

Business Cost Premium Eligible Fees - April 1, 2022

Fee Item	Section	Fee Item Description
00062	General Practice	ADOPTION EXAMINATION
00064	General Practice	ADOPTION - SUBSEQUENT EXAM
00100	General Practice	VISIT IN OFFICE: AGE 2 - 49 FOR ANY CONDITION(S) REQUIRING PARTIAL OR REGIONAL EXAMINATION AND HISTORY - INCLUDES BOTH INITIAL AND SUBSEQUENT EXAMINATION FOR SAME OR RELATED
00101	General Practice	COMPLETE EXAMINATION IN OFFICE: AGE 2 - 49 FOR ANY CONDITION SEEN REQUIRING A COMPLETE PHYSICAL EXAMINATION AND DETAILED HISTORY (TO INCLUDE TONOMETRY AND BIOMICROSCOPY WHEN PERFORMED)
00110	General Practice	CONSULTATION IN OFFICE: AGE 2 - 49 TO INCLUDE A HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAYS AND LABORATORY FINDINGS AND A WRITTEN REPORT.
00120	General Practice	FOR A PROLONGED VISIT FOR COUNSELLING (MINIMUM TIME PER VISIT - 20 MINUTES) NOTES: I) MSP WILL PAY FOR UP TO FOUR (4) INDIVIDUAL COUNSELLING VISITS (ANY
00121	General Practice	COUNSELLING - FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE PATIENT'S CHART
00122	General Practice	COUNSELLING - FOR GROUPS OF TWO OR MORE PATIENTS - SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
00206	Dermatology	SPECIAL EXAMINATION: FOR PRIMARY SYSTEMIC DISEASES WITH CUTANEOUS MANIFESTATIONS, TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF
00207	Dermatology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
00210	Dermatology	CONSULTATION: TO INCLUDE HISTORY AND DERMATOLOGICAL EXAMINATION, WITH REVIEW OF ANY PREVIOUS X-RAY AND LABORATORY FINDINGS
00214	Dermatology	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE
00307	Internal Medicine	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
00310	Internal Medicine	CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A
00311	General Internal Medicine	GIM - COMPLEX CONSULTATION - 3 MEDICAL CONDITIONS NOTES: I) PAYABLE ONLY FOR GENERAL INTERNAL MEDICINE SPECIALISTS WHO HAVE COMPLETED 3

00312	Internal Medicine	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
00313	Internal Medicine	GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE PATIENT'S CHART
00314	Internal Medicine	PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTES: I) SEE PREAMBLE, CLAUSE D.3.3.
00315	Internal Medicine	GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS- SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF NOTE:
00407	Neurology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
00410	Neurology	CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO
00411	Neurology	REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST SERVICE
00440	Neurology	VIRTUAL NEUROLOGIC ASSESSMENT
00450	Neurology	NEUROLOGY COMPLEX CARE-EXTENDED CONSULTATION - PER 15 MINUTES OR MAJOR PORTION THEREOF NOTES
00457	Neurology	COMPLEX CARE - EXTENDED VISIT- PER 15 MINUTES OR MAJOR PORTION THEREOF NOTES: I) PAID IN ADDITION TO 00406, 00407, 00408, 00409, 00476, 00477 OR 00478 AFTER
00460	Neurology	TRANSFER OF CARE FROM PEDIATRICS - EXTENDED CONSULTATION: TO CONSIST OF AN EXAMINATION, REVIEW OF HISTORY, PREVIOUS LABORATORY & X-RAY FINDINGS, AND WRITTEN REPORT ON A PATIENT WITH A COMPLEX AND CHRONIC NEUROLOGIC
00470	Neurology	TELEHEALTH CONSULTATION, TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
00471	Neurology	TELEHEALTH REPEAT / LIMITED CONSULTATION NEUROLOGY: 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
00477	Neurology	TELEHEALTH SUBSEQUENT OFFICE VISIT, NEUROLOGY
00485	Neurology	FACE TO FACE ASSESSMENT FOR ACUTE DETERIORATION IN STATUS OF AN MS PATIENT- 1ST FULL HALF HOUR. TO CONSIST OF ACUTE ASSESSMENT, EXAMINATION INCLUDING EDSS REVIEW OF HISTORY, LABORATORY TESTING AND DIAGNOSTIC IMAGING, AND THE RENDERING

00486	Neurology	FACE TO FACE ASSESSMENT FOR ACUTE DETERIORATION IN STATUS OF AN MS PATIENT- EACH ADDITIONAL HALF HOUR OR MAJOR PORTION THEREOF. NOTES:
00487	Neurology	DETAILED COGNITIVE ASSESSMENT BY BEHAVIORAL NEUROLOGIST NOTES: I) RESTRICTED TO PRACTITIONERS WITH A SUBSPECIALTY IN BEHAVIORAL NEUROLOGY.
00488	Neurology	DETAILED COGNITIVE ASSESSMENT- EXTRA NOTES: I) RESTRICTED TO NEUROLOGISTS.
00491	Neurology	DETAILED PARKINSON'S DISEASE QUANTITATIVE REVIEW FOR NEUROLOGISTS WITH A MOVE- MENT DISORDER (MD) FELLOWSHIP - EXTRA NOTES:
00492	Neurology	DETAILED PARKINSON'S DISEASE QUANTITATIVE REVIEW - EXTRA NOTES: I) RESTRICTED TO NEUROLOGISTS.
00507	Pediatrics	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
00510	Pediatrics	CONSULTATION: TO CONSIST OF AN EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A
00511	Pediatrics	CONSULTATION FOR COMPLEX BEHAVIOURAL, DEVELOPMENTAL OR PSYCHIATRIC CONDITION IN A CHILD: TO CONSIST OF A PHYSICAL AND NEUROLOGICAL EXAMINATION, REVIEW OF HI STORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A
00512	Pediatrics	REPEAT OR LIMITED CONSULTATION: WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY
00513	Pediatrics	GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE PATIENT'S CHART.
00514	Pediatrics	PROLONGED VISIT FOR COUNSELLING NOTE: I) THE PLAN WILL PAY UP TO FOUR SUCH VISITS PER YEAR.
00515	Pediatrics	GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS- SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND
00550	Pediatrics	EXTENDED CONSULTATION - EXCEEDING 53 MINUTES (ACTUAL TIME SPENT WITH PATIENT): TO CONSIST OF AN EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT
00551	Pediatrics	EXTENDED CONSULTATION - EXCEEDING 68 MINUTES (ACTUAL TIME SPENT WITH PATIENT): TO CONSIST OF AN EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT
00552	Pediatrics	COMPLEX SUBSEQUENT OFFICE VISIT - EXCEEDING 12 MINUTES (AT LEAST 10 MINUTES SPENT WITH PATIENT). NOTES:
00553	Pediatrics	EXTENDED SUBSEQUENT OFFICE VISIT - EXCEEDING 23 MINUTES (AT LEAST 20 MINUTES SPENT WITH PATIENT) NOTES:

00554	Pediatrics	EXTENDED SUBSEQUENT OFFICE VISIT - EXCEEDING 38 MINUTES (AT LEAST 30 MINUTES SPENT WITH PATIENT). NOTES:
00590	Pediatrics	ANTENATAL CONSULTATION TO CONSIST OF AN APPROPRIATE EXAMINATION, REVIEW OF HISTORY, LABORATORY IMAGING STUDIES, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT
00597	Pediatrics	ANTENATAL FOLLOW-UP VISIT NOTE: PAYABLE IN CASES OF PREMATURITY OR FETAL ANOMALY.
00607	Psychiatry	OFFICE VISIT TO INCLUDE SERVICES SUCH AS CHEMOTHERAPY MANAGEMENT AND /OR MINIMAL PSYCHOTHERAPY
00610	Psychiatry	FULL CONSULTATION - INDIVIDUAL: DIAGNOSTIC INTERVIEW OR EXAMINATION, INCLUDING HISTORY, MENTAL STATUS EXAM AND TREATMENT RECOMMENDATION, WITH WRITTEN REPORT. PRIVATE OFFICE OR HOSPITAL OUT-PATIENT
00611	Psychiatry	EXTENDED ADULT PSYCHIATRY CONSULTATION > 68 MINUTES NOTE: PAYABLE ONLY TO PATIENTS 18 YEARS OF AGE AND OLDER NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
00613	Psychiatry	FULL CONSULTATION - INDIVIDUAL: DIAGNOSTIC INTERVIEW OR EXAMINATION, INCLUDING HISTORY, MENTAL STATUS EXAM AND TREATMENT RECOMMENDATION, WITH WRITTEN REPORT. GERIATRIC CONSULTATION (PATIENTS 75 YEARS OR OLDER)
00614	Psychiatry	GERIATRIC (SEE 00613) REPEAT OR LIMITED CONSULTATION - WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR
00622	Psychiatry	FULL CONSULTATION - EMOTIONALLY DISTURBED CHILD: DIAGNOSTIC INTERVIEW OR EXAMINATION, INCLUDING MENTAL STATUS AND TREATMENT
00623	Psychiatry	FULL CONSULTATION - MULTIPLE DISTURBED FAMILY (THREE OR MORE MEMBERS): SIMULTANEOUS DIAGNOSTIC INTERVIEWS OR EXAMINATION, INCLUDING MENTAL STATUS OF THE MEMBERS, THEIR INTERACTIONS, AND WRITTEN REPORT
00625	Psychiatry	INDIVIDUAL (SEE 00610 AND 00615) REPEAT OR LIMITED CONSULTATION - WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR
00626	Psychiatry	EMOTIONALLY DISTURBED CHILD (SEE 00622) REPEAT OR LIMITED CONSULTATION - WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR
00627	Psychiatry	MULTIPLE DISTURBED FAMILY (SEE 00623) REPEAT OR LIMITED CONSULTATION - WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR
00630	Psychiatry	PSYCHIATRIC TREATMENT - INDIVIDUAL (OFFICE OR HOSPITAL OUT-PATIENT) - PER 1/2 HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS

00631	Psychiatry	PSYCHIATRIC TREATMENT - INDIVIDUAL (OFFICE OR HOSPITAL OUT-PATIENT) - PER 3/4 HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
00632	Psychiatry	PSYCHIATRIC TREATMENT - INDIVIDUAL (OFFICE OR HOSPITAL OUT-PATIENT) - PER 1 HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING
00633	Psychiatry	PSYCHIATRIC TREATMENT - FAMILY/CONJOINT THERAPY - (TWO OR MORE FAMILY MEMBERS) - PER 1/2 HOUR NOTES:
00635	Psychiatry	PSYCHIATRIC TREATMENT - FAMILY/CONJOINT THERAPY - (TWO OR MORE FAMILY MEMBERS) - PER 3/4 HOUR NOTES:
00636	Psychiatry	PSYCHIATRIC TREATMENT - FAMILY/CONJOINT THERAPY - (TWO OR MORE FAMILY MEMBERS) - PER 1 HOUR NOTES:
00638	Psychiatry	PSYCHIATRIC TREATMENT - FAMILY/CONJOINT THERAPY - (TWO OR MORE FAMILY MEMBERS) -PER 1 1/4 HOUR NOTES:
00639	Psychiatry	PSYCHIATRIC TREATMENT-FAMILY/CONJOINT THERAPY -(TWO OR MORE FAMILY MEMBERS) -PER 1 1/2 HOUR NOTES:
00663	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: THREE PATIENTS NOTES:
00664	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: FOUR PATIENTS NOTES:
00665	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: FIVE PATIENTS NOTES:
00666	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: SIX PATIENTS NOTES:
00667	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: SEVEN PATIENTS NOTES:
00668	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: EIGHT PATIENTS NOTES:
00669	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: NINE PATIENTS NOTES:
00670	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: TEN PATIENTS NOTES:
00671	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: ELEVEN PATIENTS NOTES:
00672	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: TWELVE PATIENTS NOTES:
00673	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: THIRTEEN PATIENTS NOTES:
00674	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: FOURTEEN PATIENTS NOTES:
00675	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: FIFTEEN PATIENTS NOTES:
00676	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: SIXTEEN PATIENTS NOTES:
00677	Psychiatry	GROUP PSYCHOTHERAPY FEE PER PATIENT, PER 1/2 HOUR: SEVENTEEN PATIENTS NOTES:
00678	Psychiatry	GROUP PSYCHOTHERAPY-FEE PATIENT-PER 1/2 HOUR EIGHTEEN PATIENTS NOTES:
00679	Psychiatry	GROUP PSYCHOTHERAPY-FEE PER PATIENT - PER 1/2 HOUR NINETEEN PATIENTS NOTES:
00680	Psychiatry	GROUP PSYCHOTHERAPY-FEE PER PATIENT-PER 1/2 HOUR TWENTY PATIENTS NOTES:
00681	Psychiatry	GROUP PSYCHOTHERAPY-FEE PER PATIENT-PER 1/2 HOUR GREATER THAN TWENTY PATIENTS NOTES:
01013	Anesthesiology	CONSULTATION BY A CERTIFIED SPECIALIST IN ANAESTHESIA FOR ASSESSMENT OF THE PATIENT FOR POST OPERATIVE ACUTE PAIN MANAGEMENT, WHEN THE

01015	Anesthesiology	CONSULTATION BY A CERTIFIED SPECIALIST IN ANAESTHESIA: BECAUSE OF THE COMPLEXITY, OBSCURITY AND/OR SERIOUSNESS OF THE CASE. INCLUDES
01016	Anesthesiology	CONSULTATION BY A CERTIFIED SPECIALIST IN ANAESTHESIA: FOR DIAGNOSTIC OPINION AND/OR THERAPEUTIC MANAGEMENT OF COMPLICATED CHRONIC
01107	Anesthesiology	OFFICE VISIT NOTE: NOT PAID WITH OTHER LISTINGS.
01115	Anesthesiology	REPEAT OR LIMITED CONSULTATION BY A CERTIFIED SPECIALIST IN ANAESTHESIA: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION/PROBLEM
01116	Anesthesiology	REPEAT OR LIMITED CONSULTATION BY A CERTIFIED SPECIALIST IN ANAESTHESIA: TO APPLY FOR A DIAGNOSTIC OPINION AND/OR THERAPEUTIC PAIN MANAGEMENT WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION/PROBLEM WITHIN SIX MONTHS BY
01155	Anesthesiology	TELEHEALTH ANESTHESIOLOGY CONSULTATION: BY A CERTIFIED SPECIALIST IN ANESTHESIOLOGY BECAUSE OF THE COMPLEXITY, OBSCURITY AND/OR SERIOUSNESS OF THE CASE. INCLUDES APPROPRIATE HISTORY AND AN APPROPRIATE PHYSICAL EXAMINATION,
01400	Critical Care	CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT (NOT FOR ICU PATIENTS)
01402	Critical Care	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
01470	Critical Care	TELEHEALTH CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT (NOT FOR ICU PATIENTS)
01472	Critical Care	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
01707	Physical Medicine & Rehab	CONTINUING CARE BY CONSULTANT: OFFICE VISIT
01710	Physical Medicine & Rehab	FORMAL CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, FUNCTIONAL, SOCIAL, AND
01712	Physical Medicine & Rehab	REPEAT OR LIMITED CONSULTATION: WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED AT AN INTERVAL WITHIN SIX MONTHS OF
01713	Physical Medicine & Rehab	GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS: FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE PATIENT'S CHART.

