

# CARDIOLOGY

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

		\$	Anes. Level
<b>Referred Cases</b>			
33010	<b>Consultation:</b> To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....	166.15	
33012	<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 .....	83.08	
33014	Prolonged visit for counselling (maximum, four per year) .....	59.49	
	<i>Note: See Preamble, Clause D. 3. 3.</i>		
	<b><u>Group counselling for groups of two or more patients:</u></b>		
33013	- first full hour .....	91.75	
33015	- second hour, per 1/2 hour or major portion thereof.....	45.85	
	<b><u>Continuing care by consultant:</u></b>		
33006	Directive care .....	41.62	
33007	Subsequent office visit.....	57.60	
33008	Subsequent hospital visit.....	33.94	
33009	Subsequent home visit .....	41.97	
33005	Emergency visit when specially called .....	93.00	
	(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>		
33110	Telehealth consultation: To consist of examination, review of history, laboratory, x-ray findings, and additional visits necessary to render a written report.....	166.15	
33112	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 that consultative services do not warrant a full consultative fee .....	83.08	
33114	Telehealth prolonged visit for counselling (maximum four per year).....	59.49	
	<i>Note: See Preamble D. 3. 3.</i>		
33106	Telehealth directive care .....	41.62	
33107	Telehealth subsequent office visit .....	57.60	
33108	Telehealth subsequent hospital visit .....	33.94	
	Telehealth Single chamber permanent programmable pacemaker testing		
P33126	- professional fee .....	45.36	
P33153	- technical fee .....	22.68	

		\$	Anes. Level
P33128	Telehealth Dual chamber permanent programmable pacemaker testing - professional fee .....	68.02	
P33154	- technical fee .....	45.36	

**Notes:**

- i) P33126,P33153,P33128,P33154 include telehealth office visit or an office visit and necessary ECG
- ii) May be billed by any qualified physician who performs this service from a location in BC.
- iii) Paid only on outpatients.

**Examinations by Certified Cardiologist**

33016	Electrocardiogram and interpretation - office, each.....	24.05	
33017	- home, each.....	33.45	
33018	Electrocardiogram - professional fee.....	8.42	
Y33025	Cardioversion (operation only) .....	87.19	2
	<i>Note: The procedural fee does not include the consultation fee or follow-up daily visits. If more than one cardioversion is performed on any patient in a single day, this is to be treated as a special case and a written report should accompany the account.</i>		
	Single chamber permanent programmable pacemaker testing		
33026	- professional fee .....	45.36	
33053	- technical fee .....	22.68	
	Dual chamber permanent programmable pacemaker testing		
33028	- professional fee .....	68.02	
33054	- technical fee .....	45.36	
	<i>Note: 33026, 33053, 33028, 33054 include office visit and necessary ECG, and may be billed by any qualified physician.</i>		
33030	Temporary right ventricular pacemaker catheter placement, using external battery pack - cardiologist or other qualified physician.....	172.67	4
33032	Pacemaker standby and/or placement of the endocardial catheter (operation only).....	79.10	4
33033	Generator placement and venous cutdown.....	258.25	4
33034	Graded exercise test (performance and interpretation) .....	76.16	
33035	- professional fee .....	45.18	
33036	- technical fee .....	30.97	

**Notes:**

- i) This test involves controlled graduated exercise levels by the use of either a bicycle or treadmill ergometer or pharmaceutical agents, with continuous electrocardiographic monitoring during and after exercise. At least two exercise work levels must be measured, exclusive of a warm-up period, and reproducible exercise and post exercise records must be obtained.
- ii) When a 12-lead cardiogram is done on the same day as the graded exercise test, it is included in Item 33034.
- iii) A graded exercise tolerance test may be repeated once within one year to assess the functional capacity of the patient after recovery from coronary bypass surgery and to assess the effect of therapy where exercise has produced a serious ventricular rhythm disturbance. In all other circumstances, where graded exercise tests are repeated within one year, a letter of explanation for the need will accompany the account to the Plan,

*except in conjunction with thallium myocardial scans where a graded exercise test may be performed and charged with each scan.*  
 iv) *Where the exercise stress test (33034, 33035, 33036) and exercise echocardiogram (08662) are performed by the same physician, the stress test will be paid at 50 percent.*

33037 Replacement transfusion - hepatic failure to include two weeks' care after transfusion ..... 282.31  
**Note:** Consultation and necessary hospital visits prior to initial transfusion extra.

