

Services that May be Referred by a Nurse Practitioner

00012	INJECTION, VENEPUNCTURE
00110	CONSULTATION IN OFFICE AGE (2-59) GP
00117	ECG INTERPRETATION ONLY GP
00204	DIRECTIVE CARE BY CONSULTANTS, DERMATOLOGY
00205	VISIT, EMERGENCY, DERMATOLOGY
00207	VISIT, OFFICE, DERMATOLOGY
00208	VISIT, HOSPITAL, DERMATOLOGY
00210	CONSULTATION, DERMATOLOGY
00214	CONSULTATION, REPEAT/LIMITED DERMATOLOGY
00305	VISIT, EMERGENCY, INTERNAL MEDICINE.
00306	DIRECTIVE CARE, INTERNAL MEDICINE
00307	VISIT, OFFICE, INTERNAL MEDICINE
00308	VISIT, HOSPITAL, INTERNAL MEDICINE
00310	CONSULTATION, INTERNAL MEDICINE
00311	CONSULTATION, LIMITED, INTERNAL MEDICINE
00312	GROUP COUNSELLING, INTERNAL MEDICINE
00313	INTERNAL MEDICINE PROLONGED VISIT FOR COUNSELLING
00314	GROUP COUNSELLING, INTERNAL MEDICINE
00315	GROUP COUNSELLING, INTERNAL MEDICINE
00405	VISIT, EMERGENCY, NEUROLOGY
00406	DIRECTIVE CARE, NEUROLOGY
00407	VISIT, OFFICE, NEUROLOGY
00408	VISIT, HOSPITAL, NEUROLOGY
00410	CONSULTATION, NEUROLOGY
00411	CONSULTATION, LIMITED, NEUROLOGY
00450	NEUROLOGY COMPLEX CARE-EXTEND CONSULT-PER 15 MIN
00470	TELEHEALTH CONSULTATION, NEUROLOGY
00471	TELEHEALTH REPEAT / LIMITED CONSULTATION NEUROLOGY
00476	TELEHEALTH DIRECTIVE CARE, NEUROLOGY
00477	TELEHEALTH SUBSEQUENT OFFICE VISIT, NEUROLOGY
00478	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, NEUROLOGY
00505	VISIT, EMERGENCY, PEDIATRICS

00506	DIRECTIVE CARE, PEDIATRICS
00507	VISIT, OFFICE, PEDIATRICS
00508	VISIT, HOSPITAL, PEDIATRICS
00510	CONSULTATION, PEDIATRICS
00511	CONSULTATION FOR COMPLEX CONDITION - CHILD
00512	CONSULTATION, LIMITED, PEDIATRICS
00513	GROUP COUNSELLING- PEDIATRICS
00514	VISIT, PROLONGED, PEDIATRICS COUNSELLING
00515	GROUP COUNSELLING - PEDIATRICS
00527	ECG AND INTERPRETATION OFFICE-PEDIATRICS
00528	ECG AND INTERPRETATION HOME -PEDIATRICS
00529	ECG, INTERPRETATION ONLY, PEDIATRICS
00530	GRADED EXERCISE TEST, PEDIATRICS - TECHNICAL FEE
00531	GRADED EXERCISE TEST, PEDIATRICS - TOTAL FEE
00532	ECG AND INTERPRETATION CHILDREN (UNDER 2 YEARS)
00533	ECG - PROFESSIONAL FEE (UNDER 2 YEARS)
00534	ECG - TECHNICAL FEE (UNDER 2 YEARS)
00535	GRADED EXERCISE TEST - PROFESSIONAL FEE
00550	CONSULT-PEDIATRICS-EXTENDED-EXCEEDING 52 MINUTES
00551	CONSULT-PEDIATRICS-EXTENDED-EXCEEDING 68 MINUTES
00553	VISIT, OFFICE-PEDIATRICS-EXTENDED-> 23 MINUTES
00554	VISIT, OFFICE-PEDIATRICS-EXTENDED-> 38 MINUTES
00605	VISIT, EMERGENCY, PSYCHIATRY
00607	VISIT, OFFICE, PSYCHIATRY
00608	VISIT, HOSPITAL, PSYCHIATRY
00610	CONSULTATION, PSYCHIATRY
00613	GERIATRIC CONSULTATION (AGE 75 YEARS OR OLDER), PSYCHIATRY
00614	REPEAT GERIATRIC CONSULTATION, PSYCHIATRY
00615	HOSPITAL/INSTITUTION INPATIENT OR HOME VISIT PSYCHIATRY
00622	EMOTIONALLY DISTURBED CHILD – CONSULTATION PSYCHIATRY
00623	EMOTIONALLY DISTURBED FAMILY – CONSULTATION PSYCHIATRY
00624	EVALUATION INTERVIEW WITH FAMILY MEMBER PSYCHIATRY
00625	REPEAT CONSULTATION - PSYCHIATRY
00626	EMOTIONALLY DISTURBED CHILD - REPEAT CONSULTATION PSYCH