01714	Physical Medicine & Rehab	PROLONGED VISIT FOR COUNSELLING (UP TO FOUR ANNUALLY. SEE PREAMBLE, B.4.C.) NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
01715	Physical Medicine & Rehab	GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS: SECOND HOUR, PER 1/2 HOUR (OR MAJOR PORTION THEREOF) NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
01770	Physical Medicine	TELEHEALTH PHYSICAL MEDICINE FORMAL CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X RAY FINDINGS, FUNCTIONAL, SOCIAL, AND VOCATIONAL APPRAISAL, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN
01772	Physical Medicine	TELEHEALTH PHYSICAL MEDICINE REPEAT OR LIMITED CONSULTATION: WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED AT AN INTERVAL WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT.
01777	Physical Medicine	TELEHEALTH OFFICE VISIT - PHYSICAL MEDICINE
02007	Ophthalmology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
02010	Ophthalmology	CONSULTATION: TO INCLUDE HISTORY, EYE EXAMINATION, REVIEW OF X-RAYS AND LABORATORY FINDINGS AND IN ADDITION WHERE INDICATED AN NECESSARY, ANY OR ALL OF MEASUREMENT FOR REFRACTIVE ERROR, OPHTHALMOSCOPY, BIOMICROSCOPY, TONOMETRY,
02011	Ophthalmology	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT TO THE
02012	Ophthalmology	SPECIAL CONSULTATION: TO APPLY WHEN A OPHTHALMOLOGIST, NEUROLOGIST, PEDIATRIC NEUROLOGIST OR A NEUROSURGEON REFERS A PATIENT TO AN OPHTHALMOLOGIST FOR SPECIAL EXAMINATION, OR WHEN AN OPHTHALMOLOGIST REFERS A PATIENT TO ANOTHER
02215	Otolaryngology	OTOLARYNGOLOGY PRE-OPERATIVE ASSESSMENT NOTES:
02507	Otolaryngology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
02510	Otolaryngology	CONSULTATION: TO INCLUDE HISTORY, DETAILED EXAMINATION OF THE EAR, NOSE, AND THROAT, REVIEW OF X-RAY AND LABORATORY FINDINGS,
02511	Otolaryngology	CONSULTATION WITH PURE TONE AUDIOGRAM
02512	Otolaryngology	SPECIAL CONSULTATION FOR DIZZINESS: TO APPLY WHERE A PATIENT HAS BEEN REFERRED BY AN OTOLARYNGOLOGIST OR A NEUROLOGIST OR A
02513	Otolaryngology	CONSULTATION FOR MANAGEMENT OF MALIGNANCY NOTES: I) PAYABLE TO THE SURGEON IN CHARGE.
02514	Otolaryngology	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT

02515	Otolaryngology	OTOLARYNGIC ALLERGY CONSULTATION TO INCLUDE A DETAILED HISTORY AND PHYSICAL EXAM WITH REVIEW OF LABORATORY AND OTHER RELEVANT INVESTIGATIONS, PLUS APPROPRIATE OTOLARYNGIC ALLERGY MANAGEMENT AND ADDITIONAL VISITS NECESSARY TO RENDER A WRIT
02517	Otolaryngology	CONSULTATION FOR MANAGEMENT OF COMPLEX LARYNGEAL DISORDER NOTES: I) TO APPLY WHERE A PATIENT HAS BEEN REFERRED BY ANOTHER OTOLARYNGOLOGIST,
02519	Otolaryngology	COMPLEX LARYNGEAL DISORDER CONFERENCE FEE-PER 15 MINUTES OR GREATER PORTION THEREOF NOTES:
03007	Neurosurgery	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
03010	Neurosurgery	CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, AND A WRITTEN REPORT
03011	Neurosurgery	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT,
03310	Neurosurgery	TELEHEALTH CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, AND A WRITTEN REPORT
03312	Neurosurgery	TELEHEALTH REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE CONSULTATIVE SERVICE DOES
03315	Neurosurgery	NEUROSURGERY PRE-OPERATIVE ASSESSMENT NOTES:
03317	Neurosurgery	TELEHEALTH SUBSEQUENT OFFICE VISIT - NEUROSURGERY
04007	Obstetrics and Gynecology	SUBSEQUENT OFFICE VISIT (FOR GYNECOLOGY VISITS ONLY, ALL PREGNANT PATIENTS AND ROUTINE PRE-NATAL PATIENTS BILLED UNDER FEE ITEM 14091)
04010	Obstetrics and Gynecology	CONSULTATION: TO INCLUDE COMPLETE HISTORY AND GYNAECOLOGICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, IF REQUIRED,
04012	Obstetrics and Gynecology	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY
04070	Obstetrics and Gynecology	TELEHEALTH OBSTETRICS AND GYNECOLOGY CONSULTATION: TO INCLUDE COMPLETE HISTORY AND GYNECOLOGICAL EXAMINATION, REVIEW OF X RAY AND LABORATORY FINDINGS, IF REQUIRED, AND A WRITTEN REPORT OR CONSULTATION DURING LABOUR.
04072	Obstetrics and Gynecology	TELEHEALTH OBSTETRICS AND GYNECOLOGY REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE
04077	Obstetrics and Gynecology	TELEHEALTH SUBSEQUENT OFFICE VISIT (FOR GYNECOLOGY VISITS ONLY)
04190	Obstetrics and Gynecology	PRENATAL VISIT - COMPLETE EXAMINATION
04191	Obstetrics and Gynecology	PRENATAL VISIT - SUBSEQUENT EXAMINATION

04194	Obstetrics and Gynecology	POSTNATAL OFFICE VISIT
04717	Obstetrics and Gynecology	PRENATAL OFFICE VISIT FOR COMPLEX OBSTETRICAL PATIENT NOTES: I) PAID ONLY FOR THE FOLLOWING DIAGNOSES:
06007	Plastic Surgery	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
06010	Plastic Surgery	MAJOR CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, IF REQUIRED, AND A WRITTEN
06012	Plastic Surgery	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX (6) MONTHS OF LAST VISIT BY THE
07007	General Surgery	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
07010	General Surgery	CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, IF REQUIRED, AND WRITTEN REPORT
07012	General Surgery	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE
07807	Cardiac Surgery	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
07810	Cardiac Surgery	CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, AND A WRITTEN REPORT
07812	Cardiac Surgery	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT
07815	Cardiac Surgery	CARDIAC SURGERY PRE-OPERATIVE ASSESSMENT NOTES:
08007	Urology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
08010	Urology	CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, IF REQUIRED, AND A WRITTEN
08012	Urology	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY
08070	Urology	TELEHEALTH UROLOGY CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X RAY AND LABORATORY FINDINGS, IF REQUIRED, AND A WRITTEN REPORT.
08072	Urology	TELEHEALTH UROLOGY REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE
08077	Urology	TELEHEALTH UROLOGY SUBSEQUENT OFFICE VISIT
12100	General Practice	VISIT IN OFFICE (AGE 0-1)
12101	General Practice	COMPLETE EXAMINATION IN OFFICE (AGE 0-1)
12110	General Practice	CONSULTATION IN OFFICE:(AGE 0-1)
12120	General Practice	FOR A PROLONGED VISIT FOR COUNSELLING(MINIMUM TIME PER VISIT - 20 MINUTES) NOTES: I) MSP WILL PAY FOR UP TO FOUR (4) INDIVIDUAL COUNSELLING VISITS (ANY

13013	General Practice	ASSESSMENT FOR INDUCTION OF OPIOID AGONIST TREATMENT (OAT) FOR OPIOID USE DIS- ORDER INITIAL ASSESSMENT REQUIRES COMPLETE MEDICAL HISTORY, SUBSTANCE USE HIST- ORY AND APPROPRIATE TARGETED PHYSICAL EXAMINATION. IF ASSESSMENT AND INDUCTION
13014	General Practice	MANAGEMENT OF OAT INDUCTION FOR OPIOID USE DISORDER THIS FEE IN PAYABLE FOR INDIVIDUAL INTERACTIONS WITH THE PATIENT DURING THE FIRST THREE DAYS OF OAT INDUCTION FOR OPIOID USE DISORDER WITHIN THE LIMITS
13015	General Practice	HIV/AIDS PRIMARY CARE MANAGEMENT - IN OR OUT OF OFFICE - PER HALF HOUR OR MAJOR PORTION THEREOF NOTES:
13041	General Practice	TELEHEALTH GP IN-OFFICE GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS FIRST FULL HOUR
13042	General Practice	TELEHEALTH GP IN-OFFICE GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF
13070	General Practice	IN OFFICE ASSESSMENT IN ASSOC WITH A WSBC SERVICE
13075	General Practice	IN OFFICE ASSESSMENT IN ASSOC WITH A ICBC SERVICE
13236	General Practice	TELEHEALTH GP CONSULTATION (AGE 0-1)
13237	General Practice	TELEHEALTH GP VISIT (AGE 0-1)
13238	General Practice	TELEHEALTH GP INDIVIDUAL COUNSELLING FOR A PROLONGED VISIT FOR COUNSELLING (MINIMUM TIME PER VISIT - 20 MINUTES) (AGE 0-1)
13436	General Practice	TELEHEALTH GP CONSULTATION (AGE 2-49)
13437	General Practice	TELEHEALTH GP VISIT (AGE 2-49)
13438	General Practice	TELEHEALTH GP INDIVIDUAL COUNSELLING FOR A PROLONGED VISIT FOR COUNSELLING (MINIMUM TIME PER VISIT - 20 MINUTES) (AGE 2-49)
13501	General Practice	MAID ASSESSMENT FEE - ASSESSOR PRESCRIBER INCLUDES ALL REQUIREMENTS OF A MAID ASSESSMENT, INCLUDING REVIEW OF MEDICAL RECORDS, PATIENT ENCOUNTER AND COMPLETION OF THE MAID ASSESSMENT RECORD
13502	General Practice	MAID ASSESSMENT FEE - ASSESSOR INCLUDES ALL REQUIREMENTS OF A MAID ASSESSMENT, INCLUDING REVIEW OF MEDICAL RECORDS, PATIENT ENCOUNTER AND COMPLETION OF THE MAID ASSESSMENT RECORD
13503	General Practice	PHYSICIAN WITNESS TO VIDEO CONFERENCE MAID ASSESSMENT - PATIENT ENCOUNTER PHYSICIAN MUST BE IN PERSONAL ATTENDANCE WITH THE PATIENT FOR THE DURATION OF THE PATIENT ENCOUNTER WITH THE ASSESSOR OR ASSESSOR PRESCRIBER. BILLABLE ONLY
13536	General Practice	TELEHEALTH GP CONSULTATION (AGE 50-59)
13537	General Practice	TELEHEALTH GP VISIT (AGE 50-59)
13538	General Practice	TELEHEALTH GP INDIVIDUAL COUNSELLING FOR A PROLONGED VISIT FOR COUNSELLING (MINIMUM TIME PER VISIT - 20 MINUTES) (AGE 50-59)

