

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: All Providers

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Re: Kaplan Board of Arbitration Award-April 1, 2020 Fee Schedule Code and Premium Changes

Page 1 of 65

Table of Contents

Introduction.....	2
Delisted Fee Schedule Codes with end date of March 31, 2020	2
New Fee Schedule Codes effective April 1, 2020.....	2
Revised Fee Schedule Codes effective April 1, 2020	4
Technical Services changes effective April 1, 2020.....	5
New Premiums effective April 1, 2020	5
Hospitalist Premium	5
Core Services	6
Internal Medicine Office Assessment Premium.....	6
General Practice (GP) Psychotherapy Premium	6
Unit Fee Increases	6
Assistant Base Unit Increases	7
Appendix A-Fee Schedule Code Price Changes	8
Appendix B-Relativity Rates by Physician Specialty.....	63
Medical Claims Adjustments (MADJ)	65
Resources	65

Introduction

The Ministry of Health (ministry) and the Ontario Medical Association (OMA) have been working together to implement physician compensation increases in accordance with the 2019 Kaplan Board of Arbitration Award.

This will be achieved through amendments to physician compensation under contracts and to regulations under the *Health Insurance Act*, including the Schedule of Benefits for Physician Services.

Delisted Fee Schedule Codes with end date of March 31, 2020

Fee Schedule Code	Description
S205	Appendectomy
S206	With gross perforation and peritonitis
C267	Subsequent visits-7th to 13th week inclusive
C269	Subsequent visits-after 13th week
G602	Neonatal intensive care-31st day onwards
Z819	Ventriculoscopy-External ventricular drainage

New Fee Schedule Codes effective April 1, 2020

Fee Schedule Code	Description	Fee	Assist Units	Anaes. Units
E032C	Anaesthesia service for Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499, Z555 or Z580			4
S207	Appendectomy with or without perforation	\$458.60	6	7

Fee Schedule Code	Description	Fee	Assist Units	Anaes. Units
E515	Incision of abscess or hematoma when performed as sole procedure under general anaesthetic in an operating room but not in an emergency department or emergency department equivalent. To Z102, Z172, Z105, Z107-increase the procedural fee(s) by.	100%		
S152	Bowel lengthening procedure in a paediatric patient	\$1700.00	9	10
E084	Saturday, Sunday or Holiday Subsequent visit by the MRP, to subsequent visits and C122, C123, C124, C142, C143, C882 or C982-add	45%		
K229	Complex genetic test interpretation	\$65.85		
A/C/W682	Extended special neurological consultation	\$401.30		
G496	Electroencephalography (EEG) with time locked video recording	\$120.00		
E060	Post renal transplant assessment premium-add	25%		
A631	Nuclear medicine minor assessment-cancellation or deferral	\$17.75		
A632	Nuclear medicine minor assessment-advisability of nuclear medicine procedure	\$17.75		
R766	In-situ saphenous vein arterial bypass-tibial-first vascular surgeon	\$1303.00	10	17
R767	In-situ saphenous vein arterial bypass-tibial-second vascular surgeon	\$1303.00	nil	nil
E986	Suprarenal or supraceliac aortic cross clamp, to R802, R817, R877, R783, R784, R785, R858 or R859-add	\$250.00		
R731	Tricuspid valvuloplasty	\$770.55	18	28

Fee Schedule Code	Description	Fee	Assist Units	Anaes. Units
A/C384	Consultation and Management for Acute Cerebral Vascular Syndrome (ACVS)	\$200.00		
K181	Management of Acute Cerebral Vascular Syndrome, after first 30 minutes, must include intravenous thrombolysis therapy and monitoring, per 30 minute unit (or major part thereof)	\$90.00		
A633	Nuclear medicine specific assessment	\$60.00		

Revised Fee Schedule Codes effective April 1, 2020

Fee Schedule Code	Description
E100C	Attendance at delivery. Allow 4 base units plus time units
S117	Pyloromyotomy-Allow only for newborns and infants
C262	Can be billed daily. All other conditions continue to apply
G601	Level A neonatal intensive care 2nd day onwards
E386	Extradural decompression-spinal cord or cauda equina, tumour or infection-Increase add-on percentage from 40% to 42%
E683	Lungs and pleura-excision-when performed thoroscopically or by VATS-Increase add-on percentage from 25% to 28%
E023C	Anaesthesia service-Allow only with E137, E138, E139, E140, E141, E143, E144, E145, E146, E147, E149, Z432, Z606 or Z607
E676A/B	Obesity Premium-Add the following codes that E676A/B can be billed with: S089A, S090A, S207, M142A, M143A, M144A
G412	Nephrological component of renal transplantatation-1st day –only after kidney transplant
G408	Nephrological component of renal transplantatation-2nd to 10th day inclusive –only after kidney transplant

Fee Schedule Code	Description
G409	Nephrological component of renal transplantatation-11th to 21st day inclusive –only after kidney transplant
E638	With transbronchial lung biopsy with or without image intensification , to Z327-add
S329	S329 may only be claimed for nonelective surgery admitted through the Emergency department
E525	After localization with mammographic wire <i>or radioactive seeds</i> , to R107-add
G804, G805	Hyperbaric oxygen therapy for idiopathic sudden sensorneural hearing loss-change treatment initiation time period from 14 to 30 days

Technical Services changes effective April 1, 2020

- All technical services will receive a fee increase of 3.5400% with the exception of technical services performed in hospital
- Technical services performed in hospital are defined as those with a Service Location Indicator of HED (hospital emergency department), HOP (hospital out patient), HDS (hospital day surgery), HRP (hospital referred patient)
- Note that HIP (hospital in-patient) technical fees are disallowed

New Premiums effective April 1, 2020

Hospitalist Premium

Physicians submitting claims with speciality 00 (General and Family Practice) and 13 (Internal Medicine) and practicing as a Hospitalist will be eligible for a premium of 17% for [core services listed below](#), with the exception of E082, based on service encounters and with minimum of 1,500 core services billed on at least 110 distinct days in the previous fiscal year (April 1- March 31). Premium will be for core services provided on or after April 1, 2020. Payments will be made periodically until a system solution is implemented. More details will follow in a future communication.

The Hospitalist Premium and [Internal Medicine Office Assessment Premium](#) payments will be reported on the Remittance Advice (RA) under Premium Payments, Hospitalist and Internal Medicine.

Core Services

- A933A-On-call admission assessment
- C933A-On-call admission assessment
- C002A-Subsequent visit-first five weeks
- C007A-Subsequent visit-6th to13th weeks
- C009A-Subsequent visit-after 13th week
- C122A-Subsequent visit by MRP-day following hospital admission assessment
- C123A-Subsequent visit by MRP-second day following the hospital assessment
- C124A-Subsequent visit by MRP-day of discharge
- C132A-Subsequent visit-first five weeks
- C137A-Subsequent visit-6th to13th week
- C139A-Subsequent visit-after 13th week
- C142A-First subsequent visit by MRP following transfer from an Intensive Care area
- C143A-Second subsequent visit by MRP following transfer from an Intensive Care area
- C882A-Palliative care-GP
- C982A-Palliative care-all other specialties
- E082A-Admission assessment by the Most Responsible Physician premium

Internal Medicine Office Assessment Premium

Physicians who submitted claims solely with the Internal Medicine specialty (13) in the previous fiscal year (April 1-March 31) will be eligible for a premium of 12% of the fee approved amount on the following fee schedule codes:

- A133A-Medical specific assessment
- A134A-Medical specific re-assessment
- A131A-Complex medical specific re-assessment
- A138A-Partial assessment

The [Hospitalist Premium](#) and Internal Medicine Office Assessment Premium payments will be reported on the Remittance Advice (RA) under Premium Payments, Hospitalist and Internal Medicine.

General Practice (GP) Psychotherapy Premium

The General Practice (GP) Psychotherapy Premium will be increased to 17% effective April 1, 2020.

Unit Fee Increases

The Assistant Unit Fee will be increased to \$12.25.

The Anaesthesiologist Unit Fee will be increased to \$15.29.

Assistant Base Unit Increases

Fee Schedule Code	Description	Current Units	New Units
R240B	Arthroplasty-revision total arthroscopy shoulder	8	9
R241B	Arthroscopy-revision total arthroscopy hip	8	9
N500B	Anterior spine decompression-disc excision	9	10
N501B	Anterior spine decompression-vertebrectomy	9	11
N177B	Sciatic nerve in buttock	6	7
N189B	Peripheral nerves-nerve graft-ulnar nerve	6	7
N190B	Peripheral nerves-nerve graft-exploration	6	7
N283B	Peripheral nerves-exploration, decompression	6	7
N285B	Decompression/denervation-major nerve	6	7
N286B	Tumour or neuroma-major nerve	6	7
N287B	Nerve suture-major	6	7
N289B	Nerve suture-minor	6	7
Z823B	Implantation or revision of stimulation pack	6	8

Appendix A-Fee Schedule Code Price Changes

The following fee changes are effective April 1, 2020.

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
A001	GP/FP-Minor assessment	\$21.70	\$23.75
A003	GP/FP-General assessment	\$77.20	\$84.45
A005	GP/FP-Consultation	\$77.20	\$84.45
A007	GP/FP-Intermediate assessment/well baby care	\$33.70	\$36.85
A015	Anaesthesia-Consultation	\$106.80	\$107.25
A020	Complex dermatology assessment	\$49.95	\$60.00
A023	Dermatology-Specific assessment	\$38.70	\$43.00
A034	General Surgery-Partial assessment	\$24.10	\$26.85
A070	Consultation in association with special visit to a hospital in-patient, long-term care in-patient or emergency department patient	\$185.00	\$203.30
A071	Complex medical specific re-assessment	\$70.90	\$84.35
A073	Medical specific assessment	\$79.85	\$90.45
A074	Medical specific re-assessment	\$61.25	\$72.90
A075	Consultation	\$175.00	\$183.30
A078	Partial assessment	\$38.05	\$45.30
A083	Plastic Surgery-Specific assessment	\$41.55	\$44.95
A084	Plastic Surgery-Partial assessment	\$26.55	\$28.70
A085	Plastic Surgery-Consultation	\$81.10	\$87.70
A086	Plastic Surgery-Repeat consultation	\$47.95	\$51.85
A113	Complex neuromuscular assessment	\$89.85	\$91.00
A151	Endocrinology & Metabolism (15)-Complex medical specific re-assessment	\$70.90	\$73.45

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
A153	Endocrinology & Metabolism (15)-Medical specific assessment	\$79.85	\$82.75
A154	Endocrinology & Metabolism (15)-Medical specific re-assessment	\$61.25	\$61.85
A155	Endocrinology & Metabolism (15)-Consultation	\$157.00	\$162.65
A158	Endocrinology & Metabolism (15)-Partial assessment	\$38.05	\$38.45
A161	Nephrology (16)-Complex medical specific re-assessment	\$70.90	\$71.85
A163	Nephrology (16)-Medical specific assessment	\$79.85	\$80.95
A164	Nephrology (16)-Medical specific re-assessment	\$61.25	\$62.10
A165	Nephrology (16)-Nephrology-Consultation	\$157.00	\$162.90
A168	Nephrology (16)-Partial assessment	\$38.05	\$38.55
A181	Complex medical specific re-assessment	\$71.90	\$72.85
A183	Medical specific assessment	\$78.80	\$79.80
A184	Medical specific re-assessment	\$62.10	\$62.90
A185	Consultation	\$176.35	\$178.60
A188	Partial assessment	\$37.65	\$38.15
A191	Consultative interview with caregiver(s) of a patient at least 65 years of age, or a patient less than 65 years of age with a diagnosis of dementia	\$212.65	\$230.00
A192	Consultative interview with patient at least 65 years of age, or a patient less than 65 years of age with a diagnosis of dementia	\$212.65	\$230.00
A193	Specific assessment	\$79.85	\$86.35
A194	Partial assessment	\$38.05	\$41.15
A195	Consultation	\$199.40	\$215.65

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
A197	Consultative interview with parent(s) or patient representative(s) of patient less than age 22	\$212.65	\$230.00
A198	Consultative interview with patient less than age 22	\$212.65	\$230.00
A203	OB/GYN-Specific assessment	\$47.45	\$52.15
A204	OB/GYN-Partial assessment	\$26.35	\$33.70
A205	OB/GYN-Consultation	\$101.70	\$111.70
A206	OB/GYN-Repeat consultation	\$54.10	\$59.45
A223	Extended special genetic consultation	\$395.65	\$401.30
A225	Consultation	\$165.00	\$167.35
A235	Ophthalmology-Consultation	\$82.30	\$82.20
A244	Otolaryngology-Partial assessment	\$24.55	\$25.70
A245	Otolaryngology-Consultation	\$77.90	\$79.90
A253	Ophthalmology-Optometrist-Requested Assessment (ORA)	\$82.30	\$82.20
A262	Paediatrics-Level 2-Paediatric assessment	\$42.15	\$43.45
A263	Paediatrics-Medical specific assessment	\$77.70	\$80.05
A264	Paediatrics-Medical specific re-assessment	\$59.45	\$61.25
A265	Paediatrics-Consultation	\$167.00	\$175.40
A268	Paediatrics-Enhanced 18 month well baby visit	\$62.40	\$64.30
A315	Physical Medicine and Rehabilitation-Consultation	\$172.85	\$189.20
A348	Radiation Oncology-Partial assessment	\$37.05	\$36.25
A353	Urology-Specific assessment	\$45.00	\$45.55
A354	Urology-Partial assessment	\$26.00	\$26.70
A355	Urology-Consultation	\$80.00	\$83.15

