



**PHYSICIAN SERVICES AGREEMENT
PRINCE EDWARD ISLAND**

Fee Code Changes Guide

Supporting PEI practices in their
transition into the PSA

2024-2029

Introduction

A significant amount of work throughout the development of this PSA went into streamlining the non-procedural fee schedule for simplified, faster, hassle-free billing.

To help physicians and their billing staff transition into this simplified way of billing, we have developed a Fee Code Changes Guide for you to look up codes that have changed and see what to bill effective April 1, 2025.

For quick look up in PDF, here are some search tool tips:

- Open the PDF in a browser or PDF reader
- Press CTRL+F (Windows) or CMD+F (Mac)
- Type your search term or fee code in the search bar
- Use the arrows to navigate through the search results
- Press Esc or click X to close the search bar

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0011	Family Medicine	NEW PATIENT INTAKE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0013	Family Medicine	EMR Patient Profile Validation	Initial EMR patient profile validation was performed in 2023 and 2024, there is no replacement for this fee code in the PSA	N/A	No Replacement - Fee Code Ends March 31, 2025
0025	Family Medicine	HOSPITALIST TYPE 2 TOP-UP (SALARY LEVEL 1) - 17 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0026	Family Medicine	HOSPITALIST TYPE 2 TOP-UP (SALARY LEVEL 2) - 17 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0027	Family Medicine	HOSPITALIST TYPE 2 TOP-UP (SALARY LEVEL 3) - 17 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0037	Hospitalists	HOSPITALIST TYPE 2 DAILY SESSIONAL FEE - 09 BEDS	Hospitalist remuneration has switched from a Daily Rate to Hourly Rate, regardless of bed count.	1801	Hospitalist Sessional Fee - (per hour)
0038	Family Medicine	HOSPITALIST TYPE 1 TOP-UP (SALARY LEVEL 1) - 21 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0039	Family Medicine	HOSPITALIST TYPE 1 TOP-UP (SALARY LEVEL 2) - 21 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0040	Family Medicine	RURAL FAMILY PHYSICIAN - ALBERTON	There is now one unified rural family physician on-call retainer code for both Alberton and Montague	0175	On-call Retainer - Rural Family Physician - Alberton, Montague
0041	Family Medicine	HOSPITALIST TYPE 1 TOP-UP (SALARY LEVEL 3) - 21 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0042	Family Medicine	HOSPITALIST TYPE 1 TOP-UP (SALARY LEVEL 1) - 11 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0043	Family Medicine	HOSPITALIST TYPE 1 TOP-UP (SALARY LEVEL 2) - 11 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0044	Family Medicine	HOSPITALIST TYPE 1 TOP-UP (SALARY LEVEL 3) - 11 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0045	Family Medicine	HOSPITALIST TYPE 2 TOP-UP (SALARY LEVEL 1) - 09 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)

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Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0046	Family Medicine	HOSPITALIST TYPE 2 TOP-UP (SALARY LEVEL 2) - 09 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0047	Family Medicine	HOSPITALIST TYPE 2 TOP-UP (SALARY LEVEL 3) - 09 BEDS	With the change to hourly compensation for Hospitalists, the salary top-up is now a single hourly rate for Family Physicians performing Hospitalist duties.	0028	Hospitalist Sessional Fee (Focused Family Medicine Salary top-up)
0051	Multiple	ADDICTIONS CONSULTATION (DESIGNATED PHYSICIAN - SEE PREAMBLE 11. K.2	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
0052	Multiple	ADDICTIONS INITIAL ASSESSMENT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0055	Multiple	SUBSEQUENT EXTENDED CARE (6th to 13th week incl)- PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0056	Multiple	SUBSEQUENT EXTENDED CARE (after 13th week), - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0060	Multiple	HOSPITAL on-call RESPONSE FEE	Replaced by universal response fee - No longer specialty specific	9360	on-call Response Fee
0071	Multiple	TELEPHONE CONSULTATION - CEC	Replaced by universal Online Medical Control Consult fee code - No longer CEC/EMS specific	1872	Online Medical Control Consultation
0072	Multiple	TELEPHONE CONSULTATION - EMS	Replaced by universal Online Medical Control Consult fee code - No longer CEC/EMS specific	1872	Online Medical Control Consultation
0073	Family Medicine	on-call PER DIEM (IN LIEU OF FFS)- PALLIATIVE (Salaried only)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	0179	On-call Retainer - Family Medicine Palliative Care (Provincial)
0095	Multiple	PHYSICIAN-TO-PATIENT EMAIL/TEXT	Unscheduled two-way communication with a patient is now all billed using the general physician-to-patient electronic communication fee code.	1895	Physician-to-Patient Electronic Communication
0096	Multiple	PALLIATIVE CARE - TELEPHONE CALL	Unscheduled two-way communication with a patient is now all billed using the general physician-to-patient electronic communication fee code.	1895	Physician-to-Patient Electronic Communication
0100	Multiple	OBS-INITIAL VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0101	Hospitalists	HOSPITALIST TYPE 2 DAILY SESSIONAL FEE - 17 BEDS	Hospitalist remuneration has switched from a Daily Rate to Hourly Rate, regardless of bed count.	1801	Hospitalist Sessional Fee - (per hour)
0102	Hospitalists	HOSPITALIST TYPE 1 DAILY SESSIONAL FEE - 11 BEDS	Hospitalist remuneration has switched from a Daily Rate to Hourly Rate, regardless of bed count.	1801	Hospitalist Sessional Fee - (per hour)
0103	Family Medicine	OBS-PRENATAL VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0104	Family Medicine	OBS-IN HOSPITAL DAILY CARE	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0105	Family Medicine	OBS-POST NATAL VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0106	Family Medicine	HOSPITALIST ALL HOSPITALS	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0107	Hospitalists	HOSPITALIST TYPE 1 DAILY SESSIONAL FEE - 21 BEDS	Hospitalist remuneration has switched from a Daily Rate to Hourly Rate, regardless of bed count.	1801	Hospitalist Sessional Fee - (per hour)
0109	Hospitalists	Hospitalists Weekend QEH Call	Simplified on-call retainer codes for Full and Half lines are eligible for 25% weekend premium	0108/0034	On-call Retainer - Hospitalist (Full-line/Half-line)
0110	Multiple	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0112	Family Medicine	EMERGENCY VISIT - PROVIDERS HOME - DAY	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code. after-hours emergency premiums may apply if conditions in Preamble section 12 are met.	1813	Limited Visit
0113	Family Medicine	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0114	Family Medicine	EMERGENCY VISIT - PROVIDERS HOME - NIGHT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code. after-hours emergency premiums may apply if conditions in Preamble section 12 are met.	1813	Limited Visit
0115	Family Medicine	WELL BABY CARE	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0116	Family Medicine	EMERGENCY.CALL 6PM-8AM SUNDAY OR HOLIDAYS	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code. after-hours emergency premiums may apply if conditions in Preamble section 12 are met.	1813	Limited Visit
0117	Family Medicine	DAYTIME RAPID ACCESS OFFICE VISIT (ADD-ON)	There is no longer an add-on fee for this scenario - The appropriate limited or comprehensive office visit fee code should be used.	N/A	No Replacement - Fee Code Ends March 31, 2025
0118	Family Medicine	EMERGENCY OFFICE CALL - DAY	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code. after-hours emergency premiums may apply if conditions in Preamble section 12 are met.	1813	Limited Visit