13636	General Practice	TELEHEALTH GP CONSULTATION (AGE 60-69)
13637	General Practice	TELEHEALTH GP VISIT (AGE 60-69)
13638	General Practice	TELEHEALTH GP INDIVIDUAL COUNSELLING FOR A PROLONGED VISIT FOR COUNSELLING (MINIMUM TIME PER VISIT - 20 MINUTES) (AGE 60-69)
13701	All Sections	OFFICE VISIT FOR COVID-19 WITH TEST
13702	All Sections	OFFICE VISIT FOR COVID-19 WITHOUT TEST
13736	General Practice	TELEHEALTH GP CONSULTATION (AGE 70-79)
13737	General Practice	TELEHEALTH GP VISIT (AGE 70-79)
13738	General Practice	TELEHEALTH GP INDIVIDUAL COUNSELLING FOR A PROLONGED VISIT FOR COUNSELLING (MINIMUM TIME PER VISIT - 20 MINUTES) (AGE 70-79)
13763	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: THREE PATIENTS
13764	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: FOUR PATIENTS
13765	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: FIVE PATIENTS
13766	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: SIX PATIENTS
13767	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: SEVEN PATIENTS
13768	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: EIGHT PATIENTS
13769	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: NINE PATIENTS
13770	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: TEN PATIENTS
13771	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: ELEVEN PATIENTS
13772	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: TWELVE PATIENTS
13773	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: THIRTEEN PATIENTS
13774	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: FOURTEEN PATIENTS
13775	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: FIFTEEN PATIENTS

13776	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: SIXTEEN PATIENTS
13777	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: SEVENTEEN PATIENTS
13778	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: EIGHTEEN PATIENTS
13779	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: NINETEEN PATIENTS
13780	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: TWENTY PATIENTS
13781	General Practice	GENERAL PRACTICE GROUP MEDICAL VISITS FEE PER PATIENT, PER 1/2 HOUR OR MAJOR PORTION THEREOF: GREATER THAN TWENTY (PER PATIENT)
13836	General Practice	TELEHEALTH GP CONSULTATION (AGE 80+)
13837	General Practice	TELEHEALTH GP VISIT (AGE 80+)
13838	General Practice	TELEHEALTH GP INDIVIDUAL COUNSELLING FOR A PROLONGED VISIT FOR COUNSELLING (MINIMUM TIME PER VISIT - 20 MINUTES) (AGE 80+)
14044	General Practice Services Committee	GP MENTAL HEALTH MANAGEMENT FEE AGE 2-49 THESE FEES ARE PAYABLE FOR PROLONGED COUNSELLING VISITS (MINIMUM TIME 20 MINS) WITH PATIENT ON WHOM A MENTAL HEALTH PLANNING FEE 14043 HAS BEEN SUCCESSFULLY
14045	General Practice Services Committee	GP MENTAL HEALTH MANAGEMENT FEE AGE 50-59 THESE FEES ARE PAYABLE FOR PROLONGED COUNSELLING VISITS (MINIMUM TIME 20 MINUTES) WITH PATIENT ON WHOM A MENTAL HEALTH PLANNING FEE G14043 HAS BEEN SUCC
14046	General Practice Services Committee	GP MENTAL HEALTH MANAGEMENT FEE AGE 60-69 THESE FEES ARE PAYABLE FOR PROLONGED COUNSELLING VISITS (MINIMUM TIME 20 MINUTES) WITH PATIENT ON WHOM A MENTAL HEALTH PLANNING FEE G14043 HAS BEEN
14047	General Practice Services Committee	GP MENTAL HEALTH MANAGEMENT FEE AGE 70-79 THESE FEES ARE PAYABLE FOR PROLONGED COUNSELLING VISITS (MINIMUM TIME 20 MINUTES WITH PATIENT ON WHOM A MENTAL HEALTH PLANNING FEE 14043 HAS BEEN SUCCES
14048	General Practice Services Committee	GP MENTAL HEALTH MANAGEMENT FEE AGE 80+ THESE FEES ARE PAYABLE FOR PROLONGED COUNSELLING VISITS (MINIMUM TIME 20 MINS) WITH PATIENTS ON WHOM A MENTAL HEALTH PLANNING FEE 14043 HAS BEEN SUCCESSFULLY
14090	General Practice	PRENATAL VISIT - COMPLETE EXAMINATION
14091	General Practice	PRENATAL VISIT - SUBSEQUENT EXAMINATION NOTES: I) UNCOMPLICATED PRE-NATAL CARE USUALLY INCLUDES A COMPLETE EXAMINATION
14094	General Practice	POSTNATAL OFFICE VISIT NOTES I) P14094 MAY BE BILLED IN THE SIX WEEKS FOLLOWING DELIVERY(VAGINAL OR
14545	General Practice	MEDICAL ABORTION

14560	General Practice	ROUTINE PELVIC EXAMINATION INCLUDING PAPANICOLAOU SMEAR
15300	General Practice	VISIT IN OFFICE (AGE 50-59)
15301	General Practice	COMPLETE EXAMINATION IN OFFICE (AGE 50-59)
15310	General Practice	CONSULTATION IN OFFICE (AGE 50-59)
15320	General Practice	FOR A PROLONGED VISIT FOR COUNSELLING(MINIMUM TIME PER VISIT - 20 MINUTES) NOTES: I) MSP WILL PAY FOR UP TO FOUR (4) INDIVIDUAL COUNSELLING VISITS (ANY
16100	General Practice	VISIT IN OFFICE (AGE 60-69)
16101	General Practice	COMPLETE EXAMINATION IN OFFICE (AGE 60-69)
16110	General Practice	CONSULTATION IN OFFICE: (AGE 60-69)
16120	General Practice	FOR A PROLONGED VISIT FOR COUNSELLING(MINIMUM TIME PER VISIT - 20 MINUTES) NOTES: I) MSP WILL PAY FOR UP TO FOUR (4) INDIVIDUAL COUNSELLING VISITS (ANY
17100	General Practice	VISIT IN OFFICE (AGE 70-79)
17101	General Practice	COMPLETE EXAMINATION IN OFFICE (AGE 70-79)
17110	General Practice	CONSULTATION IN OFFICE: (AGE 70-79)
17120	General Practice	FOR A PROLONGED VISIT FOR COUNSELLING(MINIMUM TIME PER VISIT - 20 MINUTES) NOTES: I) MSP WILL PAY FOR UP TO FOUR (4) INDIVIDUAL COUNSELLING VISITS (ANY
18100	General Practice	VISIT IN OFFICE (AGE 80+)
18101	General Practice	COMPLETE EXAMINATION IN OFFICE (AGE 80+)
18110	General Practice	CONSULTATION IN OFFICE: (AGE 80+)
18120	General Practice	FOR A PROLONGED VISIT FOR COUNSELLING(MINIMUM TIME PER VISIT - 20 MINUTES) NOTES: I) MSP WILL PAY FOR UP TO FOUR (4) INDIVIDUAL COUNSELLING VISITS (ANY
20207	Dermatology	TELEHEALTH SUBSEQUENT OFFICE VISIT
20210	Dermatology	TELEHEALTH CONSULTATION: TO INCLUDE HISTORY AND DERMATOLOGICAL EXAMINATION, WITH REVIEW OF ANY PREVIOUS X-RAY AND LABORATORY FINDINGS AND WRITTEN REPORT
20214	Dermatology	TELEHEALTH REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE CONSULTATIVE SERVICE
22007	Ophthalmology	TELEHEALTH SUBSEQUENT OFFICE VISIT
22010	Ophthalmology	TELEHEALTH CONSULTATION: TO INCLUDE HISTORY, EYE EXAMINATION, REVIEW OF X RAYS AND LABORATORY FINDINGS AND ANY OR ALL OF MEASUREMENT FOR
22011	Ophthalmology	TELEHEALTH REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT TO THE
22118	Ophthalmology	LASER FOLLOW-UP VISIT NOTE: I) CAN BE BILLED ONCE ONLY DURING SIX WEEKS FOLLOWING LASER TREATMENT.
25007	Otolaryngology	TELEHEALTH SUBSEQUENT OFFICE VISIT - OTOLARYNGOLOGY