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
A356	Urology-Repeat consultation	\$55.75	\$56.40
A461	Infectious Disease (46)-Complex medical specific re-assessment	\$70.90	\$80.70
A463	Infectious Disease (46)-Medical specific assessment	\$79.85	\$90.85
A464	Infectious Disease (46)-Medical specific re-assessment	\$61.25	\$69.70
A465	Infectious Disease (46)-Consultation	\$157.00	\$178.65
A468	Infectious Disease (46)-Partial assessment	\$38.05	\$43.30
A471	Respiratory Disease (47)-Complex medical specific re-assessment	\$70.90	\$73.75
A473	Respiratory Disease (47)-Medical specific assessment	\$79.85	\$84.65
A474	Respiratory Disease (47)-Medical specific re-assessment	\$61.25	\$63.70
A475	Respiratory Disease (47)-Consultation	\$157.00	\$169.65
A478	Respiratory Disease (47)-Partial assessment	\$38.05	\$38.25
A480	Rheumatology (48)-Complex rheumatology assessment	\$89.85	\$92.20
A481	Rheumatology (48)-Complex medical specific re-assessment	\$70.90	\$72.65
A483	Rheumatology (48)-Medical specific assessment	\$79.85	\$81.70
A484	Rheumatology (48)-Medical specific re-assessment	\$61.25	\$62.60
A485	Rheumatology (48)-Consultation	\$157.00	\$170.10
A486	Rheumatology (48)-Repeat consultation	\$105.25	\$109.35
A488	Rheumatology (48)-Partial assessment	\$38.05	\$39.10
A511	Physical Medicine and Rehabilitation-Complex physiatry assessment	\$89.85	\$98.35

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
A585	Laboratory medicine-Diagnostic consultation	\$64.70	\$68.60
A595	Rheumatology (48)-Limited consultation	\$105.25	\$109.35
A611	Haematology (61)-Complex medical specific re-assessment	\$70.90	\$76.20
A613	Haematology (61)-Medical specific assessment	\$79.85	\$85.80
A614	Haematology (61)-Medical specific re-assessment	\$61.25	\$65.85
A615	Haematology (61)-Consultation	\$157.00	\$168.75
A621	Clinical Immunology (62)-Complex medical specific re-assessment	\$70.90	\$71.80
A623	Clinical Immunology (62)-Medical specific assessment	\$79.85	\$80.90
A624	Clinical Immunology (62)-Medical specific re-assessment	\$61.25	\$62.05
A625	Clinical Immunology (62)-Consultation	\$157.00	\$159.00
A628	Clinical Immunology (62)-Partial assessment	\$38.05	\$38.55
A635	Nuclear Medicine-Consultation	\$82.40	\$157.00
A636	Repeat consultation	\$57.25	\$70.00
A638	Partial assessment	\$35.35	\$40.00
A645	General Thoracic Surgery (64)-Consultation	\$90.30	\$98.55
A661	Paediatrics-Complex medical specific re-assessment	\$68.80	\$72.25
A662	Paediatrics-Extended special paediatric consultation	\$395.65	\$401.30
A665	Paediatrics-Prenatal consultation	\$91.35	\$100.55
A667	Paediatrics-Neurodevelopmental consultation	\$395.65	\$401.30
A695	Neurodevelopmental consultation	\$395.65	\$401.30

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
A735	Nuclear Medicine-Diagnostic consultation	\$33.70	\$67.40
A760	Endocrinology & Metabolism (15)-Complex endocrine neoplastic disease assessment	\$89.85	\$90.75
A770	Extended comprehensive geriatric consultation	\$395.65	\$401.30
A777	GP/FP-Intermediate assessment-Pronouncement of death	\$33.70	\$36.85
A800	Midwife-requested genetic assessment	\$165.00	\$167.35
A802	Extended midwife-requested genetic assessment	\$395.65	\$401.30
A813	GP/FP-Midwife-Requested Assessment (MRA)	\$101.70	\$111.70
A835	Nuclear Medicine-Special Nuclear Medicine consultation	\$180.00	\$300.70
A888	GP/FP-ED equivalent-Partial assessment	\$33.70	\$36.85
A895	Consultation in association with special visit to a hospital	\$232.70	\$251.70
A905	GP/FP-Limited consultation	\$65.90	\$72.10
A917	GP/FP-Focused Practice Assessment (FPA)-Sport medicine FPA	\$33.70	\$36.85
A921	Obstetrics-Medical management of early or ectopic pregnancy-Follow-Up visit	\$33.70	\$36.85
A927	GP/FP-Focused Practice Assessment (FPA)-Allergy FPA	\$33.70	\$36.85
A937	GP/FP-Focused Practice Assessment (FPA)-Pain management FPA	\$33.70	\$36.85
A945	GP/FP-Special palliative care consultation	\$144.75	\$159.20
A947	GP/FP-Focused Practice Assessment (FPA)-Sleep medicine FPA	\$33.70	\$36.85
A957	GP/FP-Focused Practice Assessment (FPA)-Addiction medicine FPA	\$33.70	\$36.85

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
A967	GP/FP-Care of the elderly FPA	\$33.70	\$36.85
B400	Community Palliative On-Call Program	\$471.23	\$487.93
C002	family & general practice-non-emergency hospital in-patient services-subsequent visits-up to five weeks-per visit	\$31.00	\$34.10
C003	GP/FP-Non-emergency hospital in-patient services-General assessment	\$77.20	\$84.45
C005	GP/FP-Non-emergency hospital in-patient services-Consultation	\$77.20	\$84.45
C015	Anaesthesia-Non-emergency hospital in-patient services-Consultation	\$106.80	\$107.25
C020	Complex dermatology assessment	\$49.95	\$60.00
C023	Dermatology-Non-emergency hospital in-patient services-Specific assessment	\$38.70	\$43.00
C034	Specific re-assessment	\$25.95	\$28.90
C071	Complex medical specific re-assessment	\$70.90	\$84.35
C072	geriatrics-non-emergency hospital in-patient services-subsequent visits-up to five weeks-per visit	\$31.00	\$34.10
C073	Medical specific assessment	\$79.85	\$90.45
C074	Medical specific re-assessment	\$61.25	\$72.90
C075	Consultation	\$185.00	\$203.30
C077	Geriatrics-non-emergency hospital in-patient services-subsequent visits-6th-13th wks inclusive (max. of 3/wk)-per visit	\$31.00	\$34.10
C078	Geriatrics-non-emergency hospital in-patient services-concurrent care, per visit	\$31.00	\$34.10

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
C079	Geriatrics-non-emergency hospital in-patient services-subsequent visits-after 13th wk (max. of 6/mth)-per visit	\$31.00	\$34.10
C083	Plastic Surgery-Non-emergency hospital in-patient services-Specific assessment	\$41.55	\$44.95
C084	Plastic Surgery-Non-emergency hospital in-patient services-Specific re-assessment	\$27.80	\$28.80
C085	Plastic Surgery-Non-emergency hospital in-patient services-Consultation	\$81.10	\$87.70
C086	Plastic Surgery-Non-emergency hospital in-patient services-Repeat consultation	\$47.95	\$51.85
C113	Complex neuromuscular assessment	\$89.85	\$91.00
C122	Subsequent visits-MRP-day following hospital admission assessment	\$58.80	\$61.15
C123	Subsequent visits-MRP-second day following hospital assessment	\$58.80	\$61.15
C124	Subsequent visits-MRP-day of discharge	\$58.80	\$61.15
C132	Internal medicine-non-emergency hospital in-patient services-subsequent visits-up to five weeks-per visit	\$31.00	\$32.65
C137	Internal medicine-non-emergency hospital in-patient services-subsequent visits-6th-13th wks inclusive (max. of 3/wk)-per visit	\$31.00	\$32.65
C138	Internal medicine-non-emergency hospital in-patient services-concurrent care, per visit	\$31.00	\$32.65
C139	Internal medicine-non-emergency hospital in-patient services-subsequent visits-after 13th week (max. of 6/mth)-per visit	\$31.00	\$32.65
C142	Subsequent visit-MRP-first subsequent visit following transfer from IC	\$58.80	\$61.15
C143	Subsequent visit-MRP-second subsequent visit following transfer from IC	\$58.80	\$61.15

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
C151	Endocrinology & Metabolism (15)-Complex medical specific re-assessment	\$70.90	\$73.45
C153	Endocrinology & Metabolism (15)-Medical specific assessment	\$79.85	\$82.75
C154	Endocrinology & Metabolism (15)-Medical specific re-assessment	\$61.25	\$61.85
C155	Endocrinology & Metabolism (15)-Consultation	\$157.00	\$162.65
C161	Nephrology (16)-Complex medical specific re-assessment	\$70.90	\$71.85
C162	Nephrology-non-emergency hospital in-patient services-subsequent visits-up to five weeks-per visit	\$31.00	\$33.95
C163	Nephrology (16)-Medical specific assessment	\$79.85	\$80.95
C164	Nephrology (16)-Medical specific re-assessment	\$61.25	\$62.10
C165	Nephrology (16)-Consultation	\$157.00	\$162.90
C167	Nephrology-non-emergency hospital in-patient services-subsequent visits-6th-13th wks inclusive (max. of 3/wk)-per visit	\$31.00	\$33.95
C169	Nephrology-non-emergency hospital in-patient services-subsequent visits-after 13th week (max. of 6/mth)-per visit	\$31.00	\$33.95
C181	Complex medical specific re-assessment	\$71.90	\$72.85
C183	Medical specific assessment	\$78.80	\$79.80
C184	Medical specific re-assessment	\$62.10	\$62.90
C185	Consultation	\$176.35	\$178.60
C193	Specific assessment	\$79.85	\$86.35
C194	Specific re-assessment	\$61.25	\$66.25
C203	OB/GYN-Specific assessment	\$47.45	\$52.15
C204	OB/GYN-Specific re-assessment	\$29.65	\$36.85

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
C205	OB/GYN-Consultation	\$101.70	\$111.70
C206	OB/GYN-Repeat consultation	\$54.10	\$59.45
C223	Extended special genetic consultation	\$395.65	\$401.30
C225	Consultation	\$165.00	\$167.35
C235	Ophthalmology-Non-emergency hospital in-patient services-Consultation	\$82.30	\$82.20
C245	Otolaryngology-Consultation	\$77.90	\$79.90
C263	Paediatrics-Medical specific assessment	\$77.70	\$80.05
C264	Paediatrics-Medical specific re-assessment	\$59.45	\$61.25
C265	Paediatrics-Consultation	\$167.00	\$175.40
C315	Physical Medicine and Rehabilitation-Non-emergency hospital in-patient services-Consultation	\$182.85	\$200.15
C352	Urology-non-emergency hospital in-patient services-subsequent visits-up to five weeks-per visit	\$31.00	\$31.60
C353	Urology-Specific assessment	\$45.00	\$45.55
C354	Urology-Specific re-assessment	\$26.00	\$26.70
C355	Urology-Consultation	\$80.00	\$83.15
C356	Urology-Repeat consultation	\$55.75	\$56.40
C357	Urology-non-emergency hospital in-patient services-subsequent visits-6th-13th wks inclusive (max. of 3/wk)-per visit	\$31.00	\$31.60
C358	Urology-non-emergency hospital in-patient services-concurrent care-per visit	\$31.00	\$31.60
C359	Urology-non-emergency hospital in-patient services-subsequent visits-after 13th week (max. of 6/mth)-per visit	\$31.00	\$31.60

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
C461	Infectious Disease (46)-Complex medical specific re-assessment	\$70.90	\$80.70
C463	Infectious Disease (46)-Medical specific assessment	\$79.85	\$90.85
C464	Infectious Disease (46)-Medical specific re-assessment	\$61.25	\$69.70
C465	Infectious Disease (46)-Consultation	\$157.00	\$178.65
C471	Respiratory Disease (47)-Complex medical specific re-assessment	\$70.90	\$73.75
C472	Respiratory disease-non-emergency hospital in-patient services-subsequent visits-up to five weeks-per visit	\$31.00	\$33.30
C473	Respiratory Disease (47)-Medical specific assessment	\$79.85	\$84.65
C474	Respiratory Disease (47)-Medical specific re-assessment	\$61.25	\$63.70
C475	Respiratory Disease (47)-Consultation	\$157.00	\$169.65
C477	Respiratory disease-non-emergency hospital in-patient services-subsequent visits-6th-13th wks inclusive (max. of 3/wk)-per visit	\$31.00	\$33.30
C478	Respiratory disease-non-emergency hospital in-patient services-concurrent care, per visit	\$31.00	\$34.10
C479	Respiratory disease-non-emergency hospital in-patient services-subsequent visits-after 13th wk (max. of 6/mth)-per visit	\$31.00	\$34.10
C480	Rheumatology (48)-Complex rheumatology assessment	\$89.85	\$92.20
C481	Rheumatology (48)-Complex medical specific re-assessment	\$70.90	\$72.65
C483	Rheumatology (48)-Medical specific assessment	\$79.85	\$81.70
C484	Rheumatology (48)-Complex medical specific re-assessment	\$61.25	\$62.60

