

## Update to the Medical Services Commission Payment Schedule

### Preamble

The following modifications to the Payment Schedule have been approved effective immediately:  
(*Minute of the Commission signed January 16, 2006*)

### Amendment

The following wording is added subsequent to the current wording under Section B.18 – Salaried and Sessional Arrangements:

### Other Agencies

With the exception of physicians paid by the BC Transplant Society under an Alternate Payment Plan, all physician services associated with cadaveric organ donor recovery (“organ donation”) are payable on a fee-for-service basis through the Medical Services Plan. For the purpose of payment of these services, the donor’s PHN will remain valid after legal brain death until such time as the donor’s organs have been successfully harvested. A note record should accompany the account stating “organ donor”.

### General Services

The following modifications to the Payment Schedule have been approved effective immediately:  
(*Minute of the Commission signed January 12, 2006*)

### Amendment – Tray Fees

1. The following fee item is to be added to the list of fee items eligible for a major tray fee (00090)

04111            Therapeutic abortion (vaginal) by whatever means – less than 14 weeks gestation  
(operation only)

2. The following note is to be added to fee item 00090 (major tray fee):

*Note: Applicable to 04111 only when rendered in private (non-funded) facilities. Not applicable when rendered in hospital or other publicly-funded facilities.*

## General Practice

The cancellation dates of the following provisional items have been extended. This Minute will expire on January 31, 2007 or when replaced by a subsequent Minute, whichever occurs first:

P13020 Telehealth General Practitioner Assistant - Physical Assessment as requested by receiving specialist: - for each 15 minutes or major portion thereof 27.90

**Notes:**

- i) *Applicable only if general practitioner is required at the referring end to assist with essential physical assessment, without which the specialist service would be ineffective.*
- ii) *Applies only to period spent during consultation with specialist.*

## Dermatology

### Amendment

The cancellation date of the following provisional item has been extended. It expires on December 31, 2006 or when replaced by a subsequent Minute, whichever occurs first:

P00228 Photo-epilation of facial hair – per ¼ hour (or major portion thereof) \$27.88

**Notes:**

- i) *Billable to a maximum of ½ hour per session*
- ii) *Epilation of facial hair for familial hirsutism is not a benefit of the Plan*
- iii) *Pre-authorization is required (see Preamble B.16.2.(6))*

The cancellation dates of the following provisional items have been extended. This Minute will expire on January 31, 2007 or when replaced by a subsequent Minute, whichever occurs first:

P20210 Telehealth Consultation: To include history and dermatological examination, with review of any previous X-ray and laboratory findings and written report \$52.95

P20214 Telehealth repeat or limited consultation: To apply where a consultation is repeated for same condition within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee (laboratory test and biopsy when necessary, extra) \$36.15

**Note:** *Punch and shave biopsies are included in consultation or visit fees.*

P20207 Telehealth subsequent office visit \$21.89

P20208 Telehealth subsequent hospital visit \$20.87

## Ophthalmology

### Amendment:

The cancellation date of the following provisional item has been extended. It will expire on December 31, 2006 or when replaced by a subsequent Minute, whichever occurs first.

P22125	Photodynamic therapy for age-related wet macular degeneration - professional fee	\$274.39
	<i>Note: Payable to Retinal Physicians certified in PDT treatment only.</i>	

The cancellation dates of the following provisional items have been extended. This Minute will expire on January 31, 2007 or when replaced by a subsequent Minute, whichever occurs first:

P22010	Telehealth Consultation: To include history, eye examination, measurement for refractive error, ophthalmoscopy, biomicroscopy, tonometry, eye-balance test, keratometry, where indicated and necessary to prepare a written report	\$71.37
P22011	Telehealth repeat or limited consultation: To apply where a consultation is repeated for same condition within six months of the last visit to the consultant, or where in the judgment of full consultative fee	\$47.89
P22007	Telehealth subsequent office visit	\$27.58
P22008	Telehealth subsequent hospital visit	\$21.72

## Otolaryngology

### Amendments:

1. The payment rates of the following fee items are adjusted as indicated, effective January 1, 2006. These amendments are funded by an across-the-board reduction in Otolaryngology surgical fee items as indicated on the following pages. These items are to be monitored for the 12-month period following the implementation date:

02262	Translabyrinthine approach for neurosurgical access exposure, closure with microscope	\$1848.77
02512	Special consultation for dizziness: To apply where a patient has been referred by an Otolaryngologist or a Neurologist or a Neurosurgeon and to include all special examinations and an appropriate neurological assessment and a written report	\$145.47
02610	Middle cranial fossa approach without petrosectomy – for trauma, neoplasm resection, nerve section/decompression	\$1376.51
	<b>Notes:</b>	
	i) Includes exposure, removal and closure with microscope.	
	ii) May include extra-dural resection of lesion by Otolaryngologist.	

2. The description of the following listing is hereby modified and notes added as indicated, effective January 1, 2006:

02333 Lateral rhinotomy and/or medial maxillectomy for excision of nasal tumor

**Notes:**

- i) *To include open or endoscopic techniques*
- ii) *Not payable for polyps.*

**New Fee Items:**

3. The following new fee items are funded from the new fee money identified in the Letter of Agreement and will be monitored for the 12 month period following the effective date of January 1, 2006:

25300 Endoscopic resection of intranasal or sinus tumor  
- up to 7 hours operating time \$1000.00  
Anes. Level 6

25301 - additional payment after 7 hours operating time \$250.00

**Notes:**

- i) *Fee items 25300 and 25301 are payable only when pre-operative radiological imaging indicates either distorted anatomy of the sinuses secondary to disease or injury, or revised complex anatomy resulting from prior surgery, such that without stereotactic guidance, the surgery could not be performed.*
- ii) *Not payable for ethmoid disease, polypectomy or tumors affecting only one sinus.*
- iii) *Includes all surgery necessary to access tumor*
- iv) *Payable only when rendered in acute-care facility.*
- v) *Time over seven hours is payable under fee item 25301*
- vi) *Minimum of 3 hours surgery duration required to bill fee item 25300*
- vii) *A written report must be submitted with claims billed under these items.*

25305 Endoscopic ligation – sphenopalatine artery \$400.00  
Anes. Level 6

**Notes:**

- i) *Not payable in addition to fee item 02335.*
- ii) *Includes diagnostic endoscopy performed on same day as surgery.*
- iii) *Not payable in addition to endoscopic tumor excision surgery.*

25310 Endoscopic trans-nasal repair of CSF leak from anterior skull base \$932.82  
Anes. Level 8

**Notes:**

- i) *Includes harvest of any tissue needed for the repair, including closure of any donor site.*
- ii) *Includes complete sphenoidectomy or frontal sinusotomy or sinus trephine if required.*
- iii) *Iatrogenic injuries payable at 50%.*

25315 Primary frontal sinusotomy \$222.00  
Anes Level 3

**Notes:**

- i) *Requires direct visualization of frontal sinus recess/ostium*
- ii) *Not to be billed in uncomplicated anterior ethmoidotomy*
- iii) *Frontal sinus disease must be present to bill this item.*
- iv) *Payable at 100% with fee items 02360, 02361, 02362 or 02363.*