25010	Otolaryngology	TELEHEALTH CONSULTATION - OTOLARYNGOLOGY
25012	Otolaryngology	TELEHEALTH REPEAT/LIMITED CONSULT - OTOLARYNGOLOGY
25013	Otolaryngology	TELEHEALTH MALIGNANCY CONSULTATION-OTOLARYNGOLOGY
30007	Allergy and Immunology	CLINICAL IMMUNOLOGY AND ALLERGY - SUBSEQUENT OFFICE VISIT
30010	Allergy and Immunology	TO INCLUDE A DETAILED HISTORY AND PHYSICAL EXAMINATION WITH REVIEW OF LABORATORY INVESTIGATIONS, PLUS APPROPRIATE ALLERGY AND IMMUNOLOGY MANAGEMENT AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT
30011	Allergy and Immunology	TO INCLUDE A DETAILED HISTORY AND PHYSICAL EXAMINATION WITH REVIEW OF LABORATORY INVESTIGATIONS, PLUS APPROPRIATE ALLERGY AND IMMUNOLOGY MANAGEMENT AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT
30012	Allergy and Immunology	REPEAT OR LIMITED CLINICAL IMMUNOLOGY AND ALLERGY CONSULTATION TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGEMENT OF THE CONSULTANT
30070	Allergy and Immunology	TELEHEALTH CLINICAL IMMUNOLOGY AND ALLERGY CONSULTATION: TO INCLUDE A DETAILED HISTORY AND PHYSICAL EXAMINATION WITH REVIEW OF LABORATORY INVESTIGATIONS, PLUS APPROPRIATE ALLERGY AND IMMUNOLOGY MANAGEMENT AND ADDITIONAL VISITS
30071	Allergy and Immunology	TELEHEALTH PEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY CONSULTATION: TO INCLUDE A DETAILED HISTORY AND PHYSICAL EXAMINATION WITH REVIEW OF LABORATORY INVESTIGATIONS, PLUS APPROPRIATE ALLERGY AND IMMUNOLOGY MANAGEMENT AND
30072	Allergy and Immunology	TELEHEALTH REPEAT OR LIMITED CLINICAL IMMUNOLOGY AND ALLERGY CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGEMENT OF THE CONSULTANT
30077	Allergy and Immunology	TELEHEALTH CLINICAL IMMUNOLOGY AND ALLERGY SUBSEQUENT OFFICE VISIT
31007	Rheumatology	CONTINUING CARE BY A CONSULTANT: SUBSEQUENT OFFICE VISIT
31010	Rheumatology	CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
31012	Rheumatology	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
31014	Rheumatology	PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTE: 1)SEE PREAMBLE, CLAUSE D.3.3
31050	Rheumatology	EXTENDED CONSULTATION-EXCEEDING 53 MINUTES (ACTUAL TIME SPENT WITH PATIENT). TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, NECESSARY TO INITIATE CARE

31060	Rheumatology	MULTIDISCIPLINARY CONFERENCE FOR COMMUNITY PATIENT
31107	Rheumatology	TELEHEALTH SUBSEQUENT OFFICE VISIT
31110	Rheumatology	TELEHEALTH CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
31112	Rheumatology	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
32007	Respirology	RESPIROLOGY - CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
32010	Respirology	RESPIROLOGY - CONSULTATION: TO CONSIST OF AN EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT
32012	Respirology	RESPIROLOGY - REPEAT OR LIMITED CONSULTATION: WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE CONSULTATIVE SERVICE
32014	Respirology	RESPIROLOGY - PROLONGED VISIT FOR COUNSELLING (MAXIMUM FOUR PER YEAR) NOTE: I) SEE PREAMBLE, CLAUSE D. 3. 3.
32107	Respirology	RESPIROLOGY-TELEHEALTH-CONTINUING CARE BY CONSULTANT-SUBSEQUENT OFFICE VISIT
32110	Respirology	TELEHEALTH CONSULTATION-RESPIROLOGY TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
32112	Respirology	RESPIROLOGY-TELEHEALTH REPEATED 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
32114	Respirology	TELEHEALTH-PROLONGED VISIT/COUNSELLING-RESPIROLOGY
32207	General Internal Medicine	SUBSEQUENT OFFICE VISIT - GENERAL INTERNAL MEDICINE
32210	General Internal Medicine	CONSULTATION, GENERAL INTERNAL MEDICINE CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
32212	General Internal Medicine	CONSULTATION, REPEAT/LIMITED, GENERAL INTERNAL MEDICINE REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTATION, OR WHERE
32270	Internal Medicine	TELEHEALTH INTERNAL MEDICINE CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.

32271	General Internal Medicine	TELEHEALTH INTERNAL MEDICINE COMPLEX CONSULTATION NOTES: I) PAYABLE ONLY FOR GENERAL INTERNAL MEDICINE SPECIALISTS WHO HAVE COMPLETED 3
32272	Internal Medicine	TELEHEALTH INTERNAL MEDICINE 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
32277	Internal Medicine	TELEHEALTH INTERNAL MEDICINE SUBSEQUENT OFFICE VISIT
32307	General Internal Medicine	SUBSEQUENT FOLLOW UP OFFICE VISIT COMPLEX PATIENT - 3 MEDICAL CONDITIONS NOTES: I) PAYABLE ONLY FOR GENERAL INTERNAL MEDICINE SPECIALISTS WHO HAVE COMPLETED
32367	General Internal Medicine	TELEHEALTH SUB OFFICE VISIT, COMPLEX - 3 COND, GIM
32370	General Internal Medicine	TELEHEALTH CONSULTATION, GENERAL INTERNAL MEDICINE TELEHEALTH CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A
32377	General Internal Medicine	TELEHEALTH SUBSEQUENT OFFICE VISIT - GENERAL INTERNAL MEDICINE
32372	General Internal Medicine	TELEHEALTH REPEAT/LIMITED CONSULT, GENERAL INTERNAL MEDICINE TELEHEALTH REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTATION
33007	Cardiology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
33010	Cardiology	CONSULTATION - CARDIOLOGY CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33012	Cardiology	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 CONSULTATION
33013	Cardiology	COUNSELLING-GROUP-CARDIOLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
33014	Cardiology	COUNSELLING-PROLONGED VISIT-CARDIOLOGY PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTE:
33015	Cardiology	COUNSELLING-GROUP-CARDIOLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF
33107	Cardiology	TELEHEALTH SUBSEQUENT OFFICE VISIT
33110	Cardiology	TELEHEALTH CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT

33112	Cardiology	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 JUDGEMENT OF THE CONSULTANT THAT CONSULTATIVE SERVICES DO NOT
33114	Cardiology	TELEHEALTH PROLONGED VISIT FOR COUNSELLING (MAXIMUM FOUR PER YEAR) NOTE: I) SEE PREAMBLE, CLAUSE D. 3. 3.
33207	Endocrinology and Metabolism	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
33210	Endocrinology and Metabolism	CONSULTATION - ENDOCRINOLOGY CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33212	Endocrinology and Metabolism	REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEAT ED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGM ENT OF THE CONSULTANT THE CONSULTATIVE SERVICES DO NOT WARRANT A FULL CONSULTAT
33213	Endocrinology and Metabolism	COUNSELLING-GROUP-ENDOCRINOLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
33214	Endocrinology and Metabolism	COUNSELLING - PROLONGED VISIT-ENDOCRINOLOGY PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTE:
33215	Endocrinology and Metabolism	COUNSELLING-GROUP-ENDOCRINOLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS-SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF
33260	Endocrinology and Metabolism	INITIAL VIRUTAL ASSESSMENT, WITH PATIENT OR REP
33262	Endocrinology and Metabolism	REPEAT OR LIMITED VIRTUAL ASSESSMENT
33267	Endocrinology and Metabolism	SUBSEQUENT VIRTUAL OFFICE VISIT, REQUIRING A WRITTEN INDIVIDUALIZED REPORT TO THE GP NOTES:
33270	Endocrinology and Metabolism	TELEHEALTH ENDOCRINOLOGY CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33272	Endocrinology and Metabolism	TELEHEALTH ENDOCRINOLOGY 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
33277	Endocrinology and Metabolism	TELEHEALTH ENDOCRINOLOGY SUBSEQUENT OFFICE VISIT
33307	Gastroenterology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT

33310	Gastroenterology	CONSULTATION - GASTROENTEROLOGY CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33312	Gastroenterology	REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEAT ED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGM JUDGMENT OF THE CONSULTANT THE CONSULTATIVE SERVICES DO NOT WARRANT A FULL
33313	Gastroenterology	COUNSELLING-GROUP-GASTROENTEROLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
33314	Gastroenterology	COUNSELLING-PROLONGED VISIT-GASTROENTEROLOGY PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTE:
33315	Gastroenterology	COUNSELLING-GROUP-GASTROENTEROLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS-SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF
33360	Gastroenterology	TELEHEALTH GASTROENTEROLOGY CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33362	Gastroenterology	TELEHEALTH GASTROENTEROLOGY 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
33367	Gastroenterology	TELEHEALTH GASTROENTEROLOGY SUBSEQUENT OFFICE VISIT
33401	Geriatric Medicine	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 NECE
33402	Geriatric Medicine	GERIATRIC REASSESSMENT SUBSEQUENT TO COMPREHENSIVE CONSULTATION-LIMITED TO PATIENTS AGED 65 YEARS AND OVER NOTES:
33403	Geriatric Medicine	COMPREHENSIVE COGNITIVE CONSULTATION-FOR DEMENTIA OR COGNITIVE PROBLEMS: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONSL VISITS NECESSARY TO RENDER A WRITTEN REPORT WHICH REFLECTS THE
33404	Geriatric Medicine	REPEAT OR LIMITED COMPREHENSIVE COGNITIVE ASSESSMENT-FOR DEMENTIA OR COGNITIVE PROBLEMS. NOTES:
33407	Geriatric Medicine	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
33410	Geriatric Medicine	CONSULTATION - GERIATRIC MEDICINE CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT

33412	Geriatric Medicine	REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEAT ED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGM ENT OF THE CONSULTANT THE CONSULTATIVE SERVICES DO NOT WARRANT A FULL CONSULTAT
33413	Geriatric Medicine	COUNSELLING-GROUP-GERIATRIC MEDICINE GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND
33414	Geriatric Medicine	COUNSELLING-PROLONGED VISIT-GERIATRIC MEDICINE PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTE:
33415	Geriatric Medicine	COUNSELLING-GROUP-GERIATRIC MEDICINE GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF
33421	Geriatric Medicine	TELEHEALTH COMPREHENSIVE GERIATRIC CONSULTATION - LIMITED TO PATIENTS AGED 65 YEARS AND OVER: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS AND
33422	Geriatric Medicine	TELEHEALTH GERIATRIC REASSESSMENT - SUBSEQUENT TO COMPREHENSIVE CONSULTATION - LIMITED TO PATIENTS AGED 65 YEARS AND OVER. NOTES:
33423	Geriatric Medicine	TELEHEALTH COMPLEX CONSULTATION - FOR 2 OR MORE CONDITIONS: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT WHICH REFLECTS THE NECESSARY
33424	Geriatric Medicine	TELEHEALTH COMPLEX REPEAT OR LIMITED COMPLEX CONSULTATION - FOR 2 CONDITIONS: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGEMENT OF THE CONSULTANT THE
33427	Geriatric Medicine	TELEHEALTH COMPREHENSIVE OR COMPLEX SUBSEQUENT OFFICE VISIT NOTES: I) PAYABLE ONLY FOR GERIATRIC MEDICINE SPECIALISTS.
33440	Geriatric Medicine	COMPLEX CONSULTATION - FOR 2 OR MORE CONDITIONS: 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 COMPLEXI
33442	Geriatric Medicine	COMPLEX REPEAT OR LIMITED COMPLEX CONSULT - FOR 2 CONDITIONS: WHERE A CONSULT- ATION FOR SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGEMENT OF THE CONSULTANT THE CONSULTATIVE
33447	Geriatric Medicine	COMPREHENSIVE OR COMPLEX SUBSEQUENT OFFICE VISIT NOTES: I) PAYABLE ONLY FOR GERIATRIC MEDICINE SPECIALISTS.

33470	Geriatric Medicine	TELEHEALTH GERIATRIC CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33472	Geriatric Medicine	TELEHEALTH GERIATRIC 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
33473	Geriatric Medicine	TELEHEALTH COMPREHENSIVE COGNITIVE CONSULTATION - FOR DEMENTIA OR COGNITIVE PROBLEMS: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT WHICH REFLECTS
33474	Geriatric Medicine	TELEHEALTH REPEAT OR LIMITED COMPREHENSIVE COGNITIVE ASSESSMENT - FOR DEMENTIA OR COGNITIVE PROBLEMS NOTES:
33477	Geriatric Medicine	TELEHEALTH GERIATRIC MEDICINE SUBSEQUENT OFFICE VISIT
33507	Hematology/Medical Oncology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
33510	Hematology/Medical Oncology	CONSULTATION - HEMATOLOGY/ONCOLOGY CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, XRAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33512	Hematology/Medical Oncology	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 CONSULTATION
33513	Hematology/Medical Oncology	COUNSELLING-GROUP-HEMATOLOGY/ONCOLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR
33514	Hematology/Medical Oncology	COUNSELLING-PROLONGED VISIT-HEMATOLOGY/ONCOLOGY PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTE:
33515	Hematology/Medical Oncology	COUNSELLING-GROUP-HEMATOLOGY/ONCOLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS-SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF
33520	Hematology/Medical Oncology	COMPLEX CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT FOR COMPLEX PATIENT
33522	Hematology/Medical Oncology	REPEAT OR LIMITED CONSULTATION, COMPLEX PATIENT: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTATION, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE CONSULTATIVE
33527	Hematology/Medical Oncology	SUBSEQUENT OFFICE VISIT, COMPLEX PATIENT NOTES: I) RESTRICTED TO HEMATOLOGY AND ONCOLOGY

