

FAMILY MEDICINE SUBSPECIALTIES and HOSPITALIST MEDICINE

-- most commonly billed fee codes --

<u>Description of Service Provided</u>	Fee Code	April 2025		<u>Description of Service Provided</u>	Fee Code	April 2025
CONSULTATIONS - see Preamble 8.A, 8.B, 8.C			A	ON-CALL RETAINER W		
Consultation - Longitudinal.Family Med.	G 0160	120.00	PREMIUMS (Preamble 12) A =Afterhours W =Weekend G =Geriatric	Urban FP (QEH or PCH) - group of 1	0015	80.00
- Focused Family Med. **	G 1460	248.00		- group of 2	0016	160.00
- Focused Family Med(Dermatology)	G 1860	140.00		- group of 3	0017	240.00
Repeat Consult within 30 d - LFM	G 0162	60.00		- group of 4	0018	320.00
- FFM.**	G 1462	124.00		- group of 5	0019	400.00
- FFM(Dermatology) ..	G 1862	70.00	- group of 6	0021	480.00	
Limited or Telephone Consult (Fam.Med.)	0128	55.00	- group of 7	0022	560.00	
Limited or Telephone Consult (referring MD)	1851	55.00	- group of 8	0023	640.00	
Limited or Telephone Consult (OLMC)	1872	55.00	- group of 9	0024	720.00	
** Applies to <u>designated</u> Family Physicians whose primary focus is in Geriatrics, Palliative Care, Addictions, or Chronic Pain Mgmt.				- group of 10	0014	800.00
OFFICE VISITS - see Preamble 8.E, 8.G			G	Rural FP - Montague, Alberton (per hospital)	0175	800.00
Comprehensive Office visit	1810	100.00		Rural FP - Souris,O'Leary (per hospital)	0185	400.00
Limited Office visit	1813	50.00		Additional On-call - see Preamble 11.A.3	0078	400.00
HOSPITAL Inpatient Care - see Preamble 9.A			W	Surgical Assistant (QEH or PCH)	0159	600.00
Hospital Admission	1830	150.00		Rehab Unit (QEH)	0147	400.00
Daily Hospital Care (MRP)	1833	100.00		Ambulatory Detox (PCH, Western)	0158	400.00
Daily Hospital Care (additional physician)	1841	100.00		Oncology - Fam.Med. (Provincial)	0177	400.00
Hospital Discharge fee (add-on)	0136	75.00		Palliative Care - Fam.Med. (Provincial)	0179	400.00
Hospital Supportive Care visit	0140	50.00		Hillsboro Hospital - Fam.Med.	0197	400.00
HOSPITALIST Sessional Fees			W	Addictions (Mt. Herbert)	0198	400.00
Hospitalist Sessional Fee (per hour)	1801	202.00		Unaffiliated Psychiatry Inpt. - Fam.Med.(QEH) ...	0199	400.00
Hospitalist Sessional Fee (FFM salary top-up)	0028	17.00		Corrections	0030	400.00
Hospitalist Shadow Billing code	0111	0.00		Coroner (East or West)	0020	400.00
PSYCHOTHERAPY (per 15-min.block)				On-Line Medical Control (Provincial)	0090	400.00
Psychotherapy (in office) - see Preamble 13.A	2501	55.00		Critical Care Transport (Provincial)	0089	400.00
Psychotherapy (in Hospital) - see Preamble 13.A	2503	55.00		Critical Lab Reports (Provincial)	0088	400.00
Group Psychotherapy - see Preamble 13.D	2502	55.00		Hospitalist - Full line	0108	400.00
Member of Group Psychotherapy	2580	0.00		Hospitalist - Half line	0034	200.00
NON-FACE-to-FACE care - see Preamble 10.A and 8.K				Hospitalist backup (overflow unaffiliated QEH) ...	0066	200.00
MD-to-Patient electronic communication	1895	30.00		ED Night Shift backup	9366	200.00
Collaborative Care	0097	30.00		LTC backup	6003	200.00
Telephone Prescription Renewal	2019	15.00				
Case Management Conference (per 15 minutes)	2507	55.00		** PROCEDURES **		
Diagnostic/Therapeutic Interview (per 15 minutes) ..	2588	55.00		OB-GYN Procedures A		
Indirect / Administrative Care (per 15 minutes)	1896	55.00		Pelvic Examination	2001	9.98
ED VISITS - see Preamble 8.E, 8.G, 8.H, 8.I			G	Pap Smear or HPV test w/without pelvic exam	2008	17.46
Mon-Fri (0800-1759) DAY - Limited ED visit	1880	50.00		Pap Screening clinic	2018	0.00
- Comprehensive ED visit	1886	100.00		Cauterize cervix	6928	42.85
Mon-Thurs (1800-0759) NIGHT -Limited ED visit ..	1881	62.50		Cryotherapy of cervix	2131	55.39
- Comprehensive ED visit	1887	125.00		IUCD insertion	6919	118.66
Sat-Sun,Holiday (0800-1759) DAY -Limited ED v ..	1890	62.50		Endometrial biopsy	6931	55.46
- Comprehensive ED visit	1868	125.00		Vaginal pessary - initial fitting (see Preamble 21.B) ..	2605	86.46
Fri-Sun,Holiday (1800-0759) NIGHT -Limited ED ..	1891	75.00		Hormone/contraceptive subcut.implant - insertion ..	3049	60.92
- Comprehensive ED visit	1869	150.00		- removal ..	3019	97.42
Resuscitation/Critical Care ED Visit				Assessment of labor (Fam.Med.)	0003	100.00
First 15 minute block	A 0182	150.00		Induction of labor (surgical or medical)	6008	90.51
Each additional 15 minute block	A 0183	75.00		Labor Management fee - see Preamble 19.C	0720	200.00
SPECIAL VISITS			A	Vaginal delivery (Fam.Med.)	0002	739.42
Certification (psychiatric or addictions)	2800	53.37		Complicated labor/precipitous deliv. Preamble 19.D ..	0004	739.42
Head injury (closed) - initial exam/tx	5702	79.22		Attend delivery for neonatal resuscitation	0036	150.00
Anticoagulation supervision by phone (per month) ..	2106	18.70		Abortion - therapeutic	6010	199.64
SURGICAL SERVICES - see Preamble 15.B, 14.E,12			A	MISCELLANEOUS PROCEDURES A		
OR Assist - LFM (per 15 minutes)	9367	50.50		Urinalysis - partial	2003	2.81
OR Assist - non-LFM (per 15 minutes)	9369	46.25		Cerumen removal	2000	14.96
Sudden Cancellation of Surgery (assistant)	9380	277.50		Dressing change	2010	23.98
HOME & OFF-SITE visits - Preamble 8.G, 8.J, 8.N			G	Proctoscopy	2007	24.94
Home visit - homebound patient	A 1821	110.00		Anoscopy	5374	15.85
Home visit - non-homebound patient	1826	50.00		Cauterize anal fissure	5371	33.01
Home visit - each additional patient	A 1824	50.00		Vasectomy	8543	189.85
Home visit - emergency (add-on)	1825	31.17		ED Ultrasound - see Preamble 21.E	2900	37.41
Off-site visit	A 1829	50.00		Emergency Procedural Sedation - see Preamble 21.F ...	2011	75.00
LTC & COMMUNITY CARE - see Preamble 8.L			A	Cardioversion	2124	140.10
LTC and Community Care visit (first patient)	1827	100.00		Laryngoscopy (direct)	4105	104.90
LTC and Community Care visit (additional pt)	1828	50.00		Laryngoscopy with removal of FB	4107	246.81
MAiD Care (per 15 minutes) - see Preamble 8.M				Larynx intubation	4104	74.04
	1899	55.00		Emergency Cricothyrotomy	2901	266.85
DETENTION (per 15 minutes) - see Preamble 9.D			A	Tube thoracostomy (chest tube insertion)	4400	233.45
	1870	55.00		Urinary catheter insertion (transurethral)	2902	43.65
ADMINISTRATIVE mtg (per 15 min) - Preamble 29				Urinary catheter insertion (suprapubic)	8218	142.80
	0050	55.00		Paraphimosis reduction (incl.dorsal slit)	2904	66.72
MD SUPERVISION stipend (per day) - Preamble 30						
	0053	220.00				
ON-CALL RESPONSE FEE - see Preamble 11.B			W			
	9360	185.00				

