

DIAGNOSTIC AND SELECTED THERAPEUTIC PROCEDURES

These listings cannot be correctly interpreted without reference to the Preamble.
Letter prefix **Y** - Office or hospital visits on same day - extra to procedure fee

		\$	Anes. Level
(a) Diagnostic procedures involving visualization by instrumentation			
S00700	Bronchoscopy or bronchofibroscope - procedural fee.....	87.71	4
S00702	Bronchoscopy with biopsy - procedural fee.....	150.00	4
10700	Endobronchial cauterization - extra.....	75.00	6
	Notes:		
	i) To a maximum of 3 lesions.		
	ii) Second and third lesion payable at 50%.		
	iii) Payable only with 00700 or 00702 and 10702, P10703, 00736.		
	iv) Not payable with P10739 or 02450.		
10702	Endobronchial cryotherapy - extra	75.00	6
	Notes:		
	i) To a maximum of 3 lesions.		
	ii) Second and third lesion payable at 50%.		
	iii) Payable only with 00700 or 00702 and 10700, P10703, 00736.		
	iv) Not paid with P10739, 02450 and 02422.		
P10703	Transbronchial needle aspiration (TBNA)	50.00	6
	Notes:		
	i) To a maximum of 3 separate stations or lesions.		
	ii) Second and third station or lesion payable at 100%.		
	iii) Payable with 00700, 00702 or P10739 and 10700, 10702, 00736.		
	iv) Paid at 100% with other diagnostic procedures.		
S00719	Thoracoscopy	166.65	7
S00701	Direct laryngoscopy - procedural fee.....	36.97	5
	Note: 00701 not payable with bronchoscopy, except when done under general anesthesia.		
S00717	Micro-laryngoscopy - procedural fee	73.94	5
	Note: 00717 to be charged at 50% if performed with a surgical procedure (not payable in addition to fee items 02423, 02428 or 02429).		
SY00907	Endoscopic flexible or rigid examination of the nose and nasopharynx - procedure only	32.43	3
SY00908	- procedure and biopsy	51.88	3
SY00909	Flexible fiberoptic nasopharyngolaryngoscopy	38.32	3
	Notes:		
	i) SY00909 is not payable with S00700, S00702, SY00907, SY00908 and 02540.		
	ii) Payable only to certified Otolaryngologists.		
S00704	Cystoscopy to include dilation and panendoscopy - procedural fee	93.50	2
S00705	Cystoscopy with catheterization of ureters (with kidney function test and injection of solution for pyelogram) to include dilation and panendoscopy - procedural fee.....	98.33	2

	\$	Anes. Level
<u>Upper Gastrointestinal System:</u>		
SP10761	Esophagogastroduodenoscopy (EGD) , including collection of specimens by brushing or washing, per oral - procedural fee88.00	3
SP10762	Rigid esophagoscopy, including collection of specimens by brushing or washing, - procedural fee73.29	3
SP10763	Initial esophageal, gastric or duodenal biopsy28.50	3
	Notes:	
	i) Paid only in addition to SP10761, SP10762 and SY10750 to a maximum of three biopsies per endoscopy, in one organ or multiple organs.	
	ii) First biopsy paid at 100%, second and third at 50%.	
SP10764	Multiple biopsies for differential diagnoses of Barrett's Esophagus, H pylori, Eosinophiic Esophagitis, infection of stomach, surveillance for high or low grade dysplasia, or carcinoma42.75	3
	Notes:	
	i) Paid only once per endoscopy.	
	ii) Paid only in addition to SP10763 at 100%.	
	iii) Only applicable to services submitted under diagnostic codes 530, 041, 235, and 234.9.	
SY10750	Transnasal esophagogastroduodenoscopy (TGD), procedural fee88.00	
	Note: Restricted to Gastroenterology, General Internal Medicine and General Surgery specialists trained in this procedure.	
10708	Video capsule endoscopy using M2A capsule - professional fee:251.70	
	Notes:	
	i) Payable for gastrointestinal bleeding suspected to originate in the small intestine, and only after other investigations have ruled out other causes.	
<u>Lower Gastrointestinal System:</u>		
SY00715	Sigmoidoscopy (with biopsy) - procedural fee.....35.56	2
SY10714	Proctosigmoidoscopy, rigid; diagnostic33.57	2
SY00716	Sigmoidoscopy, flexible; diagnostic.....62.65	2
SY00718	- with biopsy.....75.84	2
S10730	Colonoscopy, flexible, transabdominal via colotomy	
	- single or multiple235.51	4
S10731	Colonoscopy, flexible, proximal to splenic flexure; diagnostic with or without collection of specimen(s) by brushing or washing227.15	2
S10732	- with removal of foreign body266.82	2
S10733	- with control of bleeding, any method.....298.14	2
	Notes:	
i)	Proctosigmoidoscopy is the examination of the rectum and sigmoid colon.	
ii)	Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.	
iii)	Colonoscopy is the examination of the entire colon, from the rectum to the caecum, and may include the examination of the terminal ileum.	
S00710	Mediastinoscopy or anterior mediastinotomy (combined 50% extra) - procedural fee188.13	4

(b) (i) 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:

S00722	Operative arteriography - procedural fee	74.06	
S00721	Myelogram - procedural fee.....	42.40	2
S00723	Sialogram (per duct) or galactograms (per blast) - procedure fee for injection.....	45.21	2
S00724	Presacral air insufflation - procedural fee.....	37.59	2
S00727	Salpingogram - procedural fee	72.12	2
S00728	Orthodiagram - procedural fee	11.43	2
S00729	Fluoroscopy of chest by internist or pediatrician - procedural fee	10.90	
S00730	Catheterization of bronchi for bronchogram - procedural fee	26.38	4
<i>Note: When performed in conjunction with a bronchoscopy (s00700), both fees are to be paid in full.</i>			
S00732	Voiding cysto-urethrogram - procedural fee	18.92	2
S00733	Venogram, intraosseous, or intravenous - procedural fee	57.17	2
S00734	Lymphangiography or lymphography - Surgical component (see Item 08614)	125.65	
S00736	Bronchial brushing in conjunction with bronchoscopy (bronchoscopy extra) - procedural fee extra	65.45	4
P10739	Endobronchial Ultrasound (EBUS).....	300.00	6
Notes:			
i) Not payable with 00700, 00702, 02450, 10700 or 10702.			
ii) Fee item 10703 and 00736 payable in addition.			
S00743	Localizing of non-palpable breast lesion	101.27	2
S00811	Joint injection, aspiration or arthrogram, under radiological guidance	51.16	2
<i>Note: If joint injection, aspiration and/or arthrogram are done at the same time, under radiological guidance, only S00811 X 1 per joint is billable.</i>			
S00826	Biopsy of pancreas - percutaneous	80.17	2
S00857	Percutaneous trans-hepatic cholangiogram (included in S00980).....	108.93	2
S00868	Percutaneous gastrostomy/gastrojejunostomy - procedural fee	265.50	2
10735	Rectal endoscopy utilizing ultrasound (radial/linear)	151.02	
<i>Note: Includes mucosal biopsy</i>			
10740	Upper GI endoscopy utilizing radial ultrasound.....	251.70	
10741	Upper GI endoscopy utilizing linear ultrasound.....	251.70	
Notes:			
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	
Notes:			
i) Payable with 10740 or 10741 only			
ii) First biopsy paid at 100%. Second and third biopsies payable at 50%.			

		\$	Anes. Level
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	
	Note: 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	
	Note: Payable with 10740 or 10741 only.		
 (b) (ii) Therapeutic procedures utilizing radiological equipment			
S00738	Removal of biliary calculi by Burhenne technique.....	197.69	4
S00746	Reduction of intussusception using hydrostatic pressure, procedural fee	93.55	4
	Note: Fee item 08576 is payable in addition, when performed.		
ST00921	Varicocele and/or uterine artery embolization – unilateral	388.88	3
ST00925	Varicocele and/or uterine artery embolization - bilateral	540.72	3
	Notes:		
	i) Fee items T00921 and T00925 include all angiographies necessary to perform the procedure.		
	ii) Fee item 08617 or 08618 payable in addition when service rendered in out-patient department.		
	iii) Interventional radiology consultation is payable with T00921 and T00925.		
S00977	Antegrade pyelogram (not billable in conjunction with 00978, 00979).....	101.91	2
S00978	Percutaneous nephrostomy, procedural fee	288.93	2
	Note: An interventional radiology consultation is not payable unless the procedure is cancelled		
S00979	Percutaneous nephrostomy, with dilatation of tract for endoscopic urological manipulation, procedural fee.....	385.16	2
	Note: An interventional radiology consultation is not payable unless the procedure is cancelled.		
S00980	Transhepatic biliary drainage procedure (includes 00857)	408.17	3
	Note: An interventional radiology consultations not payable unless the procedure is cancelled.		
S00981	Therapeutic radiological embolization	408.17	3
	Note: An interventional radiology consultation is not payable unless the procedure is cancelled.		
S00982	Percutaneous transluminal angioplasty.....	389.07	2
	Note: An interventional radiology consultation is not payable unless the procedure is cancelled.		
S00983	Percutaneous abdominal abscess drainage by catheter insertion	265.74	2
	Note: An interventional radiology consultation is not payable unless the procedure is cancelled.		
S00984	Exchange of previously inserted catheter or tract dilatation for percutaneous biliary or renal drainage	121.74	2
ST00989	Extra-corporeal shock wave lithotripsy.....	131.09	4