00627	EMOTIONALLY DISTURBED FAMILY - REPEAT CONSULTATION PSYCH
00630	PSYCHOTHERAPY INDIV. (OFF.,OUT-PATIENT) PER 1/2 HR
00631	PSYCHOTHERAPY INDIV. (OFF.,OUT-PATIENT) PER 3/4 HR
00632	PSYCHOTHERAPY INDIV. (OFF.,OUT-PATIENT) PER HOUR
00633	PSYCHOTHERAPY FAMILY PER 1/2 HR
00635	PSYCHOTHERAPY FAMILY PER 3/4 HR
00636	PSYCHOTHERAPY FAMILY PER HOUR
00638	PSYCHOTHERAPY FAMILY PER 1 1/4 HR
00639	PSYCHOTHERAPY FAMILY PER 1 1/2 HR
00645	PATIENT MANGMNT CONFER. - 3RD PARTIES, PER 1/4 HR
00650	PSYCHOTHERAPY INDIV.(HOSP OR INSTITUT) PER 1/2 HR
00651	PSYCHOTHERAPY INDIV.(HOSP OR INSTITUT) PER 3/4 HR
00652	PSYCHOTHERAPY INDIV.(HOSP OR INSTITUT) PER 1 HR
00663	GROUP PSYCHOTHERAPY - THREE PATIENTS - PER PATIENT
00664	GROUP PSYCHOTHERAPY - FOUR PATIENTS - PER PATIENT
00665	GROUP PSYCHOTHERAPY - FIVE PATIENTS - PER PATIENT
00666	GROUP PSYCHOTHERAPY - SIX PATIENTS - PER PATIENT
00667	GROUP PSYCHOTHERAPY - SEVEN PATIENTS - PER PATIENT
00668	GROUP PSYCHOTHERAPY - EIGHT PATIENTS - PER PATIENT
00669	GROUP PSYCHOTHERAPY - NINE PATIENTS - PER PATIENT
00670	GROUP PSYCHOTHERAPY - TEN PATIENTS - PER PATIENT
00671	GROUP PHYCHOTHERAPY-11 PATIENTS-PER PATIENT
00672	GROUP PHYCHOTHERAPY-12 PATIENTS-PER PATIENT
00673	GROUP PHYCHOTHERAPY-13 PATIENTS-PER PATIENT
00674	GROUP PHYCHOTHERAPY-14 PATIENTS-PER PATIENT
00675	GROUP PHYCHOTHERAPY-15 PATIENTS-PER PATIENT
00676	GROUP PHYCHOTHERAPY-16 PATIENTS-PER PATIENT
00677	GROUP PHYCHOTHERAPY-17 PATIENTS-PER PATIENT
00678	GROUP PHYCHOTHERAPY-18 PATIENTS-PER PATIENT
00679	GROUP PHYCHOTHERAPY-19 PATIENTS-PER PATIENT
00680	GROUP PHYCHOTHERAPY-20 PATIENTS-PER PATIENT
00681	GROUP PHYCHOTHERAPY->20 PATIENTS-PER PATIENT
00787	AMNIOCENTESIS, TRANSABDOMINAL
00928	SIMPLE SCREENING SPIROMETRY WITHOUT BRONCHODILATOR

00929	SPIROMETRY-BEFORE AND AFTER BRONCHODILATORS
00930	PEAK EXPIRATORY FLOW RATE
00968	INHALATION CHALLENGE - PROFESSIONAL FEE
00969	INHALATION CHALLENGE - TECHNICAL FEE
01013	PAIN MANAGEMENT-CONSULTATION, FOR POST OP PAIN -ANESTHESIA
01015	CONSULTATION , ANAESTHESIA
01016	CONSULTATION, MGMT OF COMPLICATED CHRONIC PAIN ANESTHESIA
01115	CONSULTATION -REPEAT/ LIMITED- ANESTHESIA
01116	CONSULTATION-REPEAT OR LTD -DIAGNOSTIC/PAIN MGMT-ANESTHESIA
01705	VISIT, EMERGENCY, PHYSICAL MEDICINE
01706	DIRECTIVE CARE - PHYSICAL MEDICINE
01707	VISIT, OFFICE, PHYSICAL MEDICINE
01708	VISIT, HOSPITAL, PHYSICAL MEDICINE
01710	CONSULTATION, PHYSICAL MEDICINE
01712	CONSULTATION, LIMITED, PHYSICAL MEDICINE
01713	GROUP COUNSELLING, PHYSICAL MED & REHAB - 1ST HR
01714	PHYSICAL MEDICINE, PROLONGED VISIT FOR COUNSELLING
01715	GROUP COUNSELLING - PHYSICAL MEDICINE
01730	GRADED EXERCISE TEST - TECHNICAL
01731	GRADED EXERCISE TEST - PROFESSIONAL
01732	GRADED EXERCISE TEST - TOTAL
01770	TELEHEALTH FORMAL CONSULTATION - PHYSICAL MEDICINE
01772	TELEHEALTH REPEAT OR LIMITED CONSULT-PHYSICAL MEDICINE
01776	TELEHEALTH DIRECTIVE CARE - PHYSICAL MEDICINE
01777	TELEHEALTH OFFICE VISIT - PHYSICAL MEDICINE
01778	TELEHEALTH SUBSEQUENT HOSPITAL VISIT-PHYSICAL MEDICINE
01810	CONSULTATION EMERGENCY MEDICINE
02005	EMERGENCY VISIT - OPHTHALMOLOGY
02007	OFFICE VISIT - OPHTHALMOLOGY
02008	HOSPITAL VISIT - OPHTHALMOLOGY
02010	CONSULTATION - OPHTHALMOLOGY
02011	LIMITED CONSULTATION - OPHTHALMOLOGY
02505	EMERGENCY VISIT - OTOLARYNGOLOGY

