection . . . . .	7255	\$ 648.50
Secondary operations after an unsuccessful operation or for a fresh detachment after a previously successful operation, including an encircling tube . . . . .	7256	\$ 864.95
Independent Procedures		
Photocoagulation . . . . .	7257	\$ 257.20
Cryopexy . . . . .	7258	\$ 257.20

**EXTRAOCULAR MUSCLES**

Repair		
Strabismus Procedures		
one or more than one muscle, one or both eyes . . . . .	7300	\$ 308.70
subsequent operations by the same surgeon within six months of initial procedure . . . . .	7301	\$ 162.25
Adjustable Suture Technique . . . . .	7302	\$ 318.35

**ORBIT**

Incision		
Drainage of abscess . . . . .	7350	\$ 216.10
Lateral orbiotomy, Kronlein procedure . . . . .	7351	\$ 540.65

Excision		
Tumor, orbital . . . . .	7352	\$ 378.35
lacrimal gland . . . . .	7353	\$ 378.35
Exenterations, with or without major plastic repair . .	7354	\$ 432.55
Biopsy . . . . .	7355	\$ 108.15
Repair		
Orbital fracture, open reduction rim wall fracture (Zygomatic fracture dislocation) . . . . .	7356	\$ 324.40
blowout fracture of floor . . . . .	7357	\$ 378.35
Secondary repair of blowout fracture by combined or orbital approach . . . . .	7358	\$ 594.70

**EYELIDS**

Incision		
Drainage of abscess local anesthetic . . . . .	7400	\$ 21.55
Excision		
Chalazion - single or multiple - complete care		
local anesthetic . . . . .	7402	\$ 32.45
general anesthetic . . . . .	7403	\$ 54.00
Epilation by Hyfurcator, electrolysis . . . . .	7404	\$ 21.55
Lid Tumors		
very minor . . . . .	7405	\$ 32.45
minor . . . . .	7406	\$ 154.35
intermediate . . . . .	7407	\$ 270.25
major . . . . .	7408	\$ 378.35
extensive major . . . . .	7409	\$ 540.65
Repair		
Ptosis ( <b>Prior approval required</b> ) . . . . .	7410	\$ 324.40
secondary repair ( <b>Prior approval required</b> ) . . . . .	7411	\$ 540.65
Districhiasis - unilateral . . . . .	7412	\$ 324.40
Trichiasis, surgical repair by transplantation . . . .	7413	I.C.
Entropion, other than Zeigler puncture . . . . .	7414	\$ 270.25
Ectropion, other than Zeigler puncture . . . . .	7415	\$ 324.40
Zeigler punctures for (correction entropion/ectropion)	7416	\$ 32.45
Laceration, full thickness, including margin		
less than 2cm . . . . .	7421	\$ 162.25
greater than 2cm . . . . .	7417	\$ 324.40
Suture		
Tarsorrhaphy . . . . .	7418	\$ 108.15
Double adhesion . . . . .	7419	\$ 162.25
Treatment of Trichiasis by electrolysis in the O.R. or by laser ablation of hair follicles . . . . .	7420	\$ 49.80

**CONJUNCTIVA**

Removal of foreign body - office call fee		
Excision		
Pterygium - unilateral with conjunctival autograph . .	7450	\$ 176.55
Peritomy - unilateral . . . . .	7451	\$ 75.75
Biopsy . . . . .	7452	\$ 32.45
Repair		

Plastic repair - depending on extent . . . . . 7453 I.C.

**LACRIMAL TRACT**

Incision  
 Daryocystotomy - general anesthetic . . . . . 7500 \$ 54.00

Excision  
 Dacryocystectomy . . . . . 7502 \$ 270.25

Introduction  
 Catheterization or irrigation of duct . . . . . Office Call Fee

Repair  
 Lacerated canaliculus . . . . . 7503 \$ 216.10  
 Dacrocystorrhinostomy . . . . . 7504 \$ 432.55

Manipulation  
 Dilatation of punctum . . . . . Office Call Fee  
 Probing and dilatation of duct . . . . . Office Call Fee  
 General anesthetic  
 Initial or repeat, unilateral or bilateral . . . . . 7505 \$ 54.00  
 Initial or repeat unilateral or bilateral with  
 Fluroscein Angiogram . . . . . 7510 \$ 57.05  
 Bandage Contact Lens . . . . . 7511 \$ 83.45  
 Three snip procedure for ectropion of the lower lacrimal  
 punctums - bilateral procedure . . . . . 7512 \$ 61.95



**OPERATIONS ON THE EAR**

External Ear

Incision

Drainage of abscess or hematoma of auricle or external auditory canal, local anesthetic . . . . .	7700	\$ 21.55
general anesthetic . . . . .	7701	\$ 54.00

Excision

Biopsy of ear . . . . .	7702	\$ 43.20
Local excision of lesion on ear . . . . .	7703	\$ 54.00
Partial excision of ear . . . . .	7704	\$ 162.25
Complete excision or amputation of ear . . . . .	7705	\$ 216.10
Radical excision of malignant lesion of external ear canal . . . . .	7706	\$ 432.55

Endoscopy

Removal of foreign body from external ear canal -simple . . . . .	7707	\$ 21.55
- under general anesthetic . . . . .	7708	\$ 54.00

Repair

Reconstruction of ear with graft of skin or cartilage <b>(Prior approval required)</b> . . . . .	7710	I.C.
Construction of ear canal for congenital atresia . . . . .	7711	\$ 756.80
Removal of plastic drainage tubes . . . . .	7712	\$ 19.35
Removal of plastic drainage tubes under general anesthetic . . . . .	7713	\$ 48.10
Fibreoptic endoscopy . . . . .	7714	\$ 18.20