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0119	Family Medicine	EMERGENCY OFFICE CALL - NIGHT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code. after-hours emergency premiums may apply if conditions in Preamble section 12 are met.	1813	Limited Visit
0120	Family Medicine	EMERGENCY OFFICE VISIT - SUNDAY, HOLIDAYS	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code. after-hours emergency premiums may apply if conditions in Preamble section 12 are met.	1813	Limited Visit
0121	Family Medicine	HOME DAY VISIT	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
0122	Multiple	MULTI-ISSUE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0123	Family Medicine	BASIC OFFICE VISIT (G.P.)	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0124	Family Medicine	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
0125	Family Medicine	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
0126	Multiple	COMPLEX CHRONIC DISEASE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0127	Family Medicine	DAY VISIT-8AM-9PM-NURSING HOME, ETC	LTC and Community Care visits now use a general fee code	1827	LTC and Community Care Visit - first resident
0129	Family Medicine	EACH ADDITIONAL PATIENT NURSING HOME "ETC"	LTC and Community Care visits now use a general fee code	1828	LTC and Community Care Visit - each additional resident
0130	Family Medicine	INITIAL HOSPITAL VISIT (DAY)	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0132	Family Medicine	INITIAL HOSPITAL VISIT- ORPHAN PATIENT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0133	Family Medicine	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0134	Family Medicine	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0135	Family Medicine	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0137	Family Medicine	G.P. DERMATOLOGY CONSULTATION	Replaced by simplified Family Medicine Consultation Fee Code - No longer Dermatology specific	0160	Consultation (Family Physician)
0139	Family Medicine	PHYSICIAN-TO-PATIENT TELEPHONE CALL	Unscheduled two-way communication with a patient is now all billed using the general	1895	Physician-to-Patient Electronic Communication

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
			physician-to-patient electronic communication fee code.		
0141	Family Medicine	HISTORY/PHYSICAL FOR DENTAL	History & Physical for dental surgeries are now billed using the general Hospital Admission fee code	1830	Hospital Admission
0142	Family Medicine	CONCURRENT CARE	Concurrent care by a family physician is now billed using the general Additional Physician hospital care fee code	1841	Hospital Care - Additional Physician
0143	Multiple	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0144	Family Medicine	CONVALESC CARE SUBSEQUENT VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0145	Family Medicine	CONVALESCENT CARE INITIAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0146	Family Medicine	EXAM BY GP REQUEST BY PSYCHIATRIST	Complete medical assessments on psychiatry patients are now billed using the general Hospital Admission fee code	1830	Hospital Admission
0148	Family Medicine	COMPREHENSIVE PALLIATIVE CARE CONSULTATION-GP	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
0149	Palliative	PALLIATIVE HOME CARE ADMISSION	Palliative home care admissions are now billed as general hospital admissions	1830	Hospital Admission
0150	Emergency	ED SESSIONAL FEE - KINGS COUNTY HOSPITAL	ED Sessional fees have been simplified and are no longer site specific	9308	ED hourly sessional fee - Weekday Day (08:00-17:59)
0152	Emergency	ED SESSIONAL FEE - WESTERN HOSPITAL	ED Sessional fees have been simplified and are no longer site specific	9308	ED hourly sessional fee - Weekday Day (08:00-17:59)
0155	Emergency	ED SESSIONAL FEE - QUEEN ELIZABETH HOSPITAL	ED Sessional fees have been simplified and are no longer site specific	9308	ED hourly sessional fee - Weekday Day (08:00-17:59)
0156	Emergency	ED SESSIONAL FEE - PRINCE COUNTY HOSPITAL	ED Sessional fees have been simplified and are no longer site specific	9308	ED hourly sessional fee - Weekday Day (08:00-17:59)
0163	Family Medicine	PALLIATIVE CARE INPATIENT - INITIAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0164	Family Medicine	PALLIATIVE CARE INPATIENT - SUBSEQUENT VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0165	Palliative	TELEPHONE CONSULTATION - PALLIATIVE CARE	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
0166	Family Medicine	TELEPHONE CONSULTATION - G.P. REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)