02507	SUBSEQUENT OFFICE VISIT - OTOLARYNGOLOGY
02508	SUBSEQUENT HOSPITAL VISIT - OTOLARYNGOLOGY
02510	CONSULTATION - OTOLARYNGOLOGY
02511	CONSULTATION: WITH PURE TONE AUDIOGRAM
02513	MALIGNANCY MANAGEMENT-CONSULTATION
02514	REPEAT OR LIMITED CONSULTATION - OTOLARYNGOLOGY
02515	ALLERGY CONSULTATION - OTOLARYNGOLOGY
03005	VISIT, EMERGENCY, NEUROSURGERY
03007	VISIT, OFFICE, NEUROSURGERY
03008	VISIT, HOSPITAL, NEUROSURGERY
03010	CONSULTATION, NEUROSURGERY
03011	CONSULTATION, LIMITED, NEUROSURGERY
03310	VIDEO CONSULT - NEUROSURGICAL
03311	FOLLOW-UP ASSESSMENT VIA VIDEO CONFERENCING
03312	REPEAT/ OR LIMITED VIDEO CONSULT - NEUROSURGICAL
03317	TELEHEALTH SUBSEQUENT OFFICE VISIT - NEUROSURGERY
00318	TELEHEALTH SUBSEQUENT HOSPITAL VISIT -NEUROSURGERY
03333	NO CHARGE REFERRAL
04005	VISIT, EMERGENCY, OBS &GYN
04007	VISIT, OFFICE, OBS &GYN
04008	VISIT, HOSPITAL, OBS &GYN
04010	CONSULTATION, OBS &GYN
04012	CONSULTATION, LIMITED, OBS &GYN
04070	TELEHEALTH CONSULTATION, OBS & GYN
04072	TELEHEALTH REPEAT OR LIMITED CONSULT, OBS & GYN
04077	TELEHEALTH SUBSEQUENT OFFICE VISIT, OBS & GYN
04078	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, OBS & GYN
04680	GUIDED AMNIOCENTESIS
04699	FERN TEST
06005	VISIT, EMERGENCY, PLASTIC SURGERY
06007	VISIT, OFFICE, PLASTIC SURGERY
06008	VISIT, HOSPITAL, PLASTIC SURGERY
06010	CONSULTATION, PLASTIC SURGERY
06012	CONSULTATION, LIMITED OR REPEAT, PLASTIC SURGERY

07005	EMERGENCY VISIT, GENERAL SURGERY
07006	DIRECTIVE CARE, GENERAL SURGERY
07007	SUBSEQUENT OFFICE VISIT, GENERAL SURGERY
07008	SUBSEQUENT HOSPITAL VISIT, GENERAL SURGERY
07010	CONSULTATION, GENERAL SURGERY
07012	REPEAT OR LIMITED CONSULTATION, GENERAL SURGERY
08005	VISIT, EMERGENCY, UROLOGY
08007	VISIT, OFFICE, UROLOGY
08008	VISIT, HOSPITAL, UROLOGY
08010	CONSULTATION, UROLOGY
08012	CONSULTATION, REPEAT OR LIMITED, UROLOGY
08070	TELEHEALTH CONSULTATION, UROLOGY
08072	TELEHEALTH REPEAT OR LIMITED CONSULTATION, UROLOGY
08077	TELEHEALTH SUBSEQUENT OFFICE VISIT, UROLOGY
08078	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, UROLOGY
08500	SKULL X-RAY ROUTINE
08503	SINUSES PARA-NASAL X-RAY DIAGNOSTIC
08504	FACIAL BONES X-RAY
08505	NASAL BONES - X-RAY
08506	MASTOIDS X-RAY
08507	MANDIBLE X-RAY
08508	MANDIBLE TEMPORO MANDIBULAR JOINT X-RAY
08514	NASOPHARYNX AND/OR NECK, SOFT TISSUE
08520	SHOULDER GIRDLE
08521	HUMERUS X-RAY
08522	ELBOW X-RAY
08523	FOREARM X-RAY
08524	WRIST X-RAY
08525	HAND ANY PART X-RAY
08526	UPPER EXTREMITY, REQUESTED ADDITIONAL X-RAY
08530	HIP X-RAY
08531	FEMUR X-RAY
08532	KNEE X-RAY
08533	FIBULA AND TIBIA X-RAY

08534	ANKLE X-RAY
08535	FOOT X-RAY
08536	LEG LENGTH X-RAY
08537	LOWER EXTREMITY, REQUESTED ADD. X-RAY
08540	SPINE AND PELVIS X-RAY - CERVICAL
08541	SPINE AND PELVIS X-RAY - THORACIC
08542	SPINE AND PELVIS X-RAY - LUMBAR
08543	SPINE AND PELVIS X-RAY - SACRUM AND COCCYX
08544	PELVIS X-RAY
08545	SACRO-ILIAC JOINT X-RAY
08546	SCOLIOSIS FILM
08547	PELVIS X-RAY AND ADDITIONAL VIEWS
08549	SPINE, X-RAY REQUESTED ADDITIONAL
08550	CHEST X-RAYS - THORACIC VISCERA
08551	CHEST X-RAYS - THORACIC INLET
08552	CHEST X-RAYS - THORACIC INLET -ADDITIONAL VIEWS
08554	CHEST X-RAYS - RIBS ONE SIDE
08555	CHEST X-RAYS - RIBS BOTH SIDES
08556	CHEST X-RAYS - STERNUM OR STERNO
08557	CHEST X-RAYS - STERNUM AND STERNO
08570	ABDOMEN X-RAY
08571	ABDOMINAL MULTIPLE X-RAY
08572	OESOPHAGUS ONLY -X-RAY
08573	OESOPHAGUS, STOMACH AND DUODENUM X-RAY
08574	SMALL BOWEL
08576	COLON OR DOUBLE CONTRAST AIR STUDIES
08590	KUB X-RAY
08604	BONE SURVEY - 1ST ANATOMICAL AREA
08605	BONE SURVEY - ADDITIONAL ANATOMICAL AREA
08610	MAMMOGRAPHY - UNILATERAL
08611	MAMMOGRAPHY - BILATERAL
08638	ECHOCARDIOGRAM - REAL TIME
08642	B SCAN SOFT TISSUES OF NECK
08648	ABDOMINAL B-SCAN