Middle Ear

Incision

Myringotomy (without after care) - local anesthetic . . . . .	7800	\$ 32.45
general anesthetic . . . . .	7801	\$ 64.90
Myringotomy (operative Microscope) and insertion of prosthesis . . . . .	7802	\$ 103.00
Aspiration of serous otitis . . . . .	7803	\$ 21.55

Excision

Mastoidectomy, simple, unilateral . . . . .	7804	\$ 324.40
Radical or modified radical, unilateral . . . . .	7805	\$ 540.65
Removal of middle ear polyp by snare (not including post-operative care) . . . . .	7806	\$ 43.20

Repair

Revision of radical mastoid cavity . . . . .	7807	\$ 540.65
Stapes mobilization . . . . .	7808	\$ 540.65
Stapedectomy . . . . .	7809	\$ 756.80
Fenestration of semicircular canals . . . . .	7810	\$ 648.50
Myringoplasty . . . . .	7811	\$ 324.40
Tympanoplasty . . . . .	7812	\$ 617.45
Facial nerve decompression . . . . .	7813	\$ 540.65
Facial nerve graft . . . . .	7814	\$ 648.50
Middle ear exploration . . . . .	7815	\$ 324.40

Internal Ear

Incision

Labyrinthotomy - any type . . . . .	7900	\$ 540.65
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Excision

Labyrinthectomy . . . . .	7901	\$ 648.50
Meatoplasty . . . . .	7902	\$ 110.45
May be claimed in addition to a mastoidectomy.		

**OPERATIONS ON THE UROGENITAL SYSTEM**

The fee for a Urological Surgical Procedure shall include the usual post-operative care as carried out by the operating surgeon while the patient is in hospital or in his office up to a period of 30 days. The surgical fee shall not include pre-operative office consultation or endoscopic or other

investigative procedures required to establish a diagnosis unless done on the day of surgery.

**KIDNEY AND PERINEPHRIUM**

Incision

Drainage of Kidney abscess, including excision of carbuncle . . . . .	8000	\$ 324.40
Drainage of perinephric abscess . . . . .	8001	\$ 216.10
Adrenal exploration, unilateral . . . . .	8002	\$ 324.40
Renal exploration . . . . .	8003	\$ 324.40
Nephrostomy . . . . .	8004	\$ 378.35
Transection of aberrant renal vessel . . . . .	8006	\$ 378.35
Secondary operation - additional . . . . .	8007	\$ 108.15
Pyelostomy . . . . .	8008	\$ 378.35
Pyelolithotomy . . . . .	8009	\$ 378.35
Removal of Staghorn calculus filling renal Pelvis and calyces . . . . .	8030	\$ 606.90

Excision

Adrenalectomy, unilateral . . . . .	8011	\$ 540.65
Functional tumors (pheochromocytoma) . . . . .	8012	\$ 540.65
Renal cyst . . . . .	8013	\$ 378.35
Heminephrectomy . . . . .	8014	\$ 518.95
Secondary operation - additional . . . . .	8015	\$ 108.15
Nephrectomy - Ectopic . . . . .	8016	\$ 432.55
Lumbar . . . . .	8017	\$ 454.05
Transperitoneal . . . . .	8018	\$ 432.55
Thoraco-abdominal . . . . .	8019	\$ 648.50
Radical nephrectomy - lumbar or thoraco-abdominal . . . . .	8020	\$ 617.45
Nephro-ureterectomy . . . . .	8021	\$ 540.65
Nephro-ureterectomy with resection of uretero-vesical junction . . . . .	8022	\$ 648.50
Secondary operation - additional . . . . .	8023	\$ 108.15
Open renal biopsy . . . . .	8024	\$ 324.40
Donor nephrectomy - unilateral or bilateral . . . . .	8031	\$ 433.45
Biopsy - needle: . . . . .	2176	\$ 69.05

Repair

Pyeloureteroplasty . . . . .	8025	\$ 486.50
Nephropexy . . . . .	8026	\$ 324.40
with renal sympathectomy . . . . .	8027	\$ 432.55
Symphysiotomy for horse shoe kidney with or without nephropexy and associated procedures . . . . .	8028	\$ 518.95
Renal auto transplantation . . . . .	8032	\$ 836.05

Suture

Ruptured or lacerated kidney - repair or removal . . . . .	8029	\$ 432.55
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**URETER**

Incision

Peri-ureteral abscess . . . . .	8100	\$ 216.10
Ureterotomy		
Upper two-thirds . . . . .	8102	\$ 389.15
Lower one-third . . . . .	8103	\$ 454.05

Ureterotomy where ureter has been previously opened		
Upper two-thirds . . . . .	8125	\$ 412.50
Lower one-third . . . . .	8126	\$ 473.15
Excision		
Ureterectomy . . . . .	8104	\$ 378.35
- including ureterovesical junction . . . . .	8105	\$ 432.55
Repair		
Ureterovesical anastomosis, reimplantation . . . . .	8106	\$ 518.95
Uretero-ileal conduit . . . . .	8107	\$ 648.50
Uretero-ileal conduit with total cystectomy . . . . .	8108	\$ 973.05
Uretero-colic anastomosis or transplant . . . . .	8109	\$ 486.50
with cystectomy, one stage . . . . .	8110	\$ 778.35
with cystectomy, and colostomy . . . . .	8111	\$ 908.05
Ileo-ureteral substitution . . . . .	8112	\$ 648.50
Uretero-ureterostomy . . . . .	8113	\$ 540.65
Ureterostomy-cutaneous-unilateral . . . . .	8114	\$ 324.40
Uretero-vaginal fistula . . . . .	8115	\$ 518.95
Ureterolysis for peri-ureteral fibrosis, unilateral . . . . .	8116	\$ 424.05
Ureterostomy with T-tube unilateral . . . . .	8117	\$ 324.40
Spontaneous or traumataic rupture or transection -		
Immediate - upper two thirds . . . . .	8118	\$ 378.35
- lower one-third . . . . .	8119	\$ 432.55
Late repair - upper two-thirds . . . . .	8120	\$ 432.55
- lower one-third . . . . .	8121	\$ 486.50
Bladder flap (BOARI) to include reimplantation of ureter	8127	\$ 464.50
Revision of ureteral-ileal anastomosis . . . . .	8128	\$ 406.50
Partial resection and revision of ileal conduit . . . . .	8129	\$ 371.70

