

SECTION D:**INTERNAL MEDICINE****Fee Anae****Visits**

3D	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	\$147.00
5D	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	\$138.00
14D	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.	\$203.00
	For patient visits that involve at least 15 minutes physician time and the following eligible conditions:	
	<p>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 with complications; Congestive Heart Failure; Coronary Artery Disease; COPD; Asthma; Pulmonary Fibrosis; Inflammatory Bowel Disease; Cirrhosis; End Stage Renal Failure Systemic Lupus Erythematosus, Scleroderma, Polymyositis, Dermatomyositis; Rheumatoid Arthritis; Ankylosing Spondylitis, and other Seronegative Spondyloarthropathies; Adult onset Still's Disease Chronic Hepatitis; Systemic Vasculitis; Chronic Respiratory Failure; Sleep Apnea and complications Technology Dependent (tube fed, trach, CPAP, oxygen dependent); Chronic Lung Disease; Panhypopituitarism; Pulmonary Fibrosis</p>	
9D	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.	\$292.00
11D	-- repeat A formal consultation for the same or related condition repeated within 90 days by the same physician. It should not be used for routine follow-up of the patient for which either service code '5' "partial assessment or subsequent review" or service code '7' "follow-up assessment" are appropriate.	\$147.00

Hospital Care

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		Fee	Anae
	(Payable on day of admission)		
25D	-- first 10 days, per day	\$81.20	
26D	-- 11-20 days, per day	\$75.40	
27D	-- 21-30 days, per day	\$60.00	
28D	-- thereafter, per day	\$60.00	
	Note: for hospital discharge by physician, see code 725A, Section A.		
350D	Follow-Up of Transplant Patient 350D is payable for a visit to provide assessment and ongoing management of a patient's condition following a heart, lung, liver or pancreas transplant. This service is payable to the physician designated as the most responsible physician for monitoring the post-transplant status of the patient. -- not payable in addition to other visit services or within 42 days of the previous 350D. -- limited to six 350D services per patient per year (beginning April 1 of each year).	\$547.00	
	Procedures Additional payments for diagnostic service excludng 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 Supplement.		
30D	Electrocardiogram or phonocardiogram -- tracing only	\$18.00 *	
31D	-- interpretation only (If multiple 31Ds are done on the same day, please use units and indicate the time as a comment. Interpretation should be billed using date of tracing)	\$22.50 *	
32D	-- tracing and interpretation	\$36.40 *	
35D	Tilt table testing for syncope - includes venous and /or arterial cannulation - provocative and/or blocking drugs - physician in constant attendance	\$412.00	D
39D	Group exercise training sessions for cardiac or pulmonary rehabilitation patients in a hospital approved facility - per patient Maximum \$230.00 per session (Includes supervision and all other services provided during the session. The session is to be billed in the name of one patient using the number of services (units) to represent the number of patients, up to a maximum of ten)	\$33.20 *	D
62D	Maximal or sub-maximal exercise	\$182.00	D

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		Fee	Anae
	tolerance test using a bicycle ergometer or treadmill with continuous E.C.G. monitoring, full E.C.G.(s), blood pressure monitoring -- professional supervision and interpretation with physician in constant attendance -- in approved facility		
63D	-- technical (if equipment owned and staff employed by physician)	\$76.00	D
64D	Cardiopulmonary Exercise Testing -- technical - maximal incremental or endurance exercise testing on a treadmill or cycle ergometer with ECG monitoring, gas exchange measurements and pre-/post-spirometry measurements (if equipment owned and staff employed by physician) Payable with code 67D and applicable visit; not payable with code 63D, 601D, 603D, 611D, 613D.	\$354.00 *	D
67D	-- professional includes 62D, 600D, 602D, 610D, 612D, and 277D Payable with applicable visit.	\$332.00	D
	Stress echocardiography (applicable to treadmill, dobutamine and pacing stress echocardiography). Physician in constant attendance.		
65D	-- technical	\$308.00	D
66D	-- professional	\$398.00	D
141D	Continuous or intermittent electrocardiogram monitoring (e.g. Holter or Cardiocassette) -- interpretation	\$83.50 *	D
142D	-- technical component and scanning (if instruments owned by physician)	\$83.50 *	D
144D	Dipyridamole thallium test to include supervision of ETT, infusion of medication and interpretation	\$203.30	D
145D	24-hour ambulatory blood pressure monitoring--professional component only -- maximum per year: -- General Practitioners – 2 per patient, any physician; -- Specialists – 3 per patient, any physician; -- Maximum of 5 per patient total	\$54.20 *	D
42D	Cardiac arrhythmia cardioversion	\$222.00	0 L
	Electroencephalogram		
50D	-- tracing only	\$46.40	D
51D	-- interpretation only	\$53.60	D
59D	Electroclinical detailed interpretation of	\$705.00	D

