

**SECTION D:****INTERNAL MEDICINE**

		<b>Fee</b>	<b>Anae</b>
	<b>Visits</b>		
3D	Complete assessment -- includes: pertinent family history, patient history, history of presenting complaint, functional enquiry, examination of all parts and systems, diagnosis, assessment, necessary treatment advice to the patient and record of service provided	\$147.00	
5D	Partial assessment or subsequent visit -- includes: history review, history of presenting complaint, functional enquiry, examination of affected part(s) or system(s), diagnosis, assessment, necessary treatment, advice to the patient and record of service provided	\$138.00	
14D	Complex partial assessment or subsequent visit - for eligible conditions - includes: history review, history of presenting complaint functional enquiry, examination of affected part(s) or systems(s), diagnosis, assessment, necessary treatment, advice to the patient and record of service provided.	\$203.00	
	For patient visits that involve at least 15 minutes physician time and the following eligible conditions:		
	<p>AIDS; other human immunodeficiency virus infection;            Diabetes Mellitus, including complications;            Coagulation defects (e.g. Haemophilia, other factor deficiencies); Haemorrhagic conditions (e.g. Thrombocytopenia Purpura); Multiple Sclerosis;            Epilepsy; Hypertension with complications; Congestive Heart Failure;            Coronary Artery Disease; COPD; Asthma; Pulmonary Fibrosis;            Inflammatory Bowel Disease; Cirrhosis; End Stage Renal Failure            Systemic Lupus Erythematosus, Scleroderma, Polymyositis, Dermatomyositis; Rheumatoid Arthritis; Ankylosing Spondylitis, and other Seronegative Spondyloarthropathies; Adult onset Still's Disease            Chronic Hepatitis; Systemic Vasculitis; Chronic Respiratory Failure; Sleep Apnea and complications            Technology Dependent (tube fed, trach, CPAP, oxygen dependent);            Chronic Lung Disease; Panhypopituitarism; Pulmonary Fibrosis</p>		
9D	Consultation - includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the consultant's opinion and recommendations to the referring doctor.	\$292.00	
11D	-- repeat A formal consultation for the same or related condition repeated within 90 days by the same physician. It should not be used for routine follow-up of the patient for which either service code '5' "partial assessment or subsequent review" or service code '7' "follow-up assessment" are appropriate.	\$147.00	

**Hospital Care**

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(Payable on day of admission)

25D	-- first 10 days, per day	\$81.20	
26D	-- 11-20 days, per day	\$75.40	
27D	-- 21-30 days, per day	\$60.00	
28D	-- thereafter, per day	\$60.00	

**Note:** for hospital discharge by physician,  
see code 725A, Section A.

350D	<b>Follow-Up of Transplant Patient</b>	\$547.00	
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350D is payable for a visit to provide assessment and ongoing management of a patient's condition following a heart, lung, liver or pancreas transplant. This service is payable to the physician designated as the most responsible physician for monitoring the post-transplant status of the patient.  
-- not payable in addition to other visit services or within 42 days of the previous 350D.  
-- limited to six 350D services per patient per year (beginning April 1 of each year).

**Procedures**

Additional payments for diagnostic service excluding ECGs, 0, 10 or 42 day operative procedures performed on patients under one (1) year of age are automatically calculated and paid as explained in Section A, Paediatric Age Supplement.

	Electrocardiogram or phonocardiogram		
30D	-- tracing only	\$18.00 *	
31D	-- interpretation only	\$22.50 *	
	(If multiple 31Ds are done on the same day, please use units and indicate the time as a comment. Interpretation should be billed using date of tracing)		
32D	-- tracing and interpretation	\$36.40 *	
35D	Tilt table testing for syncope - includes venous and /or arterial cannulation - provocative and/or blocking drugs - physician in constant attendance	\$412.00	D
39D	Group exercise training sessions for cardiac or pulmonary rehabilitation patients in a hospital approved facility - per patient Maximum \$230.00 per session (Includes supervision and all other services provided during the session. The session is to be billed in the name of one patient using the number of services (units) to represent the number of patients, up to a maximum of ten)	\$33.20 *	D