#### ENDOSCOPIC PROCEDURES

Calibration and/or dilation one or both sides . . . . .	8122	\$ 86.45
Endoscopic removal of calculus including ureteral meatotomy if required (Basket extraction) . . . . .	8123	\$ 259.40
Manipulation only, stone not removed . . . . .	8124	\$ 129.75
Insertion of ureteral stent . . . . .	8199	\$ 123.45
Cold Knife(visual) internal urethrotomy . . . . .	8197	\$ 186.33

#### BLADDER

##### Endoscopy - Cystoscopy

Diagnostic - with or without catheterization of ureters, collection of ureteral specimens of urine, intravenous function test, and retrograde injection of opaque medium for pyelography and/or ureterography, but not including subsequent hospital care . . . . .	8200	\$ 72.00
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With bilateral sodium excretion estimations (Howard Test)	8201	\$ 108.15
With biopsy (transurethral)	8202	\$ 86.45
With electrocoagulation of tumor- single	8203	\$ 129.75
- multiple	8204	\$ 183.60
With urethral dilation	8205	\$ 82.25
With bladder dilation	8206	\$ 103.00
With electrocoagulation of Hunner's ulcers	8207	\$ 129.75
With electro-excision of tumor or tumors including base and adjacent muscle		
single	8208	\$ 288.20
multiple	8209	\$ 411.60
With resection bladder neck, female	8210	\$ 194.55
With electrosurgical ureteral meatotomy	8211	\$ 162.25
With removal of foreign body or calculus	8212	\$ 185.25
With insertion of radioactive substance in addition to associated procedures	8213	\$ 54.00
With litholapaxy, visual or tactile and removal of fragments	8214	\$ 247.00
With urethral meatotomy and plastic repair	8215	\$ 129.75
With insertion of ureteral stent	8199	\$ 107.89
With brush biopsy of the ureter and renal pelvis	8198	\$ 83.95
Incision		
Cystotomy or cystostomy	8216	\$ 162.25
Cystotomy or cystostomy and electro-coagulation of tumor	8217	\$ 324.40
Cystotomy with trochar and cannula and insertion of tube	8218	\$ 108.15
Cystolithotomy	8219	\$ 216.10
Ureterocelelectomy	8220	\$ 324.40
- with ureteral reimplantation	8221	\$ 518.95
Vesicotomy	8222	\$ 432.55
Excision		
Cystectomy, partial - of atony	8223	\$ 432.55
- for tumor diverticulum	8224	\$ 486.50
- with reimplantation of ureter	8225	\$ 540.65
Complete cystectomy without transplant	8226	\$ 540.65
Cystectomy complete with colocolocystoplasty	8227	\$ 864.95
Second surgeon	8228	\$ 216.10
Excision of urachus and repair of bladder	8229	\$ 270.25
Extrophy - primary closure	8230	\$ 324.40
Extrophy - urinary diversion for bladder extrophy and excision of ectopic bladder and repair of abdominal wall	8231	\$ 864.95
Extrophy - excision of bladder and repair of abdominal wall	8232	\$ 324.40
Repair		
Repair of ruptured bladder	8233	\$ 389.15
Ileocystoplasty (or colocolocystoplasty)	8234	\$ 648.50
Suprapubic resection of bladder neck	8235	\$ 324.40
Plastic repair of bladder neck (child-adult)	8236	\$ 432.55
with unilateral ureteroneocystostomy, additional	8237	\$ 108.15
with bilateral ureteroneocystostomy, additional	8238	\$ 216.10
Closure of fistula-external-suprapubic	8239	\$ 259.40
Vericovaginal-transvesical approach	8240	\$ 519.95

Vesicorectal or vesicosigmoid . . . . .	8241	\$ 432.55
Cystoscopy with Retrograde pyelogram . . . . .	8242	\$ 86.45
Therapeutic pelvic and retroperitoneal lymphadenectomy for bladder cancer . . . . .	8243	\$ 609.75

**URETHRA**

Endoscopy

Biopsy including endoscopy . . . . .	8300	\$ 86.45
Internal urethrotomy . . . . .	8301	\$ 129.75
Removal of foreign body or calculus . . . . .	8302	\$ 162.25
Meatal extraction of foreign body . . . . .	8303	\$ 32.45

Incision

Urethrotomy - external . . . . .	8304	\$ 259.40
Meatotomy and plastic repair . . . . .	8305	\$ 75.75
For extravasation of urine with multiple drainage . . . . .	8306	\$ 259.40
with external urethrotomy or cystotomy . . . . .	8307	\$ 389.15
Periurethral abscess . . . . .	8308	\$ 54.00
External sphincterotomy (transurethral) . . . . .	8335	\$ 303.45