		\$	Anes. Level
ST00994	Extra-corporeal shock wave biliary lithotripsy - procedural only	160.33	4
	Notes:		
	i) 00994 generally is applicable to common bile duct stones, only.		
	ii) 00994 is applicable to stones in the gall bladder only where cholecystectomy is contraindicated because of the medical condition of the patient. For other cases, Clause C. 6. of the Preamble to the Payment Schedule applies.		
	iii) An interventional radiology consultation is not payable unless the procedure is cancelled.		
10320	Insertion of permanent pleural drainage catheter.....	200.00	5
	Notes:		
	i) Not to be billed for simple thoracocentesis or placement of a temporary pigtail drainage catheter		
	ii) Not paid with S32031, 00749, 00759, 07924 and 08646		
10321	Removal permanent pleural drainage catheter	67.39	2
	Note: Not paid with S32031, 00749, 00759, 07924 and 08646		
T00995	Embolization of brain and spinal cord AVM's	2,013.23	3
	Notes:		
	i) Tolerance testing (e.g.: super selective Amytal test) performed during embolization is included.		
	ii) Includes functional testing in the awake patient.		
	iii) An interventional radiology consultation is not payable unless the procedure is cancelled.		
ST00997	Detachable balloon embolization.....	1,258.87	3
	Notes:		
	i) To include all balloons placed during the procedure.		
	ii) Repeat procedures billable at 100%.		
	iii) An interventional radiology consultation is not payable unless the procedure is cancelled.		
T00998	Embolization of head, neck and spinal vascular lesions	1,552.56	3
	Notes:		
	i) T00995, T00997 and T00998 include the consultations associated with the procedure performed, preparation of the embolizing agent(s) and catheter(s), catheterization(s) and follow-up care of the patient by the radiologist.		
	ii) T00995, T00997 and T00998 are billable only by physicians with appropriate training in interventional neuroradiology.		
	iii) T00995, T00997 and T00998 are payable once per day, regardless of the number of embolizations or catheterizations performed, or balloons inserted.		
	iv) T00995 and T00998 include:		
	a) Diagnostic angiograms done during the procedure.		
	b) Angiograms performed as a separate procedure before or after the embolization are billable.		
	c) Physicians may bill under miscellaneous fee code 00999 for each angiogram when done as part of an aborted embolization procedure. Each separate vessel injected will be considered a separate angiogram. Payment will be made at 100% for the first angiogram and 50% for subsequent angiograms, to a maximum of \$1,700. Claims must be accompanied by written details of vessels injected.		
	d) Repeat procedures performed by the same physician and done within 30 days of the original procedure will be paid at 75% of the original fee.		
	v) An interventional radiology consultation is not payable unless the procedure is cancelled.		
	vi) Includes 10913 if performed on same day as 00995, 00997 or 00998.		

	\$	Anes. Level	
T10900	Abdominal aortic aneurysm repair using endovascular stent graft – second operator.....	706.90	
	Notes:		
	i) <i>Intraoperative renal artery angioplasty payable in addition at 50% of fee item 00982 when done.</i>		
	ii) <i>Intravascular stent placement – extra (10919) paid in addition under 10919 at 100%.</i>		
	iii) <i>This fee will not be paid to the primary operator.</i>		
10901	Percutaneous image guided catheter directed thrombolysis of peripheral vein/artery	565.73	2
	Notes:		
	i) <i>Includes any medically necessary angiographies, any necessary imaging all necessary catheter repositioning and ongoing assessment and care throughout the patient's active treatment phase.</i>		
	ii) <i>Payable at 100% for the first 12 hours of care and 50% for each additional 12 hours of care up to 36 hours.</i>		
10902	Peripherally inserted image-guided central Venous catheter line (PICC).....	107.76	2
	Notes:		
	i) <i>Interventional Radiology consultation not payable in addition, regardless of when rendered.</i>		
	ii) <i>Not applicable if performed via other than peripheral access.</i>		
	iii) <i>Includes placement, venogram/angiogram, and all medically required image guidance.</i>		
	iv) <i>May not be delegated.</i>		
10903	Percutaneous hemodialysis graft thrombolysis	565.73	2
	Notes:		
	i) <i>Includes declotting and treatment of underlying cause of access failure.</i>		
	ii) <i>Includes angioplasty and all necessary Imaging and intervention.</i>		
	iii) <i>An interventional radiology consultation is not payable unless the procedure is cancelled.</i>		
10904	Percutaneous transcatheter arterial chemo-embolization (TACE).....	565.73	3
	Notes:		
	i) <i>Fee is per session/sitting, regardless of number of lesions treated;</i>		
	ii) <i>Includes all associated imaging necessary to complete procedure;</i>		
	iii) <i>Interventional Radiology consultation is payable.</i>		
10905	Cerebral intra-arterial thrombolysis	1,258.87	5
	Notes:		
	i) <i>Payable once only, regardless of number of arterial territories treated.</i>		
	ii) <i>Includes all diagnostic and superselective angiograms performed during procedure and immediate post procedure CT scans.</i>		
	iii) <i>An interventional radiology consultation is not payable unless the procedure is cancelled.</i>		
10906	Image-guided percutaneous vertebroplasty - first level	350.21	4
10907	- each additional level (to a maximum of 3).....	80.82	4
	Notes:		
	i) <i>Payable only when rendered on in-patient or day-care basis in acute care facility.</i>		
	ii) <i>Payable for osteoporotic fractures only if conservative therapy shows no or minimal improvement after 4-6 weeks and pain remains incapacitating;</i>		
	iii) <i>Includes all associated diagnostic imaging, including post procedural CT scan necessary to complete the procedure;</i>		
	iv) <i>An interventional radiology consultation is not payable unless the procedure is cancelled.</i>		

