

GENERAL PREAMBLE

DEFINITIONS

general anaesthesia all forms of anaesthesia except local infiltration

“H” fee a fee set out in the Schedule for the technical component of a diagnostic service provided either in a hospital or in an offsite premise operated by the hospital corporation that has received approval under section 4 of the *Public Hospitals Act*

holiday (for other than “H” prefix emergency department listings and Emergency Department Equivalent - A888) means all of the following:

1. Family Day, Good Friday, Victoria Day, Canada Day, Civic *Holiday*, Labour Day, Thanksgiving, New Year’s Day, and if the *holiday* falls on a Saturday or Sunday either the Friday before or the Monday following the *holiday*, as determined at the choice of the physician.
2. Boxing *Day* and if Boxing Day falls on a Saturday, the Monday following Boxing Day.
3. Christmas Day and
 - a. if Christmas Day falls on a Sunday, the Friday before Christmas Day;
or
 - b. if Christmas Day falls on a Saturday, the Friday before and the Monday following Christmas Day.

holiday (for “H” prefix emergency department listings and Emergency Department Equivalent - A888) means all of the following:

Family Day, Good Friday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, New Year’s Day, December 25 through December 31 (inclusive) and,

- a. if Christmas Day falls on a Saturday or Sunday, the Friday before Christmas Day;
and
- b. if New Year’s Day falls on a Saturday or Sunday, the Monday following New Year’s Day;
and
- c. if Canada Day falls on a Saturday or Sunday either the Friday before or the Monday following Canada Day, as determined at the choice of the physician.

[Commentary:

1. Only services rendered on a *holiday* as defined above and listed as a *holiday* premium or service, e.g. certain special visit premiums, after-hours premiums and H-code emergency department services, are eligible for payment as *holiday* claims.

2. Special visit premiums are *not eligible for payment* with A888.]

home patient’s place of residence including a multiple resident dwelling or single location that shares a common external building entrance or lobby, such as an apartment block, rest or retirement home, commercial hotel, motel or boarding house, university or boarding school residence, hostel, correctional facility, or group home and other than a hospital or Long-Term Care institution

GENERAL PREAMBLE

HOSPITAL AND INSTITUTIONAL CONSULTATIONS AND ASSESSMENTS

E. Subsequent visit and palliative care visit by the MRP premium

- E083 Subsequent visit by the MRP, to subsequent visits and C122, C123, C124, C142, C143, C882 or C982..... add 30%
- E084 Saturday, Sunday or *Holiday* subsequent visit by the MRP, to subsequent visits and C122, C123, C124, C142, C143, C882 or C982Add 45%

Payment rules:

- 1.E084 is *only eligible for payment* for subsequent visits provided on Saturdays, Sundays and *holidays*.
- 2.Only one of E083 or E084 is *eligible for payment* per patient per *day*.
- 3.E084 is *only eligible for payment* when the MRP is from one of the following specialties: 00 (Family Practice and Practice in General), 02 (Dermatology), 07 (Geriatrics), 12 (Emergency Medicine), 13 (Internal Medicine), 15 (Endocrinology & Metabolism), 16 (Nephrology), 18 (Neurology), 19 (Psychiatry), 22 (Genetics), 26 (Paediatrics), 28 (Pathology), 31 (Physical Medicine), 34 (Radiation Oncology), 41 (Gastroenterology), 44 (Medical Oncology), 46 (Infectious Disease), 47 (Respiratory Disease), 48 (Rheumatology), 60 (Cardiology), 61 (Haematology), 62 (Clinical Immunology).
- 4.E083 or E084 are *only eligible for payment*:
 - a.if the physician establishes that he or she does not receive any direct or indirect remuneration from a hospital or hospital foundation for rendering in-patient clinical services; or
 - b.where the physician receives any direct or indirect remuneration from a hospital or hospital foundation for rendering in-patient clinical services, if the physician establishes that such remuneration has been reduced by an amount equal to the amount that would be eligible for payment to the physician had he or she not received any such direct or indirect remuneration.
- 5.E083 or E084 are *not eligible for payment* for *palliative care* visits to patients in designated *palliative care* beds in Long-Term Care Institutions.
- 6.E083 or E084 are not applicable to any other service or premium.