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0167	Family Medicine	REPEAT PALLIATIVE CARE CONSULT-GP	Replaced by simplified Repeat Medical Consultation Fee Code - No longer specialty specific	1462	Repeat Consultation (Medical)
0168	Family Medicine	COMPREHENSIVE ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. For family medicine physicians doing ED shifts, bill the new ED-specific visit codes.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0169	Family Medicine	COMPREHENSIVE ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887). For family medicine physicians doing ED shifts, bill the new ED-specific visit codes.	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0170	Family Medicine	DETENTION	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0173	Family Medicine	PALLIATIVE HOME CARE VISIT	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
0176	Family Medicine	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0180	Family Medicine	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. For family medicine physicians doing ED shifts, bill the new ED-specific visit codes.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
0181	Family Medicine	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. For family medicine physicians doing ED shifts, bill the new ED-specific visit codes.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
0184	Multiple	RESUS.SUBSEQUENT 15 MIN PERIOD	Fee code simplified - Now only initial 15-minute block and subsequent 15-minute blocks	0183	Resuscitation ED Visit - subsequent 15-minute blocks
0186	Family Medicine	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. For family medicine physicians doing ED shifts, bill the new ED-specific visit codes.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
0187	Family Medicine	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. For family medicine physicians doing ED shifts, bill the new ED-specific visit codes.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0190	Family Medicine	LIMITED ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. For family medicine physicians doing ED shifts, bill the new ED-specific visit codes.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0191	Family Medicine	LIMITED ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881). For family medicine physicians doing ED shifts, bill the new ED-specific visit codes.	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0213	Anesthesia	ANESTHESIA - FOLLOW UP VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0220	Anesthesia	TELEPHONE CONSULTATION - ANESTHESIA	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
0221	Anesthesia	TELEPHONE CONSULTATION - ANESTHESIA REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
0245	Anesthesia	Additional on-call add-on fee - See Preamble 12. G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Anesthesia is in the Tier 1 call group	9345	Additional on-call (add-on) - Tier 1
0250	Anesthesia	PAIN CLINIC CONSULT	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
0252	Anesthesia	CHRONIC PAIN FOLLOW-UP VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0260	Anesthesia	ANESTHESIA - CONSULTATION	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
0270	Anesthesia	ANESTHESIA (DETENTION)	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0271	Anesthesia	ANESTHESIA-INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
0276	Anesthesia	ANESTHESIA (DETENTION-SPECIAL)	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0296	Anesthesia	FIRST DAY/INTENSIVE RESPIRATORY CARE	Critical Care fee codes have been simplified and are no longer specialty specific	0595	Critical Care - 1st Day, includes consultation (90 minutes)
0297	Anesthesia	ANESTHESIA CRIT. CARE - DAY 2-30 INCL, PER DAY	Critical Care fee codes have been simplified and are no longer specialty specific	0597	Critical Care - Days 2-30 inclusive, per day

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0298	Anesthesia	ANESTHESIA CRIT. CARE - DAY 31 ONWARD, PER DAY	Critical Care fee codes have been simplified and are no longer specialty specific	0598	Critical Care - Day 31 onward - per day
0310	Dermatology	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0311	Dermatology	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0313	Dermatology	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0321	Dermatology	DAY HOME VISIT-MONDAY TO SATURDAY	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
0324	Dermatology	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
0325	Dermatology	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
0326	Dermatology	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
0329	Dermatology	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
0330	Dermatology	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0333	Dermatology	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0334	Dermatology	SUBSEQUENT HOSPITAL VISITS (6-13 WEEK)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0335	Dermatology	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0341	Dermatology	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0342	Dermatology	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0350	Dermatology	TELEPHONE CONSULTATION - DERMATOLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
0351	Dermatology	TELEPHONE CONSULTATION - PAIN MANAGEMENT REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)