Excision

Caruncle . . . . .	8309	\$ 75.75
including cystoscopy . . . . .	8310	\$ 129.75
Urethral papilloma, single or multiple . . . . .	8311	\$ 129.75
Prolapse . . . . .	8312	\$ 86.45
with cystoscopy . . . . .	8313	\$ 129.75
Stricture - one stage with diversion . . . . .	8314	\$ 389.15
- two stage, first stage . . . . .	8315	\$ 194.55
- second stage . . . . .	8316	\$ 389.15
Diverticulectomy - male or female . . . . .	8317	\$ 270.25
Posterior urethral valve, by endoscopy . . . . .	8318	\$ 108.15
Open operation . . . . .	8319	\$ 270.25
Biopsy . . . . .	8320	\$ 32.45
Urethrectomy . . . . .	8334	\$ 200.80

Repair

Urethral sling . . . . .	8321	\$ 324.40
Urethrovesical suspension for stress incontinence . . . . .	8322	\$ 389.15
Urethrovesical suspension with partial cystectomy or vesicopexy . . . . .	8323	\$ 518.95

Suture

Rupture - anterior urethra (division of urine extra) . . . . .	8324	\$ 259.40
Posterior urethra - immediate repair . . . . .	8325	\$ 454.05
- late repair . . . . .	8326	\$ 594.70
Recto-urethral fistula . . . . .	8328	\$ 432.55
- with colostomy . . . . .	8329	\$ 540.65

Manipulation

Dilation of stricture - local anesthetic . . . . .	8330	\$ 21.55
- general anesthetic . . . . .	8331	\$ 54.00
- filiforms and followers . . . . .	8332	\$ 39.15
Urethra - Suture for urethrocutaneous fistula . . . . .	8333	\$ 259.40
Insertion of artificial urinary sphincter . . . . .	8336	\$ 567.10

**PENIS**

Incision			
Split of prepuce - newborn . . . . .	8400	\$	10.85
- child or infant . . . . .	8401	\$	10.85
- adult . . . . .	8402	\$	21.55
Excision			
Circumcision - infant 11 days or over or child under 12 years . . . . .	8404	\$	86.45
- adult . . . . .	8405	\$	86.45
Condylomata . . . . .	8406	\$	54.00
Biopsy . . . . .	8407	\$	43.20
Amputation			
Partial . . . . .	8408	\$	194.55
Partial with inguinal glands dissection - 1 or 2 stages	8409	\$	518.95
Total with inguinal and femoral glands - 1 or 2 stages	8410	\$	648.50
Repair			
Epispadias . . . . .	8411	\$	324.40
Hypospadias - including urinary diversion			
- Chordee repair . . . . .	8412	\$	216.10
Plastic reconstruction urethra, penile- one stage . . .	8413	\$	324.40
- two stage . . . . .	8414	\$	432.55
Plastic reconstruction penoscrotal or perineal			
- one stage . . . . .	8415	\$	432.55
- two stage . . . . .	8416	\$	540.65
Penile prosthesis for impotence <b>(Prior approval required)</b>	8417	\$	306.55
Excision of Peyronie's plaque . . . . .	8418	\$	195.10
Insertion of hydraulic penile prosthesis <b>(Prior approval required)</b> . . . . .	8420	\$	375.45

## TESTES

Incision			
Abscess . . . . .	8500	\$	54.00
Excision			
Orchidectomy, unilateral . . . . .	8501	\$	194.55
Biopsy - single . . . . .	8502	\$	54.00
with vasography . . . . .	8503	\$	108.15
Radical orchidectomy for malignancy - unilateral . . .	8508	\$	217.35
Repair			
Orchidopexy or exploration, unilateral . . . . .	8504	\$	370.40
Reduction of torsion of testis or appendix testis and repair . . . . .	8505	\$	194.55
Ruptured testicle . . . . .	8506	\$	194.55
Insertion of testicular prosthesis <b>(Prior approval required)</b> . . . . .	8507	\$	161.00
Introcorporeal injections of vasoactive substances for impotence therapy and diagnosis . . . . .	8419	\$	14.50
Retroperitoneal lymphadenectomy for testicular cancer..	8421		I.C.

## EPIDIDYMIS

Incision			
Abscess	. . . . .	8510	\$ 54.00
Excision			
Spermatocele	. . . . .	8511	\$ 194.55
Epididymectomy, unilateral	. . . . .	8512	\$ 194.55
Anastomosis, epididymovasostomy, unilateral	. . . . .	8513	\$ 194.55

**TUNICA VAGINALIS**

Excision			
Hydrocele - unilateral	. . . . .	8520	\$ 185.25
Hydrocele - aspiration	. . . . .	8521	\$ 21.55

**SCROTUM**

Incision			
Abscess or hematocele	. . . . .	8530	\$ 54.00
Exploration, unilateral	. . . . .	8531	\$ 129.75
Excision			
Minor lesions, e.g. sebaceous cysts, fibromata, etc	. . . . .	3035	\$ 32.45
Resection of scrotum	. . . . .	8533	\$ 216.10
Suture			
Trauma - laceration, depending on extent and complications			
- see lacerations			
Integumentary System	. . . . .	8534	I.C.

