

GERIATRIC MEDICINE

Preamble

Criteria for Billing Fee items 33401, 33402, 33421, 33422 and G33455:

1. Payable only to qualified geriatricians.
2. Applicable to the assessment of geriatric patients who have multiple medical, physical, mental and/or social problems; who often require a collateral history from physicians, other health care givers and family; and for whom community services may be required. Includes diagnostic interview and examination, including cognitive, functional and social assessment, review of X-ray, laboratory and other relevant records, treatment recommendations and a written report.
3. Applicable only when written report includes at least two aspects of complexity. Common clinical syndromes include, but are not limited to, the following:
 - Assessment and management of medical condition(s)/syndrome(s) in those 75 yrs and over (except 33401 and 33421 which applies to patients 65 yrs and over, and G33455, which applies to patients age 65 – 74).
 - assessment of dementia, using both some form of formal cognitive measurement, as well integrating reports from family/homemakers/Home Health
 - assessment and management of delirium including behavioural issues
 - behavioural/affective issues in dementia management
 - failure to thrive, including detailed assessment of nutrition
 - Polypharmacy, review of medication tolerability/response and compliance issues
 - incontinence
 - management of common psychiatric syndrome in the elderly, including
 - co-management with geriatric psychiatry, particularly where there is significant medical instability
 - Elder abuse/neglect, caregiver stress
 - Assessment/monitoring of functional status including issues of competency and "living at risk"
4. Cumulative time requirements for billing fee items 33401, 33402, 33421, 33422 and G33455 is based on clinical assessment time. It is understood that payment for these fee items includes time spent preparing reports, and, as necessary, the other aspects of assessment outlined in #2.
5. Note start and end times of service in patient's chart when billing 33401, 33402, 33421 and 33422.

GERIATRIC MEDICINE

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

		\$	Anes. Level
Referred Cases			
33410	Consultation: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....	173.47	
33412	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	73.38	
33401	Comprehensive geriatric assessment: limited to patients aged 65 years and over: To consist of examination, review of history, laboratory, x-ray findings, and additional visits necessary to render a written report which reflects the necessary components and complexity of care	273.69	
	Notes:		
	i) See Geriatric Preamble for billing criteria.		
	ii) Minimum time requirement for service is 75 minutes, with 65 minutes clinical assessment time and 10 minutes report preparation time.		
33402	Geriatric reassessment subsequent to comprehensive assessment - limited to patients aged 75 years and over.....	95.36	
	Notes:		
	i) See Geriatric Preamble for billing criteria.		
	ii) Minimum time requirement for service is 20 minutes.		
	iii) Payable once per hospital admission unless note record provided to indicate medical necessity for additional reassessments.		
	iv) Payable up to twice per month per patient only when service rendered in out-patient setting unless note record provided to indicate medical necessity for additional reassessments.		
33414	Prolonged visit for counselling (maximum, four per year)	49.96	
	Note: See Preamble, Clause D. 3. 3.		
	<u>Group counselling for groups of two or more patients:</u>		
33413	- first full hour	93.38	
33415	- second hour, per 1/2 hour or major portion thereof.....	46.65	
	<u>Continuing care by consultant:</u>		
33406	Directive care	42.60	
33407	Subsequent office visit.....	44.49	
33408	Subsequent hospital visit.....	26.21	
33409	Subsequent home visit	42.71	
33405	Emergency visit when specially called	94.64	
	(not paid in addition to out-of-office-hours premiums)		
	Note: Claim must state time service rendered.		

Telehealth Service with Direct Interactive Video Link with the Patient

33470	Telehealth Consultation: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....	173.47
33472	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	73.38
33421	Telehealth Comprehensive geriatric consultation - limited to patients aged 65 years and over: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report which reflects the necessary components and complexity of care	273.69
	Notes:	
	i) See Geriatric Preamble for billing criteria.	
	ii) Minimum time requirement for service is 75 minutes, with 65 minutes clinical assessment time and 10 minutes report preparation time.	
33422	Telehealth Geriatric reassessment - subsequent to comprehensive consultation - limited to patients aged 75 years and over	95.36
	Notes:	
	i) See Geriatric Preamble for billing criteria.	
	ii) Minimum time requirement for service is 20 minutes.	
	iii) Payable once per hospital admission unless note record provided to indicate medical necessity for additional reassessments.	
	iv) Payable up to twice per month per patient only when service rendered in out-patient setting unless note record provided to indicate medical necessity for additional reassessments.	
33476	Telehealth directive care	42.60
33477	Telehealth subsequent office visit	44.49
33478	Telehealth subsequent hospital visit	26.21