	\$	Anes. Level
10908 Percutaneous image-guided tumour ablation – first lesion	508.67	3
Notes:		
i) Payable only for non-resectable liver, kidney, lung tumours, colorectal metastases and osteoid osteoma;		
ii) Payable to a maximum of 3 lesions treated at same session – 100% for first lesion, 75% for second lesion and 25% for third lesion;		
iii) Includes all CT and ultrasound guidance necessary to complete the procedure;		
iv) Paid at 50% if repeated within 30 days		
v) Interventional Radiology consultation is payable.		
10909 Percutaneous intravascular/intracorporeal medical device/ foreign body removal	377.15	3
Notes:		
i) All angiography, angioplasty and/or intravascular stenting included.		
ii) If a second or third medical device / foreign body is removed, payable at 50% each, to a total maximum of three.		
iii) An interventional radiology consultation is not payable unless the procedure is cancelled.		
10911 Selective salpingography/fallopian tube recanalization (FTR)	377.15	2
Notes:		
i) Hysterosalpingogram not payable in conjunction with the procedure.		
ii) Paid at 2/3 of the fee if unilateral.		
iii) FTR is not an insured benefit when used to correct scarring of the fallopian tubes after reversal of tubal ligation.		
iv) Any imaging related to the procedure is inclusive.		
v) An interventional radiology consultation is not payable unless the procedure is cancelled.		
10912 Transjugular liver/renal biopsy.....	377.15	2
Notes:		
i) Ultrasound guidance, venous puncture, central access catheter are included in the fee.		
ii) Payable only for uncorrectable coagulopathy.		
iii) The first biopsy is payable at 100%, the second and third at 50% up to a maximum of three per patient per day.		
iv) If repeated within 6 months, payable at 50%.		
v) An interventional radiology consultation is not payable unless the procedure is cancelled.		
10913 Cerebral arterial balloon occlusion tolerance test	766.44	5
Notes:		
i) Payable for procedures performed on cerebral, carotid or vertebral arteries;		
ii) Radiological assists payable under fee items 08632 and 08633;		
iii) Includes all neurological exams done in association with the procedure, any diagnostic angiography done immediately prior to or during the procedure and any necessary imaging performed at the time of the procedure;		
iv) Payable once per day, regardless of the number of balloon catheters inserted;		
v) Repeats within 30 days included in payment for original procedure.		
vi) Consultations payable in addition;		
vii) Included in payment for endovascular obliteration of an aneurysm using the GDC technique (FI 10915), or embolization (fee items: T00995, T0097, T00998) if performed on the same day.		

	\$	Anes. Level
10914	Percutaneous balloon angioplasty for cerebral vasospasm985.09	9
	Notes:	
	i) Includes all neurological exams done in association with the procedure, diagnostic cerebral angiography done during the procedure and any necessary imaging performed at the time of the procedure;	
	ii) Includes catheterization of any and all cerebral arteries.	
	iii) Payable once per day regardless of number of vascular territories or times treated.	
	iv) Medically necessary extra cranial angioplasty and stenting required to enable access for balloon angioplasty payable at 50% of 00982	
	v) Consultation payable only if procedure is cancelled subsequent to consultation.	
	vi) Radiological assists are payable under fee items 08632 and 08633.	
	vii) Physician may bill under miscellaneous fee code 00999 for each angiogram when done as part of an aborted 10914. Each separate vessel injected will be considered a separate angiogram. Payment will be made at 100 percent for the first angiogram and 50 percent for subsequent angiograms, to a maximum of 75% of fee item 10914. Claims must be accompanied by written details of vessels injected.	
	viii) Not payable with fee item 10905 (Cerebral intra-arterial thrombolysis).	
10915	Endovascular obliteration of aneurysms using Guglielmi detachable coil (GDC) technique1,916.11	7
	Notes:	
	i) Includes all neurological exams done in association with the procedure, any diagnostic angiography performed at time of procedure and any necessary imaging performed at the time of the procedure;	
	ii) Includes 10913 when performed on same day;	
	iii) Separate micro catheterization included if required;	
	iv) Consultation payable only if procedure is cancelled subsequent to the consultation;	
	v) Multiple aneurysms paid as follows: 2nd – 50 percent; 3rd – 25 percent (to a maximum of three aneurysms);	
	vi) Radiological assists are payable under fee items 08632 and 08633;	
	vii) Fee item 08629 not payable in addition.	
	viii) Physician may bill under miscellaneous fee code 00999 for each angiogram when done as part of an aborted 10915. Each separate vessel injected will be considered a separate angiogram. Payment will be made at 100 percent for the first angiogram and 50 percent for subsequent angiograms, to a maximum of 75% of fee item 10915. Claims must be accompanied by written details of vessels injected.	
10916	Complex diagnostic neuroangiography for the assessment of complex vascular tumors or vascular malformations	
	– up to 4 hours procedural time1,127.12	5
10917	– after 4 hours (extra to 10916)281.79	
	Notes:	
	i) Includes injection of six or more intracranial or extracranial vessels in the head, neck and/or spine, or if procedure requires use of microcatheters, injection of four or more vessels.	
	ii) Start and stop times must be noted in claim submission	
	iii) This listing is not payable when performed concurrently with other interventional radiology procedures.	
	iv) Subsequent consecutive interventional radiology procedures are payable at	
	a) 50% if performed by same operator;	
	b) 100% if performed by different operator.	

