

**SECTION Q:**

**NEUROLOGY**

|     |   | <b>Fee</b> | <b>Class</b> |
|-----|---|------------|--------------|
|     | <b>Visits</b>   |            |              |
| 3Q  | Complete assessment<br>-- includes: pertinent family history, patient history, history of presenting complaint, functional enquiry, examination of all parts and systems, diagnosis -- assessment, complete record, necessary treatment and advice to the patient<br>-- includes neurological history (family, past patient and presenting with functional inquiry); examination of all parts of the nervous systems; diagnostic assessment, complete written recording with management recommendations and advice to patient and referring physician if any. | \$161.00   |              |
| 5Q  | Partial assessment or subsequent visit<br>-- includes: history review, history of presenting complaint, functional enquiry, examination of affected part(s) or system(s), diagnosis -- assessment, record, necessary treatment and advice to the patient<br>-- includes brief review of presenting neurological complaint; examination of the appropriate part/parts of the nervous system; diagnostic assessment with brief written record and management recommendations to patient and referring physician if any.   | \$155.00   |              |
| 9Q  | Consultation<br>-- 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<br>-- full neurological history and examination of the nervous system with review of available investigation data/submission of written opinion, to referring physician and appropriate explanation to the patient.  | \$321.00   |              |
| 11Q | -- repeat<br>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.  | \$171.00   |              |
|     | <b>Hospital Care</b><br>(Payable on day of admission)   |            |              |
| 25Q | -- first 10 days, per day   | \$64.00 *  |              |
| 26Q | -- 11-20 days, per day  | \$62.00 *  |              |

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| 27Q | -- 21-30 days, per day | \$60.00    | *            |
| 28Q | -- thereafter, per day | \$60.00    | *            |

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

**Procedures**

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

|      |   |          |   |
|------|---|----------|---|
| 101Q | Manual muscle testing - complete                    | \$40.80  | D |
| 102Q | Manual muscle testing - regional                    | \$16.00  | D |
| 103Q | Major myoneural study - complete - 11 or more units | \$153.00 | D |
| 104Q | Minor myoneural study - 6 to 10 units               | \$102.00 | D |
| 105Q | Limited study 1 to 5 units                          | \$72.00  | D |

**Note:** a unit is either a segment of a nerve conduction study or an individual muscle

|      |   |          |     |
|------|---|----------|-----|
| 106Q | Interpretation of nerve conduction study - not payable with a visit service   | \$30.60  | D   |
| 107Q | Repetitive nerve stimulation of 2 or more muscles   | \$77.40  | D   |
| 108Q | Blink reflex bilateral stimulation of facial nerve with ipsilateral and contralateral recording or blink reflex           | \$40.80  | D   |
| 109Q | Technical fee for physician performance of the Nerve Conduction Studies and/or EMG only.                                  | \$64.00  | * D |
| 110Q | Complex study - add to appropriate procedure or technical code - requires examination (e.g. ICU neuromuscular assessment) | \$40.80  | * D |
| 120Q | Ischemic or Non-ischemic forearm test - professional component  | \$306.00 | D   |

**Organ Donor Assessment**

|      |  |          |  |
|------|--|----------|--|
| 140Q | Certification of brain death and organ donor assessment for specialists with appropriate training, following health authority protocols  | \$297.00 |  |
| 150Q | Certification of brain death and organ donor assessment by specialist with appropriate training who was providing ICU care to the patient following health authority protocols | \$147.00 |  |