

# NEUROLOGY

## Preamble

### **Acute Cerebral Vascular Syndrome (Stroke & TIA) Listings:**

Acute cerebrovascular syndrome (ACVS) includes acute stroke and TIA. Both are indistinguishable clinically at onset and are acute emergencies. The ACVS fee items have been developed in conjunction with the BCSS and the Section of Neurology, and are intended for services provided by neurologists in the acute management of stroke/TIA. When submitting claims, the appropriate 3 –digit ICD-9 stroke code (431, 433, 434, and 435) must be used, and the patient's initial NIHSS 2-digit code for the billed visit must be appended in the ICD-9 field (i.e.: 43412 or 43405). The TIA code (435) may also have an appended score if the billed visit includes the symptomatic phase.

### **Face-to-Face Services:**

These fee items are intended for services rendered at public facilities with adequate diagnostic capabilities (i.e.: laboratory services, diagnostic imaging ability including CT scan, ultrasound) to ensure timely patient care.

### **Telestroke Services**

“Telestroke Service” is defined as a Neurologist-delivered health service provided via videoconferencing for a patient referred by a physician at a different site for diagnosis related to acute cerebral vascular syndrome (ACVS).

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- Referral sites must have capability to provide laboratory services, diagnostic imaging ability including CT scan, ultrasound, CT angiography and must be part of a Health Authority approved, publicly-funded Telestroke program.

Consulting sites are defined as a neurologist-delivered health service provided to a patient at a Health Authority approved, publicly-funded Telestroke program.

- Telestroke service includes live interactive transmission of sound and full-motion picture information between the referring site (hospital) and an approved consulting site (the location of the Telestroke neurologist) using secure videoconferencing technology as defined in Preamble D. 1. In order for payment to be made, the patient must be in attendance at the referring site at the time of the video capture. Information regarding the start and stop times of service must accompany claims.

In those cases where a neurologist's service requires a general practitioner at the patient's site to assist with the essential physical assessment, without which the neurologist's service would be ineffective, the neurologist must indicate in the "Referred by" field that a request was made for a General Practice assisted assessment.

Where a receiving neurologist, after having provided a Telestroke consultation service to a patient, decides s/he must examine the patient in person, the neurologist should claim the subsequent visit as a limited consultation, unless more than 6 months has passed since the Telestroke consultation.

Telestroke services are payable only when provided as defined under the specific Preamble pertaining to the service rendered (e.g.: Telestroke consultation - see Preamble D. 2.) to a patient with valid medical coverage. Patients or their representative must be informed and given opportunity to agree to services rendered using this modality, without prejudice.

Where a Telestroke service is interrupted for technical failure, and is not able to be resumed within a reasonable period of time, and therefore is unable to be completed, the receiving neurologist should submit a claim under the appropriate miscellaneous code for independent consideration with appropriate substantiating information.

In exceptional circumstances, for facilities targeted in the BCSS phased implementation in the process of implementing Telestroke services, a telephone consultation may be payable in an emergent (i.e.: life or death) situation. Telemetry review of diagnostic images is required as an integral aspect of the consultation. A note record is required in these instances.

Compensation for travel, scheduling and other logistics is the responsibility of the Regional Health Authority. Rural Retention fee-for-service premiums are applicable to Telestroke services and are payable based on the location of the receiving medical practitioner in eligible RSA communities.