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0360	Dermatology	CONSULTATION - INITIAL	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
0362	Dermatology	CONSULTATION - SUBSEQUENT	Replaced by simplified Repeat Surgical Consultation Fee Code - No longer specialty specific	1862	Repeat Consultation (Surgical)
0368	Dermatology	COMPREHENSIVE ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0369	Dermatology	COMPREHENSIVE ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0370	Dermatology	DETENTION	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0371	Dermatology	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
0376	Dermatology	DETENTION-SPECIAL CARE	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0380	Dermatology	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
0381	Dermatology	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
0386	Dermatology	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
0387	Dermatology	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri
0390	Dermatology	LIMITED ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0391	Dermatology	LIMITED ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0394	Dermatology	OUT-PT-ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after hours, and it fits the definition of an emergency	N/A	No Replacement - Fee Code Ends March 31, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
			situation in Preamble section 12. A.3		
0410	General Surgery	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0411	General Surgery	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0413	General Surgery	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0420	General Surgery	TELEPHONE CONSULTATION - VASCULAR SURGERY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
0421	General Surgery	DAY HOME VISIT - MONDAY TO SUNDAY	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
0422	General Surgery	TELEPHONE CONSULTATION - VASCULAR SURGERY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
0424	General Surgery	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
0425	General Surgery	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
0426	General Surgery	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
0429	General Surgery	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
0430	General Surgery	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0433	General Surgery	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0434	General Surgery	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0435	General Surgery	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0441	General Surgery	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0442	General Surgery	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0445	General Surgery	Additional on-call add-on fee - See Preamble 12. G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - General Surgery is in the Tier 1 call group	9345	Additional on-call (add-on) - Tier 1
0450	General Surgery	TELEPHONE CONSULTATION - GENERAL SURGERY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
0451	General Surgery	TELEPHONE CONSULTATION - DERMATOLOGY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
0460	General Surgery	CONSULTATION - INITIAL	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
0462	General Surgery	CONSULTATION - SUBSEQUENT	Replaced by simplified Repeat Surgical Consultation Fee Code - No longer specialty specific	1862	Repeat Consultation (Surgical)
0468	General Surgery	COMPREHENSIVE ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0469	General Surgery	COMPREHENSIVE ED VISIT - FRI, SAT, SUN, HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0470	General Surgery	DETENTION	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0471	General Surgery	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
0476	General Surgery	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0480	General Surgery	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
0481	General Surgery	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
0486	General Surgery	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0487	General Surgery	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri
0490	General Surgery	LIMITED ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0491	General Surgery	LIMITED ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0494	General Surgery	OUT-PT-ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after hours, and it fits the definition of an emergency situation in Preamble section 12. A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
0504	Internal Medicine	on-call PERDIEM (IN LIEU OF FFS)-INT MED (Salaried only)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	0540	On-call Retainer - Internal Medicine (QEH, PCH)
0510	Internal Medicine	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0512	Internal Medicine	REPEAT OFFICE VISIT WITH COMPLETE EXAM	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0513	Internal Medicine	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0521	Internal Medicine	DAY HOME VISIT - MONDAY TO SUNDAY	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
0524	Internal Medicine	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
0525	Internal Medicine	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
0526	Internal Medicine	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
0529	Internal Medicine	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
0530	Internal Medicine	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0533	Internal Medicine	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0534	Internal Medicine	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0535	Internal Medicine	SUBSEQUENT HOSPITAL VISITS - AFTER 13th WEEK - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0541	Internal Medicine	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0542	Internal Medicine	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0545	Internal Medicine	Additional on-call add-on fee - See Preamble 12. G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Internal Medicine is in the Tier 1 call group	9345	Additional on-call (add-on) - Tier 1
0550	Internal Medicine	TELEPHONE CONSULT - INTERNIST	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
0551	Internal Medicine	TELEPHONE CONSULTATION - INTERNAL MEDICINE REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
0560	Internal Medicine	CONSULTATION-INITIAL	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
0562	Internal Medicine	CONSULTATION-SUBSEQUENT	Replaced by simplified Repeat Medical Consultation Fee Code - No longer specialty specific	1462	Repeat Consultation (Medical)
0563	Internal Medicine	CONSULTATION-COMPLETE RE EXAM	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0568	Internal Medicine	COMPREHENSIVE ED VISIT - SAT, SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0569	Internal Medicine	COMPREHENSIVE ED VISIT - FRI, SAT, SUN, HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0570	Internal Medicine	DETENTION	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0576	Internal Medicine	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0580	Internal Medicine	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0581	Internal Medicine	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
0586	Internal Medicine	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
0587	Internal Medicine	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri
0590	Internal Medicine	LIMITED ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0591	Internal Medicine	LIMITED ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0594	Internal Medicine	ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after hours, and it fits the definition of an emergency situation in Preamble section 12. A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
0700	Obstetrics & Gynecology	OBS INITIAL VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0703	Obstetrics & Gynecology	OBS PRENATAL VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0704	Obstetrics & Gynecology	IN HOSPITAL DAILY CARE	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0705	Obstetrics & Gynecology	OBS-POST NATAL VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0710	Obstetrics & Gynecology	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0711	Obstetrics & Gynecology	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0713	Obstetrics & Gynecology	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0721	Obstetrics & Gynecology	DAY HOME VISIT - MONDAY TO SUNDAY	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
0724	Obstetrics & Gynecology	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0725	Obstetrics & Gynecology	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
0726	Obstetrics & Gynecology	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
0729	Obstetrics & Gynecology	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
0730	Obstetrics & Gynecology	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0733	Obstetrics & Gynecology	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0734	Obstetrics & Gynecology	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0735	Obstetrics & Gynecology	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0741	Obstetrics & Gynecology	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0742	Obstetrics & Gynecology	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0745	Obstetrics & Gynecology	Additional on-call add-on fee - See Preamble 12. G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Obstetrics & Gynecology is in the Tier 1 call group	9345	Additional on-call (add-on) - Tier 1
0750	Obstetrics & Gynecology	TELEPHONE CONSULTATION - OBSTETRICS/GYNECOLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
0751	Obstetrics & Gynecology	TELEPHONE CONSULTATION - OBSTETRICS & GYNECOLOGY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
0760	Obstetrics & Gynecology	CONSULTATION - INITIAL	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
0762	Obstetrics & Gynecology	CONSULTATION - SUBSEQUENT	Replaced by simplified Repeat Surgical Consultation Fee Code - No longer specialty specific	1862	Repeat Consultation (Surgical)
0764	Obstetrics & Gynecology	CONSULTATION - REPRODUCTIVE ENDOCRINOLOGY	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
0765	Obstetrics & Gynecology	REPEAT CONSULTATION - REPRODUCTIVE ENDOCRINOLOGY	Replaced by simplified Repeat Surgical Consultation Fee Code - No longer specialty specific	1862	Repeat Consultation (Surgical)
0768	Obstetrics & Gynecology	COMPREHENSIVE ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0769	Obstetrics & Gynecology	COMPREHENSIVE ED VISIT - FRI, SAT, SUN, HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0770	Obstetrics & Gynecology	DETENTION	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0771	Obstetrics & Gynecology	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
0776	Obstetrics & Gynecology	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0780	Obstetrics & Gynecology	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
0781	Obstetrics & Gynecology	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
0786	Obstetrics & Gynecology	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
0787	Obstetrics & Gynecology	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri
0790	Obstetrics & Gynecology	LIMITED ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0791	Obstetrics & Gynecology	LIMITED ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0794	Obstetrics & Gynecology	OUT-PT-ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after hours, and it fits the definition of an emergency situation in Preamble section 12. A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
0810	Ophthalmology	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0811	Ophthalmology	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0813	Ophthalmology	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0821	Ophthalmology	DAY HOME VISIT - MONDAY TO SUNDAY	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
0824	Ophthalmology	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
0825	Ophthalmology	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
0826	Ophthalmology	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
0829	Ophthalmology	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
0830	Ophthalmology	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0833	Ophthalmology	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0834	Ophthalmology	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0835	Ophthalmology	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0841	Ophthalmology	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0842	Ophthalmology	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0845	Ophthalmology	Additional on-call add-on fee - See Preamble 12. G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Ophthalmology is in the Tier 2 call group	9350	Additional on-call (add-on) - Tier 2
0850	Ophthalmology	TELEPHONE CONSULTATION - OPHTHALMOLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
0851	Ophthalmology	TELEPHONE CONSULTATION - OPHTHALMOLOGY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
0855	Ophthalmology	On-call PER DIEM (IN LIEU OF FFS) - OPHTHAL (Salaried only)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	0840	On-call Retainer - Ophthalmology