08649	RENAL B SCAN
08650	GUIDANCE FOR BIOPSY OR CYST PUNCTURE
08651	OBS. - B-SCAN - 14 WKS. OR MORE FOR SINGLES
08652	B SCAN I.U.D. LOCALIZATION
08653	PELVIC B SCAN - NON-OBSTETRICAL
08655	OBS. B-SCAN - LESS THAN 14 WKS.
08658	EXTREMITY B SCAN
08664	DOPPLER RESTING ARTERIAL ASSESSMENT
08670	PERIPHERAL VENOUS - DEEP VENOUS SYSTEM
08676	CAROTID IMAGING - DUPLEX SCANNING OF NECK VESSELS
08679	DOPPLER ECHOCARDIOGRAPHY
08688	BONE DENSITY - SINGLE AREA
08689	BONE DENSITY - SECOND AREA
08690	TOMOGRAPHY-HEAD SCAN WITHOUT CONTRAST
08691	TOMOGRAPHY - HEAD SCAN WITH CONTRAST
08692	TOMOGRAPHY-HEAD SCAN DOUBLE SCAN OR 2 PLANES
08693	TOMOGRAPHY-BODY SCAN ONE REGION WITHOUT CONTRAST
08694	TOMOGRAPHY-BODY SCAN ONE REGION WITH CONTRAST
08695	TOMOGRAPHY - BODY SCAN DOUBLE SCAN OR TWO REGIONS
09866	PERFUSION STUDY, ADDITION TO MAJOR SCAN
10002	SPECIALIST TELE PATIENT MGMT-RESPONSE IN ONE WEEK
10004	SPECIALIST MULTIDISCIPLINARY CONFERENCING FOR COMPLEX PT
10005	SPECIALIST EMAIL ADVICE FOR PATIENT MANAGEMENT
09834	BONE SCAN
09854	THALLIUM MYOCARDIAL SCAN
12110	CONSULTATION IN OFFICE (AGE 0-1) GP
12210	CONSULTATION OUT OF OFFICE (AGE 0-1) GP
13210	CONSULTATION OUT OF OFFICE (AGE 2-49) GP
14019	GP ADVICE FEE TO NP-TELEPHONE OR IN PERSON
15000	HAEMOGLOBIN - OTHER METHODS
15100	GLUCOSE - SEMIQUANTITATIVE
15110	OCCULT BLOOD - FECES
15120	PREGNANCY TEST, IMMUNOLOGIC, URINE
15130	URINALYSIS - SCREENING

15131	URINALYSIS - MICRO EXAM OF CENTRIFUGED DEPOSIT
15132	CANDIDA CULTURE
15133	EXAMINATION OF EOSINOPHILS/SECRETIONS/EXCRETIONS
15134	PINWORM OVA-EXAMINATION
15136	FUNGUS, DIRECT EXAMINATION, KOH PREPARATION
15137	HAEMOGLOBIN - CYANMETHAEMOGLOBIN
15138	SEDIMENTATION RATE
15139	SPERM, SEMINAL EXAMINATION FOR PRESENCE OR ABSENCE
15140	STAINED SMEAR
15141	TRICHOMONAS AND / OR CANDIDA, DIRECT EXAMINATION
15142	URINALYSIS-COMPLETE DIAGNOSTIC, SEMI-QUANT & MICRO
15143	WHITE CELL COUNT ONLY
15210	CONSULTATION OUT OF OFFICE (AGE 50-59) GP
15310	CONSULTATION IN OFFICE (AGE 50-59) GP
16110	CONSULTATION IN OFFICE (AGE 60-69) GP
16210	CONSULTATION OUT OF OFFICE (AGE 60-69) GP
17110	CONSULTATION IN OFFICE (AGE 70-79) GP
17210	CONSULTATION OUT OF OFFICE (AGE 70-79) GP
18110	CONSULTATION IN OFFICE (AGE 80+) GP
18210	CONSULTATION OUT OF OFFICE (AGE 80+) GP
20207	TELEHEALTH SUBSEQUENT OFFICE VISIT, DERMATOLOGY
20208	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, DERMATOLOGY
20210	TELEHEALTH CONSULTATION, DERMATOLOGY
20214	TELEHEALTH REPEAT CONSULTATION, DERMATOLOGY
22007	TELEHEALTH SUBSEQUENT OFFICE VISIT, OPHTHALMOLOGY
22008	TELEHEALTH SUBSEQNT HOSPITAL VISIT, OPHTHALMOLOGY
22010	TELEHEALTH CONSULTATION, OPHTHALMOLOGY
22011	TELEHEALTH REPEAT OR LMTD CONSULT, OPHTHALMOLOGY
30005	EMERGENCY VISIT, CLINICAL IMMUNOLOGY AND ALLERGY
30006	DIRECTIVE CARE, CLINICAL IMMUNOLOGY & ALLERGY
30007	OFFICE VISIT, CLINICAL IMMUNOLOGY AND ALLERGY
30008	HOSPITAL VISIT, CLINICAL IMMUNOLOGY AND ALLERGY
30010	CONSULTATION, CLINICAL IMMUNOLOGY AND ALLERGY
30011	PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY CONSULT