**VAS DEFERENS**

Vasography, single procedure	. . . . .	8540	\$ 54.00
Repair			
Anastomosis, unilateral	. . . . .	8541	\$ 162.25
- including biopsy and vasography	. . . . .	8542	\$ 216.10
Suture			
Ligation, bilateral	. . . . .	8543	\$ 102.27

**SPERMATIC CORD**

Excision			
Varicocele, unilateral	. . . . .	8550	\$ 194.55
Hydrocele, unilateral	. . . . .	8551	\$ 194.55

**SEMINAL VESICLES**

Incision			
Abscess	. . . . .	8560	\$ 108.15
Excision			
Vesiculectomy	. . . . .	8561	\$ 540.65

**PROSTATE**

Incision			
With removal of calculus (perineal)	. . . . .	8571	\$ 378.35
Biopsy, perineal open operation	. . . . .	8572	\$ 216.10



-needle, perineal . . . . .	2182	\$ 79.00
-needle, perineal with cystoscopy . . . . .	8574	\$ 129.75
Excision		
Prostatectomy		
Radical prostatovesiculectomy . . . . .	8577	\$ 778.35
Suprapubic - one stage or two stages . . . . .	8578	\$ 518.95
Suprapubic with diverticulectomy . . . . .	8579	\$ 648.50
Suprapubic with partial cystectomy for atony of bladder	8580	\$ 648.50
Retropubic - simple . . . . .	8581	\$ 514.60
Staging pelvic lymphadenectomy for Carcinoma of prostate	8591	\$ 306.55
Endoscopy		
Transurethral electro resection . . . . .	8584	\$ 514.60
Resection of bladder neck- child . . . . .	8586	\$ 194.55
- adult . . . . .	8587	\$ 324.40
Change of suprapubic tube . . . . .	8590	\$ 21.55

## PERCUTANEOUS PROCEDURES

### PERCUTANEOUS RENAL AND UPPER URETERIC

Ureteral/Renal stone removal - single stone (without electrohydraulic or ultrasonic lithotripsy) . . . . .	8592	\$ 467.50
Ureteral stone removal with electrohydraulic and/or ultrasonic lithrotripsy . . . . .	8593	\$ 560.95
Renal and upper ureteral stone removal - multiple stones - without electrohydraulic or ultrasonic lithrotripsy . . . . .	8594	\$ 560.95
Renal and upper ureteral stone removal - multiple or staghorn - with electrohydraulic and/or ultrasonic		

lithotripsy . . . . .	8595	\$ 747.85
Repeat through original access within one week for any of the above . . . . .	8596	\$ 374.05
Percutaneous nephrostomy . . . . .	8597	\$ 149.65

**LOWER URETERIC**

Ureteroscopy only . . . . .	8588	\$ 94.35
Ureteroscopy with ultrasonic lithotripsy and/or electrohydraulic lithotripsy . . . . .	8598	\$ 560.95
Ureteroscopy plus basket . . . . .	8599	\$ 467.50

**DIAGNOSTIC RADIOLOGY**

These are the fees for consultation between the Certified Diagnostic Radiologist and the referring physician, supervision of x-ray service, fluoroscopy, interpretation of radiographs and fluoroscopic findings. This does not include special procedural fees listed separately in the schedule.

NOTE: Fees for Clinical procedures related to x-ray examination are listed under 'Special Procedural Fee' or under the appropriate Specialty section.

NOTE: Where cine or videotape is used, fee is to be increased by 25%.

NOTE: Non certification Radiologists are paid at 75% of following fees.

## HEAD AND NECK

Eye for foreign body . . . . .	8600	\$	5.80
Eye for localization additional . . . . .	8601	\$	15.50
Optic Foramina . . . . .	8602	\$	5.80
Facial bones . . . . .	8603	\$	7.30
Mandible . . . . .	8604	\$	5.80
Mastoids necessary added views . . . . .	8605	\$	8.50
Neck for soft tissues . . . . .	8606	\$	5.80
Nasal bones . . . . .	8607	\$	5.80
Salivary gland region . . . . .	8608	\$	5.80
Sella turcica . . . . .	8609	\$	4.70
Sinuses paranasal . . . . .	8610	\$	6.50
Skull-routine views . . . . .	8611	\$	7.80
Skull-special additional views . . . . .	8612	\$	4.70
Teeth - up to half set . . . . .	8613	\$	4.70
Teeth - full set . . . . .	8614	\$	7.80
Temperomandibular joint . . . . .	8615	\$	6.20
Internal auditory meati . . . . .	8616	\$	7.80

## SPINE AND PELVIS

Cervical spine - routine views . . . . .	8620	\$	6.20
Cervical spine with special added views . . . . .	8621	\$	9.30
Thoracic spine . . . . .	8622	\$	6.20
Lumbar spine - routine views . . . . .	8623	\$	6.20
Lumbar spine with special added views . . . . .	8624	\$	9.30
Sacrum and/or coccyx . . . . .	8625	\$	5.80
Pelvis . . . . .	8626	\$	5.80
S.I. Joints . . . . .	8627	\$	5.80
Complete spine scoliosis series . . . . .	8628	\$	14.70
Ribs each side . . . . .	8629	\$	4.70
Sternum . . . . .	8630	\$	5.80

## EXTREMITIES

Clavicle . . . . .	8635	\$	5.80
Sternoclavicular joints . . . . .	8636	\$	5.80
Shoulder . . . . .	8637	\$	5.80
Scapula . . . . .	8638	\$	5.80
Humerus . . . . .	8639	\$	5.80
Elbow . . . . .	8640	\$	5.80
Forearm . . . . .	8641	\$	5.80
Wrist . . . . .	8642	\$	5.10
Hand . . . . .	8643	\$	5.10
Finger . . . . .	8644	\$	3.05
Acromioclavicular joints with weights . . . . .	8645	\$	7.80
Hip . . . . .	8646	\$	5.35
Hip pinning - interpretation . . . . .	8647	\$	6.50
Hip pinning - supervision and interpretation . . . . .	8648	\$	23.15

Femur . . . . .	8649	\$	5.35
Orthoroentgenogram . . . . .	8650	\$	6.90
Knee . . . . .	8651	\$	6.20
Tibia & Fibula . . . . .	8652	\$	5.80
Ankle . . . . .	8653	\$	5.10
Calcaneus . . . . .	8654	\$	5.10
Foot . . . . .	8655	\$	5.10
Toe . . . . .	8656	\$	3.05
Bone age determination . . . . .	8657	\$	7.80
Metastatic series: chest, skull, spine, pelvis & thorax	8658	\$	15.50
Metabolic bone survey: skull, mandible, hands, knees, abdomen, thorax & pelvis . . . . .	8659	\$	15.50
All long bones (additional to met. series) . . . . .	8660	\$	3.70
Special additional views of extremity . . . . .	8661	\$	2.70
Feet - weight bearing . . . . .	8662	\$	6.20