<u>Description of Service Provided</u>	<u>Fee Code</u>	<u>April 2025</u>
INJECTION A		
IM, SC, immunization (one or more)	2009	12.47
IV	2165	18.70
Allergy Shot	2102	12.47
Bursa/Joint	2168	35.97
Hemorrhoids - initial	2169	26.69
- subsequent	2170	20.08
Tennis elbow	3758	42.85
Trigger point (one or more)	2101	26.69
Cryoprecipitate	2015	27.03
Blood transfusion	2123	26.42
IV Iron infusion (total care)	2410	66.72
Vaccination with certificate	2243	21.34
Immunization (reporting only) -Influenza	0081	0.00
-Pneumococcal	0082	0.00
-Tetanus/Pertussis..	0083	0.00
-Hepatitis A/B	0084	0.00
-Varicella zoster	0085	0.00
CHEMOTHERAPY A		
Chemotherapy administration, incl.aspiration	2215	74.82
Chemotherapy - IV injection	2174	26.69
Chemotherapy - intrathecal (incl.lumbar puncture)	2551	162.11
Sclerosing agent via chest tube	2552	66.72
NERVE BLOCK - see Preamble 21.1.1 A		
Somatic nerve - single	2183	49.87
- each additional (max.4)	2184	24.94
Intercostal nerve - single	2453	49.87
- each additional (max.4)	2454	24.94
Mandibular	2187	80.06
Maxillary/Infraorbital	2188	80.06
Supraorbital/Ophthalmic	2450	80.06
Occipital	2100	49.87
Femoral	2456	80.06
Nerve block with Ultrasound Guidance (add-on)	2462	37.41
VENIPUNCTURE A		
Adult or child age ≥ 6 yrs	2238	13.19
Child age < 6 yrs	2239	26.69
IV start on child < 6 yrs	2232	53.37
Femoral vein	2240	26.69
Jugular vein	2241	26.69
Central line insertion	2254	149.63
Temporary catheter pacemaker	4766	433.00
Therapeutic phlebotomy	2266	26.42
Arterial blood gases	2400	26.69
Arterial line insertion	4599	74.04
ASPIRATION A		
Joint	2114	43.65
Bursa	2109	33.35
Bladder	2107	49.87
Bone marrow biopsy	2175	124.70
Breast cyst	2108	37.41
Esophagus/stomach	2112	26.69
Gastric Lavage	2162	33.35
Lumbar puncture	2115	124.70
Pericardiocentesis	2116	199.52
Paracentesis (thorax or abdomen) - diagnostic	2213	62.35
- therapeutic	2214	81.05
Aspiration for priapism	2903	80.06
EPISTAXIS A		
Cauterize septum	4022	28.46
Anterior packing	4023	66.02
Posterior packing	4024	112.23
INCISION & DRAINAGE A		
Skin abscess, cyst, paronychia, felon	3000	46.21
Hematoma	3008	46.21
Eyelid abscess	7400	46.21
Ear abscess or hematoma	7700	99.03
Peritonsillar abscess	5123	99.03
Perianal or Pilonidal abscess	3003	71.19
Ischiorectal abscess	3005	71.19
Vulva abscess	6501	72.95
Hemorrhoid	5350	52.81