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62D	Maximal or sub-maximal exercise tolerance test using a bicycle ergometer or treadmill with continuous E.C.G. monitoring, full E.C.G.(s), blood pressure monitoring -- professional supervision and interpretation with physician in constant attendance -- in approved facility	\$182.00	D	
63D	-- technical (if equipment owned and staff employed by physician)	\$76.00	D	
64D	Cardiopulmonary Exercise Testing -- technical - maximal incremental or endurance exercise testing on a treadmill or cycle ergometer with ECG monitoring, gas exchange measurements and pre-/post-spirometry measurements (if equipment owned and staff employed by physician) Payable with code 67D and applicable visit; not payable with code 63D, 601D, 603D, 611D, 613D.	\$354.00 *	D	
67D	-- professional includes 62D, 600D, 602D, 610D, 612D, and 277D Payable with applicable visit.  Stress echocardiography (applicable to treadmill, dobutamine and pacing stress echocardiography). Physician in constant attendance.	\$332.00	D	
65D	-- technical	\$308.00	D	
66D	-- professional	\$398.00	D	
141D	Continuous or intermittent electrocardiogram monitoring (e.g. Holter or Cardiocassette) -- interpretation	\$83.50 *	D	
142D	-- technical component and scanning (if instruments owned by physician)	\$83.50 *	D	
144D	Dipyridamole thallium test to include supervision of ETT, infusion of medication and interpretation	\$203.30	D	
145D	24-hour ambulatory blood pressure monitoring--professional component only -- maximum per year: -- General Practitioners – 2 per patient, any physician; -- Specialists – 3 per patient, any physician; -- Maximum of 5 per patient total	\$54.20 *	D	
42D	Cardiac arrhythmia cardioversion	\$222.00	0	L
	Electroencephalogram			
50D	-- tracing only	\$46.40	D	
51D	-- interpretation only	\$53.60	D	
59D	Electroclinical detailed interpretation of	\$705.00	D	

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		<b>Fee</b>	<b>Anae</b>
	a set of seizures (Telemetry)		
	Polysomnography		
54D	-- technical component	\$113.40	D
55D	-- professional component	\$221.50	D
56D	Electrocorticography	\$344.50	D
57D	E.E.G. monitoring during carotid endarterectomy	\$172.30	D
58D	Sodium Amytal testing	\$172.30	D
360D	Transcranial Doppler	\$102.00	D

**Pulmonary**

**Spirometry – codes 600D-603D, 610-613D**

- 1) No visit service will be paid in addition to the following procedures if the patient's visit is for the procedure alone.
- 2) Must be performed according to ATS standards with or without flow volume curves or the test is not eligible for payment.
- 3) The interpretation and report should include at least the specific components listed under each test but the fee also covers all other measurements, interpretations and the report of them which can be derived from the test.
- 4) 600D-603D are not eligible for payment same patient same day as 610D-613D.
- 5) Not payable when rendered to a patient who does not have symptoms, signs or an indication supported by current clinical practice guidelines relevant to the individual patient's circumstances

**Simple Spirometry**

- Must include FVC, FEV1, FEV1/FVC, and may include calculation of FEF25-75
- Not paid with Peak Flow Meters

600D	Professional Component	\$36.90	D
	<ul style="list-style-type: none"> <li>a) Interpretation only</li> <li>b) There is a permanent record that includes a written interpretation by the physician or the study is not eligible for payment</li> </ul>		
601D	Technical Component	\$22.50	
	<ul style="list-style-type: none"> <li>a) If instruments owned by physician and staff conducting the test are employed by the physician</li> </ul>		
	<b>Repeat after bronchodilators</b>		
602D	Professional Component	\$24.40	D
603D	Technical Component	\$11.20	
	<ul style="list-style-type: none"> <li>a) If instruments owned by physician and staff conducting the test are employed by the physician</li> </ul>		



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		<b>Fee</b>	<b>Anae</b>
280D	Overnight oximetry (not payable with polysomnography)	\$60.00 *	D
	Airways resistance or conductance by body box		
400D	-- Professional component	\$26.80	D
401D	-- Technical component	\$44.90	D
	Maximum expiratory and inspiratory pressures		
402D	-- Professional component	\$36.20	D
	Pulmonary compliance		
70D	-- Professional component	\$66.30	D
	Static pressure volume curve with esophageal balloon - pulmonary compliance		
71D	Professional component	\$93.10	D
	Histamine-Methacholine test		
77D	-- Professional component (Internist of Pediatrician ONLY)	\$194.00	D
	-- Technical component		
276D	-- Technical component	\$44.90	D
	Pulse Oximetry with exercise		
277D	-- Professional component	\$30.20	D
	<b>G.I. Tract</b>		
90D	Jejunal biopsy -- trans oral	\$157.00	D
	Oesophageal motility study		
93D	-- interpretation only	\$105.00	D
	Oesophageal motility study		
94D	-- physician in continuous attendance including interpretation	\$155.00	D
	Extended pH studies with or without provocative drug testing		
95D	-- physician in attendance - includes insertion and removal of probes and interpretation	\$162.00	D
96D	-- interpretation only	\$83.60	D
215D	Tensilon test	\$40.70 *	D
	<b>Evoked response</b>		
105D	Visual evoked response interpretation	\$24.60 *	D
106D	Auditory evoked response interpretation	\$38.50 *	D
107D	Somato-sensory evoked response interpretation	\$38.50 *	D
	<b>Peritoneal dialysis</b>		
121D	Peritoneal dialysis -- each 24 hour period	\$68.20	0

