SECTION OF EMERGENCY Medicine
DOCTORS OF BC

| FEE ITEM | DESCRIPTION | MSP FEE | DOBC FEE |
|---|---|---|---|
| | **CONSULTATIONS** | | |
| **01810** | Consultation - ER FRCP, CCFP EM & ABEM (Section 28 & 76) | $144.15 | $432.00 |
| | | | |
| | **ED VISITS** | | |
| **01811** | 0800 - 1759 weekdays | $43.07 | $94.10 |
| **01812** | 0800 - 1759 weekdays | $90.78 | $191.00 |
| **01813** | 0800 - 1759 weekdays | $114.82 | $241.00 |
| **01821** | Evenings 1800 - 2259 | $47.73 | $119.00 |
| **01822** | Evenings 1800 - 2259 | $99.92 | $223.00 |
| **01823** | Evenings 1800 - 2259 | $124.45 | $278.00 |
| **01831** | Nights 2300-0759 | $71.55 | $181.00 |
| **01832** | Nights 2300-0759 | $144.65 | $307.00 |
| **01833** | Nights 2300-0759 | $181.06 | $431.00 |
| **01841** | 0800 - 2259 weekends & holidays | $57.53 | $149.00 |
| **01842** | 0800 - 2259 weekends & holidays | $119.48 | $313.00 |
| **01843** | 0800 - 2295 weekends & holidays | $149.37 | $390.00 |
| **01882** | i)For essential exams by same EP to a patient in the ED at least 2 hrs after 01810/182X & 3hrs after 183X | $32.33 | $80.20 |
| | **ii)** Not payable for observation alone or for review of laboratory results/imaging without further exam of pt +/- trt changes | | |
| | **iii)** Must include an explanation of the medical necessity for the visit in the note record. | | |
| **01850** | Clavicle | $106.92 | $368.00 |
| **01851** | Fibular shaft or malleolus | $92.48 | $318.00 |
| | | | |
| | **CRITICAL CARE FEES (any part of 5 min, max 12/hr)*** | | |
| **01870** | Resuscitation and monitoring at bedside | $29.54 | $72.00 |
| **01871** | TTL Resuscitation & monitoring @ bedside (Must be on-contract with HA for TTL) | $29.54 | $72.00 |
| | | | |
| | **CALL-OUT CHARGES** (first 1/2 hr of care) **Not to be billed with 1800 unless TTL** | | |
| **01200** | Evening (called 1800 - 2300) | $77.52 | $171.00 |
| **01201** | Night (called 2300 - 0800) | $108.87 | $238.00 |
| **01202** | Sat, Sun or Stat holiday (called 0800-1800) | $77.52 | $171.00 |
| | | | |
| | **CONTINUING CARE SURCHARGES ** Not to be billed with 1800 unless TTL** | | |
| **01205** | Evening (1800 and 2300 hrs)-per 1/2 hr | $71.27 | $156.00 |
| **01206** | Night (2300-0800) per 1/2 hr | $97.46 | $215.00 |
| **01207** | Sat, Sun or Stat (0800 - 1800) per 1/2 hr | $71.27 | $156.00 |
| | | | |
| | **TELEPHONE CODES** | | |
| **01880** | Pt call backs must Document reason for call ie change trt, pt is ED pt in last 2/52 | $44.35 | $105.99 |
| **01881** | Emergency telehealth advice - FRCP, CCFP-EM & ABEM (Section 28 & 76) #### | $60.00 | $132.00 |
| **PXXXXX** | FRCP only: document discussion - not 4 trf of care unless PTN ##### | $60.00 | $132.00 |
| **10001** | FRCP - must have MSP # & Document hx, review and guidance provided to caller | $64.45 | $145.00 |
| **14018** | CCFP EM & CCFP Urgent Telephone Advice from Specialist or FP with consultative expertise | $47.10 | $96.50 |
| | | | |
| | **FORMS** | | |
| **19927** | Form 8 Worksafe initial Assessment - Teleplan entered | $74.97 within 24 hours | $70.28 in 48hr |
| **19990** | Form 8 Worksafe initial assessment - FAXED | $43.33 within 72 hours | $28.89 in 3-5 d |
| **00066** | Certify mental ill health | $50.00 | $116.00 |
| **00067** | Cancellation of Mental Health Act Forms 4.1, 4.2 or 6 with Investigation | $49.88 | $116.00 |
| | | | |
| | **PROCEDURES** | | |
| **00750** | Lumbar puncture 13 years or older | $58.73 | $241.00 |
| **00570** | LP 12 years of age and younger | $88.10 | $363.00 |
| **00757** | Joint aspiration (not with 00014 or 15) | $15.62 | $49.15 |
| **00759** | Paracentesis (thoracic) | $101.47 | $211.00 |
| **00760** | Paracentesis (abdominal) | $26.89 | $80.60 |
| **07924** | Decompression traumatic pneumothorax **if pt ill, bill as 1870/71 time based** | $29.54 / 5min | $72.00/5 min |
| **07924** | Decompression of traumatic pneumothorax - operation only | $38.68 | $102.00 |
| **32031** | Decompression traumatic hemopneumothorax **if pt ill, bill as 1870/71 time based #** | $30.65 / 5min | $72.00/5 min |
| **32031** | If don't bill resucusitation code: Closed drainage of chest - operation only | $142.06 | $495.00 |