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
C485	Rheumatology (48)-Consultation	\$157.00	\$170.10
C486	Rheumatology (48)-Repeat consultation	\$105.25	\$109.35
C511	Physical Medicine and Rehabilitation-Non-emergency hospital in-patient services-Complex physiatry assessment	\$89.85	\$98.35
C595	Rheumatology (48)-Limited consultation	\$105.25	\$109.35
C611	Haematology (61)-Complex medical specific re-assessment	\$70.90	\$76.20
C613	Haematology (61)-Medical specific assessment.	\$79.85	\$85.80
C614	Haematology (61)-Medical specific re-assessment	\$61.25	\$65.85
C615	Haematology (61)-Consultation	\$157.00	\$168.75
C621	Clinical Immunology (62)-Complex medical specific re-assessment	\$70.90	\$71.80
C623	Clinical Immunology (62)-Medical specific assessment	\$79.85	\$80.90
C624	Clinical Immunology (62)-Medical specific re-assessment	\$61.25	\$62.05
C625	Clinical Immunology (62)-Consultation	\$157.00	\$159.00
C635	Nuclear Medicine-Non-emergency hospital in-patient services-Consultation	\$82.40	\$157.00
C636	Repeat consultation	\$57.25	\$70.00
C645	General Thoracic Surgery-Non-emergency hospital in-patient services-Consultation	\$90.30	\$98.55
C661	Paediatrics-Complex medical specific re-assessment	\$68.80	\$72.25
C662	Paediatrics-Extended special paediatric consultation-Subject to the same conditions as A662	\$395.65	\$401.30
C665	Paediatrics-Prenatal consultation	\$91.35	\$100.55

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
C667	Paediatrics-Neurodevelopmental consultation	\$395.65	\$401.30
C695	Neurodevelopmental consultation	\$395.65	\$401.30
C735	Nuclear Medicine-Non-emergency hospital in-patient services-Diagnostic consultation	\$33.70	\$67.40
C760	Endocrinology & Metabolism (15)-Complex endocrine neoplastic disease assessment	\$89.85	\$90.75
C770	Extended comprehensive geriatric consultation	\$395.65	\$401.30
C777	GP/FP-Non-emergency hospital in-patient services-Intermediate assessment-Pronouncement of death	\$33.70	\$36.85
C800	Midwife-requested genetic assessment	\$165.00	\$167.35
C802	Extended midwife-requested genetic assessment	\$395.65	\$401.30
C813	GP/FP-Midwife-Requested Assessment	\$101.70	\$111.70
C835	Nuclear Medicine-Non-emergency hospital in-patient services-Special Nuclear Medicine consultation	\$180.00	\$300.70
C895	Consultation	\$232.70	\$251.70
C905	GP/FP-Non-emergency hospital in-patient services-Limited consultation	\$65.90	\$72.10
C945	GP/FP-Special palliative care consultation	\$144.75	\$159.20
C983B	Surgical Assistant-SVP-Saturdays, Sundays or Holidays, daytime and evenings (07:00h-24:00h), first patient seen	\$75.00	\$85.60
C998B	Surgical Assistant-SVP-Evenings (17:00h-24:00h) Monday to Friday, first patient seen	\$60.00	\$67.05
C999B	Surgical Assistant-SVP-Nights (00:00h-07:00h), first patient seen	\$100.00	\$117.65
D028	Foot and Ankle-Reduction-Dislocations-Tarso-Metatarsal-Open reduction, one joint	\$300.00	\$388.20

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
E079	GP/FP-Initial discussion with patient, to eligible services add	\$15.40	\$15.55
E080	Assessments-First visit by Primary Care Physician after hospital discharge premium, to other service listed in payment rule 5, add	\$25.00	\$25.25
E430	When Papanicolaou smear is performed outside of hospital, to G365,add	\$11.55	\$11.95
E431	When Papanicolaou smear is performed outside of hospital, to G394, add	\$11.55	\$11.95
E497	Hand and Wrist-Reconstruction-Bone-Pseudoarthrosis/non-union/avascular necrosis-Pediced vascularized bone graft, to R322 or R345 add	\$350.00	\$526.40
E525	Operations of the Breast-Excision-After mammographic wire localization, to R107 R111 add	\$41.55	\$48.05
E542	When performed outside hospital, to G328, G378, G367, G370, R040, R041, R048, R049, R050, R094, R160, R161, R162, R163, R164, R165, S003, S006, Z080, Z081, Z082, Z083, Z084, Z085, Z096,Z101, Z103, Z104, Z106, Z114, Z116, Z122, Z123, Z124, Z125, Z126, Z127, Z128, Z129, Z173, Z174, Z130, Z131, Z141, Z154, Z156, Z157, Z158, Z162, Z163, Z164, Z	\$11.15	\$11.55
E545	Vasectomy-when performed outside hospital add	\$11.15	\$11.55
E608	Lungs and Pleura-each additional wedge resection of lung (to a maximum of 3), add	\$75.00	\$84.15
E645	Heart and Pericardium-Coronary artery repair-Off pump coronary artery bypass grafting, to R742or R743 add	\$366.50	\$371.00
E650	Heart and Pericardium-Pump bypass-Includes cannulating and decannulating heart or major vein, major artery, supervision of pump and pump run add	\$366.50	\$371.00

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
E652	Heart and Pericardium-Coronary artery repair-Use of Internal mammary or epigastric or radial artery for construction of bypass graft, to R742 or R743 add	\$186.70	\$187.85
E654	Heart and Pericardium-Coronary artery repair-Each additional add	\$187.70	\$188.85
E671	Heart and Pericardium-Re-operation involving open heart procedures with pump-Following previous sternotomy add	\$337.00	\$543.60
E691	Abdomen, Peritoneum and Omentum-Repair-Omphalocele and gastroschisis-requiring mobilization of abdominal wall musculature, to S348 add	\$100.00	\$178.40
E705	Intestines (except rectum)-Into terminal ileum, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 add	\$30.50	\$30.30
E730	Total thoracic oesophageal resection-with reconstruction, add	\$678.85	\$740.95
E740	Intestines (except rectum)-Colonoscopy-To splenic flexure, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 add	\$51.95	\$51.75
E741	Intestines (except rectum)-Colonoscopy-To hepatic flexure, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 add	\$31.40	\$31.15
E747	Intestines (except rectum)-Endoscopy/Colonoscopy-To cecum add to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 add	\$31.40	\$31.15
E755	Male Genital-Penis-Repair-Hypospadias or Epispadia-With inflatable prosthesis add	\$55.15	\$69.30
E756	Abdomen, Peritoneum and Omentum-Repair-Herniotomy-Umbilical-With resection of strangulated contents add	\$111.45	\$24.50

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
E764	Abdomen, Peritoneum and Omentum-Repair-Herniotomy-Umbilical hernia repair when done in conjunction with other abdominal surgery, to other surgery add	\$96.85	\$24.20
E889	Skull Base Surgery-Resection of Lesion(s)-Endonasal Approach-Complex endonasal endoscopic resection of pituitary and non-pituitary lesion(s)-complex endonasal endoscopic resection from cranial nerves, to N114 or N116, add	\$800.00	\$520.00
E890	Skull Base Surgery-Resection of Lesion(s)-Endonasal Approach-Complex endonasal endoscopic resection of pituitary and non-pituitary lesion(s)-complex endonasal endoscopic resection from cavernous sinuses, to N114 or N116, add	\$800.00	\$520.00
E891	Skull Base Surgery-Resection of Lesion(s)-Endonasal Approach-Complex endonasal endoscopic resection of pituitary and non-pituitary lesion(s)-complex endonasal endoscopic resection from frontal or temporal lobe or brainstem, to N114 or N116, add	\$800.00	\$520.00
E898	Neurosurgery-Open Surgical Approach-Intracranial aneurysm repair-lesion greater than 2.5 cm, to N105 or N154, add	\$229.55	\$283.80
E919	Cranial-intracranial duroplasty (greater than 2 cm diameter) to any intracranial procedure, add	\$244.80	\$254.45
E921	Cranial-repeat cranial procedure-payable in addition to any intracranial procedure and N111, N114 and N116 but excluding N127, add	\$252.20	\$262.15
F023	Elbow and Forearm-Reduction-Fractures-Radius and ulna-Monteggia-Open reduction of ulna plus closed reduction radial head	\$242.25	\$416.65
F026	Elbow and Forearm-Reduction-Fractures-Radius and ulnar shaft-Open reduction	\$368.40	\$528.55

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
F030	Elbow and Forearm-Reduction-Fractures-Radius-Distal, e.g. Colles', Smith's, or Barton's fracture-Open reduction	\$420.00	\$499.40
F033	Elbow and Forearm-Reduction-Fractures-Radius or ulna-Open reduction	\$274.00	\$438.05
F036	Elbow and Forearm-Reduction-Fractures-Olecranon-Open reduction	\$224.55	\$414.60
F041	Elbow and Forearm-Reduction-Fractures-Transcondylar/condylar-open reduction	\$375.80	\$600.00
F044	Shoulder, Arm and Chest-Reduction-Fractures-Shaft-Open reduction	\$323.05	\$655.50
F052	Shoulder, Arm and Chest-Reduction-Fractures-Neck with dislocation of head-open reduction	\$385.15	\$521.75
F055	Shoulder, Arm and Chest-Reduction-Fractures-Neck without dislocation of head-Open reduction	\$327.55	\$514.95
F072	Foot and Ankle-Reduction-Fractures-Os calcis-Open reduction-With repair of both the subtalar and calcaneocuboid joints	\$500.00	\$588.20
F076	Foot and Ankle-Reduction-Fractures-Ankle-Open reduction-One malleolus	\$237.50	\$283.80
F077	Foot and Ankle-Reduction-Fractures-Ankle-Open reduction-Multiple malleoli or ligaments	\$400.00	\$523.50
F080	Fibula and Tibia-Reduction-Fractures-Tibia with or without fibula-Open reduction-Shaft	\$356.40	\$553.60
F081	Fibula and Tibia-Reduction-Fractures-Intramedullary nail with distal and proximal locking screws-Medial or lateral tibial plateau	\$394.45	\$558.10
F096	Femur-Reconstruction-Fractures-Closed reduction-Open reduction	\$493.80	\$613.95
F100	Pelvis and Hip-Reduction-Fractures-Femoral neck trochanteric, subtrochanteric-Open reduction-Pin and plate/screws (cannulated included)	\$498.95	\$614.55

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
F101	Pelvis and Hip-Reduction-Fractures-Femoral neck trochanteric, subtrochanteric open reduction-Primary prosthesis, Femur only (includes Moore, Thompson, Unipolar, Bipolar)	\$490.95	\$613.60
F108	Foot and Ankle-Reduction-Fractures-Ankle fracture with tibial Plafond burst-Open reduction	\$362.95	\$616.15
F118	Shoulder, Arm and Chest-Reduction-Fractures-Clavicle-Open reduction	\$300.00	\$458.75
F121	Shoulder, Arm and Chest-Reduction-Fractures-Scapula-Open reduction	\$242.25	\$381.40
G001	Laboratory Medicine-Miscellaneous-Cholesterol, total	\$5.50	\$5.70
G002	Laboratory Medicine-Miscellaneous-Glucose, quantitative or semi-quantitative	\$2.18	\$2.26
G004	Laboratory Medicine-Miscellaneous-Occult blood	\$1.53	\$1.58
G009	Laboratory Medicine-Miscellaneous-Urinalysis, routine (includes microscopic examination of centrifuged specimen plus any of SG, pH, protein, sugar, haemoglobin, ketones, urobilinogen, bilirubin)	\$4.30	\$4.45
G010	Laboratory Medicine-one or more parts of above without microscopy	\$2.07	\$2.14
G011	Laboratory Medicine-Miscellaneous-Fungus culture including KOH preparation and smear	\$12.60	\$13.05
G012	Laboratory Medicine-Miscellaneous-Wet preparation (for fungus, trichomonas, parasites)	\$1.86	\$1.93
G014	Laboratory Medicine-Miscellaneous-Rapid streptococcal test	\$5.50	\$5.70
G031	Laboratory Medicine-Miscellaneous-Prothrombin time	\$6.20	\$6.40
G112	ECG-Stress Testing-Dipyramidole Thallium stress test-professional component	\$75.00	\$74.25

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
G197	Skin testing-professional component	\$0.19	\$0.21
G208	Allergy-Provocation testing per unit	\$15.00	\$16.85
G262	Cardiovascular-Angiography-Transluminal coronary angioplasty-Each additional major vessel add	\$212.45	\$210.40
G263	Cardiovascular-Angiography-Selective coronary catheterization-With other drug interventional studies add	\$97.40	\$96.45
G297	Cardiovascular-Angiography-Angiography-Angiograms (only two angiograms may be billed-One per right heart catheterization and one per left heart catheterization) irrespective of the number of chambers injected.	\$118.70	\$117.55
G319	ECG-Stress Testing-Maximal stress ECG-professional component	\$62.65	\$62.05
G365	Gynaecology-Papanicolaou Smear-Periodic	\$6.75	\$8.65
G378	Gynaecology-Insertion of intrauterine contraceptive device	\$25.50	\$31.10
G382	Chemotherapy-Monthly telephone supervision-Supervision of chemotherapy (pharmacologic therapy of malignancy or autoimmune disease) by telephone, monthly	\$13.30	\$13.80
G388	Injections or Infusions-Management of special oral chemotherapy, for malignant disease	\$20.50	\$25.75
G394	Gynaecology-Additional-for follow-Up of abnormal or inadequate smears/annually in a patient who is immunocompromised, e.g. HIV-Positive or taking long-Term immunosuppressants; or a patient with a history of oncogenic HPV-Typing; or-Where the physician is of the opinion that the patient is a member of a vulnerable group that may have difficulty accessing the services within the specified time period	\$6.75	\$8.65

