

**SECTION C:****PAEDIATRICS**

		<b>Fee</b>
	<b>Visits</b>	
3C	Complete assessment -- includes: pertinent family history, patient history, history of presenting complaint, functional enquiry, examination of all parts and systems, diagnosis, assessment, necessary treatment, advice to the patient and record of service provided	\$182.00
4C	Well baby care in office -- refers to the periodic office visits during the first year of life of a healthy infant and includes the necessary weights and measurements, examination and instruction to the parent regarding health care	\$73.80
5C	Partial assessment or subsequent visit -- includes: history review, history of presenting complaint, functional enquiry, examination of affected part(s) or system(s), diagnosis, assessment, necessary treatment, advice to the patient and record of service provided	\$131.00
14C	Complex partial assessment or subsequent visit - for eligible conditions includes: history review history of presenting complaint, functional enquiry, examination of affected part(s) or systems(s), diagnosis, assessment, necessary treatment, advice to the patient and record of service provided. For paediatric (under age 18) patient visits that involve at least 15 minutes physician time and the following eligible conditions: AIDS; other human immunodeficiency virus infection; Diabetes Mellitus, including complications; Coagulation defects (e.g. Haemophilia, other factor deficiencies); Haemorrhagic conditions (e.g. Thrombocytopenia Purpura); Multiple Sclerosis; Epilepsy; Hypertension; Congestive Heart Failure; Asthma; Pulmonary Fibrosis; Inflammatory Bowel Disease; Renal Failure; Systemic Lupus Erythematosus, Scleroderma, Polymyositis, Dermatomyositis; Ankylosing Spondylitis, and other Seronegative Spondyloarthropathies; Chronic Hepatitis; Systemic Vasculitis; Chronic Respiratory Failure; Child Psychosis or Autism; Behavioural disorders of childhood and adolescence; Specific delays in development (e.g. Dyslexia, Dyslalia, Motor Retardation); Cerebral Palsy; Chromosomal Anomalies; Congenital Heart Disease; Myelomeningocele; Foster Care Child; Technology Dependent (tube fed, trach, CPAP, oxygen dependent); Chronic Lung Disease; Anorexia Nervosa; Anxiety/Mood Disorders;	\$196.00

## SECTION C:

## PAEDIATRICS

Fee

Panhypopituitarism; Pulmonary Fibrosis; Physical and Sexual Neglect and Abuse

### Visits

9C	Consultation -- includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the consultant's opinion and recommendations to the referring doctor	\$270.00
11C	-- repeat	\$110.00

A formal consultation for the same or related condition repeated within 90 days by the same physician.

**Extended/Complex Pediatric Consultation** - for complex behavioural, neurodevelopmental, and/or psychiatric conditions in a child age 17 and under – includes:

- a) physical exam;
- b) review of history/lab/x-ray;
- c) collection and review of data from collateral sources (parents, social workers, teachers, speech pathologists, allied health professionals, etc);
- d) counseling of patient and/or family;
- e) generation of referrals to other support agencies; and
- f) preparation of report.

12C	Per complete 45 minute time period spent directly with the patient	\$370.00
13C	For each additional 15 minutes, or major portion thereof, spent directly with the patient – bill units units (max 3)	\$70.00

**Pediatric Counselling** - where the pediatrician engages with the patient and/or

relatives/caregivers where the goal is to become aware of the child's problem and/or to

provide comprehensive advice related to the modalities for prevention and/or treatment due to the seriousness and complexity of the issue – includes:

- a) History review;
- b) Counselling;
- c) Educational dialogue;
- d) Intervention and/or treatment;
- e) Record of service provided, and;
- f) Time spent counselling.

15C	Per first complete 15-minute time period for time spent directly with the child and/or relatives/caregivers counselling	\$96.00
16C	For each additional 15-minute time period, or major portion thereof, for time spent directly	\$96.00

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with the patient and/or relatives/caregivers counselling – bill units (max 3)

**Hospital Care**

(Payable on day of admission)

25C	-- first 10 days, per day	\$65.80
26C	-- 11-20 days, per day	\$65.80
27C	-- 21-30 days, per day	\$65.80
28C	-- thereafter, per day	\$65.80

**Note:** for hospital discharge by physician,  
see code 725A, Section A.

**Procedures**

Additional payments for diagnostic service excluding ECG's, 0, 10 or 42 day operative procedures performed on patients under one (1) year of age are automatically calculated and paid as explained in Section A, Paediatric Age Supplements.

39C	Attendance at intrauterine foetal transfusion	\$143.00
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**Procedures**

35C	Exchange transfusion -- first	\$362.70
36C	Exchange transfusion-- repeat	\$306.00
37C	Fontanelle or jugular or femoral vein puncture	\$20.40
38C	Duodenal intubation for analysis	\$40.70

## Cannulization of

40C	-- umbilical artery in the newborn	\$102.00
41C	-- umbilical vein in the newborn	\$81.60

## Growth hormone studies

42C	-- 2 hour insulin I.V. infusion	\$510.00
43C	-- subsequent arginine I.V. Infusion (includes I.V. infusion set up - blood collection and treatment of side effects/complications)	\$153.00

50C	Rashkind Septostomy	\$714.00
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## Cardiorespirogram

60C	-- interpretation	\$67.40
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The following codes are for use by Paediatric Cardiologists for patients diagnosed with congenital heart disease.

100C	Cardiac catheterization -- right heart -- to	\$408.00
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	include catheter insertion and any or all of RA, RV, PA, and PAW pressures. Not to be billed during a routine coronary angiogram	
105C	Cardiac catheterization -- left -- retrograde includes catheter insertion and LV and AO pressures	\$408.00
110C	Oximetry during cardiac catheterization	\$204.00
115C	Transluminal angioplasty -- pulmonary valve or artery	\$1,020.00
120C	Balloon dilatation of conduit or graft	\$1,020.00
125C	Stent placement in aorta pulmonary artery or conduit	\$1,223.00
130C	Balloon dilatation of coarctation or aorta	\$1,020.00
135C	Atrial septal puncture by brockenbrough needle	\$612.00
140C	Pulmonary angiography	\$306.00
145C	Angiocardiography -- right and/or left side	\$306.00
150C	Foetal echocardiogram and foetal rhythm	\$312.00
155C	Pulmonary hypertension studies	\$816.00