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		Fee	Anae
	a set of seizures (Telemetry)		
	Polysomnography		
54D	-- technical component	\$113.40	D
55D	-- professional component	\$221.50	D
56D	Electrocorticography	\$344.50	D
57D	E.E.G. monitoring during carotid endarterectomy	\$172.30	D
58D	Sodium Amytal testing	\$172.30	D
360D	Transcranial Doppler	\$102.00	D

Pulmonary

Spirometry – codes 600D-603D, 610-613D

- 1) No visit service will be paid in addition to the following procedures if the patient's visit is for the procedure alone.
- 2) Must be performed according to ATS standards with or without flow volume curves or the test is not eligible for payment.
- 3) The interpretation and report should include at least the specific components listed under each test but the fee also covers all other measurements, interpretations and the report of them which can be derived from the test.
- 4) 600D-603D are not eligible for payment same patient same day as 610D-613D.
- 5) Not payable when rendered to a patient who does not have symptoms, signs or an indication supported by current clinical practice guidelines relevant to the individual patient's circumstances

Simple Spirometry

- Must include FVC, FEV1, FEV1/FVC, and may include calculation of FEF25-75
- Not paid with Peak Flow Meters

600D	Professional Component	\$36.90	D
	<ul style="list-style-type: none"> a) Interpretation only b) There is a permanent record that includes a written interpretation by the physician or the study is not eligible for payment 		
601D	Technical Component	\$22.50	
	<ul style="list-style-type: none"> a) If instruments owned by physician and staff conducting the test are employed by the physician 		
	Repeat after bronchodilators		
602D	Professional Component	\$24.40	D
603D	Technical Component	\$11.20	
	<ul style="list-style-type: none"> a) If instruments owned by physician and staff conducting the test are employed by the physician 		

Full Spirometry

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Fee Anae

	-FVC, FEV1, FEV1/FVC, FEF25-75, Flow Volume Loop; and may include Volume Time		
610D	Professional Component	\$59.40 @ D	
	a) Interpretation only		
	b) There is a permanent record that includes a written interpretation by the physician or the study is not eligible for payment		
611D	Technical Component	\$22.50 @	
	a) If instruments owned by physician and staff conducting the test are employed by the physician		
	Repeat after bronchodilators		
612D	Professional Component	\$24.40 @ D	
613D	Technical Component	\$11.20 @	
	a) If instruments owned by physician and staff conducting the test are employed by the physician		
	<p>@ Payment approved for general practitioners with training and expertise in spirometry as approved by the Saskatchewan Medical Association Tariff Committee. For the purposes of billing, 55D-57D are billable on the date that the approval is granted to the physician.</p> <p># Physicians listed by the College of Physicians and</p>		

	Measurement of subdivisions of lung volumes - TLC, FRC, VC, RV, TLV		
266D	-- Professional component	\$70.40	D
267D	-- Technical component	\$55.40	D

	Lung diffusing capacity DLco with or without bronchodilators at rest and after exercise each		
268D	-- Professional component	\$70.40	D
269D	-- Technical component	\$49.20	D

	Full pulmonary function studies (including 600D-603D, 610D-613D, 266D & 268D)		
69D	-- Professional component	\$181.00	D
271D	-- Technical component (including 267D and 269D) (If instruments owned and staff employed by physician)	\$105.00	D

Maximum billable for any combination of above non-technical tests (pulmonary) is not to exceed listed fee for 69D.)

272D	Hyperbaric medicine - interpretation of tissue oxygen concentrations/saturations to assess candidates for hyperbaric oxygen therapy	\$40.80 *	D
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280D	Overnight oximetry (not payable with polysomnography)	\$60.00 *	D
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Airways resistance or conductance by body box