**CHEST**

Single view . . . . .	8665	\$	3.70
Multiple views . . . . .	8666	\$	6.70
Fluoroscopy only . . . . .	8667	\$	9.30

**ABDOMEN**

Survey film . . . . .	8670	\$	3.70
Multiple films . . . . .	8671	\$	6.50

**G. I. TRACT**

Barium swallow (pharynx & esophagus) . . . . .	8675	\$	9.90
Stomach & duodenum . . . . .	8676	\$	23.15
Upper G.I. series (esophagus, stomach & duodenum)			
Upper G.I. series & small bowel study . . . . .	8677	\$	27.80
Colon - barium only . . . . .	8678	\$	21.00
Colon - double contrast . . . . .	8679	\$	24.75
Cholecystogram . . . . .	8680	\$	6.90
T-tube cholangiogram (fluoroscopy additional) . . . . .	8681	\$	11.60
Operative cholangiogram . . . . .	8682	\$	7.80
Percutaneous transhepatic cholangiogram interpretation only . . . . .	8684	\$	15.50
Fluoroscopy additional . . . . .	8685	\$	7.80
Hypotonic duodenogram . . . . .	8686	\$	18.45
Insertion of a catheter in duodenum for small bowel			
Enema - procedure . . . . .	8688	\$	39.90
- interpretation . . . . .	8689	\$	6.75

**G. U. TRACT**

Survey film . . . . .	8690	\$	3.70
Retrograde pyleogram . . . . .	8691	\$	6.90
Intravenous pyleogram (excluding injection fee) . . . . .	8692	\$	15.50
Pyelogram special technique - hypertensive . . . . .	8695	\$	19.35

Stress or voiding cystogram . . . . .	8696	\$ 15.50
Stress or voiding cystogram with urethrogram . . . . .	8697	\$ 18.45
Urethrogram and/or cystogram (interpretation) . . . . .	8698	\$ 6.90
T-tube pyelogram (fluoroscopy additional) . . . . .	8700	\$ 6.90
Renal cystography . . . . .	8701	\$ 11.60
Retrograde pyelogram - procedure . . . . .	8702	\$ 22.75
Nephrostogram - procedure . . . . .	8703	\$ 22.75
Nephrostogram - interpretation . . . . .	8704	\$ 6.75
Catheter CUG . . . . .	8711	\$ 18.10

**OBSTETRICS AND GYNECOLOGY**

Survey films . . . . .	8705	\$ 4.70
Pelvimetry . . . . .	8706	\$ 10.85
Hysterosalpingogram . . . . .	8708	\$ 13.95

**VASCULAR**

Peripheral Arteriography & Venography		
Unilateral . . . . .	8715	\$ 12.35
Bilateral . . . . .	8716	\$ 17.15
Aortography . . . . .	8717	\$ 30.85
Each selective examination in addition to aortography . . . . .	8718	\$ 18.45
Venocavography . . . . .	8719	\$ 18.45
Each selective examination in addition to venocavography . . . . .	8720	\$ 18.45
Translumbar aortogram . . . . .	8721	\$ 18.45

- A. Fluoroscopy, supervision and interpretation of procedures under one hour - 41.35 R . . . . . 8725 \$ 46.15
- OR
- B. Fluoroscopy, supervision and interpretation of procedures over one hour - 138.20 R . . . . . 8726 \$ 154.30

Applies to Vascular Section only

Note: Fluoroscopy other than A & B above see 8860

Arch aortogram . . . . .	8727	\$ 23.15
Splenoportogram . . . . .	8728	\$ 18.45
Lymphangiogram . . . . .	8729	\$ 18.45
Selective angiography . . . . .	8730	\$ 23.15
Carotid Arteriogram		
A. Unilateral . . . . .	8731	\$ 23.15
B. Bilateral . . . . .	8734	\$ 30.85

**SPECIAL EXAMINATIONS**

Loopogram . . . . .	8744	\$ 29.55
Arthrogram . . . . .	8745	\$ 18.45
Bronchogram - unilateral . . . . .	8747	\$ 15.50
- bilateral . . . . .	8748	\$ 21.55
Fistula or sinus with contrast medium (excluding fluoroscopy) . . . . .	8749	\$ 9.30
Laminography, Planography, Tomography (excluding plane		

film studies)		
One plane . . . . .	8750	\$ 9.60
Two planes . . . . .	8751	\$ 19.35
Laryngogram . . . . .	8752	\$ 19.35
Mammography - unilateral . . . . .	8740	\$ 11.95
- bilateral . . . . .	8741	\$ 27.70
- additional views . . . . .	8742	\$ 2.85
- tumor localization . . . . .	8790	\$ 111.65
Myelogram		
Lumbar . . . . .	8754	\$ 18.45
Dorsal . . . . .	8755	\$ 18.45
Cervical . . . . .	8756	\$ 18.45
Complete . . . . .	8757	\$ 38.60
Sialogram . . . . .	8759	\$ 9.30
Fluoroscopy only . . . . .	8762	\$ 9.30
Interpretation of submitted films . . . . .	8763	\$ 9.30
Portable x-ray		
Speech study - audio, cine . . . . .	8764	\$ 9.30