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|---|---|---|---|
| **51036** | Compartment pressure monitoring | $94.13 | $420.00 |
| **33025** | Cardioversion **if pt ill, bill as 1870 ###** | $104.65 or $30.65/5 m | $423.00 |
| **33030** | Pacemaker/temporary **if pt ill, bill as 1870/71 time based** | $178.27 or 30.65/5min | $840.00 |
| **00751** | Pericardiocentesis **if pt ill, bill as 1870/71 time based** | $255.69 or $30.65/5mi | $1,074.00 |
| **02303** | Nose, septal electrocautery **** | $38.73 | $163.00 |
| **02341** | Posterior Nasal Packing/balloon ***** | $78.03 | $264.00 |
| **00907** | Endoscopic flexible or rigid exam nose & nasopharynx | $33.48 | $141.00 |
| **08202** | Suprapubic catheter | $205.23 | $459.00 |
| **14541** | Removal of IUD | $33.63 | $91.80 |
| **79045** | Exploratory Thoracotomy +/- biopsy or removal of FB **if pt ill, bill as 1870/71 time based** | $813.06 or 30.65/5min | $1,936.00 |
| **13600/01** | Skin or mucosa biopsy - punch 13600 anywhere/13601 for face 0nly bill if require suture | $55.90 | $138.00 |
| **01091** | Intubation no responsibility for care (Intubation) **if pt ill, bill as 1870/71 time based** | $182.25 or $30.65/5mi | $564.00 |
| **XXXX** | There is no Cricothyrotomy fee code **bill as 1870/71 time based** | $30.65 / 5min | $72.00/ 5 min |
| **XXXX** | Priapism-treatment with aspiration +/- vasoactive injection **bill as 1870 time based** | $30.65 / 5min | $72.00/ 5 min |
| **XXXX** | Lateral Canthotomy & Cantholysis **bill as 1870 time based** | $30.65 / 5min | $72.00/ 5 min |
| | | | |
| | **COMPLICATED WOUNDS** | | |
| **06075 - 7** | 1. Layered closure PLUS 1 of: | | |
| | a) necrotic tissue debrided such that simple suture closure is precluded | | |
| | b) tissue loss so simple suture closure precluded | | |
| | c)required tissue shift for closure aside from minor undermining | | |
| | d)skived, ragged or stellate wounds where tissue margins excised for 90-degree closure | | |
| | e) contaminated requiring excision of foreign material | | |
| | 2.Layered closure AND key alignment sutures involving: | | |
| | critical margins of eyelid,nose,lip,oral commissure or ear | | |
| | 3.into subcut tissue requiring alignment and repair of cartilage and layered closure | | |
| | 4.Note record indicating how meets above criteria must accomp fee item | | |
| | A layered closure is required when the defect would require too much tension for an acceptable primary | | |
| | closure. It involves at least two layers of deep dissolving sutures to close off dead space and take tension off | | |
| | wound. A deep cartilage closure is also considered a layered closure. | | |
| | **NO complex lac for other body areas exists - bill max length 13612 or bill as misc 01899/00199** | | |
| **06075** | Lips and eyelids | $343.65 | $1,562.00 |
| **06076** | Nose and ear | $431.69 | $1,964.00 |
| **06077** | Scalp, cheek and neck | $337.29 | $1,534.00 |
| **70150** | Tongue and floor of mouth | $273.88 | $1,275.00 |
| **02103** | Minor lid repair - NOT for brow lacs, only eyelid repairs where complex criteria are not met. | $92.19 | $450.00 |
| | | | |
| | **WOUNDS & FB's** | | |
| **13610** | Minor lac or FB no anesthesia | $38.34 | $95.70 |
| **13611** | Minor lac or FB requiring anesthetic | $71.43 | $180.00 |
| **13612** | Extensive lac > 5 cm (max charge 35 cm)/cm | $14.33 | $35.35 |
| **06063** | Removal of FB with GA or local if takes 30 mins & **needs wound NOT for Orifice FB's** | $303.44 | $1,031.00 |
| **02301** | Removal FB from nose -complicated with anesthesia *** | $64.56 | $264.00 |
| **02419** | Direct or Indirect laryngoscopy with FB removal | $187.34 | $647.00 |
| **06027** | Torn(split) Ear lobe simple ****** | $119.79 | $546.00 |
| **06219** | Amputation finger, any joint or phalanx - **this is not a complex fingertip repair** | $303.75 | $1,173.00 |
| **06238** | Complex finger tip repair: nerve or reg block/GA/ requires nailbed repair incl # mgmt ## | $278.00 | $925.00 |
| **61368** | Extensor tendon repair | $301.44 | $1,092.00 |
| **06078** | Minor burns: dressing (in hospital care only) | $58.34 | $263.00 |
| **06079** | Burn surgical debridement for each 5% of body surface - operation only | $123.88 | $564.00 |
| **13631** | Removal of nail - simple - operation only | $40.10 | $95.40 |
| **13632** | Removal of nail with destruction of nailbed | $81.15 | $191.00 |
| **13633** | Wedge excision or Vandenbos procedure of one nail - operation only | $71.60 | $171.00 |