		\$	Anes. Level
10918	Percutaneous sclerotherapy of head and neck vascular lesions under fluoroscopic guidance	450.85	6
	Notes:		
	i) Payable once per day, regardless of the number of lesions treated on head or neck;		
	ii) Fee item 08629 not payable in addition.		
	iii) Consultation payable only if procedure is cancelled subsequent to the consultation.		
	iv) Includes necessary post-operative visits by physician performing procedure.		
	v) Compression sclerotherapy listings (fee items 77050 – 77060) not payable with 10918.		
10919	Intravascular stent placement – extra	124.30	
	Notes:		
	i) Includes all diagnostic imaging associated with stent placement.		
	ii) Payable once only when contiguous vessels are stented and/or where more than one stent is used per site.		
	iii) Placement of second stent in non-contiguous site payable at 50%.		
	iv) Procedures repeated within 30 days are payable at 50%.		
	v) Consultation payable only if procedure is cancelled subsequent to consultation.		
	vi) Not payable for Coronary stent placement.		
	vii) When done with 77177, payable to the second operator.		
10920	Intracorporeal stent placement – extra	124.30	
	Notes:		
	i) Includes all Diagnostic imaging associated with stent placement.		
	ii) Includes all associated tract dilation(s).		
	iii) Second procedure same day payable at 50%.		
	iv) Removal of stent within 6 months of insertion payable at 50%.		
	v) Consultation payable only if procedure is cancelled subsequent to the consultation.		
	vi) Payable only when stents are placed in the same organ and/or where more than one stent is used per site or when repositioning of stent required.		
	vii) Placement of second stent in non-contiguous site payable at 50%.		
10921	Transjugular Intrahepatic Porto-systemic shunt (TIPS)	1,068.21	8
	Notes:		
	i) Includes all medically necessary catheters/guidewires/stenting.		
	ii) Includes all diagnostic and/or procedural imaging.		
	iii) 2nd TIPS procedure performed within 24 hours payable at 50%.		
	iv) Replacement of previously inserted TIPS payable at 50%.		
	v) Consultation (83000) will be paid in addition regardless if the procedure is performed or is scheduled and subsequently cancelled.		
	vi) Radiological assists are payable under fee items 08632 and 08633.		

(c) Needle Biopsy Procedures

These biopsies include only those done by needle. Biopsies involving the incision of skin or mucous membrane or involving total or partial removal of a lesion are regarded as surgical procedures, i.e. biopsy of breast, brain, larynx, skin, facial skin, lymph nodes, prostate, etc.:

S00739	Percutaneous lung or mediastinal biopsy - procedure fee	89.62	2
S00740	Liver biopsy - procedural fee	88.43	2
S00741	Splenic biopsy - procedural fee	88.43	2

		\$	Anes. Level
S00742	Renal biopsy - procedural fee.....	89.62	2
S00744	Thyroid biopsy - procedural fee.....	64.49	2
S00745	Peripheral or subcutaneous lymph node biopsy - procedural fee.....	47.10	2
S00747	Prostate biopsy - procedural fee.....	29.00	2
ST00748	Bone biopsy under local/regional anesthetic	61.31	
S00749	Parietal pleural, including thoracentesis - procedural fee	46.02	2
S00844	Biopsy of salivary gland, fine needle or core needle	52.98	3

(d) Puncture procedure for obtaining body fluids (when performed for diagnostic purposes)

SY00750	Lumbar puncture - in a patient 13 years of age and over	53.02	2
	<i>Note: Procedure not payable with Critical Care sectional fee items or chemotherapy fee items.</i>		
SY00570	Lumbar puncture in a patient 12 years of age and younger.....	79.55	2
	<i>Note: Procedure not payable with Critical Care sectional fee items or chemotherapy fee items.</i>		
S00751	Pericardial puncture - procedural fee	132.00	3
S00752	Cisternal puncture - procedural fee	36.86	2
S00753	Marrow aspiration - procedural fee.....	42.93	2
S00755	Artery puncture - procedural fee.....	6.25	2
SY00757	Joint aspiration - procedural fee (not in addition to Y00014 or Y00015) - other joints	11.42	2
S00759	Paracentesis - (thoracic) or transtracheal aspiration - procedural fee	21.67	2
S00760	- (abdominal) - procedural fee	24.83	2
S00761	Cyst or bursa - procedural fee	13.92	2

(e) Allergy, patch and photopatch tests

S00762	Scratch test, per antigen.....	1.05	
	<i>Note: Minor tray fees may be paid in addition if a minimum of 16 antigens are used.</i>		
S00763	- children under 5 years of age, per antigen.....	2.27	
	<i>Note: Minor tray fees may be paid in addition if a minimum of 14 antigens are used.</i>		
S00764	Intracutaneous test, per test.....	2.10	
S00765	Annual maximum (to include scratch or intracutaneous tests) for each physician - per patient.....	33.73	
S00767	Patch testing (extra) (annual maximum, 80 tests), per test.....	1.31	
S00768	Photopatch test - per test	5.50	
S00769	- annual maximum	55.00	

(f) Examination under anesthesia when done as independent procedure

S00770	Pelvic examination under anesthesia when done as an independent procedure - procedural fee	106.81	2
S00771	Retinal examination under anesthesia - procedural fee	19.69	3

(g) Gynecological

S00775	Hydrotubation	38.28	
	<i>Note: When 00775 is done in conjunction with laparoscopy, fee included in laparoscopy fee.</i>		
S00776	Fetal scalp sampling.....	38.28	

	\$	Anes. Level	
S00782	Needle aspiration of Pouch of Douglas - procedural fee.....	30.24	2
S00783	Huhner's test - procedural fee	38.28	
S00784	Cervix punch biopsy - procedural fee	16.24	2
S00785	Endometrial biopsy - procedural fee.....	38.28	2
	<i>Note: Includes pap smear if required.</i>		
S00786	Pelvic examination with needle aspiration of Pouch of Douglas under anesthesia when not followed by a surgical procedure by the same surgeon.....	44.73	2
S00787	Transabdominal amniocentesis	79.57	2
S00790	Antepartum fetal heart monitoring (not to be charged for intrapartum fetal heart monitoring nor when done in conjunction with a consultation) - professional fee	15.60	
S00794	Chorionic villus sampling	109.62	2
	<i>Note: Includes ultrasound guidance of the villus biopsy.</i>		
S00807	Diagnostic hysteroscopy - not payable in addition to a D&C	106.81	2
S00808	Diagnostic hysteroscopy with biopsy(s), includes D&C	162.32	2
S00815	Laparoscopically directed biopsies and/or lysis of adhesions – extra.....	53.74	4
ST00819	Diagnostic vaginoscopy under GA	106.83	2
	Notes:		
	i) Payable only for premenarchal patients unless medical necessity provided in the note record.		
	ii) Not billable in addition to hysteroscopy.		