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
G405	Critical Care-Ventilatory support (ICA) physician-in-charge-1st day	\$193.45	\$183.80
G406	Critical Care-Ventilatory support (ICA) physician-in-charge- 2nd to 30th day, inclusive per diem	\$101.55	\$96.45
G407	Critical Care-Ventilatory support (ICA) physician-in-charge-31st day onwards per diem	\$67.60	\$64.20
G408	Nephrology-Nephrological component of renal transplantation-2nd to 10th day, inclusive per diem	\$121.45	\$139.65
G409	Nephrology-Nephrological component of renal transplantation-11th to 21st day, inclusive per diem	\$60.70	\$69.80
G412	Nephrology-Nephrological component of renal transplantation-1st day following transplantation	\$242.90	\$279.35
G418	Neurology-Routine EEG-professional component (16-21 channel EEG)	\$50.00	\$62.50
G420	Otolaryngology-Ear syringing and/or extensive curetting or debridement unilateral or bilateral	\$11.25	\$11.35
G473	Physical Medicine-Schedule C-professional component	\$191.00	\$275.00
G478	Diagnostic & therapeutic procedures-physical medicine-psychiatry-electroconvulsive therapy (ECT) cerebral-single or multiple-in-patient	\$80.30	\$86.85
G479	Diagnostic & therapeutic procedures-physical medicine-psychiatry-electroconvulsive therapy (ECT) cerebral-single or multiple-out-patient	\$92.60	\$100.15
G481	Laboratory Medicine-Miscellaneous-Haemoglobin screen and/or haematocrit (any method or instrument)	\$1.32	\$1.37
G512	Palliative Care-Palliative Care case management fee	\$62.75	\$67.75

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
G526	Otolaryngology-Basic diagnostic hearing tests-Pure tone threshold audiometry (with or without bone conduction) and speech reception threshold and/or speech discrimination scores-professional component	\$15.70	\$16.45
G538	Immunization-Other immunizing agents not listed above	\$4.50	\$4.95
G543	Neurology-Electroencephalography-Sleep-deprived/induced EEG-professional component	\$60.00	\$120.00
G557	Critical Care-Comprehensive Care (Intensive Care Area)-Physician-in-charge-1st day	\$325.40	\$374.35
G558	Critical Care-Comprehensive Care (Intensive Care Area)-Physician-in-charge-2nd to 30th day, inclusive per diem	\$213.50	\$223.50
G559	Critical Care-Comprehensive Care (Intensive Care Area)-Physician-in-charge-31st day onwards per diem	\$85.35	\$113.00
G590	Immunization-Influenza agent	\$4.50	\$4.95
G600	Critical Care-Neonatal intensive care-Level A-1st day	\$358.00	\$376.05
G601	Critical Care-Neonatal intensive care-Level A-2nd to 30th day, inclusive per diem	\$178.95	\$187.95
G603	Critical Care-Neonatal intensive care-Level A-Neonatal low volume intensive care-Payable in lieu of G600 or G604 if sole newborn to maximum of 25 services per physician per fiscal year	\$536.95	\$564.00
G610	Critical Care-Neonatal intensive care-Level B-1st day	\$245.65	\$258.05
G611	Critical Care-Neonatal intensive care-Level B-2nd day onwards, per diem	\$122.80	\$129.00
G620	Critical Care-Neonatal intensive care-Level C-1st day	\$155.20	\$162.95

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
G621	Critical Care-Neonatal intensive care-Level C-2nd day onwards, per diem	\$77.60	\$81.50
G700	Basic fee-Per-Visit premium for procedures marked (+)	\$5.10	\$5.60
G840	Injections and Infusions-Immunization-Diphtheria, Tetanus, and acellular Pertussis vaccine/ Inactivated Poliovirus vaccine (DTaP/IPV)-Paediatric	\$4.50	\$5.40
G841	Injections and Infusions-Immunization-Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus, Haemophilus influenza type b (DTaP-IPV-Hib)-Paediatric	\$4.50	\$5.40
G842	Injections and Infusions-Immunization-Hepatitis B (HB)	\$4.50	\$5.40
G843	Injections and Infusions-Immunization-Human Papillomavirus (HPV)	\$4.50	\$5.40
G844	Injections and Infusions-Immunization-Meningococcal C Conjugate (Men-C)	\$4.50	\$5.40
G845	Injections and Infusions-Immunization-Measles, mumps, rubella (MMR)	\$4.50	\$5.40
G846	Injections and Infusions-Immunization-Pneumococcal conjugate	\$4.50	\$5.40
G847	Injections and Infusions-Immunization-Diphtheria, Tetanus, acellular Pertussis (Tdap)-Adult	\$4.50	\$5.40
G848	Injections and Infusions-Immunization-Varicella (VAR)	\$4.50	\$5.40
H055	GP/FP-Emergency Medicine-ED-Physician on Duty-Consultation	\$97.60	\$106.80
H065	GP/FP-Consultation in Emergency Medicine	\$74.25	\$81.25
H101	GP/FP-Monday to Friday-Daytime (08:00h to 17:00h)-Minor assessment	\$15.00	\$16.55

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
H102	GP/FP-Monday to Friday-Daytime (08:00h to 17:00h)-Comprehensive assessment and care	\$37.20	\$41.65
H103	GP/FP-Monday to Friday-Daytime (08:00h to 17:00h)-Multiple systems assessment	\$35.65	\$39.35
H104	GP/FP-Monday to Friday-Daytime (08:00h to 17:00h)-Re-assessment	\$15.00	\$16.55
H112	GP/FP-Nights (00:00h to 08:00h)	\$34.20	\$35.15
H113	GP/FP-Daytime and evenings (08:00h to 24:00h) on Saturdays, Sundays or Holidays	\$19.80	\$20.35
H121	GP/FP-Nights (00:00h to 08:00h)-Minor assessment	\$29.80	\$30.60
H122	GP/FP-Nights (00:00h to 08:00h)-Comprehensive assessment and care	\$73.90	\$76.70
H123	GP/FP-Nights (00:00h to 08:00h)-Multiple systems assessment	\$65.95	\$67.75
H124	GP/FP-Nights (00:00h to 08:00h)-Re-assessment	\$29.80	\$30.60
H131	GP/FP-Monday to Friday-Evenings (17:00h to 24:00h)-Minor assessment	\$18.70	\$20.65
H132	GP/FP-Monday to Friday-Evenings (17:00h to 24:00h)-Comprehensive assessment and care	\$46.30	\$51.85
H133	GP/FP-Monday to Friday-Evenings (17:00h to 24:00h)-Multiple systems assessment	\$42.40	\$46.80
H134	GP/FP-Monday to Friday-Evenings (17:00h to 24:00h)-Re-assessment	\$18.70	\$20.65
H151	GP/FP-Saturdays, Sundays and Holidays-Daytime and Evenings (08:00h to 24:00h)-Minor assessment	\$25.50	\$26.20
H152	GP/FP-Saturdays, Sundays and Holidays-Daytime and Evenings (08:00h to 24:00h)-Comprehensive assessment and care	\$63.30	\$65.70

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
H153	GP/FP-Saturdays, Sundays and Holidays- Daytime and Evenings (08:00h to 24:00h)- Multiple systems assessment	\$56.95	\$58.50
H154	GP/FP-Saturdays, Sundays and Holidays- Daytime and Evenings (08:00h to 24:00h)-Re- assessment	\$25.50	\$26.20
H261	Paediatrics-Newborn care in hospital or home	\$57.90	\$60.80
H312	-first twelve weeks per visit	\$39.00	\$42.70
H313	Physical Medicine and Rehabilitation- Rehabilitation counselling-Per unit	\$76.95	\$84.20
H317	-From thirteenth to twenty-sixth week (maximum)	\$39.00	\$42.70
H319	-Twenty-seventh week onwards (maximum 6 per	\$39.00	\$42.70
J135	Diagnostic Ultrasound-Thorax, abdomen and retroperitoneum-Abdominal scan-Complete	\$26.55	\$26.45
J138	Diagnostic Ultrasound-Pelvis-Intracavitary ultrasound* (e.g. transrectal, transvaginal)	\$26.55	\$26.50
J304	Pulmonary Function Studies-Flow volume loop- Volume versus flow study-From which an expiratory limb, and inspiratory limb if indicated, are generated. A flow volume loop may include derivation of FEV1, VC, V50, V25	\$10.75	\$11.30
J306	Pulmonary Function Studies-Functional residual capacity-Airways resistance by plethysmography or estimated using oesophageal catheter	\$16.05	\$16.85
J307	Pulmonary Function Studies-Functional residual capacity-By body plethysmography	\$17.85	\$18.75
J310	Pulmonary Function Studies-Functional residual capacity-Carbon monoxide diffusing capacity by single breath method	\$18.00	\$18.90

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
J311	Pulmonary Function Studies-Functional residual capacity-By gas dilution method	\$17.55	\$18.45
J327	Pulmonary Function Studies-Flow volume loop-Repeat after bronchodilator	\$6.45	\$6.75
J332	Pulmonary Function Studies-Oxygen saturation-By oximetry at rest and exercise, or during sleep with or without O2	\$10.80	\$11.35
J333	Pulmonary Function Studies-Oxygen saturation-Non-Specific bronchial provocative test (histamine, methacholine, thermal challenge)	\$34.70	\$36.45
J334	Pulmonary Function Studies-Oxygen saturation-J332 with at least two levels of supplemental O2	\$16.05	\$16.85
J336	Pulmonary Function Studies-Oxygen saturation-With single blind assessment of exercise on room air and with supplemental oxygen	\$16.05	\$16.85
J802	Nuclear Medicine-IN VIVO-Cardiovascular system-Venography-Peripheral and superior vena cava	\$38.70	\$40.30
J804	Nuclear Medicine-IN VIVO-Cardiovascular system-First transit-Without blood pool images	\$15.90	\$16.55
J815	Nuclear Medicine-IN VIVO-Cardiovascular system-Myocardial wall motion-Detection of venous thrombosis using radioiodinated fibrinogen up to ten days	\$38.70	\$40.30
J816	Nuclear Medicine-IN VIVO-Endocrine system-Adrenal scintigraphy-With iodocholesterol	\$38.70	\$40.30
J817	Nuclear Medicine-IN VIVO-Endocrine system-Thyroid-Uptake	\$17.50	\$18.25
J818	Nuclear Medicine-IN VIVO-Endocrine system-Thyroid scintigraphy with Tc99m or I-131	\$38.70	\$40.30

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
J819	Nuclear Medicine-IN VIVO-Musculoskeletal system-Application of Tomography (SPECT)-Where each SPECT image represents a different organ or body area, to J852, J652, maximum 3 images per examination add	\$23.65	\$24.65
J820	Nuclear Medicine-IN VIVO-Endocrine system-Parathyroid scintigraphy-Dual isotope technique with T1201 and Tc99m Iodine	\$53.10	\$55.30
J824	Nuclear Medicine-IN VIVO-Gastrointestinal system-Malabsorption test-With C14 substrate	\$9.95	\$10.35
J827	Nuclear Medicine-IN VIVO-Gastrointestinal system-Calcium absorption-Oesophageal motility studies-one or more	\$38.70	\$40.30
J829	Nuclear Medicine-IN VIVO-Gastrointestinal system-Gastrointestinal-Transit	\$38.70	\$40.30
J830	Nuclear Medicine-IN VIVO-Gastrointestinal system-Abdominal scintigraphy for gastrointestinal bleed-Tc99m sulphur colloid or Tc04	\$38.70	\$40.30
J831	Nuclear Medicine-IN VIVO-Gastrointestinal system-Abdominal scintigraphy for gastrointestinal bleed-Biliary scintigraphy	\$38.70	\$40.30
J832	Nuclear Medicine-IN VIVO-Gastrointestinal system-Abdominal scintigraphy for gastrointestinal bleed-Liver/spleen scintigraphy	\$38.70	\$40.30
J833	Nuclear Medicine-IN VIVO-Gastrointestinal system-Abdominal scintigraphy for gastrointestinal bleed-Salivary gland scintigraphy	\$38.70	\$40.30
J834	Nuclear Medicine-IN VIVO-Gastrointestinal system-Abdominal scintigraphy for gastrointestinal bleed-Dynamic renal imaging	\$31.30	\$32.60
J835	Nuclear Medicine-IN VIVO-Genitourinary system-Computer assessed renal function-Includes first transit	\$55.50	\$57.80