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| | **ABSCESS** | | |
| **02447** | I&D peritonsillar abscess under local anesthetic | $105.81 | $293.00 |
| **13605** | I & D Superficial abscess | $47.88 | $121.00 |
| **07059** | I&D deep abscess(complex/multilocular) local or reg anes | $82.48 | $362.00 |
| **07027** | I&D deep abscess(complex/multilocular) GA | $252.81 | $904.00 |

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|---|---|---|---|
| **70084** | I&D pilonidal cyst or sinus: I& D of abscess - operation only | $102.63 | $450.00 |
| **13650** | Enucleation or excision of ext thrombotic hemorrhoid - operation only | $58.54 | $140.00 |
| **07678** | I&D perianal abscess/superficial - operation only | $151.88 | $486.00 |
| | | | |
| | **VASCULAR ACCESS** | | |
| **07145** | Intra osseous - access **if pt ill, bill as 1870/71 time based** | $30.65 / 5 min | $72.00 / 5 min |
| **01095** | Intra-arterial cannulation **if pt ill, bill as 1870/71 time based** | $30.65 / 5 min | $72.00 / 5 min |
| **00755** | Arterial puncture/ABG **if pt ill, if pt ill, bill as 1870/71 time based** | $30.65 / 5 min | $72.00 / 5 min |