# NEUROLOGY

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

|  |   | \$     | Anes.<br>Level |
|--|---|--------|----------------|
| <b>Referred Cases</b>                        |   |        |                |
| 00410  | <b>Consultation:</b> To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....  | 172.68 |                |
| 00411  | <b>Repeat or limited consultation:</b> Where a consultation for the same illness is repeated within six months of the last service by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee..... | 85.54  |                |
| <b><u>Continuing care by consultant:</u></b> |   |        |                |
| 00406  | Directive care .....  | 38.80  |                |
| 00407  | Subsequent office visit.....  | 42.77  |                |
| 00408  | Subsequent hospital visit.....  | 39.02  |                |
| 00409  | Subsequent home visit .....   | 40.23  |                |
| 00405  | Emergency visit when specially called .....   | 80.31  |                |
|  | (not paid in addition to out-of-office-hours premiums)  |        |                |
|  | <i>Note: Claim must state time service rendered.</i>  |        |                |
| 00441  | Face to face ACVS Consultation.....   | 197.49 |                |
|  | To consist of examination, review of history, laboratory, diagnostic imaging, and the rendering of a written report, including required BCSS registry data.   |        |                |
|  | <b>Notes:</b>   |        |                |
|  | i) <i>Applicable for patients seen within 4.5 hours of onset of symptoms for diagnosis of acute cerebral vascular syndrome.</i>   |        |                |
|  | ii) <i>Also applicable for patients seen within 72 hours of onset of symptoms for relapse prevention (P00444).</i>  |        |                |
|  | iii) <i>Refer to Neurology ACVS Preamble for further information.</i>   |        |                |
|  | iv) <i>Restricted to Neurologists.</i>  |        |                |
|  | v) <i>Not billable in conjunction with 00410, 00081, 00082 or P40441 by the same neurologist.</i>   |        |                |
| 00442  | Face to face follow-up neurological clinical monitoring and treatment for persisting ACVS: <u>without</u> administration of tPA, per ½ hour or major portion thereof.....   | 98.25  |                |
|  | <b>Notes:</b>   |        |                |
|  | i) <i>To be used for the ongoing evaluation, clinical monitoring and treatment of a patient referred for acute cerebral vascular syndrome requiring ongoing care by the neurologist.</i>  |        |                |
|  | ii) <i>Includes ongoing review of any and all diagnostic imaging.</i>   |        |                |
|  | iii) <i>Includes sequential scales e.g. NIHSS, as necessary.</i>  |        |                |
|  | iv) <i>Not payable with 00410, 00081, 00082 or 00443 by same physician.</i>   |        |                |
|  | v) <i>Not intended for standby time such as waiting for laboratory results.</i>   |        |                |
|  | vi) <i>For payment purposes, when immediately subsequent to 00441, the consultation fee constitutes the first half hour of the time spent with the patient.</i>   |        |                |
|  | vii) <i>Start and end times must be submitted with claim.</i>   |        |                |
|  | viii) <i>Restricted to Neurologists.</i>  |        |                |

|  | \$    | Anes.<br>Level |
|--|-------|----------------|
| ix) <i>If billed in addition to 00441, paid at 100%.</i>   |       |                |
| x) <i>Daily Maximum per patient is six (6), unless note record indicates medical necessity for extended service.</i>   |       |                |
| 00443 Face to face follow-up neurological clinical monitoring and treatment for persisting ACVS: <u>with</u> administration of tPA, per ½ hour or major portion thereof.....   | 98.25 |                |
| <b>Notes:</b>  |       |                |
| i) <i>To be used for the ongoing evaluation, clinical monitoring and treatment of a patient referred for suspected acute cerebral vascular syndrome requiring ongoing care by the neurologist.</i>   |       |                |
| ii) <i>Includes ongoing review/discussion of any and all diagnostic imaging &amp;/or interventional imaging.</i>   |       |                |
| iii) <i>Includes the time required for use and monitoring of tPA by the neurologist.</i>   |       |                |
| iv) <i>Includes sequential scales e.g. NIHSS, as necessary.</i>  |       |                |
| v) <i>Not payable with 00410, 00081, 00082 or 00442 by same physician.</i>   |       |                |
| vi) <i>Not intended for standby time such as waiting for laboratory results.</i>   |       |                |
| vii) <i>For payment purposes, when immediately subsequent to 00441, the consultation fee constitutes the first half hour of the time spent with the patient.</i>   |       |                |
| viii) <i>Start and end times must be submitted with claim.</i>   |       |                |
| ix) <i>Restricted to Neurologists.</i>   |       |                |
| x) <i>If billed in addition to 00441, paid at 100%.</i>  |       |                |
| xi) <i>Daily maximum per patient is six (6), unless note record indicates medical necessity for extended service.</i>  |       |                |
| 00444 Face to face follow-up ACVS relapse intervention, per ½ hour or major portion thereof.....   | 78.59 |                |
| <b>Notes:</b>  |       |                |
| i) <i>To be used for the ongoing evaluation, neurological clinical monitoring and treatment of a patient seen within 72 hours of onset of symptoms with referral diagnosis of ACVS with remission (partial or complete) of original symptoms who requires ongoing care by the neurologist.</i> |       |                |
| ii) <i>Includes ongoing review of any and all diagnostic imaging.</i>  |       |                |
| iii) <i>Not payable with 00410 or 00081, 00082 by same physician.</i>  |       |                |
| iv) <i>Includes sequential scales e.g. NIHSS, as necessary.</i>  |       |                |
| v) <i>Not intended for standby time such as waiting for laboratory results.</i>  |       |                |
| vi) <i>For payment purposes, when immediately subsequent to 00441, the consultation fee constitutes the first half hour of the time spent with the patient.</i>  |       |                |
| vii) <i>Start and end times must be submitted with claim.</i>  |       |                |
| viii) <i>Restricted to Neurologists.</i>   |       |                |
| ix) <i>If billed in addition to 00441, paid at 100%.</i>   |       |                |
| x) <i>Daily maximum per patient is four (4), unless note record indicates medical necessity for extended service.</i>  |       |                |

