

CHART 1

Schedule of Benefits Changes Effective April 1, 2006

This chart represents fee increases, new fee codes, fee code deletions and revised fee codes in the Schedule of Benefits for Physician Services effective April 1, 2006.

| Fee Code | Fee Code Description | Change | Existing Fee | April 1, 2006 Fee |
|-----------------|---|---------------|---------------------|--------------------------|
| A921 | Medical management of early pregnancy, subsequent visit | Fee increase | \$29.70 | \$30.20 |
| P008 | Postnatal assessment | Fee increase | \$29.70 | \$30.20 |
| A007 | Family Practice & Practice in General - Intermediate assessment | Fee increase | \$29.70 | \$30.20 |
| A777 | Family Practice & Practice in General - Pronouncement of death - office | Fee increase | \$29.70 | \$30.20 |
| C777 | Family Practice & Practice in General - Pronouncement of death - hospital | Fee increase | \$29.70 | \$30.20 |
| W777 | Family Practice & Practice in General - Pronouncement of death - long-term care facility | Fee increase | \$29.70 | \$30.20 |
| H055 | Emergency Medicine - Consultation | Fee increase | \$84.40 | \$86.10 |
| H065 | Family Practice & Practice in General - Physician on Duty - Consultation in Emergency Medicine | Fee increase | \$56.25 | \$57.40 |
| H101 | Family Practice & Practice in General - Physician on Duty - Monday to Friday - Daytime (08:00h – 17:00h) - Minor assessment | Fee increase | \$14.70 | \$15.00 |
| H102 | Family Practice & Practice in General - Physician on Duty - Monday to Friday - Daytime (08:00h – 17:00h) - Comprehensive assessment and care | Fee increase | \$36.45 | \$37.20 |
| H103 | Family Practice & Practice in General - Physician on Duty - Monday to Friday - Daytime (08:00h – 17:00h) Multiple systems assessment | Fee increase | \$29.65 | \$30.25 |
| H104 | Family Practice & Practice in General - Physician on Duty - Monday to Friday - Daytime (08:00h – 17:00h) - Re-assessment | Fee increase | \$14.70 | \$15.00 |
| H105 | Family Practice & Practice in General - Physician on Duty - In-patient Interim Admission Orders | Fee increase | \$18.10 | \$18.45 |
| H112 | Family Practice & Practice in General - Physician on Duty - Nights (00:00h - 08:00h) - Premium per patient visit | Fee increase | \$14.70 | \$15.00 |
| H113 | Family Practice & Practice in General - Physician on Duty - Daytime and evenings (08:00h - 24:00h) on Saturdays, Sundays or Holidays - Premium per patient visit | Fee increase | \$8.65 | \$8.80 |
| H121 | Family Practice & Practice in General - Physician on Duty - Nights (00:00h - 08:00h) - Minor assessment | Fee Increase | \$25.75 | \$26.25 |
| H122 | Family Practice & Practice in General - Physician on Duty - Nights (00:00h - 08:00h) - Comprehensive assessment | Fee Increase | \$63.80 | \$65.10 |
| H123 | Family Practice & Practice in General - Physician on Duty - Nights (00:00h - 08:00h) - Multiple systems assessment | Fee increase | \$51.90 | \$52.95 |
| H124 | Family Practice & Practice in General - Physician on Duty - Nights (00:00h - 08:00h) - Re-assessment | Fee Increase | \$25.75 | \$26.25 |
| H131 | Family Practice & Practice in General - Physician on Duty - Evenings (17:00h - 24:00h) - Minor assessment | Fee increase | \$16.15 | \$16.45 |