[Commentary:

- 1.E083 or E084 are *only eligible for payment* with subsequent visits and *palliative care* visits rendered by the *MRP*.
- 2.Examples of subsequent visits eligible for payment with E083 are C002, C007, C009, C132, C137, C139, C032, C037 or C039. Examples of subsequent visits eligible for payment with E084 are C002, C007, C009, C132, C137, C139, C152, C157 or C159.
- 3.E083 or E084 are *not eligible for payment* with C121 additional visits for intercurrent illness.]

F. Concurrent Care

Definition/Required elements of service:

GENERAL PREAMBLE

SPECIAL VISIT PREMIUMS

SPECIAL VISIT PREMIUM TABLE I

Emergency Department

Not eligible for payment to Emergency Department Physicians (see definition GP67)

Premium	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00 - 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 K960 (max. 2 per time period)	\$36.40 K961 (max. 2 per time period)	\$36.40 K962 (max. 2 per time period)	\$36.40 K963 (max. 6 per time period)	\$36.40 K964 (no max. per time period)
First Person Seen	\$20.00 K990 (max. 10 (total of first and additional person seen) per time period)	\$40.00 K992 (max. 10 (total of first and additional person seen) per time period)	\$60.00 K994 (max. 10 (total of first and additional person seen) per time period)	\$75.00 K998 (max. 20 (total of first and additional person seen) per time period)	\$100.00 K996 (no max. per time period)
Additional Person(s) seen	\$20.00 K991 (max. 10 (total of first and additional person seen) per time period)	\$40.00 K993 (max. 10 (total of first and additional person seen) per time period)	\$60.00 K995 (max. 10 (total of first and additional person seen) per time period)	\$75.00 K999 (max. 20 (total of first and additional person seen) per time period)	\$100.00 K997 (no max. per time period)

GENERAL PREAMBLE

SPECIAL VISIT PREMIUMS

SPECIAL VISIT PREMIUM TABLE II

Hospital Out-Patient Department

Premium	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 U960 (max. 2 per time period)	\$36.40 U961 (max. 2 per time period)	\$36.40 U962 (max. 2 per time period)	\$36.40 U963 (max. 6 per time period)	\$36.40 U964 (no max. per time period)
First person seen	\$20.00 U990 (max. 10 (total of first and additional person seen) per time period)	\$40.00 U992 (max. 10 (total of first and additional person seen) per time period)	\$60.00 U994 (max. 10 (total of first and additional person seen) per time period)	\$75.00 U998 (max. 20 (total of first and additional person seen) per time period)	\$100.00 U996 (no max. per time period)
Additional person(s) seen	\$20.00 U991 (max. 10 (total of first and additional person seen) per time period)	\$40.00 U993 (max. 10 (total of first and additional person seen) per time period)	\$60.00 U995 (max. 10 (total of first and additional person seen) per time period)	\$75.00 U999 (max. 20 (total of first and additional person seen) per time period)	\$100.00 U997 (no max. per time period)

GENERAL PREAMBLE

SPECIAL VISIT PREMIUMS

SPECIAL VISIT PREMIUM TABLE III

Hospital In-Patient

Premium	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 C960 (max. 2 per time period)	\$36.40 C961 (max. 2 per time period)	\$36.40 C962 (max. 2 per time period)	\$36.40 C963 (max. 6 per time period)	\$36.40 C964 (no max. per time period)
First person seen	\$20.00 C990 (max. 10 (total of first and additional person seen) per time period)	\$40.00 C992 (max. 10 (total of first and additional person seen) per time period)	\$60.00 C994 (max. 10 (total of first and additional person seen) per time period)	\$75.00 C986 (max. 20 (total of first and additional person seen) per time period)	\$100.00 C996 (no max. per time period)
Additional person(s) seen	\$20.00 C991 (max. 10 (total of first and additional person seen) per time period)	\$40.00 C993 (max. 10 (total of first and additional person seen) per time period)	\$60.00 C995 (max. 10 (total of first and additional person seen) per time period)	\$75.00 C987 (max. 20 (total of first and additional person seen) per time period)	\$100.00 C997 (no max. per time period)

CONSULTATIONS AND VISITS

HAEMATOLOGY (61)

For Services not listed, refer to Internal Medicine Section.