**Scanning of 24 hour electrocardiogram:**

33047 - professional fee.....64.86  
 33048 - technical fee .....24.33

**Technical fee for scanning:**

33049 **LEVEL 1:**  
 Requires a recorder capable of recording all beats and transmitting this information to a scanner which is capable of analyzing and printing every beat and also performing edited trend analysis, and/or edited graphic or alpha-numeric hourly summary of data .....53.12

33063 **LEVEL 2:**  
 Requires a recorder capable of recording all beats and transmitting this information to a scanner which is capable of analyzing and printing every beat and also performing unedited trend analysis, and/or unedited graphic or alpha-numeric hourly summary of data .....39.83

33065 **LEVEL 4:**  
 (i) Requires a recorder capable of recording beats for only a portion of a minute and feeding this information into a scanner through an adaptor that feeds the information to the standard ECG machine;  
 (ii) Requires a recorder capable of recording all beats and feeding the information into an alpha-numeric device which prints an hourly summary of heart rate, minimum and maximum R-R intervals, premature beats, and ventricular complexes of abnormal width.....13.31

**Patient Activated Cardiac Event Recorders**

P33062 Event/unmonitored loop recorders (first strip) - professional fee .....35.52  
 P33069 - each additional strip (per strip) .....17.76  
**Note:** Additional strips are limited to two extra strips per patient, per two-week period.

P33092 Event/unmonitored loop recorder – technical fee.....42.68  
**Notes:**

- i) *The following notes apply to fee items 33062, 33069, 33092*
- ii) *These items are intended to cover a two-week period*
- iii) *Consultation not paid in addition*
- iv) *Provide note record when more than one recording billed per patient, per year.*
- v) *Holter monitor not payable in addition*
- vi) *An explanatory note is required for second test, same patient.*

### Intracardiac Electrophysiological Mapping

33066	- initial study.....	761.24	4
33068	Oesophageal or intra-atrial electro-physiological study .....	113.80	4

### Electrophysiological Mapping and Ablation

33084	Catheter ablation for atrial fibrillation.....	1,685.50	6
	<i>Note: Includes percutaneous right heart catheterization, transseptal left heart catheterization, all diagnostic imaging, ECG's (electrophysiological mapping/ablation fee items 33066, 33085, 33086, and 33087).</i>		
T33085	Catheter ablation - AV node .....	930.31	4
	<i>Note: To include diagnostic study (33066).</i>		
T33086	Catheter ablation of SVT .....	1,422.82	4
	<i>Note: To include diagnostic study (33066).</i>		
T33087	Catheter ablation of VT.....	1,685.50	4
	<i>Note: To include diagnostic study (33066).</i>		
T33088	Repeat diagnostic EP study .....	328.34	4
	<i>Note: Not normally to be billed for re-check on the same day.</i>		
	<i>Note: Follow-up visits are billable in addition to fee items T33085, T33086, T33087 and T33088.</i>		
T33089	Catheter ablation - assistants fee (per hour).....	136.81	
	<b>Notes:</b>		
	i) For SVT and/or VT ablation; AV node may be billed with supporting documentation.		
	ii) Applicable only to fully qualified cardiologists with 2 years EP training.		

### Interventional Cardiology Procedures

S33073	Percutaneous transcatheter cardiac occluder device closure of ASD – for patients over 18 years of age – composite fee.....	700.00	7
	<b>Notes:</b>		
	i) Includes all necessary diagnostic imaging, right and left heart catheterization, all necessary angiograms, angiocardiograms, atrial septostomy, HIS bundle recordings, CVP, venous cannulation, infusion of pharmacologic agents, pressure measurement, pressure gradient calculations		
	ii) 30 days pre and 48 hour post-operative visits in hospital included		
S33074	Percutaneous transcatheter cardiac occluder device closure of PFO - for patients over 18 years of age - composite fee .....	550.00	7
	<b>Notes:</b>		
	i) Includes all necessary diagnostic imaging, right and left heart catheterization, all necessary angiograms, angiocardiograms, atrial septostomy, HIS bundle recordings, CVP, venous cannulation, infusion of pharmacologic agents, pressure measurement, pressure gradient calculations		
	ii) 30 days pre and 48 hour post-operative visits in hospital included.		