## Otolaryngology Surgical Items Reduction

The payment rate of the following items, owned by the Section of Otolaryngology, will be reduced by 0.233%, as indicated:

<u>Fee Code</u>	<u>Description</u>	<u>Current rate:</u>	<u>Revised rate:</u>
02206	Removal of ear canal osteoma (operation only) .....	79.37	79.19
02209	Removal of obstructing exostosis of the ear canal .....	463.98	462.90
02210	Paracentesis of the ear drum (operation only).....	42.73	42.63
02221	Microscopic debridement, foreign body removal, or aural polyp removal - with local anesthesia .....	25.95	25.89
02223	- under general anesthesia .....	61.04	60.90
02233	Transmastoid facial nerve decompression - vertical and horizontal segment.....	1,079.38	1,076.87
02234	- vertical segment.....	561.68	560.37
02224	Transcanal labyrinthotomy transmastoid for posterior semicircular canal occlusion. ....	209.49	209.00
02241	Labyrinthectomy - drill out of petrous bone.....	549.45	548.17
02242	Microsurgical repair and reconstruction soft tissue atresia, external ear canal – complete .....	761.91	760.14
02243	Repair atresia external ear canal, complete, bony .	1,013.43	1,011.07
02244	Repair stenosis external ear canal, bony.....	586.08	584.72
02245	Microsurgical repair and reconstruction soft tissue stenosis - external ear canal .....	634.92	633.44
02231	Microsurgical revision and reconstruction, soft tissue stenosis - external ear.....	507.93	506.75
02247	Mastoidectomy - partial, canal wall up (Cortical) .....	586.08	584.72
02248	Radical mastoidectomy .....	744.80	743.07
02249	Stapes-reconstruction .....	586.08	584.72
02250	- mobilization of .....	341.87	341.07
02246	- reconstruction with laser .....	634.92	633.44
02251	Myringoplasty repair of drum - without exploration of middle ear.....	183.15	182.72
02239	Tympanotomy - with ossicular chain reconstruction	341.87	341.07
02252	Tympanoplasty - without ossicular chain reconstruction (repair of ear drum as well as inspection of middle ear by means of a tympanotomy).....	427.35	426.36
02264	- with ossicular chain reconstruction.....	647.14	645.63
02276	- lateral graft, homograft tympanic membrane.....	647.14	645.63
02253	Tympanomastoidectomy - Complete, canal wall down, including tympanoplasty.....	989.02	986.72
02265	- partial, canal wall down (atticotomy).....	586.08	584.72
02263	Trans-tympanic polyneurectomy .....	317.45	316.71
02254	Myringotomy with insertion of aerating tube (operation only) - unilateral.....	79.37	79.19
02274	- bilateral .....	122.10	121.82
02255	Exploratory tympanotomy .....	225.90	225.37
02261	- with chemical control, tac procedure, cryosurgical control, ultrasound.....	372.41	371.54
02266	Myringoplasty - paper patch or synthetic .....	42.73	42.63
02256	Endolymphatic shunt, any procedure.....	830.27	828.34
02259	Excision of glomus - by tympanotomy approach .....	647.14	645.63
02260	- where extensive dissection is required .....	838.58	836.63

02269	Implantable bone conductor.....	449.54	448.49
02267	Conchal cartilage graft .....	305.24	304.53
02268	Intra-cochlear implant.....	927.97	925.81
02270	Transmastoid - posterior semicircular canal occlusion .....	761.91	760.14
02271	Transmastoid microsurgical removal of facial neuroma via extended facial recess approach.....	1,904.76	1,900.33
02272	Transmastoid microsurgical removal of middle ear/mastoid tumour .....	1,142.86	1,140.20
02273	Microsurgical tympanomastoidectomy - complete, canal wall up. ....	1,079.38	1,076.87
02301	Removal of foreign body from nose - complicated with anesthetic.....	61.04	60.90
02303	Cauterization of Septum - electric.....	36.63	36.54
	Cryosurgical treatment of turbinates:		
02298	- unilateral .....	146.51	146.17
02299	- bilateral .....	183.15	182.72
02304	Turbinectomy - unilateral.....	91.56	91.35
02305	- bilateral .....	134.30	133.99
02306	Submucous resection of septum.....	158.72	158.35
02307	Naso-antral window - single.....	109.89	109.63
02308	- double .....	170.94	170.54
02309	Radical antrostomy .....	305.24	304.53
02310	- with closure of alveolar fistula.....	439.56	438.54
02360	Intranasal ethmoidotomy to include polypectomy, posterior - unilateral .....	341.87	341.07
02361	- bilateral .....	525.04	523.82
02362	Intranasal ethmoidotomy, anterior - unilateral .....	183.15	182.72
02363	- bilateral .....	305.24	304.53
02357	Endoscopic sinus surgery: Functional endoscopic sinus surgery in children under 14 years of age.....	305.26	384.55
02315	External radical fronto-ethmoidectomy .....	561.68	560.37
	Electrocoagulation of turbinates:		
02317	- one side .....	48.83	48.72
02318	- both sides.....	73.25	73.08
02319	Trephining frontal sinus.....	244.20	243.63
02321	Sinus sphenoidotomy (intranasal).....	256.43	255.83
	Removal of nasal polypi:		
02322	- unilateral .....	97.69	97.46
02323	- bilateral .....	158.72	158.35
02324	Antral lavage - unilateral.....	32.13	32.06
02325	- bilateral .....	48.20	48.09
	Choanal atresia, definitive repair of:		
02326	- unilateral .....	463.98	462.90
02327	- bilateral .....	647.14	645.63
	Choanal atresia; perforation of:		
02328	- unilateral .....	158.72	158.35
02329	- bilateral .....	219.77	219.26
02336	Laser revision of choanal stenosis.....	126.99	126.69
	Submucous turbinectomy:		
02330	- unilateral .....	158.72	158.35
02331	- bilateral .....	244.20	243.63