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
J836	Nuclear Medicine-IN VIVO-Genitourinary system-Computer assessed renal function-Static renal scintigraphy	\$38.70	\$40.30
J837	Nuclear Medicine-IN VIVO-Genitourinary system-Computer assessed renal function-ERPF by blood sample method	\$9.95	\$10.35
J838	Nuclear Medicine-IN VIVO-Genitourinary system-Computer assessed renal function-GFR by blood sample method	\$9.95	\$10.35
J839	Nuclear Medicine-IN VIVO-Genitourinary system-Computer assessed renal function-Cystography for vesicoureteric reflux	\$38.70	\$40.30
J840	Nuclear Medicine-IN VIVO-Genitourinary system-Testicular and scrotal scintigraphy-Includes first transit	\$38.70	\$40.30
J841	Nuclear Medicine-IN VIVO-Hematopoietic system-Plasma volume	\$11.40	\$11.85
J843	Nuclear Medicine-IN VIVO-Hematopoietic system-Red cell volume	\$11.40	\$11.85
J850	Nuclear Medicine-IN VIVO-Musculoskeletal system-Bone scintigraphy-General survey	\$47.70	\$49.70
J851	Nuclear Medicine-IN VIVO-Musculoskeletal system-Bone scintigraphy-Single site	\$38.70	\$40.30
J852	Nuclear Medicine-IN VIVO-Musculoskeletal system-Gallium scintigraphy-General survey	\$51.70	\$49.70
J853	Nuclear Medicine-IN VIVO-Musculoskeletal system-Gallium scintigraphy-Single survey	\$38.70	\$40.30
J857	Nuclear Medicine-IN VIVO-Nervous system and respiratory system-CSF circulation-With Tc99m or I-131 HSA	\$43.95	\$45.75
J858	Nuclear Medicine-IN VIVO-Nervous system and respiratory system-CSF circulation-Brain scintigraphy	\$38.70	\$40.30

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
J859	Nuclear Medicine-IN VIVO-Nervous system and respiratory system-Respiratory system-Perfusion lung scintigraphy	\$34.60	\$36.05
J860	Nuclear Medicine-IN VIVO-Nervous system and respiratory system-Respiratory system-Perfusion and ventilation scintigraphy-Same day	\$47.70	\$49.70
J861	Nuclear Medicine-IN VIVO-Miscellaneous-Radionuclide lymphangiogram	\$52.60	\$54.80
J863	Nuclear Medicine-IN VIVO-Miscellaneous-Scintimammography-Unilateral or bilateral	\$38.70	\$40.30
J864	Nuclear Medicine-IN VIVO-Miscellaneous-Tear duct scintigraphy	\$41.25	\$42.95
J865	Nuclear Medicine-IN VIVO-Miscellaneous-Total body counting	\$38.70	\$49.70
J867	Nuclear Medicine-IN VIVO-Cardiovascular system-First transit-With blood pool images	\$22.30	\$23.25
J869	Nuclear Medicine-IN VIVO-Endocrine system-Adrenal scintigraphy-With MIBG	\$44.45	\$49.70
J870	Nuclear Medicine-IN VIVO-Endocrine system-Thyroid-Repeat	\$10.30	\$10.75
J871	Nuclear Medicine-IN VIVO-Endocrine system-Thyroid scintigraphy-With I-123	\$38.70	\$40.30
J872	Nuclear Medicine-IN VIVO-Endocrine system-Parathyroid scintigraphy-Metastatic survey with I-131	\$44.45	\$49.70
J876	Nuclear Medicine-IN VIVO-Gastrointestinal system-Gastro-oesophageal-reflux	\$38.70	\$40.30
J877	Nuclear Medicine-IN VIVO-Gastrointestinal system-Gastro-oesophageal-Aspiration	\$38.70	\$40.30
J878	Nuclear Medicine-IN VIVO-Gastrointestinal system-Abdominal scintigraphy for gastrointestinal bleed-Labelled RBCs	\$38.70	\$40.30

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
J880	Nuclear Medicine-IN VIVO-Genitourinary system-Computer assessed renal function-Repeat after pharmacological intervention	\$17.10	\$17.80
J881	Nuclear Medicine-IN VIVO-Hematopoietic system-Bone marrow scintigraphy-Whole body	\$47.70	\$49.70
J882	Nuclear Medicine-IN VIVO-Hematopoietic system-Bone marrow scintigraphy-Single site	\$38.70	\$40.30
J883	Nuclear Medicine-IN VIVO-Hematopoietic system-In-111 leukocyte scintigraphy-Whole body	\$46.75	\$49.70
J884	Nuclear Medicine-IN VIVO-Hematopoietic system-In-111 leukocyte scintigraphy-Single site	\$38.70	\$40.30
J885	Nuclear Medicine-IN VIVO-Nervous system and respiratory system-CSF circulation-With In-111	\$43.95	\$45.75
J886	Nuclear Medicine-IN VIVO-Nervous system and respiratory system-CSF circulation-Via shunt puncture	\$42.70	\$44.45
J887	Nuclear Medicine-IN VIVO-Nervous system and respiratory system-Respiratory system-Ventilation lung scintigraphy	\$34.60	\$36.05
K002	Interviews-with relatives or a person who is authorized to make a treatment decision on behalf of the patient in accordance with the health care consent act, conducted for a purpose other than to obtain consent	\$62.75	\$67.75
K003	Interviews-interviews with C.A.S. or legal guardian or a person who is authorized to make a treatment decision on behalf of the patient in accordance with the health care consent act, conducted for a purpose other than to obtain consent	\$62.75	\$67.75
K004	Psychotherapy-family-2 or more family members in attendance at the same time-per ½ hour or major part thereof	\$68.10	\$73.55

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
K005	Primary mental health care-individual care-per ½ hour or major part thereof	\$62.75	\$67.75
K006	Hypnotherapy-individual-per ½ hour or major part thereof	\$62.75	\$67.75
K007	Psychotherapy-individual care-per ½ hour or major part thereof	\$62.75	\$67.75
K008	Interviews-diagnostic interview and/or counselling with child and/or parent-for psychological problem or for learning disabilities-per ½ hour or major part thereof	\$62.75	\$67.75
K010	Psychotherapy-group-per ½ hour or major part thereof-per member (seventh hour onward per day to a maximum of six services)	\$10.00	\$10.80
K012	Psychotherapy-group-per ½ hour or major part thereof-per member (up to six hours per day)-four people	\$15.80	\$17.05
K013	Counselling-individual care-per ½ hour or major part thereof	\$62.75	\$67.75
K014	Counselling-counselling for transplant recipients, donors or families of recipients and donors-one or more persons-per ½ hour or major part thereof	\$62.75	\$67.75
K015	Counselling relatives on behalf of catastrophically or terminally ill patient-1 or more persons-per ½ hour or major part thereof	\$62.75	\$67.75
K019	Psychotherapy-group-2 people	\$31.40	\$33.90
K020	Psychotherapy-group-3 people	\$20.90	\$22.55
K022	HIV primary care-primary care of patients infected with hiv-time-based all-inclusive visit fee per patient per day-per unit (½ hour or major part thereof)	\$62.75	\$67.75

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
K023	Palliative care support-time-based all-inclusive visit fee per patient per day for the purpose of providing pain and symptom management, emotional support and counselling to patients with terminal disease in the final year of	\$62.75	\$72.15
K024	Psychotherapy-group-per ½ hour or major part thereof-per member (up to six hours per day)-five people	\$13.00	\$14.05
K025	Psychotherapy-group-per ½ hour or major part thereof-per member (up to six hours per day)-six to twelve people	\$11.05	\$11.95
K028	Sexually Transmitted Disease (STD) management-per ½ hour or major part thereof	\$62.75	\$67.75
K029	Insulin therapy support (its)-per ½ hour or major part thereof	\$62.75	\$67.75
K030	GP/FP-Diabetic Management Assessment	\$39.20	\$40.55
K032	Specific neurocognitive assessment-diagnosis of dementia	\$62.75	\$67.75
K033	Counselling-individual care-additional units per patient per provider per year, per ½ hour or major part thereof	\$38.15	\$47.70
K037	Fibromyalgia/chronic fatigue syndrome care-Fibromyalgia/chronic fatigue syndrome care	\$62.75	\$67.75
K040	Group counselling-two or more persons-where no group members have received more than 3 units of any counselling paid under codes k013 and k040 combined per provider per year, per unit	\$62.75	\$67.75
K041	Group counselling-two or more persons-additional units where any group member has received 3 or more units of any counselling paid under codes k013 and k040 combined per provider per year, per unit	\$38.80	\$48.50
K077	Geriatrics-Geriatric telephone support per unit	\$35.45	\$40.05

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
K119	Paediatrics-Paediatric developmental assessment incentive	\$100.00	\$115.10
K122	Developmental and/or behavioural care-individual developmental and/or behavioural care	\$80.30	\$86.85
K123	Developmental and/or behavioural care-family developmental and/or behavioural care	\$91.10	\$98.55
K131	GP/FP-Periodic health visit-Adult age 18 to 64 inclusive	\$50.00	\$54.00
K140	Chronic disease shared appointment-per patient-maximum 8 units per patient per day-2 patients-per unit	\$31.40	\$33.90
K141	Chronic disease shared appointment-per patient-maximum 8 units per patient per day-3 patients-per unit	\$20.90	\$22.55
K142	Chronic disease shared appointment-per patient-maximum 8 units per patient per day-4 patients-per unit	\$15.80	\$17.05
K143	Chronic disease shared appointment-per patient-maximum 8 units per patient per day-5 patients-per unit	\$13.00	\$14.05
K144	Chronic disease shared appointment-per patient-maximum 8 units per patient per day 6 to 12 patients-per unit	\$11.05	\$11.95
K189	Urgent community psychiatric follow-up, to A190, A195, A695 or A795 add	\$200.00	\$216.30
K190	Psychiatry-office/clinic-individual in-patient psychotherapy (including aversive conditioning, narcoanalysis, psychoanalysis)-per ½ hour or major part thereof	\$84.15	\$91.00
K191	Psychiatry-family psychiatric care, in-patient, per ½ hour or major part thereof	\$105.10	\$113.70
K192	Psychiatry-hypnotherapy-individual-per ½ hour or major part thereof	\$80.30	\$86.85

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
K193	Psychiatry-family psychotherapy-in-patients (two or more family members) per ½ hour or major part thereof	\$95.45	\$103.25
K194	Psychiatry-hypnotherapy-group-for induction and training for hypnosis (up to eight people) per ½ hour or major part thereof-per member	\$14.60	\$15.80
K195	Psychiatry-family psychotherapy-out-patients (two or more family members) per ½ hour or major part thereof	\$91.10	\$98.55
K196	Psychiatry-family psychiatric care, out-patient, per ½ hour or major part thereof	\$91.10	\$98.55
K197	Psychiatry-office/clinic-individual out-patient psychotherapy (including aversive conditioning, narcoanalysis, psychoanalysis)-per ½ hour or major part thereof	\$80.30	\$86.85
K198	Psychiatry-psychiatric care, out-patient, per ½ hour or major part thereof	\$80.30	\$86.85
K199	Psychiatry-psychiatric care, in-patient, per ½ hour or major part thereof	\$92.60	\$100.15
K200	Psychiatry-group psychotherapy, in-patients-per member, per ½ hour or major part thereof-up to six hours per day-4 people	\$21.00	\$22.70
K201	Psychiatry-group psychotherapy-in-patients-per member-per unit (½ hr or major part thereof-first 12 units per day)-5 people	\$16.80	\$18.15
K202	Psychiatry-group psychotherapy-in-patients-per member-per unit (½ hr or major part thereof-first 12 units per day)-6 to 12 people	\$15.15	\$16.40
K203	Psychiatry-group psychotherapy-out-patients-per member-per unit (½ hr or major part thereof-first 12 units per day)-4 people	\$20.10	\$21.75
K204	Psychiatry-group psychotherapy-out-patients-per member-per unit (½ hr or major part thereof-first 12 units per day)-5 people	\$16.05	\$17.35

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
K205	Psychiatry-group psychotherapy-out-patients-per member-per unit (½ hr or major part thereof-first 12 units per day)-6 to 12 people	\$14.45	\$15.65
K206	Psychiatry-group psychotherapy, out-patients-per member, per ½ hour-(seventh hour onward, to a maximum of 3 hours)	\$12.85	\$13.90
K207	Outpatient psychotherapy-group-add'l units	\$12.85	\$13.90
K208	Psychiatry-Psychotherapy, Family Psychotherapy, Hypnotherapy and Psychiatric Care-Group psychotherapy, out-patients-per member-first 12 units per day	\$40.15	\$43.45
K209	Psychiatry (19)-Group psychotherapy, out-patients-per member-first 12 units per day- 3 people...per unit	\$26.75	\$28.95
K210	Psychiatry (19)-Group psychotherapy, in-patients-per member-first 12 units per day-2 people...per unit	\$42.10	\$45.55
K211	Psychiatry (19)-Group psychotherapy, in-patients-per member-first 12 units per day-3 people...per unit	\$28.05	\$30.35
K222	Genetic care, patient or family, per unit	\$74.70	\$75.75
K223	Clinical interpretation by a geneticist	\$37.65	\$38.20
K224	Clinical interpretation requested by a midwife	\$37.65	\$38.20
K620	Psychiatry-assessments under the mental health act-consultation for involuntary psychiatric treatment (as mandated by section 35a (2) of the mental health act)-per ½ hour or major part thereof	\$85.00	\$91.95
K623	Family & general practice-assessments under the mental health act-application for psychiatric assessment-form 1	\$104.80	\$113.35
K624	Family & general practice-assessments under the mental health act-certification of involuntary admission-form 3	\$129.05	\$139.60