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0860	Ophthalmology	CONSULTATION - INITIAL	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
0862	Ophthalmology	CONSULTATION - SUBSEQUENT	Replaced by simplified Repeat Surgical Consultation Fee Code - No longer specialty specific	1862	Repeat Consultation (Surgical)
0868	Ophthalmology	COMPREHENSIVE ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0869	Ophthalmology	COMPREHENSIVE ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0870	Ophthalmology	DETENTION	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0871	Ophthalmology	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
0876	Ophthalmology	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0880	Ophthalmology	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
0881	Ophthalmology	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
0886	Ophthalmology	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
0887	Ophthalmology	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri
0890	Ophthalmology	LIMITED ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0891	Ophthalmology	LIMITED ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0894	Ophthalmology	OUT-PT-ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after hours, and it fits the definition of an emergency	N/A	No Replacement - Fee Code Ends March 31, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
			situation in Preamble section 12. A.3		
0910	Orthopedic Surgery	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
0911	Orthopedic Surgery	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0913	Orthopedic Surgery	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
0921	Orthopedic Surgery	DAY HOME VISIT - MONDAY TO SUNDAY	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
0925	Orthopedic Surgery	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
0926	Orthopedic Surgery	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
0929	Orthopedic Surgery	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
0930	Orthopedic Surgery	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
0933	Orthopedic Surgery	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0934	Orthopedic Surgery	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0935	Orthopedic Surgery	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
0941	Orthopedic Surgery	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0942	Orthopedic Surgery	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
0945	Orthopedic Surgery	Additional on-call add-on fee - See Preamble 12. G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Orthopedic Surgery is in the Tier 1 call group	9345	Additional on-call (add-on) - Tier 1
0950	Orthopedic Surgery	TELEPHONE CONSULTATION - ORTHOPEDICS	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting

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Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0951	Orthopedic Surgery	TELEPHONE CONSULTATION - ORTHOPEDICS REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
0960	Orthopedic Surgery	CONSULTATION - INITIAL	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
0962	Orthopedic Surgery	CONSULTATION - SUBSEQUENT	Replaced by simplified Repeat Surgical Consultation Fee Code - No longer specialty specific	1862	Repeat Consultation (Surgical)
0968	Orthopedic Surgery	COMPREHENSIVE ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0969	Orthopedic Surgery	COMPREHENSIVE ED VISIT - FRI, SAT, SUN, HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
0970	Orthopedic Surgery	DETENTION	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0971	Orthopedic Surgery	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
0976	Orthopedic Surgery	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
0980	Orthopedic Surgery	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
0981	Orthopedic Surgery	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
0986	Orthopedic Surgery	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
0987	Orthopedic Surgery	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri
0990	Orthopedic Surgery	LIMITED ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
0991	Orthopedic Surgery	LIMITED ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
0994	Orthopedic Surgery	OUT-PATIENT-ADDITIONAL FEE STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after hours, and it fits the definition of an emergency situation in Preamble section 12. A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
1010	Otolaryngology	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
1011	Otolaryngology	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1013	Otolaryngology	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1021	Otolaryngology	DAY HOME VISIT	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
1024	Otolaryngology	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
1025	Otolaryngology	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
1026	Otolaryngology	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
1029	Otolaryngology	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
1030	Otolaryngology	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
1033	Otolaryngology	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1034	Otolaryngology	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1035	Otolaryngology	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1041	Otolaryngology	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
1042	Otolaryngology	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
1045	Otolaryngology	Additional on-call add-on fee - See Preamble 12. G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Otolaryngology is in the Tier 2 call group	9350	Additional on-call (add-on) - Tier 2

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Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1050	Otolaryngology	TELEPHONE CONSULTATION - OTOLARYNGOLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
1051	Otolaryngology	TELEPHONE CONSULTATION - ENT REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
1060	Otolaryngology	CONSULTATION - INITIAL	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
1062	Otolaryngology	CONSULTATION - SUBSEQUENT	Replaced by simplified Repeat Surgical Consultation Fee Code - No longer specialty specific	1862	Repeat Consultation (Surgical)
1065	Otolaryngology	ON-Call PER DIEM (IN LIEU OF FFS) - ENT (Salaried only)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	1040	On-call Retainer - Otolaryngology
1068	Otolaryngology	COMPREHENSIVE ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1069	Otolaryngology	COMPREHENSIVE ED VISIT - FRI, SAT, SUN, HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1070	Otolaryngology	DETENTION	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1071	Otolaryngology	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
1076	Otolaryngology	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15-minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1080	Otolaryngology	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
1081	Otolaryngology	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
1086	Otolaryngology	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
1087	Otolaryngology	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1090	Otolaryngology	LIMITED ED VISIT - SAT, SUN, HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1091	Otolaryngology	LIMITED ED VISIT - FRI, SAT, SUN, HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1094	Otolaryngology	OUT-PT-ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after-hours, and it fits the definition of an emergency situation in Preamble section 12. A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
1102	Pediatrics	Additional on-call add-on fee - See Preamble 12. G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Pediatrics is in the Tier 1 call group	9345	Additional on-call (add-on) - Tier 1
1110	Pediatrics	INITIAL OFFICE VISIT WITH COMPLETE EXAM	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
1111	Pediatrics	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1112	Pediatrics	SUBSEQUENT OFFICE VISIT WITH COMPLETE	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
1113	Pediatrics	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1115	Pediatrics	WELL BABY CARE	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1119	Pediatrics	TELEPHONE CONSULTATION - PEDIATRICS REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
1120	Pediatrics	TELEPHONE CONSULTATION - PEDIATRIC	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
1121	Pediatrics	DAY HOME VISIT	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
1124	Pediatrics	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
1125	Pediatrics	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
1126	Pediatrics	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1129	Pediatrics	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
1130	Pediatrics	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
1133	Pediatrics	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1134	Pediatrics	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1135	Pediatrics	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1137	Pediatrics	PREMATURE CARE - INITIAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
1138	Pediatrics	PREMATURE CARE-SUB UP TO 3 WEEKS	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1139	Pediatrics	PREMATURE CARE-SUB AFTER 3 WEEKS	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1141	Pediatrics	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
1142	Pediatrics	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
1152	Pediatrics	on-call PER DIEM (IN LIEU OF FFS) - PEDIATRICS (Salaried only)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	1140	On-call Retainer - Pediatrics (QEH, PCH)
1154	Pediatrics	PEDIATRIC CONSULT ICU 1st DAY	Critical Care fee codes have been simplified and are no longer specialty specific	0595	Critical Care - 1st Day, includes consultation (90 minutes)
1155	Pediatrics	PEDIATRIC INTENSIVE CARE 1st DAY	Critical Care fee codes have been simplified and are no longer specialty specific	0596	Critical Care - 1st Day, consult within previous 10 days (45 minutes)
1156	Pediatrics	PEDIATRIC CRIT. CARE (DAY 2-30 INCL), PER DAY	Critical Care fee codes have been simplified and are no longer specialty specific	0597	Critical Care - Days 2-30 inclusive, per day
1157	Pediatrics	PEDIATRIC CRIT. CARE (DAY 31 ONWARD) PER DAY	Critical Care fee codes have been simplified and are no longer specialty specific	0598	Critical Care - Day 31 onward - per day
1160	Pediatrics	CONSULTATION-INITIAL	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
1162	Pediatrics	CONSULTATION-SUBSEQUENT	Replaced by simplified Repeat Medical Consultation Fee Code - No longer specialty specific	1462	Repeat Consultation (Medical)
1163	Pediatrics	CONSULTATION-COMPLETE RE-EXAM	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit

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Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1168	Pediatrics	COMPREHENSIVE ED VISIT - SAT, SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1169	Pediatrics	COMPREHENSIVE ED VISIT - FRI,SAT,SUN,HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1170	Pediatrics	DETENTION	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1176	Pediatrics	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1179	Pediatrics	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
1180	Pediatrics	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
1181	Pediatrics	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
1182	Pediatrics	ILL NEWBORN-INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
1183	Pediatrics	ILL NEWBORN-SUBSEQUENT VISITS 1st 5 WEEKS	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1184	Pediatrics	ILL NEWBORN-SUBSEQUENT VISITS 6-13 WEEK	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1185	Pediatrics	ILL NEWBORN AFTER 13th WEEK	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1186	Pediatrics	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
1187	Pediatrics	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri
1190	Pediatrics	LIMITED ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1191	Pediatrics	LIMITED ED VISIT - FRI,SAT,SUN,HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1194	Pediatrics	ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after-hours and it fits the definition of an emergency situation in Preamble section 12.A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
1210	Psychiatry	INITIAL OFFICE VISIT WITH COMPLETE EXAM	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
1213	Psychiatry	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1221	Psychiatry	DAY HOME VISIT - MONDAY TO FRIDAY	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
1224	Psychiatry	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
1225	Psychiatry	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
1226	Psychiatry	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
1229	Psychiatry	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
1230	Psychiatry	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
1233	Psychiatry	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1234	Psychiatry	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1235	Psychiatry	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1241	Psychiatry	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
1242	Psychiatry	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1245	Psychiatry	Additional on-call add-on fee - See Preamble 12.G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Psychiatry is in the Tier 1 call group	9345	Additional on-call (add-on) - Tier 1
1250	Psychiatry	TELEPHONE CONSULTATION - PSYCHIATRY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
1251	Psychiatry	TELEPHONE CONSULTATION - PSYCHIATRY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
1263	Psychiatry	CONSULTATION-COMPLETE RE-EXAM	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
1268	Psychiatry	COMPREHENSIVE ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1269	Psychiatry	COMPREHENSIVE ED VISIT - FRI,SAT,SUN,HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1270	Psychiatry	DETENTION	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1276	Psychiatry	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1280	Psychiatry	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
1281	Psychiatry	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
1286	Psychiatry	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
1287	Psychiatry	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri
1290	Psychiatry	LIMITED ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1291	Psychiatry	LIMITED ED VISIT - FRI,SAT,SUN,HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1294	Psychiatry	ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after-hours and it fits the definition of an emergency situation in Preamble section 12.A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
1310	Urology	COMPREHENSIVE OFFICE VISIT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
1311	Urology	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1313	Urology	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1321	Urology	DAY HOME VISIT - MONDAY TO SUNDAY	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
1324	Urology	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
1325	Urology	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
1326	Urology	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
1329	Urology	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
1330	Urology	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
1333	Urology	SUBSEQUENT HOSPITAL VISIT (1st-5th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1334	Urology	SUBSEQUENT HOSPITAL VISIT (6-13th WEEKS)	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1335	Urology	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK) - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1341	Urology	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
1342	Urology	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general	1841	Hospital Care - Additional Physician

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
			Additional Physician Hospital Care fee code		
1345	Urology	Additional on-call add-on fee - See Preamble 12.G	Specialty-specific additional on-call add-on fees have been replaced by tier-specific add-on fee codes - Urology is in the Tier 2 call group	9350	Additional on-call (add-on) - Tier 2
1350	Urology	TELEPHONE CONSULTATION - UROLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
1351	Urology	TELEPHONE CONSULTATION - UROLOGY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
1360	Urology	CONSULTATION - INITIAL	Replaced by simplified Surgical Consultation Fee Code - No longer specialty specific	1860	Consultation (Surgical)
1362	Urology	CONSULTATION - SUBSEQUENT	Replaced by simplified Repeat Surgical Consultation Fee Code - No longer specialty specific	1862	Repeat Consultation (Surgical)
1368	Urology	COMPREHENSIVE ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1369	Urology	COMPREHENSIVE ED VISIT - FRI,SAT,SUN,HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1370	Urology	DETENTION	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1371	Urology	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
1376	Urology	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1380	Urology	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
1381	Urology	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
1386	Urology	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri
1387	Urology	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Night (18:00-07:59) - Mon to Fri