Lateral rhinotomy and excision tumour:		
02332	- benign .....	561.68      560.37
02333	- malignant .....	598.29      596.90
02334	Transantral ethmoidectomy .....	463.98      462.90
02335	Transantral ligation, internal maxillary artery .....	488.41      487.27
02337	Ligation of anterior and posterior ethmoid arteries .....	305.24      304.53
02338	Removal of angiofibroma-nasal pharynx .....	708.17      706.52
02342	Maxillectomy with exenteration of ethmoid .....	769.23      767.44
02339	Palatal fenestration .....	246.76      246.19
02343	Septal reconstruction .....	366.30      365.45
02341	Posterior nasal packing - to include balloon control of epistaxis (operation only) .....	61.04      60.90
02346	- with trans-oral gauze pack, under local, topical, or general anesthesia (operation only).....	95.23      95.01
02345	Drainage of abscess or haematoma of septum (operation only) .....	109.89      109.63
02347	External osteoplastic frontal flap operation .....	891.35      889.28
02364	Nasal fracture - simple reduction .....	61.04      60.90
02365	- reduction and splinting .....	122.10      121.82
02348	Operative closure of oral-nasal fistula.....	341.87      341.07
02349	Operative closure of nasal septal perforation .....	488.41      487.27
02358	Revision endoscopic frontal sinusotomy, with or without C arm.....	444.44      443.41
02359	Revision endoscopic intranasal spheno-ethmoidotomy (anterior, middle and posterior cells including sphenoid).....	507.93      506.75
02351	Nasal refracture requiring lateral osteotomies .....	341.87      341.07
02352	Reconstruction of nasal tip, ala, and columella .....	402.93      401.99
02353	External reconstruction of nasal tip, ala and columella (such as for cleft lip or open trauma). .....	539.69      538.43
02354	Complete rhinoplasty with S.M.R. to include nasal hump removal, nasal refracture, and reconstruction of nasal tip, without skin grafting .....	586.08      584.72
02355	Complete rhinoplasty with SMR to include nasal hump removal, nasal refracture and <b>external</b> reconstruction of nasal tip without skin grafting.....	742.87      741.14
Incision of peritonsillar abscess:		
02447	- under local anesthetic.....	48.83      48.72
02444	- under general anesthetic .....	123.28      122.99
Tonsillectomy:		
02403	- under local anesthesia .....	246.64      246.07
02445	- adult or child over the age of 14 years.....	183.15      182.72
02446	- child age 14 years and under (to include neonate) .....	170.94      170.54
02413	Operative control of post-tonsillectomy or post-adenoidectomy haemorrhage requiring local or general anesthetic.....	158.72      158.35
02399	Cryotherapy of tonsils and oral lesions .....	109.89      109.63
02442	Adenoidectomy - adult or child over 14 years .....	123.28      122.99
02443	- child 14 years and under (neonate included) .....	151.42      151.07
02448	Retropharyngeal abscess - drainage under local anesthetic.....	122.10      121.82
02406	- requiring lateral pharyngotomy .....	231.98      231.44
02408	Removal of tumour from larynx or trachea.....	183.15      182.72
02409	Uvulo-palato-pharyngoplasty for obstructive sleep apnea confirmed by polysomnogram, with or without tonsillectomy .....	402.93      401.99

02410	Thyrotomy (including cordectomy).....	488.41	487.27
02431	Hemilaryngectomy .....	1,385.49	1,382.27
02432	Supraglottic laryngectomy.....	1,507.72	1,504.21
02433	Vocal cord implant - injection .....	305.24	304.53
02434	- external approach .....	610.51	609.09
02414	Repair laryngo-tracheal stenosis - to include skin grafting, stenting, and associated endoscopy.....	1,379.73	1,376.52
02449	Rigid oesophagoscopy for removal of foreign body.....	183.15	182.72
02450	Bronchoscopy or microlaryngoscopy with removal of foreign body .....	244.20	243.63
02422	- in a child under the age of 3 years.....	364.26	363.41
02418	Repair of fractured larynx – external approach.....	793.65	791.80
02420	Dilation of trachea .....	79.37	79.19
02421	- repeat within one month .....	36.63	36.54
02425	Arytenoidectomy .....	610.51	609.09
02437	Transphenoidal removal of pituitary tumour or hypophysectomy - two surgeons - otolaryngologist.....	586.08	584.72
02438	Trans-oral cricopharyngeal myotomy.....	402.93	401.99
02424	Tracheoesophageal puncture and insertion of voice prosthesis following laryngectomy .....	341.87	341.07
02440	Bilateral micro-transposition of submandibular salivary ducts when done with or without a microscope. ....	323.82	323.07
02441	O.R. standby fee for the ENT surgeon in the operating room for management of acute airway obstruction (for example, epiglottitis, allergic laryngeal edema, malignancy). ....	285.71	285.05
02451	Excision of congenital cyst or fistula from neck .....	402.93	401.99
02452	Sialolithotomy - simple, in duct .....	61.04	60.90
02453	- complicated, in gland .....	183.15	182.72
02454	Alveolectomy.....	183.15	182.72
02455	Excision of submandibular gland .....	305.24	304.53
02456	Salivary fistula - plastic to Stensen's duct.....	402.93	401.99
02457	Tongue tie - under general anesthetic .....	79.37	79.19
02458	Local excision tongue - under general anesthetic .....	158.72	158.35
02459	Excision cystic hygroma.....	525.04	523.82
02412	Biopsy of larynx and/or cauterization (including laryngoscopy).....	122.10	121.82
02419	Direct or indirect laryngoscopy with foreign body removal ....	146.51	146.17
02423	Micro-laryngoscopy - with removal of non-pedunculated malignancy or extensive submucosal lesion.....	426.33	425.34
02428	Micro-laryngoscopy - with biopsy of larynx and/or cauterization.....	170.94	170.54
02429	Micro-laryngoscopy and removal of tumour from larynx or trachea .....	195.36	194.91
	Microsurgery with use of carbon dioxide laser for removal of tumour(s) of larynx or trachea:		
02430	- first procedure .....	426.33	425.34
02435	- subsequent procedure, each .....	426.33	425.34
02612	Middle cranial fossa approach – petrosectomy .....	1,846.98	1,842.68
02613	Middle cranial fossa approach – petrosectomy - procedure lasting longer than 8 hours. ....	2,308.59	2,303.22
02614	Retrolabyrinthine approach for neurosurgical access - exposure, closure with microscope.....	1,154.27	1,151.58
02618	Repair of CSF leak following skull base approach with mastoid obliteration - to include exposure, dissection and closure with microscope.....	923.82	921.67

02622	Infra-temporal fossa approach to skull base - Otolaryngology fee. ....	1,846.98	1,842.68
02623	Infra-temporal fossa approach to skull base - Otolaryngology fee for procedure lasting longer than 8 hours. ....	2,308.59	2,303.22
02279	Resection base of tongue and/or tonsil and soft palate.....	1,843.74	1,839.45
02281	Conservative radical neck dissection.....	1,201.38	1,198.59
02470	Radical neck dissection.....	1,010.96	1,008.61
02471	Subtotal parotidectomy - with complete facial nerve dissection .....	805.88	804.01
02472	Total parotidectomy - with nerve dissection for malignancy or deep lobe tumour.....	927.97	925.81
02407	Tracheostomy .....	280.84	280.19
02411	Laryngectomy total.....	1,263.25	1,260.31
02473	Laryngo-pharyngo-oesophagectomy - primary excision only.....	1,516.44	1,512.91
02476	Pharyngoesophageal anastomosis - re-establishment in neck by neck surgeon.....	610.51	609.09
02474	Transoral maxillectomy with skin graft.....	1,010.93	1,008.58
02282	Composite resection of tongue, mandible, radical neck dissection and tracheostomy .....	1,843.74	1,839.45
02477	Contralateral suprahyoid dissection.....	463.98	462.90
02600	Complete temporal bone resection, ENT fee.....	2,308.82	2,303.45
02601	Temporal bone resection for neoplasm, subtotal and lateral, to include mastoidectomy and excision of external auditory canal.....	1,154.40	1,151.71
02275	Glossectomy - subtotal with either division of mandible or transcervical resection .....	1,010.90	1,008.55
02280	Otolaryngological component of cranio facial resection for tumour of ethmoid or frontal sinus or orbit (in conjunction with a neurosurgeon) .....	2,308.82	2,303.45
02478	Glossectomy - partial for carcinoma .....	354.09	353.27
02479	Transpalatal maxillectomy, ethmoidectomy, and sphenoidectomy .....	1,263.60	1,260.66
02480	Resection mandible, floor of mouth suprahyoid dissection and tracheostomy - malignancy .....	1,263.60	1,260.66