<u>Description of Service Provided</u>	<u>Fee Code</u>	<u>April 2025</u>
FOREIGN BODY REMOVAL A		
Cornea	7051	46.21
Ear canal	7707	46.21
Nose	4014	46.21
Pharynx	5137	99.03
Skin	3012	59.32
Urethra	8303	46.21
Rectum	2021	106.00
EXCISION A		
Skin CA	3031	100.01
Lipoma	3039	88.99
Neuroma	3041	57.04
Sebaceous cyst - face/neck	3034	118.66
- other area	3035	88.99
Toenail/Fingernail - simple	3036	88.99
- partial (incl. nailbed/matrix) ..	3037	88.99
- radical	3038	177.98
Wart/mole/keratosis/granuloma (1 or more)		
- curettage, cautery	3044	37.02
- excision	3045	40.73
- cryotherapy - initial	3042	32.68
- subsequent	3043	14.39
Plantar wart - curettage, cautery, cryotherapy	3046	37.02
- excision	3047	72.95
Female condylomata - excision	6508	145.92
Male condylomata - excision	8406	71.30
Anal warts - cautery	5372	99.03
Anal polyp / skin tag	5354	87.55
EXCISION BIOPSY A		
Skin lesion	3030	59.32
Ear lesion	7702	118.66
Nose lesion	4002	66.02
Lip lesion	5020	66.02
Mouth lesion	5001	66.02
Tongue lesion	5040	66.02
Gum lesion	5061	66.02
SKIN MALIGNANCY - incl.biopsy each lesion A		
Deep Cryotherapy face/neck - 1 lesion	3087	96.13
- 2 lesions	3088	157.99
- 3 or more lesions	3089	300.52
Deep Cryotherapy other area - 1 lesion	3090	76.64
- 2 lesions	3091	126.42
- 3 or more lesions	3092	252.54
LACERATION REPAIR A		
Skin	3050	88.99
Skin (extensive or complicated) = \$3.65/minute	3051	I.C.
TENDON REPAIR A		
Extensor tendon - partially severed	3849	198.06
- single severed	3833	214.24
- each additional	3834	99.03
Flexor tendon - single	3835	330.10
- each additional	3836	165.04
Mallet finger repair (closed)	3831	72.95
ORTHOPEDIC Procedures A		
Cast application (not billable with fracture fee)		
- Finger	3100	39.41
- Arm or Leg	3101	61.70
Cast removal (not continuity of care)	3106	47.15
Unna boot	3107	28.46
Corrective splint - Hand/Wrist	3108	42.85
- Elbow	3109	42.85
- Shoulder	3110	57.04
- Below knee	3112	42.85
- Neck	3113	42.85

This Quick Reference Guide represents the most commonly billed fee codes for PEI physicians. Please refer to the PEI Physician Services Agreement (PSA) for a full list of fee codes. If there is a discrepancy in this document, the PSA is the source of truth.