**Telehealth Service with Direct Interactive Video Link with the Patient**

|       |   |        |
|-------|---|--------|
| 00470 | Telehealth Consultation: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....  | 172.68 |
| 00471 | Telehealth Repeat or limited consultation: Where a consultation for the same illness is repeated within six months of the last service by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee..... | 85.54  |
| 00476 | Telehealth directive care .....   | 38.80  |

|       |  |       |
|-------|--|-------|
| 00477 | Telehealth subsequent office visit .....   | 42.77 |
| 00478 | Telehealth subsequent hospital visit ..... | 39.02 |

### Telestroke Services

|       |                               |        |
|-------|-------------------------------|--------|
| 40441 | Telestroke Consultation ..... | 197.49 |
|-------|-------------------------------|--------|

To consist of videoconference examination, review of history, laboratory, diagnostic imaging, and the rendering of a written report, including required BCSS registry data.

**Notes:**

- i) *Applicable for patients seen within 4.5 hours of onset of symptoms for diagnosis of acute cerebral vascular syndrome.*
- ii) *Also applicable for patients seen within 72 hours of onset of symptoms for relapse prevention (40444).*
- iii) *Refer to Neurology ACVS Preamble for further information.*
- iv) *Restricted to Neurologists.*
- v) *Not billable in conjunction with 00410, 00081, 00082 or 00441 by the same neurologist.*

|       |  |       |
|-------|--|-------|
| 40442 | Follow-up Telestroke neurological clinical monitoring and treatment for persisting ACVS <u>without</u> administration of tPA, per ½ hour or major portion thereof..... | 98.25 |
|-------|--|-------|

**Notes:**

- i) *To be used for the ongoing evaluation, clinical monitoring and treatment of a patient referred for acute cerebral vascular syndrome requiring ongoing videoconference care by the neurologist.*
- ii) *Includes ongoing review of any and all diagnostic imaging.*
- iii) *Includes sequential scales e.g. NIHSS, as necessary.*
- iv) *Not payable with 00410, 00081, 00082 or 40443 by same physician.*
- v) *Not intended for standby time such as waiting for laboratory results.*
- vi) *For payment purposes, when immediately subsequent to 40441, the consultation fee constitutes the first half hour of the time spent with the patient during the videoconference.*
- vii) *Start and end times must be submitted with claim.*
- viii) *Restricted to Neurologists.*
- ix) *If billed in addition to P40441, paid at 100%.*
- x) *Daily Maximum per patient is six (6), unless note record indicates medical necessity for extended service.*

|       |   |       |
|-------|---|-------|
| 40443 | Follow-up telestroke neurological clinical monitoring and treatment for persisting ACVS: <u>with</u> administration of tPA, per ½ hour or major portion thereof ..... | 98.25 |
|-------|---|-------|

**Notes:**

- i) *To be used for the ongoing evaluation, clinical monitoring and treatment of a patient referred for suspected acute cerebral vascular syndrome requiring ongoing videoconference care by the neurologist.*
- ii) *Includes ongoing review of any and all diagnostic imaging.*
- iii) *Includes the time required for monitoring of tPA by the neurologist.*
- iv) *Includes sequential scales e.g. NIHSS, as necessary.*
- v) *Not payable with 00410, 00081, 00082 or 40442 by same physician.*
- vi) *Not intended for standby time such as waiting for laboratory results.*
- vii) *For payment purposes, when immediately subsequent to 40441, the consultation fee constitutes the first half hour of the time spent with the patient during the videoconference.*
- viii) *Start and end times must be submitted with claim.*
- ix) *Restricted to Neurologists.*

- x) *If billed in addition to 40441, paid at 100%.*
- xi) *Daily Maximum per patient is six (6), unless note record indicates medical necessity for extended service.*

40444 Follow-up Telestroke ACVS relapse intervention, per ½ hour or major portion thereof.....78.59

**Notes:**

- i) *To be used for the ongoing evaluation, neurological clinical monitoring and treatment of a patient seen within 72 hours of onset of symptoms with referral diagnosis of ACVS with remission (partial or complete) of original symptoms who requires ongoing care by the neurologist.*
- ii) *Includes ongoing review of any and all diagnostic imaging.*
- iii) *Not payable with 00410, 00081, or 00082 by same physician.*
- iv) *Includes sequential scales e.g. NIHSS. as necessary.*
- v) *Not intended for standby time such as waiting for laboratory results.*
- vi) *For payment purposes, when immediately subsequent to 40441, the consultation fee constitutes the first half hour of the time spent with the patient during the videoconference.*
- vii) *Start and end times must be submitted with claim.*
- viii) *Restricted to Neurologists.*
- ix) *If billed in addition to 40441, paid at 100%.*
- x) *Daily maximum per patient is four (4), unless note record indicates medical necessity for extended service.*