33540	Hematology/Medical Oncology	TELEHEALTH COMPLEX CONSULT-HEMATOLOGY/ONCOLOGY
33542	Hematology/Medical Oncology	TELEHEALTH REPEAT/LIMITED CONSULT, COMPLEX -HEMATO/ONCO
33547	Hematology/Medical Oncology	TELEHEALTH SUBSEQUENT OFFICE VISIT, COMPLEX - HEMATO/ONCO
33570	Hematology/Medical Oncology	TELEHEALTH CONSULTATION (HEMATOLOGY AND ONCOLOGY): TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33572	Hematology/Medical Oncology	TELEHEALTH REPEAT OR LIMITED CONSULTATION (HEMATOLOGY AND ONCOLOGY): 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
33577	Hematology/Medical Oncology	TELEHEALTH SUBSEQUENT OFFICE VISIT (HEMATOLOGY AND ONCOLOGY)
33607	Infectious Diseases	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
33610	Infectious Diseases	CONSULTATION - INFECTIOUS DISEASES CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33612	Infectious Diseases	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 CONSULTATION
33613	Infectious Diseases	COUNSELLING - GROUP - INFECTIOUS DISEASES GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
33614	Infectious Diseases	COUNSELLING-PROLONGED VISIT-INFECTIOUS DISEASES PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTE:
33615	Infectious Diseases	COUNSELLING - GROUP INFECTIOUS DISEASES GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF
33620	Infectious Diseases	INFECTIOUS DISEASE EXTENDED CONSULTATION FOR COMPLEX INFECTIOUS DISEASE ISSUES (ANTIBIOTIC RESISTANT ORGANISMS, OUTBREAK MANAGEMENT/INFECTION CONTROL, TROPICAL DISEASE MANAGEMENT), WHEN REQUESTED BY ANOTHER INFECTIOUS DISEASES SPECIALIST,
33630	Infectious Diseases	TELEHEALTH CONSULTATION: SHALL INCLUDE A DETAILED HISTORY AND PHYSICAL EXAMINATION, REVIEW OF PREVIOUS MEDICAL RECORDS, DISCUSSION WITH FAMILY, FRIENDS OR WITNESSES, EVALUATION OF APPROPRIATE LABORATORY, X-RAY AND ECG
33632	Infectious Diseases	TELEHEALTH REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE CONSULTATIVE

33635	Infectious Diseases	TELEHEALTH INFEC DISEASE CARE MGT OF HIV/AIDS-PER 1/2HR
33637	Infectious Diseases	TELEHEALTH SUBSEQUENT OFFICE VISIT
33640	Infectious Diseases	TELEHEALTH CONSULT - EXTENDED - INFECTIOUS DISEASE
33645	Infectious Diseases	INFECTIOUS DISEASE CARE MANAGEMENT OF HIV/AIDS-PER HALF HOUR - PER HALF HOUR OR MAJOR PORTION THEREOF NOTES
33707	Nephrology	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
33710	Nephrology	CONSULTATION - NEPHROLOGY CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33712	Nephrology	REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEAT ED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGM ENT OF THE CONSULTANT THE CONSULTATIVE SERVICES DO NOT WARRANT A FULL CONSULTAT
33713	Nephrology	COUNSELLING-GROUP-NEPHROLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS - FIRST FULL HOUR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
33714	Nephrology	COUNSELLING-PROLONGED VISIT-NEPHROLOGY PROLONGED VISIT FOR COUNSELLING (MAXIMUM, FOUR PER YEAR) NOTE:
33715	Nephrology	COUNSELLING-GROUP-NEPHROLOGY GROUP COUNSELLING FOR GROUPS OF TWO OR MORE PATIENTS-SECOND HOUR, PER 1/2 HOUR OR MAJOR PORTION THEREOF
33730	Nephrology	TELEHEALTH CONSULTATION: SHALL INCLUDE A DETAILED HISTORY AND PHYSICAL EXAMINATION, REVIEW OF PREVIOUS MEDICAL RECORDS, DISCUSSION WITH FAMILY, FRIENDS OR WITNESSES, EVALUATION OF APPROPRIATE LABORATORY, X-RAY AND ECG
33732	Nephrology	TELEHEALTH REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE CONSULTATIVE SERVICE
33737	Nephrology	TELEHEALTH SUBSEQUENT HOSPITAL VISIT
33907	Occupational Medicine	VISIT-OFFICE-OCCUPATIONAL MEDICINE CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
33910	Occupational Medicine	CONSULTATION-OCCUPATIONAL MEDICINE CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A WRITTEN REPORT.
33912	Occupational Medicine	REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEAT ED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGM ENT OF THE CONSULTANT THE CONSULTATIVE SERVICES DO NOT WARRANT A FULL CONSULTAT

50507	Pediatrics	TELEHEALTH SUBSEQUENT OFFICE VISIT
50510	Pediatrics	TELEHEALTH CONSULTATION: TO CONSIST OF AN EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER A
50511	Pediatrics	TELEHEALTH CONSULTATION FOR COMPLEX BEHAVIOURAL, DEVELOPMENTAL OR PSYCHIATRIC CONDITION IN A CHILD: TO CONSIST OF A PHYSICAL AND NEUROLOGICAL EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY
50512	Pediatrics	TELEHEALTH REPEAT OR LIMITED CONSULTATION: WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY
50514	Pediatrics	TELEHEALTH PROLONGED VISIT FOR COUNSELLING NOTE: I) THE PLAN WILL PAY UP TO FOUR SUCH VISITS PER YEAR.
50515	Pediatrics	TELEHEALTH EXTENDED CONSULTATION - EXCEEDING 53 MINUTES (ACTUAL TIME SPENT WITH PATIENT): TO CONSIST OF AN EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO
50516	Pediatrics	TELEHEALTH EXTENDED CONSULTATION- EXCEEDING 68 MINUTES (ACTUAL TIME SPENT WITH PATIENT): TO CONSIST OF AN EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND ADDITIONAL VISITS NECESSARY TO RENDER
50517	Pediatrics	TELEHEALTH COMPLEX SUBSEQUENT OFFICE VISIT - EXCEEDING 12 MIN (AT LEAST 10 MIN. SPENT WITH PATIENT). NOTES:
50518	Pediatrics	TELEHEALTH-EXTENDED SUBSEQUENT OFFICE VISIT - EXCEEDING 23 MINUTES (AT LEAST 20 MINS SPENT WITH PATIENT). NOTES:
50519	Pediatrics	TELEHEALTH EXTENDED SUBSEQUENT OFFICE VISIT - EXCEEDING 38 MINS (AT LEAST 30 MINUTES SPENT WITH PATIENT) NOTES:
51005	Orthopedics	ORTHOPEDECS PRE-OPERATIVE ASSESSMENT NOTES:
51007	Orthopedics	ORTHOPAEDIC OFFICE VISIT
51010	Orthopedics	CONSULTATION: (IN OFFICE OR HOSPITAL) TO INCLUDE A HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, AND A WRITTEN REPORT
51012	Orthopedics	REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE, IN THE JUDGMENT OF THE CONSULTANT, THE CONSULTATIVE SERVICE DOES NOT
51015	Orthopedics	ORTHOPAEDIC SPECIAL CONSULTATION: EXTENDED CONSULT FOR COMPLEX PROBLEMS (I.E. ONCOLOGY, COMPLEX TRAUMA, ADULT CEREBRAL PALSY, ETC.), WHEN REQUESTED BY ANOTHER ORTHOPAEDIC SURGEON, NEUROSURGEON, PLASTIC SURGEON OR REHABILITATION
51107	Orthopedics	TELEHEALTH OFFICE VISIT - ORTHOPEDICS
51110	Orthopedics	TELEHEALTH CONSULTATION - ORTHOPEDICS
51112	Orthopedics	TELEHEALTH CONSULT, REPEAT/LIMITED - ORTHOPEDICS

51115	Orthopedics	TELEHEALTH CONSULTATION, SPECIAL - ORTHOPEDICS
60607	Psychiatry	TELEHEALTH OFFICE VISIT TO INCLUDE SERVICES SUCH AS CHEMOTHERAPY MANAGEMENT AND /OR MINIMAL PSYCHOTHERAPY
60610	Psychiatry	TELEHEALTH INDIVIDUAL FULL CONSULTATION: DIAGNOSTIC INTERVIEW OR EXAMINATION, INCLUDING HISTORY, MENTAL STATUS EXAM AND TREATMENT RECOMMENDATION, WITH WRITTEN REPORT.
60613	Psychiatry	TELEHEALTH GERIATRIC CONSULT (AGE 75 YRS OR OLDER)
60614	Psychiatry	TELEHEALTH REPEAT OR LIMITED GERIATRIC CONSULTATION: WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE CONSULTATIVE SERVICE
60622	Psychiatry	TELEHEALTH CONSULTATION - EMOTIONALLY DISTURBED CHILD: DIAGNOSTIC INTERVIEW OR EXAMINATION, INCLUDING MENTAL STATUS AND TREATMENT
60625	Psychiatry	TELEHEALTH REPEAT OR LIMITED CONSULTATION - WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE CONSULTATIVE
60626	Psychiatry	TELEHEALTH REPEAT OR LIMITED CONSULT EMOTIONALLY DISTURBED CHILD: WHERE A FORMAL CONSULTATION FOR THE SAME ILLNESS IS REPEATED WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE
60630	Psychiatry	INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT PER 1/2 HR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE PATIENT'S CHART
60631	Psychiatry	INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT PER 3/4 HR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE PATIENT'S CHART
60632	Psychiatry	INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT PER 1 HR NOTE: START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE PATIENT'S CHART
60633	Psychiatry	FAMILY/CONJOINT TELEHEALTH THERAPY (TWO OR MORE FAMILY MEMBERS) - PER 1/2 HR NOTE: I)START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
60635	Psychiatry	FAMILY/CONJOINT TELEHEALTH THERAPY (TWO OR MORE FAMILY MEMBERS) - PER 3/4 HR NOTES: I) START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
60636	Psychiatry	FAMILY/CONJOINT TELEHEALTH THERAPY (TWO OR MORE FAMILY MEMBERS) - PER 1 HR NOTES: I) START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
60638	Psychiatry	FAMILY/CONJOINT TELEHEALTH THERAPY(TWO OR MORE FAMILY MEMBERS)-PER 1 1/4 HR NOTES: I)START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE PATIEN