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|---------------------|--|--------------|--------------|-------------------|
| H132 | Family Practice & Practice in General - Physician on Duty - Evenings (17:00h - 24:00) - Comprehensive assessment | Fee Increase | \$40.10 | \$40.90 |
| H133 | Family Practice & Practice in General - Physician on Duty - Evenings (17:00h - 24:00h) - Multiple systems assessment | Fee increase | \$32.65 | \$33.30 |
| H134 | Family Practice & Practice in General - Physician on Duty - Evenings (17:00h - 24:00h) - Re-assessment | Fee increase | \$16.15 | \$16.45 |
| H151 | Family Practice & Practice in General - Physician on Duty - Saturdays, Sundays, Holidays - Minor assessment | Fee Increase | \$22.05 | \$22.50 |
| H152 | Emergency Department - Physician on Duty - Saturdays, Sundays, Holidays - Comprehensive assessment | Fee Increase | \$54.70 | \$55.80 |
| H153 | Family Practice & Practice in General - Physician on Duty - Saturdays, Sundays, Holidays - Multiple systems assessment | Fee increase | \$44.50 | \$45.40 |
| H154 | Family Practice & Practice in General - Physician on Duty - Saturdays, Sundays, Holidays - Re-assessment | Fee Increase | \$22.05 | \$22.50 |
| K030 | Family Practice & Practice in General - Diabetic Management Assessment | Fee increase | \$34.75 | \$35.25 |
| K033 | Family Practice & Practice in General - Counselling, individual - over 3 services | Fee increase | \$29.70 | \$30.20 |
| K041 | Family Practice & Practice in General - Counselling, group - over 3 services | Fee increase | \$29.70 | \$30.20 |
| K035 | Mandatory reporting of medical condition to MTO | New fee code | N/A | \$34.85 |
| K036 | Northern Health Travel Grant form | New fee code | N/A | \$10.25 |
| A100 | GP Emergency Department Assessment | New fee code | N/A | \$76.90 |
| W010 | Monthly Management Fee - Long Term Care | New fee code | N/A | \$85.70 |
| E109 | Enucleation/evisceration | New fee code | N/A | \$328.40 |
| K037 | Fibromyalgia/chronic fatigue syndrome | New fee code | N/A | \$51.70 |
| Z166/Z167/Z168 | Group 3 - Removal by excision and suture | Delete | N/A | N/A |
| E codes | E049, E052, E054, E055, E056, E572 Anaesthesia units | Delete | N/A | N/A |
| J654/J854 | Obsolete techniques for measuring bone mineral density | Delete | \$0.00 | N/A |
| Surgical Preamble | Surgical Preamble #18 | Delete | N/A | N/A |
| Laboratory Medicine | Other Terms and Definitions - #4 | Delete | N/A | N/A |
| E550 | Closed irrigation during surgical procedures | Revision | \$63.15 | \$63.15 |
| General Preamble | Claiming Second Surgical Assistant | Revision | N/A | N/A |
| General Preamble | Revise wording to clarify how time units for Surgical Assistant are accumulated | Revision | N/A | N/A |
| G345 | Taxol (revise descriptor to include 4 new drugs - rituximab, trastuzumab, bortezomib, docetaxel) | Revision | \$63.15 | \$63.15 |
| S727 | Ovarian debulking - Revision to descriptor | Revision | \$884.85 | \$884.85 |

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| Heading | Anterior vitrectomy - Remove the word "planned" from heading | Revision | N/A | N/A |
| Chemotherapy | Revision to descriptor | Revision | N/A | N/A |
| E149 | Vitreous aspiration, posterior needle | Revision | \$181.75 | \$181.75 |
| N185/N288/ N287/N289 | Harvesting nerve grafts | Revision | N/A | N/A |
| S640 | Stereotactic Prostate Brachytherapy | Revision | N/A | N/A |
| Musculoskeletal Preamble | Post-op care visits #5 | Revision | N/A | N/A |
| G590 | Influenza agent - add injection | Revision | \$3.83 | \$3.83 |
| A888 | Emergency Department Equivalent - partial assessment | Revision | \$28.55 | \$28.55 |
| G900 | Residual urine measurement | Revision | \$12.70 | \$12.70 |
| C122/C123/C124 | Most Responsible Physician - Subsequent visit - Day following admission assessment | Revision | \$46.15 | \$46.15 |
| A115 | Major eye examination | Revision | \$42.15 | \$42.15 |
| E077 | Revise wording to allow primary care models to bill | Revision | \$10.25 | \$10.25 |
| F139 | Fee code F139 missing | Revision | \$342.55 | \$342.55 |
| Respiratory | Spelling error transethmoidol should be transethmoidal | Revision | \$612.65 | \$612.65 |
| E001C | E001C missing from numeric index | Revision | N/A | N/A |
| Pulmonary | Spelling error methylcholine should be methacholine | Revision | \$49.50 | \$49.50 |
| Numeric Index | Correct fees for all spine fee codes | Revision | N/A | N/A |
| General Preamble | ER Sessional Fees - Fees amended to include April 1, 2004 fee increase | Revision | \$71.00 | \$72.80 |
| A - Consult & Visits | There is an asterick without a note before K018/K021 | Revision | \$308.70 | \$308.70 |
| E652/E646 | E652 and E646 needs to be above Interruption of bronchial heading | Revision | \$183.00 | \$183.00 |
| J - Diag Therapeutic | Spelling error Tenckkov should be Tenckhoff | Revision | N/A | N/A |
| General Preamble | Listed Air Ambulance Transfer as (A111) and should be (K111). | Revision | N/A | N/A |
| E764 | Change wording E764 only applies to umbilical hernias when done with other (non-hernia) surgery | Revision | \$96.85 | \$96.85 |
| K023 | Revise descriptor to include " support " | Revision | \$51.70 | \$51.70 |
| E595 | Remove the 5 anaesthesia units listed | Revision | \$63.15 | \$63.15 |
| General Preamble | SVP - Revise Commentary to remove: " including additional patient premiums " | Revision | N/A | N/A |
| E378/E379 | Stereotactic Navigation | Revision | N/A | N/A |
| General Preamble | Palliative Care Assessment | Revision | N/A | N/A |
| G - Diagnostic Radiology | Extra cranial vessel assessment (J201) | Revision | N/A | N/A |