## Internal Medicine

### Amendment

The cancellation dates of the following provisional items have been extended. This Minute will expire on December 31, 2006 or when replaced by a subsequent Minute, whichever occurs first:

### Patient Activated Cardiac Event Recorders

P00362	Event/unmonitored loop recorders (first strip) – professional fee	\$35.52
P00369	- each additional strip (per strip) <i>Note: Additional strips are limited to two extra strips per patient, per two-week period.</i>	\$17.76
P00392	Event/unmonitored look recorder – Technical fee	\$42.68
	Notes:	
	i) The following notes apply to fee items 00362, 00369, 00392	

- ii) These items are intended to cover a two-week period
- iii) Consultation not paid in addition
- iv) Provide note record when more than one recording billed per patient, per year
- v) Holter monitor not payable in addition
- vi) An explanatory note is required for second test, same patient.

Effective March 1, 2006, the following modifications to the payment schedule have been approved:

### New Fee Items

P10735	Rectal endoscopy utilizing ultrasound (radial/linear) <i>Note: Includes mucosal biopsy.</i>	\$150.00
P10740	Upper GI endoscopy utilizing radial ultrasound	\$250.00
P10741	Upper GI endoscopy utilizing linear ultrasound <i>Notes:</i> i) <i>P10740 and P10741 are payable only when done in publicly funded acute care facilities</i> ii) <i>P10741 payable at 50% when done subsequent to P10740 (same patient/same day)</i>	\$250.00
P10742	Upper GI endoscopy utilizing radial/linear ultrasound – with biopsy using fine needle aspiration, to a maximum of 3 – per lesion <i>Notes:</i> i) <i>Payable with P10740 or P10741 only</i> ii) <i>2<sup>nd</sup> and 3<sup>rd</sup> biopsy payable at 50%</i>	\$50.00
P10743	Upper GI endoscopy utilizing radial/linear ultrasound – with injection of one or more of any of the following – metastases, nodes, masses or celiac plexus – extra  <i>Note: Payable with P10740 and P10741 only.</i>	\$150.00
P10744	Upper GI endoscopy utilizing radial/linear ultrasound – with drainage of pseudocyst (including stent insertion performed) – extra <i>Note: Payable with P10740 and P10741 only.</i>	\$200.00

### Rheumatology

P31110	Telehealth Consultation: To consist of examination, review of history, laboratory, x-ray findings and additional visits necessary to render a written report.	\$144.34
P31112	Telehealth Repeat or Limited Consultation: Where a consultation for same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant, the consultative services do not warrant a full consultative fee.	\$72.62
P31106	Telehealth directive care	\$40.00
P31107	Telehealth subsequent office visit	\$44.99
P31108	Telehealth subsequent hospital visit	\$29.10

## Pediatrics

The cancellation dates of the following provisional items have been extended. This Minute will expire on January 31, 2007 or when replaced by a subsequent Minute, whichever occurs first:

P50510	Telehealth Consultation: To consist of an examination, review of medical history, laboratory, x-ray findings and additional visits necessary to render a written report	\$158.25
P50511	Telehealth Consultation for complex behavioural, developmental or psychiatric condition in a child: To consist of a physical and neurological examination, review of history, laboratory, x-ray findings and additional visits necessary to render a written report	\$320.65
	<i>Notes:</i>	
	<i>i) Not to be billed when no change in condition from previous assessment.</i>	
	<i>ii) Minimum time required for service is 1.5 hours.</i>	
	<i>iii) Developmental delays include, but are not limited to: non-verbal learning disability, developmental reading disability, developmental coordination disability, developmental writing disability, dyscalculia, autistic spectrum disorders, fetal alcohol syndrome, mental retardation and other cognitive defects.</i>	
	<i>iv) Includes collection of data from collateral sources and formal screening, as appropriate.</i>	
P50512	Telehealth repeat or limited consultation: Where a formal consultation for the same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee	\$76.75
P50514	Telehealth prolonged visit for counselling	\$59.36
	<i>Note: The Plan will pay up to four such visits per year (see Clause B.4.c of the Preamble)</i>	
P50506	Telehealth directive care	\$38.23
P50507	Telehealth subsequent office visit	\$48.86
P50508	Telehealth subsequent hospital visit	\$38.64

## Psychiatry

P60610	Telehealth individual full consultation: Diagnostic interview or examination, including history, mental status exam, and treatment recommendation, with written report	\$185.95
P60613	Telehealth Geriatric consultation (patients 75 years or older)	\$256.46
P60622	Telehealth consultation – Emotionally disturbed child: Diagnostic interview or examination, including mental status and treatment recommendation, assessment of parents, guardian, or other relatives and written report	\$320.65
P60625	Telehealth – Individual consultation	\$93.91
P60614	Telehealth – Geriatric consultation	\$128.21
P60626	Telehealth – Emotionally disturbed child	\$160.33
P60607	Telehealth office visit to include services such as chemotherapy management and/or minimal psychotherapy	\$39.75
P60608	Telehealth hospital in-hospital visit	\$46.62

### Individual Telehealth Psychiatric Treatment:

P60630	- per ½ hour	\$79.46
P60631	- per ¾ hour	\$110.74
P60632	- per 1 hour	\$141.81

### Family/Cojoint Telehealth Therapy – (two or more family members)

P60633	- per ½ hour	\$84.68
P60635	- per ¾ hour	\$118.01
P60636	- per 1 hour	\$151.19
P60624	Evaluation interview with family member without presence of patient – per ½ hour session	\$72.99
P60645	Patient Management Conference – meeting by specific appointment to discuss/plan patient management with third parties, which may include referring physicians or hospital staff (if an inpatient) or relatives <u>and</u> must include at least one professional or community agency representative – per ¼ hour	\$39.75

*Notes:*

- i) Not to exceed a maximum of two hours per patient per psychiatrist per calendar year.*
- ii) A written report of the meeting must be maintained and/or a report generated by the psychiatrist.*
- iii) If multiple patients are discussed, the billings shall be for consecutive, non-overlapping time periods.*

### Plastic Surgery

P66010	Telehealth Major Consultation: To include complete history and physical examination, review of x-ray and laboratory findings, if required, and a written report	\$64.73
P66012	Telehealth repeat or limited consultation: To apply where a consultation is repeated for the same condition within six (6) months of the last visit by the consultant or where in the judgment of the consultant the consultative service does not warrant a full consultative fee.	\$35.58
P66007	Telehealth subsequent office visit	\$21.45
P66008	Telehealth subsequent hospital visit	\$18.28

The cancellation dates of the following provisional items have been extended, they will expire on March 31, 2007 or when replaced by a subsequent date, whichever occurs first:

PC61158	Myocutaneous flap or fascia cutaneous flap rotated on its vascular or neurovascular pedicle involving major muscles	\$746.48 Anes Level 5
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*Note: The following muscle flaps are payable under this item:*

- i) biceps femoris flap*
- ii) deltoid flap*
- iii) external oblique flap*
- iv) gastrocnemius flap*
- v) gluteus maximus flap*
- vi) gracilis flap*
- vii) latissimus dorsi flap*
- viii) pectoralis major flap*

- ix) rectus abdominus flap
- x) rectus femoris flap
- xi) soleus flap
- xii) trapezius flap
- xiii) temporalis flap
- xiv) tensor fascia lata flap
- xv) triceps flap
- xvi) vastus lateralis flap
- xvii) vastus medialis flap

PC61157 Myocutaneous flap or fascia cutaneous flap rotated on its vascular or neurovascular pedicle involving medium muscles \$560.08  
Anes Level 5

*Note: The following muscle flaps are payable under this item:*

- i) brachioradialis flap
- ii) coracobrachialis flap
- iii) pectoralis minor flap
- iv) peroneus brevis flap
- v) peroneus longus flap
- vi) platysma flap
- vii) sartorius flap
- viii) serratus flap
- ix) sternocleidomastoid flap
- x) tibialis anterior flap
- xi) tongue flap

PC61156 Mucutaneous flap or fascia cutaneous flap rotated on its vascular or neurovascular pedicle involving small muscles \$373.39  
Anes Level 5

*Note: The following muscle flaps are payable under this item:*

- i) abductor digiti minimi flap
- ii) abductor hallucis flap
- iii) abductor pollicis brevis flap
- iv) anconeus flap
- v) extensor digitorum communis flap
- vi) extensor digitorum longus flap
- vii) extensor hallucis longus flap
- viii) first dorsal interosseous flap
- ix) flexor carpi ulnaris flap
- x) flexor digitorum brevis flap
- xi) flexor digitorum longus flap
- xii) flexor hallucis longus flap
- xiii) orbicularis oculi flap
- xiv) orbicularis oris flap

The cancellation dates of the following provisional items have been extended until October 15, 2006:

CP06159 TRAM Flap reconstruction of mastectomy defect \$1,000.00  
Anes.Level 5

*Notes:*

- i) *Includes preparation of site to be grafted, harvesting or insertion of the graft, closure of donor defect, with or without mesh.*
- ii) *Reconstruction of both breasts (bilateral) with two pedicled TRAM flaps is payable at 150%.*

P61152	Abdominal panniculectomy – where medically indicated, secondary to chronic subpanus intertrigo, which has been unresponsive to a reasonable period of medical treatment	\$292.68 Anes.Level 4
	<i>Note: To include umbilicoplasty where medically indicated.</i>	
P61166	Mastopexy, balancing unilateral (isolated procedure)	\$313.79 Anes.Level 3
P61167	Mastopexy, balancing – when performed at same time as contralateral breast surgery	\$235.34 Anes.Level 3
P61223	ORIF of phalangeal (middle or proximal) or metacarpal fracture	\$261.00 Anes.Level 2
P61222	CRIF of phalangeal (middle or proximal) or metacarpal fracture	\$191.35 Anes.Level 2

## General Surgery

### Amendment

The cancellation date of the following provisional items have been extended. This will expire on May 31, 2007 or when replaced by a subsequent Minute, whichever occurs first:

P07479	Sentinel lymph node biopsy (SLN)	\$433.96 Anes.Level 3
	Notes:	
	i) Payable only for the staging of malignant breast disease and malignant melanoma.	
	ii) Subsequent surgery (07474 or 07475) performed under same anesthetic is payable at 50% of the applicable fee of the lesser item.	
	iii) Payable only to BCCA validated physicians.	
	iv) SLN component of the combined procedure not payable to surgeons during the training phase.	

## Thoracic (Chest) Surgery

P79210	Telehealth Consultation: To include complete history and physical examination, review of x-ray and laboratory findings and a written report	\$114.41
P79212	Telehealth Repeat or Limited Consultation: To apply where a consultation is repeated for the same condition, within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee	\$51.49
P79207	Telehealth subsequent office visit	\$22.83
P79208	Telehealth subsequent hospital visit	\$19.48

## Radiology

### Amendment:

The notes subsequent to the following the Bone Mineral Densitometry listings are hereby modified as indicated:

T08688 Bone density - single area  
T08689 Bone density - second area  
T08696 Bone density - whole body

#### **Notes:**

- i) *Please refer to revised Guideline "Bone Density Measurement in Women" to determine if service is payable by MSP. Claims for males and females <50 require written explanation indicating risk factor.*
- ii) *Altering patient care requires one of the following:*
  - a. *prescribing bisphosphonates (ie: fosomax)*
  - b. *weaning patient off glucocorticosteroids (ie: prednisone)*
  - c. *adequate ongoing monitoring (in cases of primary hyperparathyroidism)*
- iii) *Not payable for following indications:*
  - a. *chronic back pain*
  - b. *kyphosis*
  - c. *menopause*
  - d. *patients prescribed depoprovera*
  - e. *Routine bone density screening*
- iv) *Additional areas paid to a maximum of one, except for unusual circumstances, which must be accompanied by written explanation.*
- v) *Repeat scans are not billable within two years of a previous scan, except for indications outlined in the guidelines, which must be accompanied by written explanation.*
- vi) *Claims for whole body bone density must be accompanied by written explanation of need.*
- vii) *Includes any lumbar and/or hip radiographs taken as a part of the procedure. Medically necessary lumbar and or hip radiographs for other disease processes may be billed when accompanied by written explanation.*
- viii) *Restricted to certified radiologists or nuclear medicine physicians and individuals who have received approval from Diagnostic Accreditation Program (DAP) to perform these tests, and the tests are provided in a DAP accredited and MSC approved facility.*

The cancellation date of the following provisional item has been extended – this Minute will expire on May 31, 2007 or when replaced by a subsequent Minute, whichever occurs first:

P83000 Interventional Radiology Consultation – to include pertinent patient history, regional physical examination, review of laboratory and radiological findings and generation of written report \$75.00

#### **Notes:**

- i) *Payable only to physicians with appropriate training in interventional radiology*
- ii) *Payable only when rendered in acute care public facilities.*
- iii) *Must be initiated by written request by another physician*
- iv) *Payable only when interventional radiological procedure requires extensive discussion and review of all available data.*
- v) *Includes all patient visits necessary*
- vi) *Payable only when patient is recommended for one of the following interventional therapeutic radiological procedures:*
  - a. *Percutaneous image-guided catheter directed thrombolysis of peripheral vein/artery (10901)*