30012	REPEAT OR LTD CONSULT, CLINICAL IMMUNOLOGY AND ALLERGY
30015	EOSINOPHILS - SECRETION SMEAR
30070	TELEHEALTH CONSULT,CLINICAL IMMUNOLOGY/ALLERGY
30071	TELEHEALTH CONSULT,PED CLINICAL IMMUNOLOGY/ALLERGY
30072	TELEHEALTH REPEAT OR LIMITED CONSULT,CLN IMM/ALLERGY
30076	TELEHEALTH DIRECT CARE,CLINICAL IMMUNOLOGY/ALLERGY
30077	TELEHEALTH SUBSEQUENT OFFICE VISIT,CLN/IMM/ALLERGY
30078	TELEHEALTH SUBSEQUENT HOSP VIST,IMMUNOLOGY/ALLERGY
31005	EMERGENCY VISIT, SPECIALLY CALLED, RHEUMATOLOGY
31006	DIRECTIVE CARE, RHEUMATOLOGY
31007	SUBSEQUENT OFFICE VISIT, RHEUMATOLOGY
31008	SUBSEQUENT HOSPITAL VISIT, RHEUMATOLOGY
31010	CONSULTATION, RHEUMATOLOGY
31012	REPEAT OR LIMITED CONSULTATION, RHEUMATOLOGY
31014	PROLONGED VISIT FOR COUNSELLING, RHEUMATOLOGY
31050	EXTENDED CONSULTATION-RHEUMATOLOGY-EXCEED 53 MIN
31106	TELEHEALTH DIRECTIVE CARE, RHEUMATOLOGY
31107	TELEHEALTH SUBSEQUENT OFFICE VISIT, RHEUMATOLOGY
31108	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, RHEUMATOLOGY
31110	TELEHEALTH CONSULTATION, RHEUMATOLOGY
31112	TELEHEALTH REPEAT OR LIMITED CONSULT, RHEUMATOLOGY
32005	VISIT, EMERGENCY, RESPIROLOGY
32006	DIRECTIVE CARE, RESPIROLOGY
32007	VISIT, OFFICE, RESPIROLOGY
32008	VISIT, HOSPITAL, RESPIROLOGY
32010	CONSULTATION, RESPIROLOGY
32012	CONSULTATION LIMITED, RESPIROLOGY
32014	PROLONGED VISIT FOR COUNSELLING, RESPIROLOGY
32106	TELEHEALTH-DIRECTIVE CARE, RESPIROLOGY
32107	TELEHEALTH-VISIT, OFFICE, RESPIROLOGY
32108	TELEHEALTH-VISIT, HOSPITAL, RESPIROLOGY
32110	TELEHEALTH CONSULTATION, RESPIROLOGY
32112	TELEHEALTH-CONSULTATION-LIMITED, RESPIROLOGY
32114	TELEHEALTH-PROLONGED VISIT/COUNSELLING, RESPIROLOGY

32270	TELEHEALTH CONSULTATION, INTERNAL MEDICINE
32271	TELEHEALTH COMPLEX CONSULTATION, INTERNAL MEDICINE
32272	TELEHEALTH REPEAT OR LIMITED CONSULT, INTERNAL MEDICINE
32276	TELEHEALTH DIRECTIVE CARE, INTERNAL MEDICINE
32277	TELEHEALTH SUBSEQUENT OFFICE VISIT, INTERNAL MEDICINE
32278	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, INTERNAL MEDICINE
32307	SUB F/U OFF VISIT, COMPLEX PAT-3 MEDICAL COND, GIM
32308	SUB HOSP VISIT, COMPLEX PAT-3 MEDICAL COND, GIM
32312	COMPLEX CONSULTATION - 2 MEDICAL CONDITIONS, GIM
32317	SUB F/U OFF VISIT, COMPLEX PAT-2 MEDICAL COND, GIM
32318	SUB HOSP VISIT, COMPLEX PATIENT-2 MEDICAL COND, GIM
33005	VISIT-EMERGENCY, CARDIOLOGY
33006	DIRECTIVE CARE, CARDIOLOGY
33007	VISIT-OFFICE, CARDIOLOGY
33008	VISIT-HOSPITAL, CARDIOLOGY
33009	VISIT-HOME, CARDIOLOGY
33010	CONSULTATION, CARDIOLOGY
33012	CONSULTATION-LIMITED, CARDIOLOGY
33013	COUNSELLING-GROUP, CARDIOLOGY
33014	COUNSELLING-PROLONGED VISIT, CARDIOLOGY
33015	COUNSELLING-GROUP, CARDIOLOGY
33016	ECG AND INTERPRETATION-OFFICE, CARDIOLOGY
33017	ECG AND INTERPRETATION-OFFICE, CARDIOLOGY
33018	ECG INTERPRETATION ONLY, CARDIOLOGY
33034	GRADED EXERCISE TEST
33035	GRADED EXERCISE TEST-PROFESSIONAL FEE
33036	GRADED EXERCISE TEST-TECHNICAL FEE
33047	SCANNING OF 24 HR ECG-PROFESSIONAL FEE
33048	SCANNING OF 24 HR ECG-TECHNICAL FEE
33049	SCANNING OF 24 HR ECG-LEVEL 1
33063	SCANNING OF 24 HR ECG -LEVEL 2