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
K629	Family & general practice-assessments under the mental health act-all other re-certification(s) of involuntary admission including completion of appropriate forms	\$38.25	\$41.35
K630	Psychiatry-Psychiatric consultation extension-per unit	\$105.10	\$113.70
K680	Substance abuse-extended assessment	\$62.75	\$67.75
K887	Family & general practice-community treatment order (CTO)-CTO initiation-including completion of the CTO form and all preceding CTO services directly related to CTO initiation-per unit	\$84.70	\$91.60
K888	Family & general practice-community treatment order (CTO)-CTO supervision-including all associated CTO services except those related to initiation or renewal-per unit	\$84.70	\$91.60
K889	Family & general practice-community treatment order (CTO)-CTO renewal-including completion of the CTO form and all preceding CTO services directly related to CTO renewal-per unit	\$84.70	\$91.60
L800	Laboratory Medicine-Haematopathology-Blood film interpretation (Romanowsky stain)	\$20.85	\$21.70
L805	Laboratory Medicine-Anatomic Pathology-Cytopathology-Aspiration biopsy e.g. Lung, breast, thyroid, prostate	\$79.00	\$81.20
L806	Laboratory Medicine-Anatomic Pathology-Bronchial, oesophageal, gastric, endometrial or other brushings and washings	\$35.45	\$35.80
L810	Laboratory Medicine-Anatomic Pathology-Cytopathology-Fluids e.g. pleural, ascitic cyst, pericardial, C.S.F., urine and joint	\$22.05	\$23.40
L820	Laboratory Medicine-Anatomic Pathology-Cytopathology-Smear for spermatozoa	\$6.05	\$7.00
L826	Laboratory Medicine-Haematopathology-Blood film interpretation (special stain)	\$11.85	\$13.35

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
L829	Laboratory Medicine-Haematopathology-Haemoglobinopathy interpretation (payable for abnormal results only)	\$12.90	\$13.70
L834	Laboratory Medicine-Special Procedures and Interpretation-Histology or Cytology-Histochemistry of muscle-1 to 3 enzymes	\$11.85	\$13.35
L835	Laboratory Medicine-Special Procedures and Interpretation-Each additional enzyme, add	\$11.85	\$13.35
L841	Laboratory Medicine-Special Procedures and Interpretation-Enzyme histochemistry and interpretation-Per enzyme	\$11.85	\$13.35
L843	Laboratory Medicine-Special Procedures and Interpretation-Special microscopy of tissues including polarization, interference phase contrast, dark field, autofluorescence or other microscopy and interpretation	\$19.80	\$21.50
L844	Laboratory Medicine-Special Procedures and Interpretation-Special microscopy of fluids (polarization, interference, phase contrast, dark field, autofluorescence or other microscopy and interpretation)	\$12.80	\$13.60
L846	Laboratory Medicine-Special Procedures and Interpretation-Flow cell cytometry and interpretation-Per marker	\$11.85	\$12.20
L849	Laboratory Medicine-Special Procedures and Interpretation-Interpretation and handling of decalcified tissue	\$12.80	\$13.90
M135	Major decortication of lung for empyema or tumour	\$800.00	\$848.80
M142	Pneumonectomy, may include radical mediastinal node dissection, sampling or pericardial resection requiring repair	\$1,400.00	\$1,485.40
M143	Lobectomy, may include radical mediastinal node dissection or sampling	\$1,285.00	\$1,402.60

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
M144	Segmental resection, including segmental bronchus and artery	\$1,285.00	\$1,441.75
M145	Wedge resection of lung	\$818.45	\$843.40
N102	Meningioma and other tumourous lesions, including pituitary tumours-supratentorial	\$1,726.80	\$1,862.85
N103	Craniotomy plus excision-Astrocytoma, oligodendroglioma, glioblastoma or metastatic tumour-supratentorial	\$1,562.90	\$1,686.05
N104	Spontaneous Intracerebral Haemorrhage-Craniotomy plus removal-supratentorial	\$1,100.00	\$1,230.00
N105	Neurosurgery-Open Surgical Approach-Intracranial aneurysm repair-Craniotomy approaches-Carotid circulation-per vessel	\$2,140.15	\$2,477.45
N106	Neurosurgery-Open Surgical Approach-Cerebral vascular malformation-Craniotomy-supratentorial	\$1,622.50	\$2,006.05
N113	Intracranial Abscess-Craniotomy for brain Biopsy (other than for tumour)	\$774.90	\$1,019.15
N119	Intracranial Abscess-Functional stereotaxy-Intracranial implantation of chronic surface electrodes	\$901.25	\$1,185.30
N123	Intracranial Abscess-Stereotaxis-intracranial (to include ventriculography)	\$538.40	\$559.60
N124	Intracranial Abscess-Functional stereotaxy	\$1,551.20	\$2,040.15
N128	Intracranial Abscess-Repair of encephalocoele	\$798.80	\$924.70
N129	Intracranial Abscess-Posterior fossa decompression for Arnold Chiari malformation	\$1,110.00	\$1,284.95
N140	Cranial-Reduction of skull fracture-compound	\$773.15	\$895.00
N143	Cranial-Extracerebral haematoma and/or hygroma-Drainage by burr hole(s)-unilateral	\$559.60	\$647.80

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
N144	Cranial-Extracerebral haematoma and/or hygroma-Drainage and/or removal by craniotomy	\$863.25	\$999.30
N148	Cranial-Removal of intracerebral haematoma and/or debridement of traumatized brain (includes management of any skull fracture)	\$1,040.65	\$1,204.65
N151	Craniotomy plus excision-Astrocytoma, oligodendroglioma, glioblastoma or metastatic tumour-infratentorial	\$1,726.80	\$1,862.85
N153	Meningioma and other tumourous lesions, including pituitary tumours-infratentorial or basal	\$2,345.00	\$2,529.80
N154	Neurosurgery-Open Surgical Approach-Intracranial aneurysm repair-Craniotomy approaches-Vertebrobasilar circulation, including aneurysm of vein of Galen	\$2,140.15	\$2,477.45
N155	Neurosurgery-Open Surgical Approach-Cerebral vascular malformation-Craniotomy-infratentorial	\$1,532.10	\$2,015.00
N157	Spontaneous Intracerebral Haemorrhage-Craniotomy plus removal-infratentorial	\$1,241.65	\$1,388.40
N174	Cranial-Conversion of shunt (e.g. ventriculoperitoneal to ventriculoatrial)-includes removal of existing shunt	\$420.30	\$585.90
N200	Cranial-Decompressive craniectomy (frontal, sub-temporal)	\$638.05	\$738.60
N218	Neurosurgery-Open Surgical Approach-Extracranial-intracranial microvascular anastomosis superficial temporal artery	\$1,178.35	\$1,364.05
N230	Cranial-CSF shunting procedures-all types	\$737.00	\$1,027.40
N245	Cranial-Revision of CSF shunt-operative-all types	\$420.70	\$585.90
N249	Cranial-Conversion of shunt (e.g. ventriculoperitoneal to ventriculoatrial)-Third ventriculostomy	\$777.80	\$1,084.25

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
N259	Cranial-V-Decompression or rhizotomy (partial or complete) trigeminal nerve	\$481.90	\$671.75
N267	Cranial-Occipital and/or suboccipital craniectomy for compression, decompression or section of cranial nerves	\$1,232.35	\$1,280.90
N501	Anterior Spinal Decompression-Cervical-Vertebrectomy (removal of vertebral body and excision of adjacent discs)	\$1,020.00	\$1,100.40
N523	AV malformation of cord-excision/obliteration	\$1,530.00	\$1,891.70
N530	Implantation of spinal cord stimulating electrode by laminectomy	\$816.00	\$1,008.90
N536	Repair of myelomeningocele (one surgeon)	\$765.00	\$1,217.10
N538	Repair of myelomeningocele (two surgeons)-reconstructive surgeon	\$632.40	\$881.55
N555	Insertion / revision of implantable infusion pump	\$510.00	\$590.40
N560	Intradural extramedullary spinal tumour(s)-partial or total removal	\$1,530.00	\$2,132.80
N561	Intradural intramedullary spinal tumour(s)-partial or total removal	\$1,765.75	\$2,461.45
N565	Repair of lipomeningocele including release of tethered cord	\$1,020.00	\$1,622.80
N577	Intradural rhizotomy anterior/posterior (uni/bilateral)-any number of roots.	\$714.00	\$1,276.65
P004	Obstetrics-Prenatal care-Minor prenatal assessment	\$33.70	\$36.85
P008	Obstetrics-Labour-Delivery-Postnatal care in office	\$33.70	\$36.85
R261	Elbow and Forearm-Reconstruction-Bone-Deformity-Osteotomy-radius with or without ulna	\$411.20	\$577.70

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
R322	Hand and Wrist-Reconstruction-Bone-Pseudoarthrosis/non-Union/avascular necrosis-Scaphoid	\$500.00	\$588.20
R352	Chest Wall and Mediastinum-Repair-Chest wall-Pleura-Pectus excavatum or carinatum repair (by reconstruction, not implant)	\$750.00	\$832.30
R401	Shoulder, Arm and Chest-Reduction-Dislocations-Glenohumeral joint-Open reduction, recurrent	\$379.50	\$419.65
R421	Elbow and Forearm-Excision-Joint contents-Synovectomy/capsulectomy/debridement, etc.	\$311.85	\$407.25
R465	Hand and Wrist-Arthrodesis-Finger-Thumb	\$256.15	\$321.30
R466	Hand and Wrist/Elbow and Forearm/Foot and Ankle-Arthrodesis-Wrist/Elbow/Ankle	\$400.00	\$461.75
R475	Foot and Ankle-Arthrodesis-Pan-Talar, one stage	\$626.45	\$779.50
R477	Foot and Ankle-Arthrodesis-Metatarsophalangeal	\$247.25	\$302.60
R485	Hand and Wrist-Arthroplasty-Wrist-Total	\$426.90	\$667.75
R486	Elbow and Forearm-Arthroplasty-Complete arthroplasty replacement	\$619.90	\$911.05
R487	Shoulder, Arm and Chest-Arthroplasty-Total prosthesis	\$695.10	\$770.00
R695	Foot and Ankle-Arthrodesis-Subtalar	\$450.00	\$599.95
R720	Heart and Pericardium-Repair-Total repair Tetralogy of Fallot-With or without previous arterial shunt	\$1,261.80	\$1,285.00
R721	Heart and Pericardium-Repair-Arterial repair of transposition	\$1,687.50	\$1,739.20
R722	Heart and Pericardium-Repair-Total anomalous pulmonary venous drainage	\$1,124.70	\$1,152.30

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
R723	Heart and Pericardium-Repair-Total correction transposition of great vessels	\$1,124.70	\$1,152.30
R727	Valves-Tricuspid annuloplasty	\$662.55	\$678.80
R728	Valves-Tricuspid valve replacement	\$758.80	\$777.40
R734	Valves-Mitral annuloplasty	\$770.70	\$789.60
R735	Valves-Mitral replacement	\$948.70	\$960.35
R738	Valves-Mitral valve reconstruction-Aortic valve replacement	\$1,036.50	\$1,049.20
R743	Heart and Pericardium-Excision-Coronary artery repair-Two	\$1,255.00	\$1,278.10
R758	Heart and Pericardium-Resection coarctation-Adolescent or adult	\$967.00	\$984.90
R759	Heart and Pericardium-Resection coarctation-Congenital heart procedures-E.g. Blalock, Glenn, Potts, Waterston or Central	\$755.80	\$774.35
R770	Heart and Pericardium-Repair-Correction of cor triatriatum	\$864.40	\$885.60
R773	Valves-Mitral valve reconstruction-Simple (includes annuloplasty)	\$1,618.50	\$1,648.25
R774	Valves-Mitral valve reconstruction-Complex (includes annuloplasty and repair of both the anterior and posterior leaflets)	\$2,021.05	\$2,058.20
R785	Arteries-Aorto-Iliac repair-Plus bilateral common femoral repair	\$2,202.00	\$2,327.50
R787	Arteries-Femoro-Anterior/posterial tibial/peroneal bypass graft-With saphenous vein	\$1,006.75	\$1,265.00
R791	Arteries-Femoro-Popliteal-With saphenous vein	\$857.35	\$1,077.25
R799	Arteries-Thoracic aorta aneurysm-Repair or excision with graft-Ascending	\$1,455.30	\$1,473.15