	\$	Anes. Level
S33075 Percutaneous balloon valvuloplasty for congenital or rheumatic mitral stenosis (composite fee).....	900.00	9
<b>Notes:</b>		
i) Includes all necessary catheterizations, angiography (00810, 00812, 00827, 00830, 00871, 00888, 00889 and 00898), angiocardiography, atrial septostomy, balloon dilation of atrial septum, any medically necessary diagnostic imaging, CVP, arterial lines, blood pressure measurements, and any pharmacological infusion and studies, blood sampling, blood analysis and interpretations done in association with procedure.		
ii) 30 days pre and 48 hour post-operative visits in hospital included.		
C33076 Percutaneous balloon valvuloplasty for aortic stenosis (composite fee).....	600.00	9
<b>Notes:</b>		
i) Includes all necessary catheterizations, angiography (00801, 00810, 00812, 00827, 00871, 00888, 00889, 33030), angiocardiography, intra-arterial cannulation, right heart catheterization, retrograde left heart catheterization, pulse tracing (intravascular), temporary pacemaker, any medically necessary diagnostic imaging (e.g.: Intra-cardiac ultrasound), CVP, arterial lines, blood pressure measurements, and any pharmacological infusion and studies, blood sampling, blood analysis and interpretations done in association with procedure.		
ii) 30 days pre and 48 hour post-operative visits in hospital included.		
iii) 00840 (percutaneous trans-luminal coronary angioplasty) and 00841 (direct coronary angiography) may be billed at 50% if done with this Procedure		
iv) If a Cardiology assist is required, may bill Cardiology Assist Fee Items 00845 (first hour or fraction thereof) and 00846 (after one hour, each 15 minutes or fraction thereof) @50%.		
33071 Percutaneous endovascular Aortic or Pulmonary Heart Valve Replacement .....	1,125.00	9
<b>Notes:</b>		
i) All diagnostic imaging, all necessary left and right heart catheterizations, arterial or venous cannulation, blood sampling, CVP, pressure or gradient measurements, infusion of pharmacological agents, temporary pacing and pacemaker, and percutaneous balloon valvuloplasty are included.		
ii) 30 days pre and 48 hour post operative in hospital visits included		
iii) Cardiac Surgeon (specialty 12) paid under 07917/07920 when assisting for 33071.		
iv) Cardiologist (specialty 26) paid under 00845/6 when assisting 33071.		

**Diagnostic Procedures:**

**Electrodiagnosis**

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.

**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:

S00729	Fluoroscopy of chest by cardiologist or paediatrician – procedural fee .....	10.90	
<b>Puncture Procedure for obtaining body fluids (when performed for diagnostic purposes):</b>			
S00751	Pericardial puncture - procedural fee .....	132.00	3
<b>Cardio-vascular Diagnostic Procedures – procedural fees:</b>			
S00801	Intra-arterial cannulation - with multiple aspirations - procedural fee .....	21.67	
S00810	Right heart catheterization, by duly qualified specialist.....	162.26	4
S00812	Selective angiogram, 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
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
Pulse tracing, including interpretation:			
S00871	- intravascular, including both arterial and venous .....	54.45	
<u>Cardiology Assist Fees:</u>			
00845	For first hour or fraction thereof .....	108.90	
00846	After one hour, for each 15 minutes or fraction thereof.....	27.23	

**Diagnostic Ultrasound**

*Note: Real-time ultrasound fees may only be claimed for studies performed when a physician is on site in the laboratory for the purpose of diagnostic ultrasound supervision.*

ST33057	Trans-esophageal echocardiography - procedure fee .....	142.76	3
<b>Notes:</b>			
i) This procedure fee is intended to cover all aspects of the patient's cardiological care during the performance of the TEE. A consultation may not be billed in addition, except in situations where specifically requested and the physician fulfills all Preamble criteria for billing a consultation.			
ii) Trans-thoracic echocardiography may only be billed in addition where medically indicated. Written explanation is required.			
33091	Echocardiography - combined two dimensional real time and M-mode .....	141.42	

33093 Level III Echocardiographer Complex Assessment of Previous Echocardiogram (clinical assessment and review, interpretation and written report of submitted echocardiograms) – per patient .....125.31

**Notes:**

- i) Payable following a written request from a cardiologist or cardiac surgeon for a clinical assessment, review and interpretation of submitted echocardiograms done on an out-patient basis only, performed in another institution by a different echocardiographer.
- ii) A written report and management recommendation must be provided to the referring physician.
- iii) Not payable when echocardiograms above are used for comparison purposes with echocardiograms made in the Level III Echocardiographer's facility.
- iv) Not payable with a consult, visit or 33091 done on the same day.
- v) Payable once per year per patient, unless substantiated in note record.
- vi) Payable only on echocardiograms done in publicly-funded hospitals in BC.
- vii) Not payable in addition to a consultation rendered within 2 months on the same patient on referral by the same physician for the same diagnosis.

P33094 Contrast echocardiography (extra) – technical fee, per vial of contrast .....125.00

**Notes:**

- i) Paid only in addition to fee items 33091, 08638 or 08662.
- ii) Submit claim on the first patient the vial is used for. No claims should be made on subsequent patients for the same vial.

**Diagnostic Ultrasound**

**Heart**

08638 Echocardiography (real time) .....99.90

**Doppler Studies**

**Heart**

08662 Exercise echocardiography with pre and post-exercise echocardiogram of left ventricle with use of continuous loop and quad screen format analysis .....229.94

**Note:** Where the exercise stress test (00530, 00531, 00535, 01730, 01731, 01732, 33034, 33035 and 33036) and exercise echocardiogram (08662) are performed by the same physician, the stress test will be paid at 50 percent.

08679 Doppler echocardiography .....45.83