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1390	Urology	LIMITED ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1391	Urology	LIMITED ED VISIT - FRI,SAT,SUN,HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1394	Urology	OUT-PT ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after-hours and it fits the definition of an emergency situation in Preamble section 12.A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
1610	Physical Medicine	INITIAL OFFICE VISIT WITH COMPLETE EXAM	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
1611	Physical Medicine	INITIAL OFFICE VISIT WITH REGIONAL EXAM	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1613	Physical Medicine	LIMITED OFFICE VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1621	Physical Medicine	DAY HOME VISIT	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
1624	Physical Medicine	HOME VISIT - ADDITIONAL FAMILY MEMBER	Additional patients seen during home visits now use a general, non-specialty-specific fee code	1824	Each additional patient seen during home visit
1625	Physical Medicine	ADDITIONAL FEE FOR STRICT EMERGENCY	Specialty-specific home visit strict emergency fee codes have been condensed to a general fee allowed for emergency home visits	1825	Home Visit - additional fee for strict emergency
1626	Physical Medicine	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
1629	Physical Medicine	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
1630	Physical Medicine	INITIAL HOSPITAL VISIT	Specialty-specific initial hospital visits now use the general Hospital Admission fee code	1830	Hospital Admission
1633	Physical Medicine	SUBSEQUENT HOSPITAL VISIT-1st 5 WEEKS	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1634	Physical Medicine	SUBSEQUENT HOSPITAL VISIT 6-13th WEEK	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)
1635	Physical Medicine	SUBSEQUENT HOSPITAL VISIT - AFTER 13th WEEK - PER VISIT	Hospital Visits have been simplified to a daily fee per patient, detention may be billed if called back to see the same patient on the same day.	1833	Daily Hospital Care (MRP)

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1641	Physical Medicine	CONTINUING CARE	Specialty-specific continuing care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
1642	Physical Medicine	DIRECTIVE CARE	Specialty-specific directive care is now billed using the general Additional Physician Hospital Care fee code	1841	Hospital Care - Additional Physician
1650	Physical Medicine	TELEPHONE CONSULTATION - PHYSICAL MEDICINE	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
1651	Physical Medicine	TELEPHONE CONSULTATION - PHYSICAL MEDICINE REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
1660	Physical Medicine	CONSULTATION-INITIAL	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
1662	Physical Medicine	CONSULTATION-SUBSEQUENT	Replaced by simplified Repeat Medical Consultation Fee Code - No longer specialty specific	1462	Repeat Consultation (Medical)
1663	Physical Medicine	CONSULTATION-COMPLETE RE-EXAM	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
1668	Physical Medicine	COMPREHENSIVE ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1868	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1669	Physical Medicine	COMPREHENSIVE ED VISIT - FRI,SAT,SUN,HOLI (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1887)	1869/1887	Comprehensive ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1670	Physical Medicine	DETENTION	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1671	Physical Medicine	INTENSIVE CARE	Specialty-specific intensive care fee codes have been replaced by a general intensive care visit code.	1871	Intensive Care Visit
1676	Physical Medicine	DETENTION-SPECIAL CALL	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
1680	Physical Medicine	LIMITED ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1880	Limited ED Visit - Day (08:00-17:59) - Mon to Fri
1681	Physical Medicine	LIMITED ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1881	Limited ED Visit - Night (18:00-07:59) - Mon to Fri
1686	Physical Medicine	COMPREHENSIVE ED VISIT - MON-FRI (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1886	Comprehensive ED Visit - Day (08:00-17:59) - Mon to Fri

Physician Services Agreement – Fee Code Change Table – Effective April 1, 2025

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
1687	Physical Medicine	COMPREHENSIVE ED VISIT - MON-THURS (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1887	Comprehensive ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1690	Physical Medicine	LIMITED ED VISIT - SAT,SUN,HOLIDAY (DAY)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific.	1890	Limited ED Visit - Day (08:00-17:59) - Sat, Sun, Holiday
1691	Physical Medicine	LIMITED ED VISIT - FRI,SAT,SUN,HOLIDAY (NIGHT)	Specialty-specific ED Visit fee codes are being replaced by single ED Visit codes which are time and complexity specific. Friday night ED Visits are no longer included in the weekend group and will instead use the weekday night fee code (1881)	1891/1881	Limited ED Visit - Night (18:00-07:59) - [Sat, Sun, Holiday OR Mon to Fri]
1694	Physical Medicine	OUT-PT ADDITIONAL FEE FOR STRICT EMERGENCY	Add-on fees for strict emergencies are not included in the PSA, emergency premiums may be applied when eligible fees are billed after-hours and it fits the definition of an emergency situation in Preamble section 12.A.3	N/A	No Replacement - Fee Code Ends March 31, 2025
1713	Radiation Oncology	RADIATION ONCOLOGY FOLLOW-UP VISIT	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
1760	Radiation Oncology	RADIATION ONCOLOGY CONSULTATION	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
1762	Radiation Oncology	REPEAT CONSULTATION	Replaced by simplified Repeat Medical Consultation Fee Code - No longer specialty specific	1462	Repeat Consultation (Medical)
1926	Family Medicine	HOME VISIT (non-homebound)	Home visits to non-homebound patients now use a general home visit fee code.	1826	Home visit for non-homebound patient
1929	Family Medicine	OFFSITE VISIT	Specialty-specific offsite visit codes have been replaced by a single, general offsite visit fee code.	1829	Offsite Visit
1955	Laboratory Medicine	on-call PERDIEM (IN LIEU OF FFS) - LAB. MED (Salaried only)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	1940	On-call Retainer - Laboratory Medicine
2048	Multiple	COMPREHENSIVE PALLIATIVE CARE CONSULTATION-SPECIALIST	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
2067	Palliative	REPEAT PALLIATIVE CARE CONSULT-SPECIALIST	Replaced by simplified Repeat Medical Consultation Fee Code - No longer specialty specific	1462	Repeat Consultation (Medical)
2081	Closed ICU	QEH CLOSED ICU DAILY TOP-UP SESSIONAL FEE (Salary Class I)	There is now one universal salary top-up fee for salaried physicians performing Closed ICU duties on weekdays. This fee is based on the number of beds.	2083	Closed ICU Sessional fee (Salary top-up)
2082	Closed ICU	QEH CLOSED ICU DAILY TOP-UP SESSIONAL FEE (Salary Class II)	There is one universal salary top-up for closed ICU sessional fees under this agreement.	2083	Closed ICU Sessional fee (Salary top-up)
2225	Neurology	TELEPHONE CONSULTATION - NEUROLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
2228	Family Medicine	ANNUAL HEALTH EXAM 1-2 YEARS	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
2229	Family Medicine	ANNUAL HEALTH EXAM 3-16 YEARS	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
2230	Family Medicine	ANNUAL HEALTH EXAM 17-64 YEARS	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
2231	Family Medicine	ANNUAL HEALTH EXAM 65 YEARS PLUS	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
2350	Medical Oncology	TELEPHONE CONSULTATION - MEDICAL ONCOLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
2351	Medical Oncology	TELEPHONE CONSULTATION - MEDICAL ONCOLOGY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
2380	Medical Oncology	on-call PERDIEM (IN LIEU OF FFS)-MED ONC(Salaried only)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	2390	On-call Retainer - Medical Oncology
2505	Family Medicine	HEALTH PROMOTION COUNSELLING	The new agreement does not have a specific fee code for health promotion counselling.	N/A	No Replacement - Fee Code Ends March 31, 2025
2508	Family Medicine	MENTAL HEALTH CRISIS CARE-GP-PER 15 MINUTES	In-depth patient evaluations now use a generalized Comprehensive Visit fee code, detention may be billed if the comprehensive visit performed by a Family Medicine Specialist exceeds 30 minutes.	1810	Comprehensive Visit
2510	Multiple	NURSE PRACTITIONER COLLABORATION	Now a simplified flat-rate fee - No longer billed in 5 minute increments	0097	Collaborative Care
2590	Multiple	PRENATAL PSYCHOSOCIAL ASSESSMENT	In-depth patient evaluations now use a generalized Comprehensive Visit fee code, detention may be billed if the comprehensive visit performed by a Family Medicine Specialist exceeds 30 minutes.	1810	Comprehensive Visit
2807	Geriatrics	CASE MANAGEMENT-GERIATRIC MEDICINE	Specialty-specific case management codes have been replaced by a general case management fee code billed in 15 minute increments	2507	Case Management Conference (per 15 min)
2821	Geriatrics	HOME VISIT-GERIATRIC MEDICINE	Specialty-specific home visits for homebound patients now use a general homebound patient code	1821	Homebound Patient Visit
2850	Geriatrics	TELEPHONE CONSULTATION - GERIATRICS	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
2860	Geriatrics	CONSULTATION-GERIATRIC MEDICINE	Replaced by simplified Medical Consultation Fee Code - No longer specialty specific	1460	Consultation (Medical)
2862	Geriatrics	REPEAT CONSULTATION WITHIN 30 DAYS-GERIATRIC MEDICINE	Replaced by simplified Repeat Medical Consultation Fee Code - No longer specialty specific	1462	Repeat Consultation (Medical)