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
R800	Arteries-Thoracic aorta aneurysm-Repair or excision with graft-Arch	\$1,807.10	\$1,840.35
R802	Arteries-Abdominal aorta-Repair or excision with graft-Aneurysm repair alone or including unilateral common femoral repair	\$1,500.00	\$1,585.50
R803	Arteries-Thoracic aorta aneurysm-Repair or excision with graft-Thoraco-Abdominal aneurysm	\$2,566.70	\$2,859.30
R817	Arteries-Abdominal aorta-Repair or excision with graft-Aneurysm repair and bilateral common femoral repair	\$2,202.00	\$2,327.50
R827	Diagnostic and Therapeutic Procedures/Cardiovascular-Dialysis/veins-Revision of Scribner shunt/Anastomosis-Spleno-renal-Creation of A.V. fistula	\$440.00	\$490.15
R840	Dialysis-Bypass graft for haemodialysis-Autogenous vein	\$424.10	\$496.60
R851	Dialysis-Bypass graft for haemodialysis-Synthetic	\$444.70	\$482.70
R852	Dialysis-Peritoneal dialysis-Insertion of peritoneal cannula by laparotomy or laparoscopy	\$256.10	\$352.50
R863	Valves-Mitral valve reconstruction-Replacement of aortic valve, replacement of ascending aorta, and reimplantation of coronary Arteries (Modified Bentall)	\$2,021.05	\$2,070.60
R874	Heart and Pericardium-Percutaneous transluminal catheter assisted closure for Secundum arterial septal defect-Cardiopulmonary transplantation	\$2,534.25	\$2,565.30
R876	Valves-Mitral valve reconstruction-Valve sparing aortic root replacement or remodelling	\$2,021.05	\$2,144.95
R877	Arteries-Abdominal aorta-Repair or excision with graft-Aneurysm with repair of iliac artery aneurysm (unilateral or bilateral)	\$2,002.75	\$2,116.90

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
R923	Heart and Pericardium-Repair-Double outlet-Right/left ventricle	\$1,480.40	\$1,516.70
R924	Heart and Pericardium-Repair-Double outlet ventricle with transposition	\$1,687.50	\$1,728.90
R925	Heart and Pericardium-Repair-Truncus arteriosus	\$1,687.50	\$1,718.55
R926	Heart and Pericardium-Repair-Interrupted aortic arch	\$1,480.40	\$1,516.70
R927	Heart and Pericardium-Repair-Aorto-Pulmonary window	\$948.75	\$960.40
S089	Partial oesophageal resection and reconstruction (including intestinal transposition)	\$1,081.55	\$1,180.50
S090	Total thoracic oesophageal resection	\$1,465.35	\$1,912.30
S096	Ruptured oesophagus, suture and drainage	\$507.00	\$661.65
S104	Oesophagus-Suture-Repair of esophageal atresia with or without tracheal fistula	\$1,153.85	\$2,203.20
S117	Stomach-Incision-Gastrotomy-Pyloromyotomy (Ramstedt's)	\$314.80	\$536.90
S118	Stomach-Incision-Gastrostomy-Gastrostomy	\$345.85	\$467.85
S139	Stomach-Suture-Gastrorrhaphy (for perforated gastric or duodenal ulcer or wound)	\$503.15	\$672.75
S149	Intestines (except rectum) Incision-Enterotomy-Ileostomy	\$406.85	\$470.65
S157	Intestines (except rectum) Incision-Enterotomy-Colostomy	\$406.85	\$470.65
S160	Intestines (except rectum) Incision-Enterotomy-Entero-enterostomy	\$406.85	\$470.65
S164	Intestines (except rectum) Excision-Resection with anastomosis-Small intestine-Duodenum	\$746.10	\$1,015.15

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
S165	Intestines (except rectum) Excision-Resection with anastomosis-Small intestine-Other	\$687.55	\$741.45
S166	Intestines (except rectum) Excision-Resection with anastomosis-Small and large intestine terminal ileum, cecum and ascending colon (right hemicolectomy)	\$799.55	\$899.85
S167	Intestines (except rectum) Excision-Resection with anastomosis-Large intestine-any portion	\$799.55	\$877.95
S168	Intestines (except rectum) Excision-Ileostomy-Subtotal colectomy	\$1,057.70	\$1,260.40
S169	Intestines (except rectum) Excision-Resection with anastomosis-Total colectomy with ileo-rectal anastomosis	\$1,242.90	\$1,313.65
S170	Intestines (except rectum) Ileostomy-Plus total colectomy plus abdomino-perineal resection	\$1,790.60	\$2,183.65
S171	Intestines (except rectum) Excision-Resection with anastomosis-Left hemicolectomy with anterior resection or proctosigmoidectomy (anastomosis below peritoneal reflection & mobilization of splenic flexure)	\$1,082.95	\$1,128.10
S173	Intestines (except rectum)-Ileostomy-Two-Surgeon team-Abdominal	\$1,632.80	\$1,812.00
S174	Intestines (except rectum)-Ileostomy-Two-Surgeon team-Perineal	\$481.00	\$533.80
S175	Intestines (except rectum)-Intestinal obstruction (mechanical)-One stage-Without resection	\$620.00	\$712.35
S176	Intestines (except rectum)-Intestinal obstruction (mechanical)-One stage-With entero-enterostomy	\$748.00	\$894.85
S177	Intestines (except rectum)-Intestinal obstruction (mechanical)-One stage-With resection	\$900.00	\$1,055.25
S178	Intestines (except rectum)-Intestinal obstruction (mechanical)-Intestinal atresia (newborn)	\$682.90	\$1,512.75

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
S179	Intestines (except rectum)-Intestinal obstruction (mechanical)-Meconium ileus	\$682.90	\$1,512.75
S180	Intestines (except rectum)-Intestinal obstruction (mechanical)-One stage-With enterotomy	\$672.00	\$824.80
S182	Intestines (except rectum)-Repair-Revision of ileostomy or colostomy-Full thickness	\$350.65	\$467.90
S185	Intestines (except rectum)-Suture-Closure of colostomy or enterostomy-With or without resection and/or anastomosis	\$406.85	\$504.70
S188	Intestines (except rectum)-Ileostomy-Bowel resection without anastomosis (colostomy and mucous fistula)	\$544.35	\$770.55
S213	Rectum-Excision-Proctectomy-Anterior resection or proctosigmoidectomy (anastomosis below peritoneal reflection)	\$1,100.00	\$1,204.50
S214	Rectum-Excision-Proctectomy-Abdomino-Perineal resection or pull through	\$1,300.00	\$1,524.20
S215	Rectum-Excision-Two surgeon team-Abdominal surgeon	\$1,009.85	\$1,107.50
S217	Rectum-Excision-Two surgeon team-Hartmann procedure	\$890.00	\$1,063.60
S218	Rectum-Excision-Two surgeon team-Colon reconstruction following Hartmann procedure	\$1,030.00	\$1,086.75
S222	Rectum-Excision-Two surgeon team-Presacral or trans-sacral proctotomy and excision of lesion	\$350.65	\$474.35
S227	Rectum-Repair-Rectal prolapse-Abdominal approach	\$554.10	\$688.75
S229	Rectum-Suture of rectum, trauma-External approach	\$239.20	\$355.45
S249	Rectum-Excision-Local excision for malignancy	\$153.05	\$291.05
S270	Liver-Excision-Hepatectomy-Formal anatomical resection-one or two liver segments	\$1,184.60	\$1,426.05

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
S271	Liver-Excision-Hepatectomy-Formal anatomical resection-Five or more liver segments	\$1,784.60	\$1,938.50
S300	Pancreas-Excision-Pancreatectomy-"Whipple type" procedure	\$1,785.45	\$2,457.35
S312	Abdomen, Peritoneum and Omentum-Incision-Laparotomy, with or without biopsy or for Hirschsprung's disease (except biopsies of stomach, liver, pancreas and multiple para-Aortic lymph nodes	\$330.00	\$485.25
S321	Abdomen, Peritoneum and Omentum-Incision-Laparotomy-for acute trauma	\$397.15	\$587.10
S322	Abdomen, Peritoneum and Omentum-Repair-Herniotomy-Inguinal and/or femoral-Infants	\$325.00	\$487.50
S323	Abdomen, Peritoneum and Omentum-Repair-Herniotomy-Inguinal and/or femoral-Adolescents and adults	\$331.80	\$357.80
S326	Abdomen, Peritoneum and Omentum-Repair-Herniotomy-Inguinal and/or femoral-Children	\$275.00	\$412.50
S328	Unilateral with exploration of other side-infants and children	\$329.30	\$458.40
S345	Massive sliding inguinal hernia	\$400.00	\$431.35
S346	Abdomen, Peritoneum and Omentum-Repair-Congenital diaphragmatic hernia-Primary or first stage repair	\$576.90	\$1,300.55
S347	Abdomen, Peritoneum and Omentum-Repair-Congenital diaphragmatic hernia-Second or subsequent stage repair	\$366.00	\$472.15
S348	Abdomen, Peritoneum and Omentum-Repair-Omphalocele and gastroschisis-Primary or first stage repair	\$375.80	\$1,112.35
S349	Abdomen, Peritoneum and Omentum-Repair-Omphalocele and gastroschisis-Second or subsequent stage repair	\$475.80	\$1,408.35

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
S411	Kidney and Upper Urinary Tract-Excision-Partial or heminephrectomy	\$875.00	\$890.80
S416	Kidney and Upper Urinary Tract-Excision-Nephrectomy-Thoraco-Abdominal or radical nephrectomy	\$875.00	\$890.80
S422	Kidney and Upper Urinary Tract-Repair-Pyeloplasty (with or without nephropexy)	\$679.25	\$890.80
S424	Kidney and Upper Urinary Tract-Excision-Nephrectomy-Extrophy-Plastic closure of bladder with closure of abdominal wall and urethral lengthening with closure of pelvic floor with or without reimplantation of ureters	\$939.70	\$1,237.25
S428	Kidney and Upper Urinary Tract-Repair-Symphysiotomy for horseshoe kidney with or without nephropexy and associated procedures	\$437.20	\$494.90
S449	Kidney and Upper Urinary Tract-Excision-Ureterectomy-Including ureterovesical junction	\$437.20	\$445.40
S458	Kidney and Upper Urinary Tract-Repair-Ureterostomy-Cutaneous-Unilateral	\$260.85	\$494.90
S484	Bladder-Cystectomy-Complete cystectomy, without transplant	\$657.75	\$791.85
S512	Bladder-Repair of ruptured bladder	\$330.90	\$346.45
S513	Bladder-Repair-Cystoplasty, using intestine	\$657.75	\$692.85
S518	Bladder-Repair-Plastic repair of bladder neck-Child	\$331.70	\$494.90
S523	Urogenital and Urinary Surgical Procedures-Bladder/Female Genital Surg Procedures-Vagina-Suture/Repair-Closure of fistula/Vesicovaginal-Vaginal approach	\$772.40	\$791.85
S524	Bladder-Suture-Closure of fistula-Vesicovaginal-Transvesical approach (with or without omental flap)	\$467.00	\$544.40

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
S535	Urethra-Repair-Urethroplasty-First stage-One stage repair and may include skin grafting	\$381.60	\$445.40
S536	Urethra-Excision-Caruncle	\$85.30	\$118.80
S537	Urethra-Excision-Urethral papilloma, single or multiple	\$85.30	\$118.80
S543	Urethra-Excision-Prolapse urethra	\$85.30	\$118.80
S544	Urethra-Excision-Urethrectomy-Radical	\$215.80	\$296.95
S553	Urethra-Suture-Posterior urethra-Late repair	\$552.30	\$643.35
S569	Penis-Incision-Slit of prepuce (complete care)-Adult or child	\$30.25	\$39.60
S571	Penis-Repair-Hypospadias or Epispadia-One stage repair-With advancement of meatus into glans	\$383.50	\$420.65
S572	Penis-Repair-Hypospadias or Epispadia-One stage repair-Into glans using island flap pedicle (penoscrotal)	\$662.45	\$722.55
S573	Penis-Excision-Circumcision-for Physical symptomatology only-for patients aged one year or older	\$179.40	\$188.05
S574	Penis-Excision-Amputation-Partial	\$170.65	\$197.95
S577	Penis-Excision-Circumcision-for Physical symptomatology only-for infants less than one year of age	\$90.05	\$188.05
S581	Penis-Repair-Hypospadias or Epispadia-Closure urethro-Cutaneous fistula	\$92.10	\$296.95
S588	Penis-Repair-Hypospadias or Epispadia-Surgical removal of prosthesis	\$110.15	\$148.45
S591	Testis-Repair-Orchidopexy-for undescended testis, any type, one or two stages to include hernia repair where required	\$331.70	\$346.45

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
S593	Testis-Repair-Orchidopexy-Exploration for undescended testicle, without orchidopexy	\$260.85	\$346.45
S595	Testis-Repair-Orchidopexy-Ruptured testicle	\$170.65	\$247.45
S596	Testis-Repair-Orchidopexy-Insertion of testicular prosthesis	\$170.65	\$197.95
S597	Penis-Repair-Hypospadias or Epispadia-Penile prosthesis for impotence	\$306.85	\$395.90
S598	Testis-Biopsy-Radical orchidectomy for malignancy-Unilateral	\$235.35	\$267.25
S600	Testis-Repair-Orchidopexy-Reduction of torsion of testis or appendix testis and orchidopexy (one or both sides) if required	\$235.35	\$296.95
S601	Epididymis and Tunica Vaginalis-Epididymis-Spermatocele or spermatic granuloma excision	\$205.35	\$207.85
S611	Epididymis and Tunica Vaginalis-Tunica Vaginalis-Hydrocele excision-Unilateral	\$205.35	\$207.85
S616	Scrotum-Incision-Abscess or haematocele-And exploration-Unilateral	\$85.30	\$99.00
S647	Prostate-Excision-Prostatectomy-Suprapubic-With or without removal of bladder stones	\$600.75	\$643.35
S650	Prostate-Excision-Retropubic-With or without removal of bladder stones-Simple	\$600.75	\$643.35
W075	Consultation	\$185.00	\$203.30
W085	Plastic Surgery-Non-emergency LTC in-patient Services-Consultation	\$81.10	\$87.70
W086	Plastic Surgery-Non-emergency hospital in-patient services-Repeat consultation	\$47.95	\$51.85
W113	Complex neuromuscular assessment	\$89.85	\$91.00
W155	Endocrinology & Metabolism (15) -Consultation	\$157.00	\$162.65
W165	Nephrology (16)-Consultation	\$157.00	\$162.90