33064	SCANNING OF 24 HR ECG -LEVEL 3
33065	SCANNING OF 24 HR ECG -LEVEL 4
33091	ECHOCARDIOGRAM-2-D/M MODE
33106	TELEHEALTH DIRECTIVE CARE, CARDIOLOGY
33107	TELEHEALTH SUBSEQUENT OFFICE VISIT, CARDIOLOGY
33108	TELEHEALTH SUBSEQUENT HOSP VISIT, CARDIOLOGY
33110	TELEHEALTH CONSULTATION, CARDIOLOGY
33112	TELEHEALTH REPEAT CONSULTATION, CARDIOLOGY
33114	TELEHEALTH PROLONGED VISIT COUNSELLING, CARDIOLOGY
33205	VISIT-EMERGENCY, ENDOCRINOLOGY
33206	DIRECTIVE CARE, ENDOCRINOLOGY
33207	VISIT-OFFICE, ENDOCRINOLOGY
33208	VISIT – HOSPITAL, ENDOCRINOLOGY
33209	VISIT-HOME, ENDOCRINOLOGY
33210	CONSULTATION, ENDOCRINOLOGY
33212	CONSULTATION-LIMITED, ENDOCRINOLOGY
33213	COUNSELLING-GROUP, ENDOCRINOLOGY
33214	COUNSELLING - PROLONGED VISIT, ENDOCRINOLOGY
33215	COUNSELLING-GROUP, ENDOCRINOLOGY
33250	VIRTUAL COMMUNICATION WITH PATIENT, ENDOCRINOLOGY
33260	INITIAL VIRTUAL CONSULTATION, WITH PATIENT OR REP, ENDOCRIN
33262	REPEAT OR LIMITED VIRTUAL CONSULTATION, ENDOCRINOLOGY
33267	SUBSEQUENT VIRTUAL OFFICE VISIT, ENDOCRINOLOGY
33270	TELEHEALTH CONSULTATION, ENDOCRINOLOGY
33272	TELEHEALTH REPEAT OR LIMITED CONSULT, ENDOCRINOLOGY
33276	TELEHEALTH DIRECTIVE CARE, ENDOCRINOLOGY
33277	TELEHEALTH SUBSEQUENT OFFICE VISIT, ENDOCRINOLOGY
33278	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, ENDOCRINOLOGY
33305	VISIT-EMERGENCY, GASTROENTEROLOGY
33306	DIRECTIVE CARE, GASTROENTEROLOGY
33307	VISIT-OFFICE, GASTROENTEROLOGY
33308	VISIT-HOSPITAL, GASTROENTEROLOGY
33309	VISIT-HOME, GASTROENTEROLOGY
33310	CONSULTATION, GASTROENTEROLOGY

33312	CONSULTATION-LIMITED, GASTROENTEROLOGY
33313	COUNSELLING-GROUP, GASTROENTEROLOGY
33314	COUNSELLING-PROLONGED VISIT, GASTROENTEROLOGY
33315	COUNSELLING-GROUP, GASTROENTEROLOGY
33360	TELEHEALTH CONSULTATION, GASTROENTEROLOGY
33362	TELEHEALTH REPEAT/LIMITED CONSULT, GASTROENTEROLOGY
33366	TELEHEALTH DIRECTIVE CARE, GASTROENTEROLOGY
33367	TELEHEALTH SUBSEQUENT OFFICE VISIT, GASTROENTEROLOGY
33368	TELEHEALTH SUBSEQUENT HOSP VISIT, GASTROENTEROLOGY
33401	GERIATRIC ASSESSMENT
33402	GERIATRIC REASSESSMENT
33405	VISIT-EMERGENCY, GERIATRIC MEDICINE
33406	DIRECTIVE CARE, GERIATRIC MEDICINE
33407	VISIT-OFFICE, GERIATRIC MEDICINE
33408	VISIT-HOSPITAL, GERIATRIC MEDICINE
33409	VISIT-HOME, GERIATRIC MEDICINE
33410	CONSULTATION, GERIATRIC MEDICINE
33412	CONSULTATION, LIMITED-GERIATRIC MEDICINE
33413	COUNSELLING-GROUP, GERIATRIC MEDICINE
33414	COUNSELLING-PROLONGED VISIT, GERIATRIC MEDICINE
33415	COUNSELLING-GROUP, GERIATRIC MEDICINE
33421	TELEHEALTH COMPREHENSIVE GERIATRIC CONSULT/65YRS
33422	TELEHEALTH GERIATRIC REASSESSMENT
33445	GERIATRIC CARE CONFERENCE (PAT 65+) PER 15 MIN
33450	GERIATRIC FAMILY CONFERENCE (PAT 65+)-PER 15 MIN
33455	GERIATRIC REASSESSMENT - PATIENTS 65 - 74 YEARS
33470	TELEHEALTH CONSULTATION, GERIATRIC MEDICINE
33472	TELEHEALTH REPEAT OR LIMITED CONSULT, GERIATRIC MED
33476	TELEHEALTH DIRECTIVE CARE, GERIATRIC MEDICINE
33477	TELEHEALTH SUBSEQUENT OFFICE VISIT, GERIATRIC MED
33478	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, GERIATRIC MED
33505	VISIT-EMERGENCY, HEMATOLOGY/ONCOLOGY
33506	DIRECTIVE CARE, HEMATOLOGY/ONCOLOGY
33507	VISIT-OFFICE, HEMATOLOGY/ONCOLOGY

