

Common Family Practice Fee Codes Oct 2005 - OMA Section on Rural Practice

A001	MINOR ASSESSMENT	<u>17.75</u>	* G700	BASIC FEE (sole reason)	5.00
A007	INTERMEDIATE ASSESSMENT	<u>29.70</u>	> E542	OFFICE PREMIUM (tray fee)	10.95
A003	GENERAL ASSESSMENT	<u>58.20</u>	> Z101	ABCESS I & D (ONE)	19.70
E070	GERIATRIC PREM on A003 (15%)	<u>8.73</u>	> Z106	ABCESS, PILONIDAL I & D	43.50
E071	GERIATRIC PREM on A007 (15%)	<u>4.46</u>			
A004	GENERAL REASSESSMENT	<u>30.70</u>	G271	ANTICOAG SUPERVISION	10.40
A003	ANN HEALTH-DIAG CODE 917	<u>55.45</u>	G202	ALLERGY INJ. (1 or MORE) WITH VISIT	3.75
A903	PRE-OPERATIVE ASSESSMENT	<u>58.20</u>	G212	ALLERGY INJECTION ALONE	8.75
A008	MINI ASS. WITH WCB MINOR	<u>10.25</u>	Z139	BREAST CYST ASPIRATION	24.65
A888	EMERGENCY DEPT. EQUIV.	<u>28.55</u>	* G370	INJECTION BURSA,JNT,GANGL,INJ/ASP'N	19.50
A945	SPEC.PALLIATIVE CARE CONSULT ALLOW K023 AFTER 50 MINUTES	<u>127.50</u>	Z153	DRESSING, MAJOR	13.75
K017	ANNUAL HEALTH CHILD (CHILD AFTER 2ND BIRTHDAY)	<u>30.40</u>	Z770	ENDOMETRIAL SAMPLING	28.50
K005	PRIMARY MENTAL HEALTH CARE	<u>51.70</u>	* G420	EAR SYRINGE, CURETTE	11.05
K007	PSYCHOTHERAPY-PER 1/2 HOUR OR MAJOR PART THEREOF	<u>51.70</u>	Z314	EPISTAXIS-NASAL CAUTERIZATION	11.25
K013	COUNSELLING UP TO 3 UNITS/YEAR	<u>51.70</u>			
K121	PATIENT CASE CONFERENCE	<u>51.70</u>	Z315	EPISTAXIS-UNIL.ANTERIOR PACKING	15.05
K022	HIV-PRIMARY CARE	<u>51.70</u>	* G310	ECG TECHNICAL	6.70
K028	STD MANAGEMENT	<u>51.70</u>	G313	ECG PROFESSIONAL	9.55
K030	DIABETIC MANAGEMENT ASSESSMENT	<u>34.75</u>	> Z114	FOREIGN BODY REMOVAL	18.45
K033	COUNSELLING MORE THAN 3 UNITS/YR	<u>29.70</u>	> Z104	HAEMATOMA, PERIANAL	19.70
K041	GROUP COUNSELLING OVER 3 UNITS/YR	<u>29.70</u>	G538	IMMUN'N WITH VISIT-EACH INJECTION	3.75
K050	MCFSC HSR & ADL AMALGAMATED FORM	100.00	G539	IMMUN'N ALONE - 1ST INJECTION	8.50
K051	MCFSC HSR FORM	80.00	G590	FLU SHOT WITH VISIT	3.75
K052	MCFSC ADL INDEX FORM	20.00	G591	FLU SHOT ALONE	8.50
K053	MCFSC LIMITATION TO PARTICIPATION	15.00			
K054	MCFSC MANDATORY SPEC.NECESSITIES BENEFIT FORM	25.00	G372	INJECTION WITH VISIT	2.27
K055	MCFSC SPECIAL DIET APPLICATION FORM	20.00	G373	INJECTION-SOLE REASON	5.20
A901	HOUSECALL ASSESSMENT +PREMIUMS	<u>41.75</u>	* G375	INTRALESIONAL INFILT-1 OR 2 LESIONS	8.70
A902	PRONOUNCE DEATH IN HOME +PREMIUMS	<u>41.75</u>	* G377	INTRALESIONAL INFILT-3 OR MORE	13.05
K023	PALLIATIVE CARE SUPPORT	<u>51.70</u>	G384	INJECTION TRIGGER POINT	8.70
K070	HOME CARE APPLICATION	<u>17.45</u>	G385	INJECTION EACH ADDITIONAL (2MAX) ADD	4.45
K071	ACUTE HOME CARE SUP'N (1/2W*12W)	<u>10.95</u>	G378	I.U.D. INSERTION	21.00
K072	CHRONIC HOME CARE SUP'N 1/M>12W HOME VISIT PREMIUMS	<u>10.95</u>	> Z128	NAIL RESECTION	23.35
B990	DAYTIME MON-FRI	<u>20.90</u>	* G365	*PAP (one yearly)	6.60
B992	SACRIFICE OFFICE HOURS	40.95	* G394	*PAP: if prev abnormal/inadequate	6.60
B994	EVENINGS MON-FRI, 24 HRS SAT SUN	<u>63.80</u>	E430	PAP SMEAR TRAY FREE	10.95