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| | **FRACTURES** | | |
| **06222** | Finger Phalanx closed reduction - operation only | $128.28 | $582.00 |
| **13660** | Metatarsal closed reduction - operation only | $59.26 | $141.00 |
| **06223** | Metacarpal closed reduction - operation only | $128.28 | $582.00 |
| **54702** | Distal radius/+/- ulna closed reduction/GA | $323.88 | $1,333.00 |
| **54701** | Distal radius/ulna closed reduction/no GA | $268.18 | $1,133.00 |
| **53761** | Radius/ulna shaft closed reduction, without GA, cast | $101.17 | $420.00 |
| **53762** | Radius/ulna shaft closed reduction, with GA, cast | $313.73 | $1,333.00 |
| **56752** | Tibial shaft/closed reduction/GA cast or traction | $217.41 | $966.00 |
| **56751** | Tibial shaft/closed reduction/no GA | $94.54 | $420.00 |
| **57712** | Ankle (malleolar) closed reduction/GA | $274.13 | $1,215.00 |
| **57711** | Ankle (malleolar) closed reduction/no GA | $101.17 | $420.00 |
| **53762** | Radius/ulnar shaft/closed reduction/GA | $313.73 | $1,333.00 |
| **53761** | Radius/ulnar shaft/closed reduction/no GA | $101.17 | $420.00 |
| **02364** | Nasal Fracture - simple reduction - operation only | $100.80 | $264.00 |
| | | | |
| | **INJECTIONS** | | |
| **01124** | Peripheral nerve block - single nerve | $64.97 | $280.00 |
| **01125** | Peripheral nerve block - multiple injections/nerves | $98.18 | $419.00 |
| **01156** | Injection Tendon Sheath, Ligaments, Trigger Points - single injection | $61.51 | $258.00 |
| **01157** | Injection Tendon Sheath, Ligaments, Trigger Points - multiple injections | $77.15 | $322.00 |
| | | | |
| | **DISLOCATIONS** | | |
| **01860** | TMJ, dislocation/closed reduction - must be performed in ED (location code E) | $69.81 | $239.00 |
| **06236** | MCP or IP joint closed reduction - operation only | $126.92 | $515.00 |
| **01861** | Patella - closed reduction/no GA - must be performed in ED (location code E) | $66.88 | $231.00 |
| **56800** | Knee Manipulation under GA - operation only | $111.31 | $420.00 |
| **01862** | Toe - closed reduction - must be performed in ED (location code E) | $50.16 | $173.00 |
| **52722** | Shoulder - closed reduction/GA | $253.03 | $1,086.00 |
| **52721** | Shoulder/closed reduction/no GA | $94.54 | $420.00 |
| **52800** | Shoulder manipulation under GA | $94.54 | $420.00 |
| **53752** | Elbow/closed reduction/GA | $245.77 | $1,086.00 |
| **53751** | Elbow/closed reduction/no GA | $181.87 | $667.00 |
| **53762** | Radius & Ulna shaft closed reduction with GA | $313.73 | $1,333.00 |
| **53800** | Elbow joint manipulation under GA | $94.54 | $420.00 |
| **54702** | Radius with or without ulna distal # closed reduction with GA | $323.88 | $1,333.00 |
| **54721** | Carpus: dislocation +/- # closed reduction without GA | $263.15 | $1,133.00 |
| **54800** | Hand/Wrist joint manipulation under GA | $94.54 | $420.00 |
| **55712** | Hip/closed reduction/GA | $293.50 | $834.00 |
| **55711** | Hip/closed reduction/no GA | $94.54 | $420.00 |

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| | **CASTS or MOULDED SPLINTS BY YOU ####** | | |
| **51019** | Below Knee | $23.52 | $104.00 |
| **51017** | Long arm (axilla to hand) | $23.52 | $104.00 |
| **51021** | Long Leg | $23.52 | $104.00 |
| **51016** | Short arm (elbow to hand) | $23.52 | $104.00 |
| | | | |
| | **ANESTHETICS** | | |
| **01172/3** | 15 minutes or any part of Anesthetics (Pro sed), last number is anesthetic level | $50.10 | $146.00 |
| **01059** | Prone modifier | $35.94 | $131.00 |

SECTION OF EMERGENCY Medicine DOCTORS OF BC

| FEE ITEM | DESCRIPTION | MSP FEE | DOBC FEE |
|---|---|---|---|
| **01065** | Under 1 year of age modifier | $61.86 | $175.00 |
| **01164** | Patients 70 - 79 years of age | $20.63 | $86.50 |
| **01165** | Pateints 80 + years of age | $42.08 | $179.00 |
| **13052** | Use this **ONLY** when there is a gap between initial assess & Anesthetic & document | $60.76 | $140.00 |
| | **FOOTNOTES** | | |
| * | If looking after more than 1 patient at same time, must bill atleast 1 unit on each pt | | |
| ** | Put start as 30 min after start time of call-in as 15 minutes automatically deducted | | |
| *** | Removal FB from nose simple - incl in visit fee | | |
| **** | Chemical cauterization of septum - incl in visit fee | | |
| ***** | 2341 Posterior nasal packing – to include balloon control of epistaxis | | |
| ****** | 60237 Single flap under 2 cm, complete tear thru margin of lobe | | |
| # | 32031 Closed chest drainage - excludes thoracentesis or pigtail placements | | |
| ## | 6238 Remove nail, suture nail bed lac and replace nail + mgmt of #'s | | |
| ### | 33025 If more than one cardioversion per day please note reasons | | |
| #### | **Emergent phone/video necessary for pt mgmt requested by MD or allied care provider.** Allied | $60.00 | $132.00 |
| | Health/Care Providers are: Nurses; Nurse Practitioners; Mental Health Workers; Midwives; | | |
| | Psychologists; Clinical Counsellors; School Counsellors; Social Workers; Registered Dieticians; | | |
| | Physiotherapists; Occupational Therapists; and Pharmacists etc. | | |
| | **Use 99987 for Allied Care providers not MSP registered.** | | |
| ##### | This code is for initiation of call similar to 14018 for CCFP-EM/ABEM & CCFP but for FRCP. | $60.00 | $132.00 |
| | It is not active yet. It must be a documented discussion of pt care not for trf of care solely. | | |