33508	VISIT-HOSPITAL, HEMATOLOGY/ONCOLOGY
33509	VISIT-HOME, HEMATOLOGY/ONCOLOGY
33510	CONSULTATION, HEMATOLOGY/ONCOLOGY
33512	CONSULTATION, LIMITED-HEMATOLOGY/ONCOLOGY
33513	COUNSELLING, GROUP-HEMATOLOGY/ONCOLOGY
33514	COUNSELLING, PROLONGED VISIT-HEMATOLOGY/ONCOLOGY
33515	COUNSELLING-GROUP, HEMATOLOGY/ONCOLOGY
33605	VISIT-EMERGENCY, INFECTIOUS DISEASES
33606	DIRECTIVE CARE, INFECTIOUS DISEASES
33607	VISIT-OFFICE, INFECTIOUS DISEASES
33608	VISIT-HOSPITAL, INFECTIOUS DISEASES
33609	VISIT-HOME, INFECTIOUS DISEASES
33610	CONSULTATION, INFECTIOUS DISEASES
33612	CONSULTATION-LIMITED, INFECTIOUS DISEASES
33613	COUNSELLING – GROUP, INFECTIOUS DISEASES
33614	COUNSELLING-PROLONGED VISIT, INFECTIOUS DISEASES
33615	COUNSELLING-GROUP, INFECTIOUS DISEASES
33636	TELEHEALTH-DIRECTIVE CARE, INFECTIOUS DISEASES
33637	TELEHEALTH-SUBSEQ OFFICE VISIT, INFECTIOUS DISEASES
33638	TELEHEALTH-SUBSQ HOSPITAL VISIT, INFECTIOUS DISEASES
33645	INFECTIOUS DISEASE CARE MGT OF HIV/AIDS-PER 1/2HR
33705	VISIT-EMERGENCY, NEPHROLOGY
33706	DIRECTIVE CARE, NEPHROLOGY
33707	VISIT-OFFICE, NEPHROLOGY
33708	VISIT-HOSPITAL, NEPHROLOGY
33709	VISIT-HOME, NEPHROLOGY
33710	CONSULTATION, NEPHROLOGY
33712	CONSULTATION-LIMITED, NEPHROLOGY
33713	COUNSELLING-GROUP, NEPHROLOGY
33714	COUNSELLING-PROLONGED VISIT, NEPHROLOGY
33715	COUNSELLING-GROUP, NEPHROLOGY
33730	TELEHEALTH-CONSULT, NEPHROLOGY
33732	TELEHEALTH-REPEAT CONSULT, NEPHROLOGY
33736	TELEHEALTH-DIRECTIVE CARE, NEPHROLOGY

33737	TELEHEALTH-SUBSEQUENT OFFICE VISIT, NEPHROLOGY
33738	TELEHEALTH-SUBSEQUENT HOSPITAL VISIT, NEPHROLOGY
33907	VISIT-OFFICE, OCCUPATIONAL MEDICINE
33910	CONSULTATION, OCCUPATIONAL MEDICINE
33912	CONSULTATION, OCCUPATIONAL MEDICINE
50506	TELEHEALTH DIRECTIVE CARE, PEDIATRICS
50507	TELEHEALTH SUBSEQUENT OFFICE VISIT, PEDIATRICS
50508	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, PEDIATRICS
50510	TELEHEALTH CONSULTATION, PEDIATRICS
50511	TELEHEALTH CONSULTATION, PEDIATRICS
50512	TELEHEALTH REPEAT OR LIMITED CONSULT, PEDIATRICS
50514	TELEHEALTH PROLONGED VISIT FOR COUNSELLING, PEDIATRICS
51007	OFFICE VISIT, ORTHOPEDICS
51008	HOSPITAL VISIT, ORTHOPEDICS
51010	CONSULTATION, ORTHOPEDICS
51012	CONSULTATION - REPEAT/LIMITED, ORTHOPEDICS
60607	TELEHEALTH SUBSEQUENT OFFICE VISIT, PSYCHIATRY
60608	TELEHEALTH HOSPITAL IN-PATIENT VISIT, PSYCHIATRY
60610	TELEHEALTH CONSULTATION, PSYCHIATRY
60613	TELEHEALTH GERIATRIC CONSULT PSYCHIATRY 75 YRS OR
60614	TELEHEALTH REPEAT/LIMITED GERIATRIC CONSULT, PSYCH
60622	TELEHEALTH CONSULT EMOTIONALLY DISTURBED CHILD PSYCHIATRY
60624	TELEHEALTH EVAL INTERVIEW WITH FAMILY MEMBER, 1/2
60625	TELEHEALTH REPEAT OR LIMITED CONSULT, PSYCHIATRY
60626	TELEHEALTH REPEAT OR LIMITED CONSULT EMOTIONALLY
60630	INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT, 1/2 H
60631	INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT, 3/4 H
60632	INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT, 1 HR
60633	FAMILY/CONJOINT TELEHEALTH THERAPY - PER 1/2 HR
60635	FAMILY/CONJOINT TELEHEALTH THERAPY - PER 3/4 HR
60636	FAMILY/CONJOINT TELEHEALTH THERAPY - PER 1 HR
60638	FAMILY/CONJOINT TELEHEALTH THEREAPY-PER 1 1/4 HR
60639	FAMILY/CONJOINT TELEHEALTH THERAPY - PER 1 1/2 HR
60645	TELEHEALTH PATIENT MANGEMENT CONFERENCE, PSYCHIATRY