**ULTRA SOUND PROCEDURES**

B Mode Scan (abdominal or pelvic interpretation) . . . . .	8766	\$ 38.60
B Mode (obstetrics) . . . . .	8767	\$ 27.25
M Mode interpretation . . . . .	8768	\$ 38.60
Doppler Interpretation . . . . .	8769	\$ 18.45
Ultrasonography (procedures done by radiologist) . . . . .	8770	\$ 77.20

**PERCUTANEOUS PROCEDURES**

Percutaneous aspiration of renal cyst under imaging guidance . . . . .	8771	\$ 89.30
Percutaneous aspiration of renal cyst with sclerosing injecting . . . . .	8772	\$ 111.60
Percutaneous biopsy of solid masses for cystology of Histology using ultrasound or fluoroscopy . . . . .	8773	\$ 111.60
Percutaneous nephrostomy tube insertion under ultrasound or fluoroscopy . . . . .	8774	\$ 178.70
Percutaneous diagnostic Tap or fluid collection . . . . .	8775	\$ 89.30
Percutaneous insertion of drainage tube into fluid collection excluding nephrostomy . . . . .	8776	\$ 134.05
Aspiration of renal cyst . . . . .	8777	\$ 111.60
Percutaneous biliary drainage . . . . .	8778	\$ 260.00
Change of biliary drainage catheter . . . . .	8779	\$ 90.00
Biliary stricture dilatation/stent . . . . .	8780	\$ 130.00

**NUCLEAR MEDICINE - in vivo**

Thyroid

Uptake studies, single or multiple within 2 weeks . . .	8800	\$	23.15
Uptake plus scan . . . . .	8801	\$	38.60
Perchlorate flush . . . . .	8802	\$	23.15
Radioactive MIBG scan . . . . .	8813	\$	45.55

**BLOOD VOLUME**

Plasma volume . . . . .	8803	\$	15.50
Red cell volume . . . . .	8804	\$	15.40
Repeated plasma volume studies, each . . . . .	8805	\$	7.80
Plasma iron clearance and turnover . . . . .	8806	\$	23.15
Iron red cell utilization . . . . .	8807	\$	23.15
Red cell survival . . . . .	8808	\$	30.85
Sequestration studies . . . . .	8809	\$	30.85
Electrolyte spaces . . . . .	8810	\$	30.85
Other complex tests . . . . .	8811		I.C.

**RENAL FUNCTION**

Pertechnetate Scan . . . . .	8812	\$	23.25
Hippuran renogram . . . . .	8815	\$	23.15
Renal scan . . . . .	8816	\$	23.15
Combination of scan with renogram . . . . .	8817	\$	38.60
Other radioactive materials - uptake and clearance . .	8818	\$	15.50
Vascular studies using radionuclides . . . . .	8819	\$	23.15
Other complex tests . . . . .	8820		I.C.

**GASTROINTESTINAL TRACT**

Schilling test . . . . .	8825	\$	15.50
Schilling test - repeat after intrinsic factor . . . .	8826	\$	7.80
Liver scan . . . . .	8828	\$	30.85
Pancreatic scan . . . . .	8829	\$	46.25
Abdominal scan for ectopic gastric mucosa . . . . .	8830	\$	30.85
Triolein studies . . . . .	8831	\$	15.50
Oleic acid studies . . . . .	8832	\$	15.50
Combination of both . . . . .	8833	\$	23.15
Hida scan . . . . .	8834	\$	46.25
Gastric emptying study . . . . .	8814	\$	30.85

**CIRCULATORY SYSTEM**

Spleen scan . . . . .	8835	\$	30.25
Cardiac scan . . . . .	8836	\$	30.85

Cardiac output . . . . .	8837	\$ 23.15
Circulation time . . . . .	8838	\$ 15.50

**RESPIRATORY SYSTEM**

Lung scan - ventilation or perfusion . . . . .	8840	\$ 46.25
- ventilation and perfusion on same day . . . . .	8841	\$ 61.75
Pulmonary aspiration test . . . . .	8842	\$ 38.00

**CENTRAL NERVOUS SYSTEM**

Brain Scan . . . . .	8845	\$ 46.25
Other Studies . . . . .	8846	I.C.

**SKELETAL SYSTEM**

Bone tumor scans . . . . .	8850	\$ 46.25
Metabolic studies . . . . .	8851	\$ 30.85
Bone Densitometry . . . . .	8852	\$ 21.00

**OTHER SYSTEMS**

Placental localization . . . . .	8855	\$ 23.15
Gallium 67 for abscess localization . . . . .	8856	\$ 38.60
Parathyroid scan . . . . .	8857	\$ 46.25
Albumen turnover . . . . .	8858	\$ 46.25

The use of multiple isotopes as in liver, and pancreas or liver and lung . . . . . Use fee for one study + 50%.

Where electronic memory or data storage and playback is used and the material studied later for additional information. . . . . 50% is added to the fee

Emergency studies of any of these add . . . . .	8859	\$ 23.15
Fluoroscopy - per 15 minutes . . . . .	8860	\$ 16.50
Special detention per 15 minutes beginning at time of arrival at hospital	8871	\$ 20.00

**Angiography:**

Arch aortogram . . . . .	8900	\$ 106.10
One selective off arch . . . . .	8901	\$ 52.95
Two selective off arch . . . . .	8902	\$ 106.10
Abdominal aortogram . . . . .	8903	\$ 106.10
One selective off aorta . . . . .	8904	\$ 52.95
Two selective off aorta . . . . .	8905	\$ 106.10
Femoral arteriogram . . . . .	8906	\$ 52.95
Bilateral femoral arteriogram . . . . .	8907	\$ 84.70
Arteriogram - Selective . . . . .	8908	\$ 106.10
Percutaneous needle aspiration biopsy . . . . .	8909	\$ 110.40
Percutaneous transhepatic cholangiogram . . . . .	8910	\$ 67.80