60639	Psychiatry	FAMILY/CONJOINT TELEHEALTH THERAPY(TWO OR MORE FAMILY MEMBERS)-PER 1 1/2 HR NOTES: I) START AND END TIMES MUST BE ENTERED IN BOTH THE BILLING CLAIMS AND THE
66007	Plastic Surgery	TELEHEALTH SUBSEQUENT OFFICE VISIT
66010	Plastic Surgery	TELEHEALTH MAJOR CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, IF REQUIRED, AND A WRITTEN
66012	Plastic Surgery	TELEHEALTH REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX (6) MONTHS OF LAST VISIT BY THE
66015	Plastic Surgery	PLASTIC SURGERY PRE-OPERATIVE ASSESSMENT NOTES:
70070	General Surgery	TELEHEALTH GENERAL SURGERY CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X RAY AND LABORATORY FINDINGS, IF REQUIRED, AND WRITTEN REPORT.
70072	General Surgery	TELEHEALTH GENERAL SURGERY REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE
70077	General Surgery	TELEHEALTH GENERAL SURGERY SUBSEQUENT OFFICE VISIT
70080	General Surgery	TELEHEALTH COMPLEX CONSULTATION FOR MANAGEMENT OF MALIGNANCY
70087	General Surgery	TELEHEALTH SPECIAL OFFICE VISIT FOR NEW DIAGNOSIS OR RECURRENT MALIGNANCY NOTES: 1) PAYABLE ONLY TO THE GENERAL SURGEON WHO IS THE MOST RESPONSIBLE
71010	General Surgery	COMPLEX CONSULTATION FOR MANAGEMENT OF MALIGNANCY
71015	General Surgery	GENERAL SURGERY PRE-OPERATIVE ASSESSMENT NOTES:
71017	General Surgery	SPECIAL OFFICE VISIT FOR NEW DIAGNOSIS OR RECURRENT MALIGNANCY NOTES: I) PAYABLE ONLY TO THE GENERAL SURGEON WHO IS THE MOST RESPONSIBLE PHYSICIAN
77007	Vascular Surgery	CONTINUING CARE BY CONSULTANT: SUBSEQUENT OFFICE VISIT
77010	Vascular Surgery	CONSULTATION - VASCULAR SURGERY TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, IF REQUIRED, AND WRITTEN REPORT
77012	Vascular Surgery	REPEAT OR LIMITED CONSULTATION - VASCULAR SURGERY TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE
77015	Vascular Surgery	VASCULAR SURGERY PRE-OPERATIVE ASSESSMENT NOTES:
77707	Vascular Surgery	TELEHEALTH SUBSEQUENT OFFICE VISIT-VASCULAR SURGERY
77710	Vascular Surgery	TELEHEALTH CONSULTATION - VASCULAR SURGERY: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, IF REQUIRED, AND A WRITTEN REPORT

77712	Vascular Surgery	TELEHEALTH REPEAT OR LIMITED CONSULTATION - VASCULAR SURGERY: TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN 6 MONTHS OF THE LAST VISIT BY THE CONSULTANT,
78007	Cardiac Surgery	TELEHEALTH CARDIAC SURGERY SUBSEQUENT OFFICE VISIT
78010	Cardiac Surgery	TELEHEALTH CARDIAC SURGERY CONSULTATION: TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X RAY AND LABORATORY FINDINGS, AND A WRITTEN REPORT.
78012	Cardiac Surgery	TELEHEALTH CARDIAC SURGERY REPEAT OR LIMITED CONSULTATION: TO APPLY WHERE A CONSULTATION IS REPEATED FOR SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE CONSULTANT THE
78763	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: 3 PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78764	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: FOUR PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78765	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: FIVE PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78766	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: SIX PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78767	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: SEVEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78768	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: EIGHT PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78769	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: NINE PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78770	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: TEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78771	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: ELEVEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78772	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: TWELVE PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78773	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: THIRTEEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78774	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: FOURTEEN-PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78775	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: FIFTEEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A

78776	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: SIXTEEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78777	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: SEVENTEEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78778	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: EIGHTEEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78779	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: NINETEEN PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78780	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: TWENTY PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
78781	Specialist Services Committee	SPECIALIST GROUP MEDICAL VISITS FEE PER PATIENT PER 1/2 HOUR: GREATER THAN TWENTY PATIENTS A GROUP MEDICAL VISIT (GMV) PROVIDES MEDICAL CARE IN A GROUP SETTING. A
79007	Chest Surgery	SUBSEQUENT OFFICE VISIT - THORACIC SURGERY
79010	Chest Surgery	CONSULTATION - THORACIC SURGERY TO INCLUDE COMPLETE HISTORY AND PHYSICAL EXAMINATION, REVIEW OF X-RAY AND LABORATORY FINDINGS, IF REQUIRED, AND WRITTEN REPORT
79012	Chest Surgery	REPEAT OR LIMITED CONSULTATION - THORACIC SURGERY TO APPLY WHERE A CONSULTATION IS REPEATED FOR THE SAME CONDITION WITHIN SIX MONTHS OF THE LAST VISIT BY THE CONSULTANT, OR WHERE IN THE JUDGMENT OF THE
79207	Chest Surgery	TELEHEALTH SUBSEQUENT OFFICE VISIT
79210	Chest Surgery	TELEHEALTH CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY, LABORATORY, X-RAY FINDINGS, AND A WRITTEN REPORT.
79212	Chest Surgery	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 DOES NOT
83000	Radiology	INTERVENTIONAL RADIOLOGY CONSULTATION - TO INCLUDE PERTINENT PATIENT HISTORY, REGIONAL PHYSICAL EXAMINATION, REVIEW OF LABORATORY AND RADIOLOGICAL FINDINGS AND GENERATION OF A WRITTEN REPORT.
83070	Radiology	TELEHEALTH INTERVENTIONAL RADIOLOGY CONSULTATION: TO INCLUDE PERTINENT PATIENT HISTORY, REGIONAL PHYSICAL EXAMINATION, REVIEW OF LABORATORY AND RADIOLOGICAL FINDINGS AND GENERATION OF A WRITTEN REPORT.
94007	Laboratory Medicine	LABORATORY MEDICINE, SUBSEQUENT OFFICE VISIT
94010	Laboratory Medicine	CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY AND LABORATORY FINDINGS WITH A WRITTEN REPORT

94012	Laboratory Medicine	REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEATED WITHIN SIX (6) MONTHS OF THE LAST VISIT BY
94070	Laboratory Medicine	TELEHEALTH LABORATORY MEDICINE CONSULTATION: TO CONSIST OF EXAMINATION, REVIEW OF HISTORY AND LABORATORY FINDINGS WITH A WRITTEN REPORT.
94072	Laboratory Medicine	TELEHEALTH LABORATORY MEDICINE REPEAT OR LIMITED CONSULTATION: WHERE A CONSULTATION FOR SAME ILLNESS IS REPEATED WITHIN SIX (6) MONTHS OF THE LAST VISIT BY THE CONSULTANT OR WHERE, IN THE JUDGMENT OF THE CONSULTANT, THE
94077	Laboratory Medicine	TELEHEALTH LABORATORY MEDICINE SUBSEQUENT OFFICE VISIT