

# GASTROENTEROLOGY

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

		\$	Anes. Level
<b>Referred Cases</b>			
33310	<b>Consultation:</b> To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....	156.29	
33312	<b>Repeat or limited consultation:</b> Where a consultation for same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative services do not warrant a full consultative fee .....	78.07	
33314	Prolonged visit for counselling (maximum, four per year) .....	53.48	
	<i>Note: See Preamble, Clause D. 3. 3..</i>		
	<b><u>Group counselling for groups of two or more patients:</u></b>		
33313	- first full hour .....	102.48	
33315	- second hour, per 1/2 hour or major portion thereof.....	51.21	
	<b><u>Continuing care by consultant:</u></b>		
33306	Directive care .....	44.12	
33307	Subsequent office visit.....	46.01	
33308	Subsequent hospital visit.....	28.54	
33309	Subsequent home visit .....	46.88	
33305	Emergency visit when specially called .....	109.14	
	(not paid in addition to out-of-office-hours premiums)		
	<i>Note: Claim must state time service rendered.</i>		
	<b><u>Telehealth Service with Direct Interactive Video Link with the Patient:</u></b>		
33360	Telehealth Consultation: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....	156.29	
33362	Telehealth repeat or limited consultation: Where a consultation for same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative services do not warrant a full consultative fee .....	78.07	
33366	Telehealth directive care .....	44.12	
33367	Telehealth subsequent office visit .....	46.01	
33368	Telehealth subsequent hospital visit .....	28.54	
	<b><u>Diagnostic procedures involving visualization by instrumentation:</u></b>		
	<b><u>Upper Gastrointestinal System:</u></b>		
SP10761	Esophagogastroduodenoscopy (EGD) , including collection of specimens by brushing or washing, per oral - procedural fee .....	88.00	3
SP10762	Rigid esophagoscopy, including collection of specimens by brushing or washing, - procedural fee .....	73.29	3

	\$	Anes. Level
SP10763	Initial esophageal, gastric or duodenal biopsy .....28.50	3
	<b>Notes:</b>	
	i) <i>Paid only in addition to SP10761, SP10762 and SY10750 to a maximum of three biopsies per endoscopy, in one organ or multiple organs.</i>	
	ii) <i>First biopsy paid at 100%, second and third at 50%.</i>	
SP10764	Multiple biopsies for differential diagnoses of Barrett's Esophagus, H pylori, Eosinophilic Esophagitis, infection of stomach, surveillance for high or low grade dysplasia, or carcinoma .....42.75	3
	<b>Notes:</b>	
	i) <i>Paid only once per endoscopy.</i>	
	ii) <i>Paid only in addition to SP10763 at 100%.</i>	
	iii) <i>Only applicable to services submitted under diagnostic codes 530, 041, 235, and 234.9.</i>	
SY10750	Transnasal esophagogastroduodenoscopy (TGD), procedural fee .....88.00	
	<b>Note:</b> <i>Restricted to Gastroenterology, General Internal Medicine and General Surgery specialists trained in this procedure.</i>	
	<b>Lower Gastrointestinal System:</b>	
SY00715	Sigmoidoscopy (with biopsy) - procedural fee.....35.56	2
SY00718	Sigmoidoscopy, flexible – with biopsy .....75.84	2
10708	Video capsule endoscopy using M2A capsule - professional fee: .....251.70	
	<b>Notes:</b>	
	i) <i>Payable for gastrointestinal bleeding suspected to originate in the small intestine, and only after other investigations have ruled out other causes.</i>	

### Upper Gastrointestinal System – Endoscopy (Surgical)

SP33321	Removal of foreign material causing obstruction, operation only.....99.95	4
	<b>Notes:</b>	
	i) <i>Paid only in addition to SP10761 or SP10762.</i>	
	ii) <i>Paid only once per endoscopy.</i>	
SP33322	Therapeutic injection(s), sclerosis, band ligation, and/or clipping for GI hemorrhage, bleeding esophageal varices or other pathologic conditions – operation only .....114.44	3
	<b>Notes:</b>	
	i) <i>Paid only once per endoscopy.</i>	
	ii) <i>Paid only in addition to SP10761 or SP10762.</i>	
SP33323	Transendoscopic tube, stent or catheter – operation only .....99.90	3
	<b>Notes:</b>	
	i) <i>Paid only in addition to SP10761 or SP10762.</i>	
	ii) <i>Paid only once per endoscopy.</i>	
SP33324	Thermal coagulation – heater probe and laser, operation only .....41.77	3
	<b>Notes:</b>	
	i) <i>Paid only in addition to SP10761 or SP10762.</i>	
	ii) <i>Paid only once per endoscopy.</i>	

	\$	Anes. Level
SP33325 Gastric polypectomy, operation only .....	158.36	5
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		
SP33326 Percutaneous endoscopically placed feeding tube – operation only .....	72.36	3
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		
SP33327 Endoscopic repositioning of the gastric feeding tube through the duodenum for enteric nutrition, operation only .....	13.97	3
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		
SP33328 Esophageal dilation, blind bouginage, operation only .....	56.14	3
<b>Note:</b> Repeats within one month paid at 100%.		
SP33329 Esophageal dilation or dilation of pathological stricture, by any method, except blind bouginage, under direct vision or radiologic guidance, operation only .....	106.92	3
<b>Note:</b> Repeats within one month paid at 100%.		

### Diagnostic procedures utilizing radiological equipment

The following fees are separate from the fees for the radiological part of this examination and should be charged by the attending physician or by the radiologist who performs the procedure, e.g.: instrumentation or injection of contrast materials:

10735 Rectal endoscopy utilizing ultrasound (radial/linear) .....	151.02
<b>Note:</b> Includes mucosal biopsy	
10740 Upper GI endoscopy utilizing radial ultrasound.....	251.70
10741 Upper GI endoscopy utilizing linear ultrasound.....	251.70
<b>Notes:</b>	
i) 10740 and 10741 are payable only when done in publicly funded acute care facilities.	
ii) 10741 payable at 50% when done subsequent to 10740 (same patient/same day)	
10742 Upper GI endoscopy utilizing radial/linear ultrasound – with biopsy using fine needle aspiration, to a maximum of 3 – per lesion.....	50.34
<b>Notes:</b>	
i) Payable with 10740 or 10741 only	
ii) First biopsy paid at 100%. Second and third biopsies payable at 50%.	

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10743	Upper GI endoscopy utilizing radial/linear ultrasound - with injection of one of more of any of the following – metastases, nodes, masses, or celiac plexus-extra ..... 151.02 <b>Note:</b> Payable with 10740 or 10741 only.	
10744	Upper GI endoscopy utilizing radial/linear ultrasound - with drainage of pseudocyst (including stent insertion if performed) – extra ..... 201.36 <b>Note:</b> Payable with 10740 or 10741 only.	
<b>Diagnostic – Miscellaneous</b>		
S00809	Retrograde pancreatography..... 212.36	3
<b>Miscellaneous</b>		
S33373	Colonoscopy with flexible colonoscopy: - biopsy ..... 230.62	2
33374	- removal polyp ..... 344.79	2
33394	Assistant fee for PEG procedure ..... 110.30 <b>Note:</b> 33326, 33394 may be billed by any qualified physician.	