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		Fee	Anae
400D	-- Professional component	\$26.80	D
401D	-- Technical component	\$44.90	D
402D	Maximum expiratory and inspiratory pressures -- Professional component	\$36.20	D
70D	Pulmonary compliance -- Professional component	\$66.30	D
71D	Static pressure volume curve with esophageal balloon - pulmonary compliance Professional component	\$93.10	D
77D	Histamine-Methacholine test -- Professional component (Internist of Pediatrician ONLY)	\$194.00	D
276D	-- Technical component	\$44.90	D
277D	Pulse Oximetry with exercise -- Professional component	\$30.20	D
	G.I. Tract		
90D	Jejunal biopsy -- trans oral	\$157.00	D
93D	Oesophageal motility study -- interpretation only	\$105.00	D
94D	Oesophageal motility study -- physician in continuous attendance including interpretation	\$155.00	D
95D	Extended pH studies with or without provocative drug testing -- physician in attendance - includes insertion and removal of probes and interpretation	\$162.00	D
96D	-- interpretation only	\$83.60	D
215D	Tensilon test	\$40.70 *	D
	Evoked response		
105D	Visual evoked response interpretation	\$24.60 *	D
106D	Auditory evoked response interpretation	\$38.50 *	D
107D	Somato-sensory evoked response interpretation	\$38.50 *	D
	Peritoneal dialysis		
121D	Peritoneal dialysis -- each 24 hour period	\$68.20	0
131D	Supervision of dialysis at home, per week	\$104.00	0
132D	Any subsequent dialysis in the centre -- each	\$77.40	0

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		Fee	Anae
Slide Examination			
320D	Nephrologist microscopic examination of uring sample in office	\$37.40	D
Haemodialysis			
122D	-- initial	\$653.00	0
123D	-- second to fifth -- each	\$370.00	0
124D	-- sixth and subsequent -- each (shunt established)	\$104.00	0
128D	Dialysis and training in dialysis centre -- each	\$213.00	0
129D	Any subsequent dialysis in the centre -- each	\$83.50	0
130D	Supervision of dialysis at home, per week	\$81.30	
135D	Continuous Renal Replacement Therapy (CRRT) - initial	\$947.00	0
136D	Continuous Renal Replacement Therapy (CRRT) - subsequent - greater than 7 days by report	\$357.00	0
Therapeutic plasmapheresis (done by cell separator)			
155D	-- first	\$333.00	0
156D	-- second to fifth	\$223.00	0
157D	-- subsequent	\$157.00	0
250D	Plethysmography for penile blood flow	\$59.90	D
251D	Tumescence monitoring of penis	\$59.90	D
270D	Impedance plethysmography for deep vein thrombosis -- professional component only	\$23.50 *	D
Endocrine Testing			
200D	Cortrosyn stimulation	\$90.20	D
201D	Calcium pentagastrin stimulation	\$90.20	D
202D	T.R.H. stimulation	\$126.00	D
203D	Glucagon test	\$272.00	D
204D	L.H.R.H. stimulation	\$117.00	D
206D	Insulin tolerance test	\$220.00	D
207D	Triple bolus test	\$241.00	D
216D	Corticotropin Releasing Hormone Delineation Test	\$133.00	D
217D	Water Deprivation Test with or without DDAVP	\$287.00	D
Botulinum Toxin Therapy			
See codes 190A to 198A			
Pacemaker Clinic Services			
Clinic supervision, review of interrogation record and adjustment if necessary. Includes			

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		Fee	Anae
	ECG Interpretation (not paid in addition to 120L-122L, 622L)		
278D	Patient not seen	\$57.00	
279D	Patient seen (Visit fee payable if patient reviewed for a condition unrelated to pacemaker function)	\$83.60	0

POLYSOMNOGRAPHY

Diagnostic Polysomnography is an insured service when provided at a provincially designated sleep laboratory and is a supervised overnight sleep study with continuous monitoring of sleep (EEG, EOG, EMG), oxygen saturation, ECG, airflow and respiratory effort.

Therapeutic Polysomnography is a supervised overnight sleep study performed in a provincially designated sleep laboratory with continuous monitoring of sleep (EEG, EOG, EMG), oxygen saturation, ECG, airflow and respiratory effort during which specific therapy for sleep disordered breathing is administered (this may include CPAP/Bi-PAP or mandibular advancement device) and the effect monitored.

Split night diagnostic and therapeutic polysomnography provided as a one-night study should be billed as 281D and 282D.

Repeat Diagnostic Therapeutic polysomnography within 42 days must be accompanied by an explanation.

281D	Diagnostic (includes visit)	\$597.00	D
282D	Therapeutic (includes visit)	\$296.00	D
283D	Multiple Sleep Latency Testing (includes visit)	\$296.00	D
284D	Portable sleep study	\$111.00	D
285D	Actigraphy	\$119.00	D
	Auto-CPAP Titration		
290D	-- professional	\$187.00	D
291D	-- technical	\$34.00	D

Codes 281D to 291D limited to physicians with Regional Health Authority sleep lab privileges.