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
2863	Geriatrics	FOLLOW UP VISIT-GERIATRIC MEDICINE	Services rendered to a patient which do not meet the threshold of a comprehensive visit now use a general Limited Visit fee code.	1813	Limited Visit
2870	Geriatrics	DETENTION-GERIATRIC MEDICINE	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
2880	Geriatrics	COMPENTENCY ASSESSMENT-GERIATRIC MEDICINE	In-depth patient evaluations now use a generalized Comprehensive Visit fee code.	1810	Comprehensive Visit
2886	Geriatrics	DIAG.&THERA. INTERVIEW-GERIATRIC MEDICINE	Specialty-specific diagnostic & therapeutic interview codes have been replaced by general equivalents, billed in 15 minute increments. The specialist fee code 2586 is only to be used by a geriatrics specialist.	2588/2586	Diagnostic & Therapeutic interview (per 15 min) - (Family Medicine/Specialist)
4350	Medical Microbiology	TELEPHONE CONSULTATION - MEDICAL MICROBIOLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
4351	Medical Microbiology	TELEPHONE CONSULTATION - MEDICAL MICROBIOLOGY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
4355	Medical Microbiology	Medical Microbiology/Infectious Disease on-call (Salary)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	4340	On-call Retainer - Medical Microbiology
4615	Pain Management	TELEPHONE CONSULTATION - PAIN MANAGEMENT	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
4690	Pain Management	TELEPHONE CONSULTATION - PAIN MANAGEMENT REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
4850	Radiation Oncology	TELEPHONE CONSULTATION - RADIATION ONCOLOGY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
4851	Radiation Oncology	TELEPHONE CONSULTATION - RADIATION ONCOLOGY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
4855	Radiation Oncology	on-call PERDIEM (IN LIEU OF FFS)-RAD ONC(Salaried only)	On-call retainers have replaced on-call per diems - Reminder that you may be eligible for Response Fees and FFS billings when called.	4840	On-call Retainer - Radiation Oncology
6027	Long Term Care	LONG TERM CARE VISIT - FIRST RESIDENT	LTC and Community Care visits now use a general fee code	1827	LTC and Community Care Visit - first resident
6029	Long Term Care	LONG TERM CARE VISIT - EACH ADDITIONAL RESIDENT	LTC and Community Care visits now use a general fee code	1828	LTC and Community Care Visit - each additional resident
6060	Long Term Care	LTC on-call RESPONSE FEE	Replaced by universal response fee - No longer specialty specific	9360	On-call Response Fee

Old Fee Code	Specialty	Old Medicare Description	What has changed?	New Fee Code	New PSA Description
6076	Long Term Care	LONG TERM CARE - after-hours DETENTION FEE	Detention is now billed using one general detention fee code in 15 minute blocks. This applies to both special calls requiring detention and detention after the first 30 minutes.	1870	Detention - per 15-min block
9750	Plastic Surgery	TELEPHONE CONSULTATION - PLASTIC SURGERY	Specialty-specific telephone consultations billed by the consulting specialist now use a general Limited or Telephone Consultation fee code	1850	Limited Consultation - consulting
9751	Plastic Surgery	TELEPHONE CONSULTATION - PLASTIC SURGERY REFERRING PHYSICIAN	Referring physicians no longer bill a specialty-specific telephone consultation fee code, but a general limited or telephone consultation fee code for referring physician	1851	Limited or Telephone Consultation (Referring Physician)
9801	Multiple	SPECIALIST CLINIC PATIENT		0 N/A	No Replacement - Fee Code Ends March 31, 2025