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131D	Supervision of dialysis at home, per week	\$104.00	0
132D	Any subsequent dialysis in the centre -- each	\$77.40	0
<b>Slide Examination</b>			
320D	Nephrologist microscopic examination of urine sample in office	\$37.40	D
<b>Haemodialysis</b>			
122D	-- initial	\$653.00	0
123D	-- second to fifth -- each	\$370.00	0
124D	-- sixth and subsequent -- each (shunt established)	\$104.00	0
128D	Dialysis and training in dialysis centre -- each	\$213.00	0
129D	Any subsequent dialysis in the centre -- each	\$83.50	0
130D	Supervision of dialysis at home, per week	\$81.30	
135D	Continuous Renal Replacement Therapy (CRRT) - initial	\$947.00	0
136D	Continuous Renal Replacement Therapy (CRRT) - subsequent - greater than 7 days by report	\$357.00	0
Therapeutic plasmapheresis (done by cell separator)			
155D	-- first	\$333.00	0
156D	-- second to fifth	\$223.00	0
157D	-- subsequent	\$157.00	0
250D	Plethysmography for penile blood flow	\$59.90	D
251D	Tumescence monitoring of penis	\$59.90	D
270D	Impedance plethysmography for deep vein thrombosis -- professional component only	\$23.50 *	D
<b>Endocrine Testing</b>			
200D	Cortrosyn stimulation	\$90.20	D
201D	Calcium pentagastrin stimulation	\$90.20	D
202D	T.R.H. stimulation	\$126.00	D
203D	Glucagon test	\$272.00	D
204D	L.H.R.H. stimulation	\$117.00	D
206D	Insulin tolerance test	\$220.00	D
207D	Triple bolus test	\$241.00	D
216D	Corticotropin Releasing Hormone Delineation Test	\$133.00	D
217D	Water Deprivation Test with or without DDAVP	\$287.00	D
<b>Botulinum Toxin Therapy</b>			
See codes 190A to 198A			

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**Pacemaker Clinic Services**

Clinic supervision, review of interrogation record and adjustment if necessary. Includes ECG Interpretation (not paid in addition to 120L-122L, 622L)

278D	Patient not seen	\$57.00	
279D	Patient seen (Visit fee payable if patient reviewed for a condition unrelated to pacemaker function)	\$83.60	0

**POLYSOMNOGRAPHY**

**Diagnostic Polysomnography** is an insured service when provided at a provincially designated sleep laboratory and is a supervised overnight sleep study with continuous monitoring of sleep (EEG, EOG, EMG), oxygen saturation, ECG, airflow and respiratory effort.

**Therapeutic Polysomnography** is a supervised overnight sleep study performed in a provincially designated sleep laboratory with continuous monitoring of sleep (EEG, EOG, EMG), oxygen saturation, ECG, airflow and respiratory effort during which specific therapy for sleep disordered breathing is administered (this may include CPAP/Bi-PAP or mandibular advancement device) and the effect monitored.

**Split night diagnostic and therapeutic polysomnography** provided as a one-night study should be billed as 281D and 282D.

Repeat Diagnostic Therapeutic polysomnography within 42 days must be accompanied by an explanation.

281D	Diagnostic (includes visit)	\$597.00	D
282D	Therapeutic (includes visit)	\$296.00	D
283D	Multiple Sleep Latency Testing (includes visit)	\$296.00	D
284D	Portable sleep study	\$111.00	D
285D	Actigraphy	\$119.00	D
	Auto-CPAP Titration		
290D	-- professional	\$187.00	D
291D	-- technical	\$34.00	D

Codes 281D to 291D limited to physicians with Regional Health Authority sleep lab privileges.