B996	MIDNIGHT TO 7AM EVERY DAY OFFICE VISIT PREMIUMS	93.90	> Z176	SUTURE	14.50
A990	DAY (0700-1800) MON-FRI	<u>18.20</u>	Z543	PROCTOSCOPY	6.15
A994	EVENINGS MON-FR, 24 HRS SAT-SUN	<u>54.55</u>	Z535	SIGMOID (ADD E746 OUTS.HOSP \$5.75)	36.10
A996	NIGHT (0000-0700) EVERY DAY HOSPITAL VISIT PREMIUMS	80.25	G435	TONOMETRY	5.00
C990	DAY (0700-1800) MON-FRI	<u>18.20</u>	Z117	CHEM RX WART (plantar, genital)	10.85
C991	ADD PREM 30% MAX=17.85 MIN=	<u>10.35</u>	* G480	VENIPUNCTURE-INFANT <2 YRS OF AGE	9.05
C992	SACRIFICE OFFICE HOURS	35.60	* G482	CHILD 2-15	6.15
C993	AD'TL PREM 30% MAX=35.60, MIN=	15.25	* G489	ADULT 16+	2.27
C994	EVENINGS MON-FR, 24 HRS SAT-SUN	<u>54.55</u>			
C995	AD'TL PREM 45% MAX=53.50 MIN=	<u>27.30</u>			
C996	MIDNIGHTS to 7AM	80.25			
C997	AD'TL PREM 75% MAX=80.25 MIN= HOSPITAL CARE	40.15	H102	LABORATORY IN GP'S OFFICE	
C933	ON-CALL ADMISSION ASSESSMENT	<u>79.20</u>	H103	URINALYSIS	1.82
C122	2nd DAY MOST RESPONSIBLE PHYSICIAN	<u>46.15</u>	H101	GLUCOSE	1.97
C123	3rd DAY MRP	<u>46.15</u>	H104	HEMOGLOBIN	1.29
C124	DISCHARGE DAY	<u>46.15</u>	H152	WET PREP	1.82
C010	SUPPORTIVE CARE	<u>17.75</u>	H153	STOOL FOR O.B.	1.49
C002	HOSPITAL CARE	<u>29.20</u>	H151	ER D=DAY E=EVE W=HOLI&WK'ND N=NIGHT	
H001	NEWBORN CARE	<u>52.20</u>	H154	D*COMPREHENSIVE ASSESSMENT	<u>36.45</u>
	SURGICAL ASSISTS PER UNIT (X 2 AFTER 1 HR)	10.20	H132	MULTIPLE SYSTEMS ASSESSMENT	<u>29.65</u>
E400B	EVENINGS MON-FR, SAT/SUN/HOL. 50% PREM.		H133	MINOR ASSESSMENT	<u>14.70</u>
E401B	MIDNIGHTS to 7AM PREMIUM 75% PREM. OBSTETRICS		H134	REASSESS	<u>14.70</u>
P006	VAGINAL DELIVERY	<u>395.75</u>	H105	W*COMPREHENSIVE ASSESSMENT	<u>54.70</u>
P009	ATTEND LAB&DELIVERY/C-S	<u>395.75</u>	H122	*MULTIPLE SYSTEMS ASSESSMENT	<u>44.50</u>
P023	OXYTOCIN STIMULATION	66.40	H123	*MINOR ASSESSMENT	<u>22.05</u>
P030	CERVICAL RIPENING 1/PREGNANCY	57.45	H121	REASSESS	<u>22.05</u>
C989	SACRIFICE OFFICE HOURS	35.60	H124	E COMPREHENSIVE ASSESSMENT	<u>40.10</u>
P007	POSTNATAL CARE HOSPITAL	54.05	J301	MULTIPLE SYSTEMS ASSESSMENT	<u>32.65</u>
P008	POSTNATAL CARE OFFICE	<u>29.70</u>	J324	MINOR ASSESSMENT	<u>16.15</u>
E409	PREM DAYS (6-12PM), 24 HRS SAT. SUN 50%	197.88	J304	INPATIENT INTERIM ORDERS	<u>18.10</u>
E410	PREM NIGHTS MIDNIGHTS-7 AM 75%**	296.81	J304	N *COMPREHENSIVE ASSESSMENT	<u>63.80</u>
E411	SOLE DEL PREMIUM (100%)**	395.75	J327	*MULTIPLE SYSTEMS ASSESSMENT	<u>51.90</u>
P004	PRENATAL VISIT	<u>22.45</u>		*MINOR ASSESSMENT	<u>25.75</u>
P003	MAJOR PRENATAL	<u>58.20</u>		REASSESS	<u>25.75</u>
P005	ANTENATAL PREVENTATIVE ASSESS	<u>41.65</u>		SIMPLE SPIROMATRY-\$7.35P, \$9.45T	16.80
	**calculated for P006, 9 values as of 2004/10/01			REPEAT AFTER BRONCHODILATOR	6.75
	Fee increases/changes are bolded and underlined			FLOW VOLUME LOOP-\$9.55P, \$18.85T	28.40
				-REPEAT AFTER BRONCHODILATOR	8.50
			> E542 may be charged with these fees		
			* Add G700 to these fees		
			when sole reason for visit		