- b. *Varicocele and/or uterine artery embolization – unilateral/bilateral (00921/00925)*
- c. *Percutaneous image-guided tumor ablation*
- d. *Percutaneous transcatheter arterial chemoembolization (TACE)*
- vii) *Payable with the following procedures only when the definitive procedure is cancelled subsequent to the consultation:*
  - a. *Percutaneous nephrostomy (00978)*
  - b. *Percutaneous nephrostomy with dilation of tract (00979)*
  - c. *Transhepatic biliary drainage procedure (00980)*
  - d. *Therapeutic radiological embolization (00981)*
  - e. *Percutaneous transluminal angioplasty (00982)*
  - f. *Percutaneous abdominal abscess drainage by catheter insertion (00983)*
  - g. *Embolization fee codes T00995, T00997, T00998;*
  - h. *Abdominal aortic aneurysm repair using endovascular stent graft – radiology component (P10900)*
  - i. *Complex diagnostic neuroangiography*
- viii) *Repeat consultation not applicable for same condition, same patient within 6 months.*

The cancellation dates of the following provisional items have been extended. This Minute will expire on May 31, 2007 or when replaced by a subsequent Minute, whichever occurs first:

- |        |                                                                                                                                                                                                        |                           |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| P10901 | Percutaneous image-guided catheter directed thrombolysis of peripheral vein/artery                                                                                                                     | \$525.00<br>Anes. Level 2 |
|        | <i>Notes:</i>                                                                                                                                                                                          |                           |
|        | i) <i>Includes any medically necessary angiographies, any necessary imaging, all necessary catheter repositioning and ongoing assessment and care throughout the patient's active treatment phase.</i> |                           |
|        | ii) <i>Payable at 100% for the first 12 hours of care and 50% for each additional 12 hours of care, up to 36 hours.</i>                                                                                |                           |
|        |                                                                                                                                                                                                        |                           |
| P10902 | Peripherally inserted image-guided central venous catheter line (PICC)                                                                                                                                 | \$100.00<br>Anes. Level 2 |
|        | <i>Notes:</i>                                                                                                                                                                                          |                           |
|        | i) <i>Interventional Radiology consultation not payable in addition, regardless of when rendered.</i>                                                                                                  |                           |
|        | ii) <i>Not applicable if performed via other than peripheral access.</i>                                                                                                                               |                           |
|        | iii) <i>Includes placement, venogram/angiogram, and all medically required image guidance</i>                                                                                                          |                           |
|        | iv) <i>May not be delegated</i>                                                                                                                                                                        |                           |
|        |                                                                                                                                                                                                        |                           |
| P10903 | Percutaneous hemodialysis graft thrombolysis                                                                                                                                                           | \$525.00<br>Anes. Level 2 |
|        | <i>Notes:</i>                                                                                                                                                                                          |                           |
|        | i) <i>Includes declotting and treatment of underlying cause of access failure</i>                                                                                                                      |                           |
|        | ii) <i>Includes angioplasty and all necessary imaging and intervention</i>                                                                                                                             |                           |
|        | iii) <i>Consultation not payable in addition, regardless of when rendered.</i>                                                                                                                         |                           |

The cancellation dates of the following provisional items have been extended. This Minute will expire May 31, 2007 or when replaced by a subsequent Minute whichever occurs first:

P10905	Cerebral intra-arterial thrombolysis <i>Notes:</i> i) <i>Payable once only, regardless of number of arterial territories treated.</i> ii) <i>Includes all diagnostic and superselective angiograms performed during procedure and immediate post procedure CT scans.</i> iii) <i>Interventional radiology consultation not payable in addition.</i>	\$1,168.24
P10906	Image-guided percutaneous vertebroplasty – first level	\$325.00
P10907	- each additional level (to a maximum of 3) <i>Notes:</i> i) <i>Payable only when rendered on in-patient or day-care basis in acute care facility;</i> ii) <i>Payable for osteoporotic fractures only if conservative therapy shows no or minimal improvement after 4-6 weeks and pain remains incapacitating;</i> iii) <i>Includes all associated diagnostic imaging, including post procedural CT scan necessary to complete the procedure;</i> iv) <i>Interventional Radiology consultation not payable in addition.</i>	\$75.00
P10904	Percutaneous transcatheter arterial chemo-embolization (TACE) <i>Notes:</i> i) <i>Fee is per session/sitting, regardless of number of lesions treated;</i> ii) <i>Includes all associated imaging necessary to complete procedure;</i> iii) <i>Interventional Radiology consultation is payable.</i>	\$325.00
P10908	Percutaneous image-guided tumour ablation – first lesion <i>Notes:</i> i) <i>Payable only for non-resectable liver, kidney, lung tumours, colorectal metastases and osteoid osteoma;</i> ii) <i>Payable to a maximum of 3 lesions treated at same session – 100% for first lesion, 75% for second lesion and 25% for third lesion;</i> iii) <i>Includes all CT and ultrasound guidance necessary to complete the procedure;</i> iv) <i>Paid at 50% if repeated within 30 days;</i> v) <i>Interventional Radiology consultation is payable.</i>	\$432.00
P10909	Percutaneous intravascular/intracorporeal medical device/foreign body removal <i>Notes:</i> i) <i>All angiography, angioplasty and/or intravascular stenting included;</i> ii) <i>If a second or third medical device /foreign body is removed, payable at 50% each, to a total maximum of three;</i> iii) <i>Interventional Radiology consultation is not payable.</i>	\$350.00
P10911	Selective salpingography/fallopian tube recanalization (FTR) <i>Notes:</i> i) <i>Hysterosalpinogram not payable in conjunction with the procedure;</i> ii) <i>Paid at 2/3 of the fee if unilateral;</i> iii) <i>FTR is not an insured benefit when used to correct scarring of the fallopian tubes after reversal of tubal ligation;</i> iv) <i>Any imaging related to the procedure is inclusive.</i>	\$350.00
P10912	Transjugular liver/renal biopsy <i>Notes:</i>	\$350.00

- i) *Ultrasound guidance, venous puncture, central access catheter are included in the fee;*
- ii) *Payable only for uncorrectable coagulopathy;*
- iii) *The first biopsy is payable at 100%, the second and third at 50% up to a maximum of three per patient per day;*
- iv) *If repeated within 6 months, payable at 50%;*

*Interventional Radiology consultation not payable*

## Laboratory Medicine

The cancellation date of the following provisional item has been extended, it will expire on December 31, 2006 or when replaced by a subsequent Minute, whichever occurs first:

P92355	Troponin	\$30.77
P92510	Methadone Metabolite	\$4.33
P92513	Methadone	\$4.33
P92515	Blood Methadone	\$56.73
P91760***	Helicobacter pylori Carbon 13 urea breath test	\$59.99
P91719	Glucose – 2 hr, post-75 g	\$19.76
P92227	Sirolimus	\$53.19

The cancellation dates of the following provisional items have been extended. This Minute will expire on December 31, 2006 or when replaced by a subsequent Minute, whichever occurs first:

### Haematology:

P90027***	Activated Protein C Resistance (APCR)	\$51.88
P90036**	Antiphosphatidylserine (IgG)	\$30.03
P90037**	Antiphosphatidylserine (IgM)	\$30.03
<i>Note: When both P90036 and P90037 performed on same specimen, second test is billable at \$22.38.</i>		
P90038***	Anti Saccharomyces Cerevisiae (ASCA) – IgA	\$31.50
P90039***	Anti Saccharomyces Cerevisiae (ASCA) – IgG	\$31.50
<i>Note: When both P90038 and P90039 are performed on same specimen, second test is billable at \$25.11.</i>		
P90042***	Anti-Xa Heparin assay	\$115.01
P90045*	Bone marrow examination	\$265.97
<i>Note: 90045 includes 90465, 90490, 90205, 90340 and 90210</i>		
P90055***	Circulating inhibitor screen - unincubated simple mixing study	\$37.32
P90065	Cold agglutinins – qualitative	\$17.69
P90072**	Collagen Binding assay	\$64.17
<i>Note: Not billable with 90505.</i>		
P90073**	Dilute Russell Viper Venom Time	\$31.33
P90075**	Differential cell count on body fluids other than blood	\$12.72
90080	Direct antiglobulin (Coombs') test, polyspecific	\$30.36
P90095**	Erythropoietin (EPO) assay	\$36.08
P90127***	Factor V Leiden / PGM – 1 <sup>st</sup> gene	\$95.12

#### *Notes:*

- i) *Restricted to Royal Columbian, Vancouver and Victoria General Hospitals*
- ii) *Not billable for screening purposes*
- iii) *Applicable to patients with thrombophilia.*

P90128***	Factor V Leiden / PGM – 2 <sup>nd</sup> gene	\$60.01
	<i>Notes:</i>	
	i) Billable only when performed with P90127	
	ii) Restricted to Royal Columbian, Vancouver and Victoria General Hospitals	
P90185	Glucose-6-phosphate dehydrogenase (G-6-PD) screening test	\$21.35
P90240**	Haemoglobin electrophoresis	\$38.60
P90290**	Immunophenotyping by flow cytometry - peripheral blood and/or tissue and/or bone marrow and/or body fluids - 5 tube panel	\$266.23
P90335**	Malaria and other parasites	\$23.20
P90340**	Marrow films for interpretation	\$195.16
P90357	Neutrophil Oxidative Burst Assay	\$137.83
P90360**	Nitro blue tetrazolium test	\$37.21
P90377**	Phospholipid Neutralization Test – for confirmation of Lupus Anticoagulant	\$52.25
P90390**	Platelet antibodies	\$42.11
P90400	Platelet estimation on film	\$5.67
P90427**	Protein S Activity (clot-based)	\$46.82
	<i>Note: Not billable with 90435 or 90430</i>	
P90440	Prothrombin time/INR	\$14.89
P90460+	RBC antibody detection, per tube (albumin, enzyme or other antibody enhancement, e.g. LISS additive)	\$8.44
P90465	RBC morphology including platelet estimation	\$8.44
P90470	Red cell folate	\$39.74
P90510+	Saline tubes (per tube)	\$9.28
P90525	Sickle cell identification	\$30.90
P90530***	Stypven prothrombin time	\$34.57
P90560***	Von Willebrand's multimer analysis by autoradiography	\$108.49
P91160**	Antimyeloperoxidase Ab	\$31.82
P91355	Cells, count - CSF and other fluids	\$36.01

**Microbiology:**

P90605**	Anaerobic culture investigation	\$14.55
P90610***	Smear for inclusion bodies	\$40.23
P90615**	Antibiotic susceptibility test, semi-quantitative per organism	\$19.24
P90620	Biochemical identification of micro-organism- per organism	\$11.80
P90625**	Blood culture, using aerobic and/or anaerobic media	\$42.99
P90651	Chlamydia trachomatis using NAT – urine	\$32.99
P90652	Chlamydia trachomatis using NAT – urogenital swab	\$32.06
P90665**	Fungus culture	\$16.73
P90730	Smear for inclusion bodies	\$15.05
P90740	Stained smear	\$7.25
P90750	Biochemical identification of micro-organism in stool	\$14.21
P90780**	Throat or nose culture - each additional culture	\$6.18
P90785	Trichomonas and/or candida, direct examination	\$5.49
P90795	Examination for pinworm ova	\$5.76
P90815	Serological tests - 1 to 3 antigens	\$31.23
P90820	Serological tests - 4 or more antigens	\$46.41
	<i>Note: Not to be billed for any virology testing where specific listings exist (e.g.: Hepatitis).</i>	
P90825***	Smear or section for electron microscopy	\$33.98
P90830	Virus isolation	\$55.82
P91023**	Acetyl CoA: a-glucosaminide-N-acetyl transferase, white blood cells	\$114.53
	<i>Note: Restricted to BC Children's Hospital.</i>	

P91027**	Acid Lipase, white blood cells <i>Note: Restricted to BC Children's Hospital.</i>	\$62.64
P91036***	ACTH stimulation test	\$53.27
P91037**	Acylcarnitine profiling <i>Note: Restricted to BC Children's Hospital.</i>	\$50.45
P91096**	Alpha-iduronidase, white blood cells <i>Note: Restricted to BC Children's Hospital.</i>	\$62.64
P91097**	Alpha-mannosidase, white blood cells <i>Note: Restricted to BC Children's Hospital.</i>	\$62.64
P91120***	Amniotic fluid, bilirubin scan	\$64.89
P91142**	Anti-diuretic hormone (ADH), plasma	\$111.26
P91155*	Antiglomerular basement membrane antibody	\$31.82
P91162	Anti-tissue transglutaminase antibodies (anti-TTG), IgA <i>Note: Not billable with 91800.</i>	\$29.90
P91180***	Apoprotein E genotyping	\$75.55
P91231**	Beta-glucuronidase, white blood cells <i>Note: Restricted to BC Children's Hospital.</i>	\$62.64
P91232**	Beta-mannosidase, white blood cells <i>Note: Restricted to BC Children's Hospital.</i>	\$62.64
P91330	Calculus analysis – urine	\$34.45
P91380**	Cholinesterase with dibucaine number	\$37.00
P91386***	Chromatography - keto acids	\$44.38
P91387***	Chromatography - reducing substances-urine	\$38.37
P91388***	Chromatography - thin layer (T.L.C.)	\$39.91
P91395	Complement, total haemolytic (CH 100)	\$54.04
P91480	Acetazolamide	\$56.86
P91484	Amikacin	\$56.86
P91486	Amiodarone	\$56.86
P91490	Amoxapine	\$56.86
P91492	Chlorpromazine	\$56.86
P91496	Clobazam	\$60.89
P91498	Clomipramine	\$60.89
P91500	Clonazepam	\$56.86
P91508	Desmethyloclobazam	\$56.86
P91510*	Diazepam	\$56.86
P91512	Disopyramide	\$56.86
P91514	Doxepin	\$56.86
P91516	Fluoxetine	\$56.86
P91518	Flupenthixol	\$56.86
P91520	Fluphenazine	\$56.86
P91522	Fluvoxamine	\$56.86
P91526	Haloperidol	\$56.86
P91528	Imipramine	\$56.86
P91530	Lidocaine	\$54.66
P91532*	Lorazepam	\$56.86
P91534	Loxapine	\$56.86
P91536	Maprotiline	\$56.86
P91538	Methotrexate	\$56.25
P91540	Methotrimeprazine	\$56.86
P91542	Methylphenidate	\$56.86
P91544	N-Acetyl procainamide	\$56.86
P91546	Netilmicin	\$56.86
P91548	Nitrazepam	\$56.86
P91552	Paroxetine	\$56.86
P91554	Perphenazine	\$56.86
P91556	Procainamide	\$56.86