(h) Urological

S00802	Urethrogram.....	38.77	2
	Cysto-ureterogram:		
S00792	- technical fee	12.03	2
S00793	- professional fee	6.01	
S00799	Transurethral ureterorenoscopy to include C&P	155.07	2
S00800	Transurethral ureterorenoscopy with x-ray control - C & P included.....	340.00	2
S00803	Loopogram.....	52.47	
S00866	Dynamic cavernosometry and cavernosography	77.53	2
	<i>Note: Interpretation of x-ray is included in technical portion and is not billable in addition to procedure.</i>		
S00878	Cystometry, to include pelvic floor EMG	55.16	
S00874	Urethral profilometry (water or gas).....	19.38	
S00875	Uroflowmetry (with sphincter EMG with or without pharmacologic manipulation)	31.02	
S00876	Video uro-dynamics (full study), includes S00874, S00875 and S00878	151.19	

(i) Miscellaneous

S00774	Secretion pancreozymin stimulation test.....	86.88	
S00780	Schirmer's Test (included in fee Item 02015)	12.89	
SY00789	Peritoneal lavage.....	84.08	2
S00797	Oesophageal motility test	134.58	
S00788	- technical fee	72.92	
S00798	- professional fee	61.66	

	\$	Anes. Level	
S00818	Oesophageal pH study for reflux, extra - professional fee	40.04	
S00817	- technical fee	12.21	
S00809	Retrograde pancreatography.....	212.36	3
S00869	Manometry; anal - adult.....	61.66	2
(j) Cardio-vascular Diagnostic Procedures -procedural fees			
S00801	Intra-arterial cannulation - with multiple aspirations - procedural fee.....	21.67	
S00810	Right heart catheterization, by duly qualified specialist.....	162.26	4
S00812	Selective angiocardioqram, extra, by duly qualified specialist	54.45	4
S00813	Ergonovine provocative testing for coronary artery spasm	77.62	4
S00814	Dye dilution studies, extra, by duly qualified specialist	54.45	4
S00816	Hydrogen ion study.....	28.40	2
S00827	Retrograde left heart catheterization, extra, by duly qualified specialist	129.78	4
S00830	Trans-septal left heart catheterization, by duly qualified specialist	226.00	4
S00839	Direct intracoronary streptokinase thrombolysis	353.16	4
	<i>Note: When coronary angiography and/or angioplasty performed in addition, the lesser procedure(s) to be charged at 50% of listed fee(s).</i>		
S00840	Percutaneous transluminal coronary angioplasty.....	369.39	4
S00842	- additional site or vessel	185.37	
	<i>Note: When temporary pacemaker insertion and/or coronary angiography performed in addition, the lesser procedure(s) to be charged at 50% of listed fee(s).</i>		
S00841	Direct coronary angiography (catheterization of coronary ostia), by duly qualified specialist	194.74	4
S00843	Selective arteriography of any abdominal branch by catheter extra: - for first branch (each additional branch 50% extra).....	96.88	2
S00847	Selective arteriography of any thoracic aortic branch (excluding coronaries) extra - for first branch (each additional branch 50% extra)	157.08	2
	Pulse tracing, including interpretation:		
S00871	- intravascular, including both arterial and venous	54.45	
	Portal pressures:		
S00880	- hepatic vein wedge pressure, by duly qualified specialist.....	63.20	
S00881	- percutaneous splenic portal pressure	50.58	2
S00898	Balloon septostomy	324.87	7
	Aortogram:		
S00890	- abdominal - procedural fee.....	111.56	2
S00897	- thoracic - procedural fee (extra except when part of a retrograde left heart catheterization).....	160.37	2
	Arteriogram-procedural fee:		
S00892	- carotid percutaneous; unilateral	110.24	3
S00891	- carotid percutaneous; bilateral	165.77	3
S00893	- femoral or axillary	85.36	2
S00894	- cerebral, by dissection.....	185.85	3
S00853	Superior venacavogram, by indirect means	23.27	2
S00854	Inferior venacavogram.....	111.56	2
S00855	Selective catheterization of branches of inferior vena cava or iliac system - first branch.....	86.32	2
S00856	- others.....	57.61	2

	\$	Anes. Level	
S00888	Ventriculogram, when no ventricular access device is present (i.e. ventricular reservoir, VP shunt, or drain).....	251.48	3
S00889	Ventriculogram through previously placed ventricular access device, drain, or catheter	125.75	3
S00896	Pulmonary arteriography	135.42	3
S00885	Digital angiography - peripheral injection	45.09	2
ST00919	Impedance plethysmography - professional component.....	6.76	
ST00920	Impedance plethysmography - technical component.....	33.88	

Cardiology Assist Fees:

00845	For first hour or fraction thereof	108.90
00846	After one hour, for each 15 minutes or fraction thereof.....	27.23

(k) 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	
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
S00922	Electrodiagnostic component of the decamethoniumedrophonium test for myasthenia gravis, inclusive of tetanic stimulation tests	55.47	
S00927	Decamethonium test - for attendance at, and follow-up observation if necessary	33.67	
ST00944	Tilt table testing with continuous ECG monitoring and automatic BP recording - total fee.....	284.56	
ST00947	- professional fee	175.12	
ST00948	- technical fee	109.45	

Notes:

- i) *Applicable only for investigation for diagnosis of neurally mediated syncope.*
- ii) *Physician must be present throughout duration of procedure.*
- iii) *Includes testing before and if necessary, after pharmacological provocation.*
- iv) *Requires backup resuscitation equipment and materials.*
- v) *Routine ECG not billable in addition.*
- vi) *Restricted to facilities licensed to perform cardiac electrophysiological testing.*

Polysomnogram:

S00910	Overnight home oximetry (continuous recording of oxygen and pulse) - professional fee	27.36
S00911	- technical fee	15.32

Note: Fee items S00910 and S00911 are limited to Category III pulmonary function laboratories and/or polysomnography laboratories with the established personnel qualifications for such laboratories.

ST11915	Polysomnography, standard – professional fee	164.17
ST11916	Polysomnography, standard – technical fee	379.57
ST11917	Polysomnography, two-night – professional fee.....	246.26
ST11918	Polysomnography, two-night – technical fee	759.13
ST11919	Multiple Sleep Latency Test (MSLT) - professional fee	82.09
ST11920	Multiple Sleep Latency Test (MSLT) - technical fee.....	189.78
PS11925	Four channel home polysomnography – professional fee	82.00
PS11926	Four channel home polysomnography – technical fee.....	82.25

(I) Pulmonary Investigative and Function Studies

S00930	Peak expiratory flow rate	5.44
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Note: Fee item S00930 payable when performed in physicians' office (not restricted to an accredited facility).

Laboratory Procedures:

S00928	Simple screening spirometry with FVC, FEV(i), and FEV(i)/FVC ratio using a portable apparatus without bronchodilators.....	12.52
S00929	Simple screening spirometry as above but before and after bronchodilators	18.54
Lung volumes - all subdivision of lung volume, to include vital capacity plus measurement of FRC and residual volume:		
S00931	- professional fee	13.90
S00932	- technical fee	13.90

Spirometry – forced expiratory spirogram to include FVC, FEV(i) and FEV(i)/FVC ratio, MMEFR, etc.:

S00933	- without bronchodilators - professional fee.....	10.90
S00934	- without bronchodilators - technical fee	10.90
S00935	- before and after bronchodilators - professional fee	12.52
S00936	- before and after bronchodilators - technical fee.....	13.90

Spirometry - flow volume loops:

S00937	- without bronchodilators - professional fee.....	10.90
S00938	- without bronchodilators - technical fee	17.85
S00940	- before and after bronchodilators - professional fee	13.90
S00941	- before and after bronchodilators - technical fee.....	26.40

Diffusion Studies with Carbon Monoxide:

S00942	- at rest or exercise - professional fee	14.82
S00943	- technical fee	12.62

Detailed Pulmonary Function Studies:

S00945	- professional fee (includes S00931, S00935 and S00942).....	41.24
S00946	- technical fee (includes S00932, S00936 and S00943)	39.51

Note: Fee items S00931-S00936, S00942, S00943 will be paid at 100%.

Exercise Studies:

Note: No more than one exercise study item may be billed for a single patient on any one day without written explanation.

	Progressive exercise test with at least three workloads, measuring ventilation and electrocardiographic monitoring:	
S00950	- professional fee	21.67
S00951	- technical fee	31.97
	Exercise in a steady state at two or more work loads with measurements of ventilation, O ₂ and CO ₂ exchange, and electrocardiographic monitoring:	
S00954	- professional fee	90.18
S00955	- technical fee	57.93
	Exercise in a steady state at two or more work loads with measurements of ventilation, O ₂ and CO ₂ exchange, electrocardiographic monitoring, arterial blood gases, measurement of Aa gradients and physiological dead space:	
S00956	- professional fee	107.36
S00957	- technical fee	68.97
	Testing for exercise-induced asthma by serial flow measurements:	
S00958	- professional fee	21.91
S00959	- technical fee	32.31

Miscellaneous Pulmonary Tests:

	Plethysmography and airway resistance:	
S00964	- professional fee	13.21
S00965	- technical fee	26.40
	Inhalation challenge - assessed by serial flow measurements, per day:	
S00968	- professional fee	35.71
S00969	- technical fee	35.71
	Sputum induction for the assessment of inflammatory cells, preparation & staining of sputum, for patients 12+ years:	
PSY11964	- professional fee	10.29
PSY11965	- technical fee	43.50
	Notes:	
	i) Restricted to Respiriologists.	
	ii) Maximum of one assessment per patient per day.	
	iii) Annual maximum four per year. Two additional tests will be considered if accompanied by a note record.	
	iv) Not payable in addition to bronchoscopy 00700, 00702.	
	Precipitin tests - one or more antigens:	
S00970	- professional fee	10.90
S00971	- technical fee	26.40
	CO ₂ /O ₂ responsiveness of respiratory centres by steady state test or rebreathing test:	
S00972	- professional fee	17.85
S00973	- technical fee	10.90
	Inspiratory and expiratory muscle strength	
S00974	- professional fee	12.02
S00975	- technical fee	12.48
S11960	Oximetry at rest, with or without oxygen	
	- professional fee	4.62
S11961	- technical fee	5.00