### Special Examinations

|       |   |        |
|-------|---|--------|
| 00415 | Electroencephalogram and interpretation .....   | 115.86 |
| 00416 | Electroencephalogram - interpretation .....   | 38.75  |
| 00413 | - technical fee .....   | 77.11  |
| 00417 | Electrocorticography .....  | 225.06 |
| 00418 | Fee for intravenous activating agents when given by a qualified electroencephalographer .....                   | 22.06  |
| 00419 | Electroclinical detailed interpretation of a set of seizures .....  | 397.23 |
| 00420 | Short study of electroclinical interpretation of seizures - professional component .....                        | 204.55 |
| 00421 | Electrocorticography with functional mapping in awake craniotomy .....  | 484.99 |
| 00426 | Electroencephalogram - sleep only .....   | 154.81 |
|       | <i>Note: Not applicable to the segments of sleep which may occur in the course of recording a standard EEG.</i> |        |
| 00427 | - professional fee .....  | 41.73  |
| 00428 | - technical fee .....   | 113.08 |

### Miscellaneous

|       |  |        |   |
|-------|--|--------|---|
| 00424 | Botulinum Toxin Injections.....  | 116.54 | 2 |
|       | <i>Note: Only applicable to cervical dystonia (spasmodic torticollis) in adults; adductor spasmodic dysphonia; jaw-closing oro-mandibular dystonia or hemifacial spasm; dynamic equinus foot deformity due to spasticity in pediatric cerebral palsy patients, two years or older; focal spasticity, including the treatment of upper limb spasticity associated with strokes in adults.</i> |        |   |

|        | \$   | Anes.<br>Level |  |
|--------|--|----------------|--|
| P00480 | DMT (Disease Modifying Treatment) management for active inflammatory disease of the Central Nervous System (CNS) .....   | 149.83         |  |
|        | <b>Notes:</b>  |                |  |
|        | i) Payable every 6 months to prescribing Neurologists responsible for continuing care of patients with active CNS inflammatory disease, who are on DMT's.  |                |  |
|        | ii) Under this code the prescribing Neurologist is responsible for all associated drug monitoring, drug related complication management and communication to the patient and care providers with respect to the particular drug. |                |  |
|        | iii) Payable in addition to face-to-face services and physician-to-physician phone calls.  |                |  |
|        | iv) Includes organization of all treatment plans, drug initiation algorithms, medication review, MRI assessment and lab review (including CSF) if required.  |                |  |
|        | v) Includes monitoring of all investigations for subsequent 6 months, including imaging and lab work, and conversations with allied health professionals as required.  |                |  |
|        | vi) Maximum number of services payable per neurologist per month is 20.  |                |  |

## Electrodiagnosis

### Items under:

- Intensity duration curve - each muscle.
- Electromyograph - each muscle.
- Motor nerve conduction study - each nerve.
- Sensory nerve conduction study - each nerve.
- Tetanic simulation test - each muscle.

### Bill according to:

|        |  |        |   |
|--------|--|--------|---|
| S00900 | Schedule A - extensive examination (eight or more items) .....   | 119.50 |   |
| S00901 | Schedule B - limited examination (four to seven items) .....   | 79.92  |   |
| S00902 | Schedule C - short examination (one to three items) .....  | 39.83  |   |
| S00922 | Electrodiagnostic component of the decamethoniumedrophonium test for myasthenia gravis, inclusive of tetanic stimulation tests ..... | 55.47  |   |
| S00923 | Technical fee for electrodiagnostic testing .....  | 20.00  |   |
| S00905 | Daily measurements of nerve conduction thresholds in facial palsy .....  | 6.22   |   |
| S00906 | - maximum per course .....   | 43.31  |   |
| S00914 | Insertion of sphenoidal electrodes, temporal lobe epilepsy, E.E.G.: recording .....  | 42.78  |   |
| S00915 | Intra-carotid injection of sodium amytal, speech localization test .....   | 96.12  | 2 |
| S00926 | Seizure activation with intravenous activating agents associated with insertion of sphenoidal and/or orbital electrodes .....        | 145.02 | 2 |
| S00927 | Decamethonium test - for attendance at, and follow-up observation if necessary .....   | 33.67  |   |