P91558	Propranolol	\$56.25
P91560*	Sertraline	\$56.86
P91562	Thioridazine	\$56.86
P91566	Trazodone	\$56.86
P91568	Trifluoperazine	\$56.86
P91570	Trimipramine	\$56.86
P91601**	Electrophoresis - protein, quantitative	\$33.25
P91602**	Electrophoresis - C.S.F	\$38.59
P91680	Gastric analysis, intubation	\$22.17
P91715***	Glucose quantitative, 2 to 5 hours	\$36.65
P91717**	Glucose quantitative – intravenous	\$47.54
P91730	Glutathione peroxidase	\$52.20
P91762**	Heparan sulfamidase, white blood cells <i>Note: Restricted to BC Children's Hospital.</i>	\$114.53
P91777**	Hexosaminidase, white blood cells <i>Note: Restricted to BC Children's Hospital.</i>	\$114.53
P91800	IgA Anti-gliadin antibodies <i>Note: Applicable only to TTG negative gluten sensitive enteropathy</i>	\$39.83
P91820***	Immunofixation – CSF	\$124.04
P91850	Inclusion bodies - (cytomegalic) – urine	\$9.51
P91912	Lead - porphyrin screening test – urine	\$7.60
P91915***	Lecithin sphingomyelin ratio	\$273.52
P91920***	LHRH stimulation test - in addition to specific tests billed	\$56.48
P91940**	Lipoprotein electrophoresis	\$68.49
P91970	Metachromatic granules – urine	\$18.34
P91992	Mitochondrial preparation – muscle <i>Note: Restricted to BC Children's Hospital.</i>	\$110.67
P91997**	N-acetyl-Galactosamine-6-sulfate sulfatase, white blood cells <i>Note: Restricted to BC Children's Hospital.</i>	\$114.53
P92035	Pentagastrin test – gastric	\$82.50
P92075	Pigments, abnormal, (spectroscopic)	\$17.18
P92090	Porphyrins - qualitative, urine	\$9.43
P92091	Porphyrins - quantitative with separation – urine	\$67.63
P92095**	Porphyrins - quantitative – blood	\$26.92
P92110	Pregnancy Test – Serum	\$10.14
P92146	Proteins - timed urine collection	\$10.96
P92156**	Pyruvate Carboxylase, Fibroblasts_ <i>Note: Restricted to BC Children's Hospital.</i>	\$114.53
P92157**	Pyruvate Dehydrogenase, fibroblasts <i>Note: Restricted to BC Children's Hospital.</i>	\$114.53
P92195**	Respiratory chain enzymes – muscle <i>Notes:</i> <i>i) Includes Complex 1, Complex II, Complex IV, citrate synthase</i> <i>ii) Restricted to BC Children's Hospital.</i>	\$335.53
P92201	Salicylates, qualitative – gastric	\$3.54
P92202	Salicylates, qualitative – urine	\$3.67
P92320***	Thyroid Releasing Hormone (TRH) Stimulation Test <i>Note: Includes all time spent with patient, including injection and medication administered.</i>	\$68.33
P92346**	Transferrin Isoelectric focusing (qualitative) <i>Note: Restricted to BC Children's Hospital.</i>	\$110.59
P92353**	13C Triolein Breath Test for malabsorption <i>Note:</i> <i>i) Includes collection of "before" and "after" breath samples</i> <i>ii) Not billable with 91636</i> <i>Note: Restricted to BC Children's Hospital.</i>	\$82.97

P92395	Urinalysis, microscopic	\$5.89
P92430*	Vitamin A	\$56.38
P92435*	Vitamin B1	\$66.36
P92440*	Vitamin B2	\$66.36
P92445*	Vitamin B6	\$66.36
P92465	Vitamin E	\$63.53
P92467	White blood cell preparation for lysosomal enzyme testing	\$51.76
P92470**	Xylose tolerance	\$129.72

**Anatomical:**

P93010	Crystal identification, synovial fluid	\$41.11
P93070***	Chromosomal breakage studies	\$214.10
P93085	Cytologic preparation and examination of fine needle aspirate	\$112.30
P93090	Cytologic preparation and interpretation of pre-screened, non-gynaecological cytology	\$78.10
P93095	Cytologic preparation and interpretation of unscreened, non-gynaecological cytology	\$101.90
P93100*	Electron microscopy fee	\$458.06

**Nuclear Medicine:**

P09817	Receptor Imaging - Isolated Procedure	\$235.77
P09826	Tumour imaging - isolated procedure	\$1265.13
P09870	Ocular tumour localization	\$164.92
P09871	Brain scan - regional cerebral blood flow (isolated procedure)	\$239.95
P09880	Treatment for hyperthyroidism or cardiac disease - charge per course of treatment (Iodine therapy)	\$205.41
P09881	Treatment for polycythaemia vera with P32 - charge per course of treatment	\$205.41
P09883	Treatment for prostate cancer - charge per course of treatment	\$414.88
P09884	Treatment for metastatic carcinoma of bone - charge per course of treatment	\$269.74
P09885	Treatment for ascites and/or pleural effusion, malignant	\$403.91
P09898	Coronary perfusion with radio particles, per radionuclide	\$175.74

**Medical Microbiology:**

P94005	Emergency visit when specially called (not paid in addition to out-of-office-hours premiums)	\$104.76
P94010	Consultation: to consist of examination, review of history and laboratory findings with a written report	\$117.83
P94012	Repeat or limited consultation: where a consultation for same illness is repeated within six (6) months of the last visit by the consultant or where, in the judgement of the consultant, the consultative service does not warrant a full consultative fee	\$65.47
P94006	Directive care	\$26.19
P94007	Subsequent office visit	\$26.19
P94008	Subsequent hospital visit	\$26.19
P94009	Subsequent home visit	\$52.43

## Nuclear Medicine

### Amendment:

Effective immediately, Section 7 of Preamble to the Nuclear Medicine Schedule is hereby amended by adding the following fee items to the list of items payable with fee item 09877 (repeat of major scan – no additional radionuclide):

09854           Thallium myocardial scan  
95053           Thallium Body Imaging

### Deleted Fee Items:

The following fee items are hereby deleted, effective February 28, 2006:

09862           Cardiac function studies, dynamic  
95010           Cardiac stress ejection fraction

In addition, all references to the above-mentioned deleted fee items are also removed from the Fee Schedule. The notes pertaining to the following fee items are therefore modified as indicated:

95000           Cardiac first pass  
*Note: Not paid with 95005.*

95005           Cardiac shunt  
*Note: Not paid with 95000.*

95040           Radionuclide cardiac ventriculography – with stress  
*Notes:*  
i)   *Only one of the following items is payable when requested and rendered with a radionuclide cardiac ventriculography (gated study MUGA) – (fee items 09863, 95040)*  
    a.   *Cardiac first pass (fee item 95000), or*  
    b.   *Cardiac shunt (fee item 95005)*  
ii)   *95040 includes 09863.*