		\$	Anes. Level
S11962	Oximetry at rest and exercise, with or without oxygen		
	- professional fee	10.00	
S11963	- technical fee	15.64	

(m) Evoked Response Procedures

S00985	Brainstem auditory evoked response; supra threshold testing for integrity of brainstem function	47.73	
S00986	Somatosensory evoked response - upper extremity	36.36	
S00987	- upper and lower extremity	62.87	
S00988	Visual evoked response	70.50	

(n) Orthopaedic Diagnostic Procedures

Shoulder Girdle, Clavicle and Humerus

	<u>Incision - Diagnostic, Percutaneous:</u>		
S11200	Arthroscopy shoulder joint	293.02	2
	<u>Incision Diagnostic Open:</u>		
11215	Arthrotomy shoulder joint or bursa	183.13	2
	<u>Excision - Diagnostic, Percutaneous:</u>		
S11230	Needle biopsy under GA	183.13	2
S11232	Arthroscopy - biopsy, shoulder	238.06	2
	<u>Excision - Diagnostic, Open:</u>		
11245	Biopsy, open	238.06	2

Elbow, Proximal Radius and Ulna

	<u>Incision - Diagnostic, Percutaneous:</u>		
S11300	Arthroscopy elbow joint	263.26	2
S11302	Aspiration bursa, tendon sheath.....	22.79	2
	<u>Incision - Diagnostic, Open:</u>		
11315	Arthrotomy elbow joint	183.13	2
	<u>Excision - Diagnostic, Percutaneous:</u>		
S11330	Needle biopsy under GA	183.13	2
S11332	Arthroscopy and biopsy	290.73	2
	<u>Excision - Diagnostic, Open:</u>		
11345	Open - biopsy	238.06	2

Note: Not billable with other procedures on the same joint.

Hand and Wrist

	<u>Incision - Diagnostic, Percutaneous:</u>		
S11400	Arthroscopy wrist joint	282.08	2
S11402	Aspiration bursa, synovial sheath,etc	22.79	2
	<u>Incision - Diagnostic, Open:</u>		
11415	Arthrotomy wrist joint - isolated procedure	183.13	2

		\$	Anes. Level
11416	Arthrotomy MP, PIP, DIP joints - isolated procedure	183.13	2
	<u>Excision - Diagnostic, Percutaneous:</u>		
S11430	Needle biopsy, under GA	183.13	2
S11432	Arthroscopy and biopsy, wrist /hand joint(s).....	183.13	2
	<u>Excision - Diagnostic, Open:</u>		
11445	Open biopsy, hand or wrist.....	238.06	2
Pelvis, Hip and Femur			
	<u>Incision - Diagnostic, Percutaneous:</u>		
S11500	Arthroscopy hip joint	508.19	3
S11501	Aspiration hip joint	22.79	2
S11502	Aspiration bursa, tendon sheath.....	11.40	2
	<u>Incision - Diagnostic, Open:</u>		
11515	Arthrotomy hip joint.....	293.02	3
	<u>Excision - Diagnostic, Percutaneous:</u>		
S11530	Needle biopsy, under GA	183.13	2
S11532	Arthroscopy and biopsy, hip	508.19	3
	<u>Excision - Diagnostic, Open:</u>		
11545	Arthrotomy and biopsy, hip	238.06	3
11546	Biopsy open, soft tissue or bone	238.06	2
Femur, Knee Joint, Tibia and Fibula			
	<u>Incision - Diagnostic Percutaneous:</u>		
S11600	Arthroscopy knee joint	210.59	2
S11602	Aspiration bursa, tendon sheath or other peri-articular structures	22.79	2
	<u>Incision - Diagnostic Open:</u>		
11615	Arthrotomy knee joint.....	238.06	3
	<u>Excision - Diagnostic, Percutaneous:</u>		
S11630	Needle biopsy, under GA	183.13	2
S11632	Arthroscopy - biopsy	210.59	2
	<u>Excision - Diagnostic, Open:</u>		
11645	Biopsy, open	238.06	2
Tibial Metaphysis (Distal), Ankle and Foot			
	<u>Incision - Diagnostic, Percutaneous:</u>		
S11700	Arthroscopy ankle joint / subtalar joint.....	183.13	2
S11702	Aspiration bursa, tendon sheath.....	22.79	2
	<u>Incision - Diagnostic, Open:</u>		
11715	Ankle joint,	183.13	2
11716	Subtalar joint	183.13	2
11717	Midtarsal joint	183.13	2
11718	Tarsal-metatarsal, metatarsal-phalangeal, interphalangeal joint.	183.13	2
	<u>Excision - Diagnostic:</u>		
S11730	Needle biopsy, under GA	183.13	2
11745	Open biopsy, under GA	238.06	2

\$ **Anes.
Level**

Vertebra, Facette and Spine

	<u>Excision - Diagnostic, Percutaneous:</u>		
S11830	Needle biopsy - soft tissue/bone - thoracic spine, under GA	210.59	2
S11831	Needle biopsy - soft tissue/bone - lumbar spine, under GA.....	183.13	2
	<u>Excision - Diagnostic, Open:</u>		
11845	Biopsy, with GA	238.06	3
	<i>Note: Not payable with definitive spinal surgery</i>		