GENERAL LISTINGS

A615	Consultation.....	168.75
A765	Consultation, patient 16 years of age and under	165.50
A655	Limited consultation.....	105.25
A616	Repeat consultation.....	105.25
A613	Medical specific assessment.....	85.80
A614	Medical specific re-assessment.....	65.85
A611	Complex medical specific re-assessment.....	76.20
A618	Partial assessment	38.05
E078	- chronic disease assessment premium (see General Preamble GP25)..... add 50%	

EMERGENCY OR OUT-PATIENT DEPARTMENT (OPD)

Physician in hospital but not on duty in the Emergency Department when seeing patients in the Emergency or OPD - use General Listings.

NON-EMERGENCY HOSPITAL IN-PATIENT SERVICES

See General Preamble GP40 to GP48. For emergency calls and other special visits to in-patients, use General Listings and Premiums when applicable - see General Preamble GP65 to GP78.

C615	Consultation.....	168.75
C765	Consultation, patient 16 years of age and under	165.50
C655	Limited consultation	105.25
C616	Repeat consultation.....	105.25
C613	Medical specific assessment.....	85.80
C614	Medical specific re-assessment.....	65.85
C611	Complex medical specific re-assessment.....	76.20

Subsequent visits

C612	- first five weeks..... per visit	31.00
C617	- sixth to thirteenth week inclusive (maximum 3 per patient per week)..... per visit	31.00
C619	- after thirteenth week (maximum 6 per patient per month)..... per visit	31.00

Subsequent visits by the Most Responsible Physician (MRP)

See General Preamble GP44 to GP45 for terms and conditions.

C122	- day following the hospital admission assessment.....	61.15
C123	- second day following the hospital assessment	61.15
C124	- day of discharge	61.15

Subsequent visits by the MRP following transfer from an Intensive Care Area

See General Preamble GP46 for terms and conditions.

C142	- first subsequent visit by the MRP following transfer from an Intensive Care Area.....	61.15
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CONSULTATIONS AND VISITS

INTERNAL AND OCCUPATIONAL MEDICINE (13)

GENERAL LISTINGS

A135 Consultation.....	157.00
A765 Consultation, patient 16 years of age and under	165.50

Comprehensive internal medicine consultation

This service is a consultation rendered by a *specialist* in internal medicine who provides all the appropriate elements of a consultation and spends a minimum of seventy-five (75) minutes of direct contact with the patient exclusive of time spent rendering any other separately billable intervention to the patient.

A130 Comprehensive internal medicine consultation	300.70
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Medical record requirements:

The start and stop times must be recorded in the patient's permanent medical record or the amount payable for the service will be adjusted to a lesser paying fee.

[Commentary:

- 1.A130 must satisfy all the elements of a consultation (see page GP16).
- 2.The calculation of the 75 minute minimum time for comprehensive internal medicine consultations excludes time devoted to any other service or procedure for which an amount is payable in addition to the consultation.]

A435 Limited consultation	105.25
A136 Repeat consultation	105.25
A133 Medical specific assessment	79.85
A134 Medical specific re-assessment.....	61.25
A131 Complex medical specific re-assessment.....	70.90
A138 Partial assessment	38.05
A120 Colonoscopy assessment, same day as colonoscopy	18.85

Note:

- 1.A120 is the only assessment service eligible for payment on the same *day* as a colonoscopy if a major pre-operative visit has been rendered by any physician in the *12 month period* prior to the date of the colonoscopy service.
- 2.A120 is *not eligible for payment* if a major pre-operative visit is eligible for payment on the same *day* as colonoscopy.
- 3.A120 is *only eligible for payment* to physicians in the following specialties: Internal Medicine (13) and Gastroenterology (41).

[Commentary:

For the definition of major pre-operative visit, see the definition page A4.]