Arterial embolization (includes arteriogram)	8911	\$ 155.95
Rennins I.V.C.	8912	\$ 55.20
Splenoportogram	8913	\$ 66.25
Biopsy or renal cyst puncture	8914	\$ 88.30
Lymphangiogram:		
Unilateral	8915	\$ 190.85
Bilateral	8916	\$ 286.10
Angioplasty	8917	\$ 220.90
Inf. vena cava	8918	\$ 55.20
Femoral arteriogram papaverine injection with pressure measure	8919	\$ 68.60

#### COMPUTED TOMOGRAPHY

HEAD - without IV contrast	8925	\$ 45.65
- with IV contrast	8926	\$ 68.55
- with and without IV contrast	8927	\$ 80.05
*COMPLEX HEAD- without IV contrast	8928	\$ 68.55
- with IV contrast	8929	\$ 80.05
- with and without IV contrast	8930	\$ 91.45

\*Complex Head CT Scans are meant to be multiplaner (multidirectional) lead CT Scans - To include one or more of the following areas: Pituitary Fossa, Posterior Fossa, Internal Auditory Meati, Orbits and related structures, the Temporal bone and its contents and the Temporomandibular joints. 8925, 8926 & 8927 not to be billed in addition to those fees for complex head studies.

NECK - without IV contrast	8931	\$ 45.65
- with IV contrast	8932	\$ 68.55
- with and without IV contrast	8933	\$ 80.05
THORAX - without IV contrast	8934	\$ 68.55
- with IV contrast	8935	\$ 80.05
- with and without IV contrast	8936	\$ 91.45
ABDOMEN - without IV contrast	8937	\$ 91.45
- with IV contrast	8938	\$ 102.95
- with and without IV contrast	8939	\$ 114.20
PELVIS - without IV contrast	8940	\$ 91.45
- with IV contrast	8941	\$ 102.95
- with and without IV contrast	8942	\$ 114.20
EXTREMITIES - without IV contrast	8943	\$ 45.65
(ONE OR MORE) - with IV contrast	8944	\$ 68.55
- with and without IV contrast	8945	\$ 80.05
SPINE - without IV contrast	8946	\$ 91.45
- with IV contrast	8947	\$ 102.95
- with and without IV contrast	8948	\$ 114.20

CT GUIDANCE OF BIOPSY . . . . .	8949	\$ 36.20
SCAN ABORTED . . . . .	8950	\$ 12.75

**CLINICAL PROCEDURES ASSOCIATED WITH DIAGNOSTIC  
RADIOLOGICAL EXAMINATIONS**

1. These procedural fees are intended to cover compensation for the professional service or placing an instrument and introducing contrast media (except oral or rectal administration for study of the alimentary tract).
2. The same fee may be charged for similar services associated with diagnostic physiological studies of non-radiological nature e.g. catheterization for physiological sampling or the transmission of pressure, sound or electrical waves. In such cases, separate fees are listed for the performance of the physiological studies and their interpretation.

Peripheral angiogram . . . . .	4630	\$ 108.15
Thoracic or abdominal angiogram . . . . .		Page 68
Cystogram . . . . .	2700	\$ 31.80
Ventriculogram . . . . .	5609	\$ 151.20
Myelogram		
Lumbar . . . . .	2172	\$ 69.05
Cisternal . . . . .	2173	\$ 79.00
Arthogram . . . . .	2701	\$ 32.45
Bronchogram . . . . .	2702	\$ 43.20
Sialogram . . . . .	2705	\$ 43.20
Hysterosalpingogram . . . . .	2706	\$ 64.90
Percutaneous transhepatic cholangiogram . . . . .	2708	\$ 75.75
Lymphogram . . . . .	2709	\$ 108.15

**ON CALL RETAINER**

Radiology (QEH) . . . . .	1540	\$ 100.00
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**OUT-OF-PROVINCE REFERRAL FEE CODES**

**Effective September 15, 1991**

The Out-of-Province Referral Fee Codes are matched to the Department's criteria for approval. The approval criteria were developed in consultation with the P.E.I. Medical Society. Physicians should utilize one of the following fee codes for each out-of-province referral, depending on the reason for the referral:

- 1) "The insured (in Prince Edward Island) medical and/or hospital service is not available within the province".  

9401	Service Not Available	. . . .	Consultation
9402	Service Not Available	. . . .	Consultation/Investigation
9403	Service Not Available	. . . .	Consultation/Investigation/Treatment
  
- 2) "There exists within Prince Edward Island only 1 medical practitioner in the required specialty".  

9404	Only One Specialist	. . . . .	Consultation
9405	Only One Specialist	. . . . .	Consultation/Investigation
9406	Only One Specialist	. . . . .	Consultation/Investigation/Treatment
  
- 3) "In the opinion of a Prince Edward Island physician and the Medical Director of the Department of Health and Social Services, adequate service is not available within the province".  

*9407	Adequate Service Not Available		Consultation
*9408	Adequate Service Not Available		Consultation/Investigation
*9409	Adequate Service Not Available		Consultation/Investigation/Treatment
  
- 4) "In the opinion of the Medical Director of the Department of Health and Social Services extenuating circumstances exist and are documented that permit services to be provided in another province or territory".  

*9410	Extenuating Circumstances	. .	Consultation
*9411	Extenuating Circumstances	. .	Consultation/Investigation
*9412	Extenuating Circumstances	. .	Consultation/Investigation/Treatment

**\*SUPPORTING DOCUMENTATION/COMMENT MUST BE PROVIDED**

**INDEPENDENT CONSIDERATION . . . . . 9999 \$ I.C.**  
**Time of day, time spent and comment required.**