66007	TELEHEALTH SUBSEQUENT OFFICE VISIT, PLASTIC SURGERY
66008	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, PLASTIC SURGERY
66010	TELEHEALTH MAJOR CONSULTATION, PLASTIC SURGERY
66012	TELEHEALTH REPEAT OR LIMITED CONSULT, PLASTIC SURGERY
70041	FINE NEEDLE ASPIRATION SOLID OR CYSTIC LESION
70042	ASPIRATION - FINE NEEDLE - ADDITIONAL CYST/ LESION
70070	TELEHEALTH CONSULTATION, GENERAL SURGERY
70072	TELEHEALTH REPEAT OR LIMITED CONSULT, GENERAL SURGERY
70076	TELEHEALTH DIRECTIVE CARE, GENERAL SURGERY
70077	TELEHEALTH SUBSEQUENT OFFICE VISIT, GENERAL SURGERY
70078	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, GENERAL SURGERY
70469	BIOPSY - BREAST - NEEDLE CORE
70472	BIOPSY - NEEDLE CORE-STEREOTACTIC/ULTRASOUND GUIDED
70473	BIOPSY-NEEDLE CORE-STEREOTACTIC/ULTRASOUND GUIDED
71007	PRE AND POST OP VISIT(OFFICE),GENERAL SURGERY
71008	POST OP VISIT IN HOSP (1-14 DAYS), GENERAL SURGERY
77005	EMERGENCY VISIT, VASCULAR SURGERY
77006	DIRECTIVE CARE, VASCULAR SURGERY
77007	SUBSEQUENT OFFICE VISIT, VASCULAR SURGERY
77008	SUBSEQUENT HOSPITAL VISIT, VASCULAR SURGERY
77010	CONSULTATION, VASCULAR SURGERY
77012	REPEAT OR LIMITED CONSULTATION, VASCULAR SURGERY
78007	TELEHEALTH SUBSEQUENT OFFICE VISIT, CARDIAC SURGERY
78008	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, CARDIAC SURGERY
78010	TELEHEALTH CONSULTATION, CARDIAC SURGERY
78012	TELEHEALTH REPEAT OR LIMITED CONSULT, CARDIAC SURGERY
78763	SPECIALIST GROUP MEDICAL VISITS-THREE PATIENTS
78764	SPECIALIST GROUP MEDICAL VISITS-FOUR PATIENTS
78765	SPECIALIST GROUP MEDICAL VISITS-FIVE PATIENTS
78766	SPECIALIST GROUP MEDICAL VISITS-SIX PATIENTS
78767	SPECIALIST GROUP MEDICAL VISITS-SEVEN PATIENTS
78768	SPECIALIST GROUP MEDICAL VISITS-EIGHT PATIENTS
78769	SPECIALIST GROUP MEDICAL VISITS-NINE PATIENTS
78770	SPECIALIST GROUP MEDICAL VISTIS-TEN PATIENTS

78771	SPECIALIST GROUP MEDICAL VISITS-ELEVEN PATIENTS
78772	SPECIALIST GROUP MEDICAL VISITS-TWELVE PATIENTS
78773	SPECIALIST GROUP MEDICAL VISITS-THIRTEEN PATIENTS
78774	SPECIALIST GROUP MEDICAL VISITS-FOURTEEN PATIENTS
78775	SPECIALIST GROUP MEDICAL VISITS-FIFTEEN PATIENTS
78776	SPECIALIST GROUP MEDICAL VISITS-SIXTEEN PATIENTS
78777	SPECIALIST GROUP MEDICAL VISITS-SEVENTEEN PATIENTS
78778	SPECIALIST GROUP MEDICAL VISITS-EIGHTEEN PATIENTS
78779	SPECIALIST GROUP MEDICAL VISITS-NINETEEN PATIENTS
78780	SPECIALIST GROUP MEDICAL VISITS-TWENTY PATIENTS
78781	SPECIALIST GROUP MEDICAL VISITS- >20 PATIENTS
79207	TELEHEALTH SUBSEQUENT OFFICE VISIT, THORACIC SURGERY
79208	TELEHEALTH SUBSEQUENT HOSP VISIT, THORACIC SURGERY
79210	TELEHEALTH CONSULTATION, THORACIC SURGERY
79212	TELEHEALTH REPEAT OR LIMITED CONSULT, THORACIC
86047	BREAST SONOGRAM - UNILATERAL
86048	BREAST SONOGRAM - ADDITIONAL SIDE
86051	OBS B SCAN (14 WKS GESTATION OR OVER)- ADD FETUSES
86055	OBS.B-SCAN LESS THAN 14 WEEKS FOR SINGLES
86056	OBS B SCAN < 14 WKS/NUCHAL TRANSLUCENCY-ADD FETUS
95062	REST MYOCARDIAL INFUSION
95063	STRESS MYOCARDIAL INFUSION
<p>Nurse Practitioners may refer for any services listed in the Laboratory Services Outpatient Payment Schedule – Schedule of Fees (PDF, 621KB) provided the service falls within their scope of practice. Current to October 1, 2015</p>	

Current as of December 31, 2016