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
W185	Consultation	\$176.35	\$178.60
W223	Extended special genetic consultation	\$395.65	\$401.30
W225	Consultation	\$165.00	\$167.35
W265	Paediatrics-Consultation	\$167.00	\$175.40
W305	OB/GYN-Consultation	\$101.70	\$111.70
W306	OB/GYN-Repeat consultation	\$54.10	\$59.45
W345	Otolaryngology-Non-emergency LTC in-patient Services-Consultation	\$77.90	\$79.90
W355	Urology-Non-emergency LTC in-patient Services-Consultation	\$80.00	\$83.15
W356	Urology-Non-emergency LTC in-patient Services-Repeat consultation	\$55.75	\$56.40
W465	Infectious Disease (46)-Consultation	\$157.00	\$178.65
W511	Physical Medicine and Rehabilitation-Non-emergency LTC in-patient Service-Complex physiatry assessment	\$89.85	\$98.35
W515	Physical Medicine and Rehabilitation-Non-emergency LTC in-patient Service-Consultation	\$182.85	\$200.15
W535	Ophthalmology-Non-emergency LTC in-patient Service-Consultation	\$82.30	\$82.20
W645	General Thoracic Surgery-Non-emergency hospital in-patient services-Consultation	\$90.30	\$98.55
W662	Paediatrics-Extended special paediatric consultation-Subject to the same conditions as A662	\$395.65	\$401.30
W667	Paediatrics-Neurodevelopmental consultation	\$395.65	\$401.30
W695	Neurodevelopmental consultation	\$395.65	\$401.30
W760	Endocrinology & Metabolism (15) -Complex endocrine neoplastic disease assessment	\$89.85	\$90.75

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
W770	Extended comprehensive geriatric consultation	\$395.65	\$401.30
W777	GP/FP-Non-emergency LTC in-patient Services- Admission assessment-Intermediate assessment-Pronouncement of death	\$33.70	\$36.85
W895	Consultation	\$232.70	\$251.70
X090	Diagnostic Radiology-Chest & Abdomen-Chest-Single view	\$6.40	\$6.35
X091	Diagnostic Radiology-Chest & Abdomen-Chest-Two views	\$10.75	\$10.70
X092	Diagnostic Radiology-Chest & Abdomen-Chest-Three or more views	\$12.45	\$12.40
Y820	Nuclear Medicine-IN VIVO-Parathyroid scintigraphy-Dual isotope technique with T1201 and Tc99m Iodine	\$69.03	\$71.89
Y827	Nuclear Medicine-IN VIVO-Calcium absorption-Oesophageal motility studies-one or more	\$50.31	\$52.40
Y829	Nuclear Medicine-IN VIVO-Gastrointestinal-Transit	\$50.31	\$52.40
Y831	Nuclear Medicine-IN VIVO-Abdominal scintigraphy-for gastrointestinal bleed-Biliary scintigraphy	\$50.31	\$52.40
Y832	Nuclear Medicine-IN VIVO-Abdominal scintigraphy-for gastrointestinal bleed-Liver/spleen scintigraphy	\$50.31	\$52.40
Y833	Nuclear Medicine-IN VIVO-Abdominal scintigraphy-for gastrointestinal bleed-Salivary gland scintigraphy	\$50.31	\$52.40
Y836	Nuclear Medicine-IN VIVO-Computer assessed renal function-Static renal scintigraphy	\$50.31	\$52.40
Y850	Nuclear Medicine-IN VIVO-Bone scintigraphy-General survey	\$62.01	\$64.58

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
Y851	Nuclear Medicine-IN VIVO-Bone scintigraphy-Single site	\$50.31	\$52.40
Y859	Nuclear Medicine-IN VIVO-Perfusion lung scintigraphy	\$44.98	\$46.85
Y860	Nuclear Medicine-IN VIVO-Perfusion and ventilation scintigraphy-Same day	\$62.01	\$64.58
Y876	Nuclear Medicine-IN VIVO-Gastroesophageal-Reflux	\$50.31	\$52.40
Y877	Nuclear Medicine-IN VIVO-Gastro-Oesophageal-Aspiration	\$50.31	\$52.40
Y887	Nuclear Medicine-IN VIVO-Ventilation lung scintigraphy	\$44.98	\$46.85
Z296	Nose-Endoscopy-Fiberoptic endoscopy of upper airway (nose, hypopharynx or larynx) (IOP)-With flexible endoscope-If only operative procedure performed	\$19.20	\$20.10
Z335	Thoracoscopy (pleuroscopy) with or without pleural biopsy, suction, etc.	\$228.40	\$242.35
Z341	Lungs and Pleura-Incision-Closed drainage effusion or pneumothorax	\$69.80	\$76.80
Z403	Diagnostic and Therapeutic Procedures/Haematic and Lymphatic Surgical Procedures-Laboratory medicine/spleen and marrow-Incision//Haematopathology-Bone marrow aspiration	\$33.90	\$42.40
Z408	Spleen and Marrow-Incision-Bone marrow core biopsy (with biopsy needle)	\$63.35	\$79.20
Z434	Cardiovascular-Angiography-Transluminal coronary angioplasty-one or more sites on a single major vessel	\$471.60	\$467.05
Z440	Cardiovascular-Haemodynamic/Flow/Metabolic Studies-Left heart-Retrograde aortic	\$210.55	\$208.50

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
Z442	Cardiovascular-Angiography-Selective coronary catheterization-Both arteries	\$289.55	\$286.75
Z604	Urethra-Incision-Urethrotomy-Meatotomy and Plastic repair	\$31.60	\$39.60
Z621	Urethra-Manipulation-Dilatation of stricture-Male, local anaesthetic	\$13.65	\$14.85
Z622	Urethra-Manipulation-Dilatation of urethra-Female	\$5.65	\$9.90
Z627	Kidney and Upper Urinary Tract-Percutaneous procedures-Removal of renal calculi	\$167.85	\$168.25
Z628	Kidney and Upper Urinary Tract-Endoscopic Procedures-Cystoscopy and diagnostic ureteroscopy-Above intramural	\$125.65	\$125.70
Z702	Penis-Excision-Biopsy	\$23.55	\$39.60
Z708	Epididymis and Tunica Vaginalis-Tunica Vaginalis-Hydrocele aspiration	\$16.25	\$19.80
Z709	Scrotum-Incision-Abscess or haematocele-Local anaesthetic	\$20.10	\$39.60
Z740	Operations of the Breast-Incision-Drainage of intramammary abscess or haematoma-Single or multiloculated-General anaesthetic	\$75.00	\$133.80
Z768	Scrotum-Incision-Abscess or haematocele-General anaesthetic	\$55.15	\$99.00
Z785	Rectum-Excision-Polyps or tumours of rectum or sigmoid-Excision and suture-Base over 5 cm	\$329.65	\$582.95
Z804	Neurology-Lumbar puncture	\$67.60	\$74.35
Z805	Neurology-Lumbar puncture-With instillation of medication or other therapeutic agent	\$75.10	\$86.35
Z809	Cranial-Conversion of shunt (e.g. ventriculoperitoneal to ventriculoatrial)-Insertion of CSF reservoir (Ommaya) including burr holes	\$370.50	\$428.90

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
Z813	Intracranial Abscess-Burr hole-plus needling of brain for biopsy	\$453.60	\$560.85
Z820	Intracranial Abscess-Ventriculoscropy-Insertion of intracranial catheter or transducer for purposes of monitoring	\$317.85	\$367.95
Z823	Neurological Surgical Procedures-Cranial/Peripheral Nerves-Functional stereotaxy-Implantation or revision of stimulation pack or leads (peripheral nerve, brain)	\$307.40	\$404.30
Z825	Intracranial Abscess-Ventriculoscropy-to include burr hole	\$408.95	\$731.20
Z943	Programming infusion pump or dorsal column stimulator	\$102.00	\$142.20
K018	Sexual assault examination-female	\$308.70	\$319.60
K021	Sexual assault examination-male	\$243.50	\$252.10
K061	Taking of blood samples in a hospital setting at the request of a police officer	\$30.00	\$31.05
K050	Health Status Report and Activities of Daily Living Index (amalgamated form)	\$100.00	\$103.55
K051	Health Status Report (completed separately)	\$80.00	\$82.85
K052	Activities of Daily Living Index (completed separately)	\$20.00	\$20.70
K057	Medical Form Part A for Medical Review process	\$35.00	\$36.25
K058	Medical Form Part B including both Health Status Report and Activities of Daily Living Index for Medical Review process	\$125.00	\$129.40
K059	Health Status Report of Part B (completed separately) for Medical Review process	\$100.00	\$103.55
K060	Activities of Daily Living Index of Part B (completed separately) for Medical Review process	\$25.00	\$25.90

Fee Schedule Code	Description	Current Fee	April 1, 2020 fee
K054	Mandatory Special Necessities Benefit Request Form	\$25.00	\$25.90
K055	Application for Special Diet Allowance	\$20.00	\$20.70
K056	Application for Pregnancy/Breast-feeding Nutritional Allowance	\$20.00	\$20.70
K053	A Limitation to Participation Form	\$15.00	\$15.55
K065	Periodic Oculo-Visual Assessment-ODSP	\$48.90	\$50.65
K066	Periodic Oculo-Visual Assessment-OW	\$48.90	\$50.65
G153	Cortical evoked audiometry, technical component	\$9.75	\$10.10
G154	Cortical evoked audiometry, professional component	\$40.30	\$41.70

Appendix B-Relativity Rates by Physician Specialty

Table 1 below provides a list of the Year 4 relativity rates by physician specialty code and specialty description.

The specialty rates noted in the table are based on the cumulative compounded increases for Years 1-4

Table 1: Relativity Rates by Physician Specialty

Specialty Code	Specialty Description	Relativity Rate
00	GP Group 1: Capitated harmonized models	2.4629%
00	GP Group 2: Comprehensive Care models with CCM fee	6.7646%
00	GP Group 3: FFS and Other	8.9897%
01	Anaesthesiology	0.4542%
02	Dermatology	1.8232%
03	General Surgery	2.4806%
04	Neurosurgery	2.8042%
05	Community Medicine	3.5446%
06	Orthopaedic Surgery	2.2551%
07	Geriatrics	5.3367%
08	Plastic Surgery	3.1374%
09	Cardiac Surgery	1.6189%
13	Internal and Occupational Medicine	3.8628%
15	Endocrinology	2.8045%
16	Nephrology	1.4123%
17	Vascular Surgery	1.2025%
18	Neurology	4.5901%
19	Psychiatry	7.5602%

Specialty Code	Specialty Description	Relativity Rate
20	Obstetrics & Gynaecology	4.7519%
22	Genetics	3.6546%
23	Ophthalmology	0.0000%
24	Otolaryngology	1.6817%
26	Paediatrics	4.0562%
31	Physical Medicine & Rehabilitation	5.2649%
33	Diagnostic Radiology	0.0000%
34	Radiation Oncology	0.0000%
35	Urology	1.6730%
41	Gastroenterology	0.0000%
44	Medical Oncology	2.4548%
46	Infectious Disease	9.2749%
47	Respiratory Disease	4.7734%
48	Rheumatology	3.6674%
60	Cardiology	0.0000%
61	Haematology	5.1865%
62	Clinical Immunology	1.3318%
63	Nuclear Medicine	1.6832%
64	General Thoracic Surgery	3.8604%
EM	Emergency Medicine group	3.6198%
LM	Laboratory Medicine group	2.2418%
GB	Global	3.5446%

Medical Claims Adjustments (MADJ)

Due to staged implementations, Medical Claims Adjustments (MADJ) will be required. Further information will be provided in advance of any implementation of a Medical Claims Adjustment.

- Please also note that during the MADJ process, the claims processing system selects an entire claim and reprocesses it.
- A single claim can include multiple fee schedule codes and all codes will be reprocessed.
- Claims that were reprocessed with no change in payment will appear on the Remittance Advice with explanatory code '**55-This deduction is an adjustment on an earlier account**' and '**57-This payment is an adjustment on an earlier account**'. These two transactions will net out to zero with no payment impact but will report on the Remittance Advice for reconciliation purposes.

Resources

For any further inquiries, please contact the Service Support Contact Centre at 1-800-262-6524 or SSContactCentre.MOH@ontario.ca.

The latest version of the Schedule of Benefits for Physician Services is [available on the Ministry of Health website](#). Hard copies of the Schedule of Benefits for Physician Services will not be distributed. If you would like to order a paper copy or compact disk (CD) of the Schedule for a fee, please visit [Publications Ontario](#). Physicians without access to the Internet can contact ServiceOntario at 1-800-668-9938.

This bulletin is a general summary provided for information purposes only. Physicians are directed to review the *Health Insurance Act*, Regulation 552, and the schedules under that regulation, for the complete text of the provisions. You can access this information at ontario.ca/laws. In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulations, the legislation and/or regulations prevail.