K045 Diabetes management by a specialist.....	75.00
K046 Diabetes team management.....	115.00

[Commentary:

For K045 and K046 definition/required elements, payment rules and record keeping requirements see Endocrinology and Metabolism section.]

CONSULTATIONS AND VISITS

INTERNAL AND OCCUPATIONAL MEDICINE (13)

EMERGENCY OR OUT-PATIENT DEPARTMENT (OPD)

Physician in hospital but not on duty in the Emergency Department when seeing patients in the Emergency or OPD - use General Listings.

NON-EMERGENCY HOSPITAL IN-PATIENT SERVICES

See General Preamble GP40 to GP48. For emergency calls and other special visits to in-patients, use General Listings and Premiums when applicable - see General Preamble GP65 to GP78.

C135	Consultation.....	157.00
C765	Consultation, patient 16 years of age and under	165.50
C130	Comprehensive internal medicine consultation - subject to the same conditions as A130	300.70
C435	Limited consultation	105.25
C136	Repeat consultation	105.25
C133	Medical specific assessment	79.85
C134	Medical specific re-assessment.....	61.25
C131	Complex medical specific re-assessment.....	70.90

Subsequent visits

C132	- first five weeks..... per visit	32.65
C137	- sixth to thirteenth week inclusive (maximum 3 per patient per week)..... per visit	32.65
C139	- after thirteenth week (maximum 6 per patient per month)..... per visit	32.65

Subsequent visits by the Most Responsible Physician (MRP)

See General Preamble GP44 to GP45 for terms and conditions.

C122	- day following the hospital admission assessment.....	61.15
C123	- second day following the hospital assessment	61.15
C124	- day of discharge	61.15

Subsequent visits by the MRP following transfer from an Intensive Care Area

See General Preamble GP46 for terms and conditions.

C142	- first subsequent visit by the MRP following transfer from an Intensive Care Area.....	61.15
C143	- second subsequent visit by the MRP following transfer from an Intensive Care Area.....	61.15
C121	Additional visits due to intercurrent illness (see General Preamble GP43)..... per visit	31.00
C138	Concurrent care	32.65
C982	Palliative care (see General Preamble GP50)..... per visit	31.00

CONSULTATIONS AND VISITS

INTERNAL AND OCCUPATIONAL MEDICINE (13)

NON-EMERGENCY LONG-TERM CARE IN-PATIENT SERVICES

Non-Emergency Long-Term Care In-Patient Services includes Chronic Care Hospitals, Convalescent Hospitals, Nursing *Homes*, *Homes* for the Aged, designated chronic or convalescent care beds in hospitals and nursing *homes* or *homes* for the aged, other than patients in designated *palliative care* beds. For emergency calls and other special visits to in-patients, use General Listings and Premiums when applicable - see General Preamble GP65 to GP78.

W235	Consultation	157.00
W765	Consultation, patient 16 years of age and under	167.00
W130	Comprehensive internal medicine consultation - subject to the same conditions as A130.....	300.70
W435	Limited consultation	105.25
W236	Repeat consultation	105.25

Admission assessment

W232	- Type 1	69.35
W234	- Type 2	20.60
W237	- Type 3	30.70
W239	Periodic health visit.....	65.05
W134	General re-assessment of patient in nursing home (as per the Nursing Homes Act)*	20.60

Note:

*May only be claimed 6 *months* after Periodic health visit (as per the *Nursing Homes Act*).

Subsequent visits (see General Preamble GP49)

Chronic care or convalescent hospital

W132	- first 4 subsequent visits per patient per month..... per visit	32.20
W131	- additional subsequent visits (maximum of 6 per patient per month)	21.20
W982	- palliative care (see General Preamble GP50)..... per visit	32.20

Nursing *home* or *home* for the aged

W133	- first 2 subsequent visits per patient per month..... per visit	32.20
W138	- subsequent visits per month (maximum of 3 per patient per month)	21.20
W972	- palliative care (see General Preamble GP50)..... per visit	32.20
W121	Additional visits due to intercurrent illness (see General Preamble GP49)..... per visit	31.00