Bulletin

Bulletin Number	Date	Direct inquiries to
4502	November 4, 2009	Ministry of Health and Long-Term Care
Distribution		(address below)
Physicians, Hospitals, Clinics and Laboratories		

Subject: 2008 Physician Services Agreement Update – Changes effective October 1, 2009.

In keeping with the provisions of the 2008 Physician Services Agreement, a number of changes to the Schedule of Benefits for Physician Services are being implemented. This Bulletin will provide information on where to access detailed information about these changes, as well as information regarding the implementation of these changes, including any steps that may require physician participation.

1. **Fee code changes – Fee increases, Fee decreases, Deleted fee codes, New fee codes, Revisions to existing fee code descriptors, Anaesthesia unit increases and decreases**
2. **Implementation of Schedule Changes – Retroactive Adjustments**
3. **New specialties**
4. **Special Visit Premiums**
5. **Appendix Q (new): Primary Care codes**

1. Fee code changes

In keeping with section 3.2 of the Agreement to introduce a 5% global increase to the Schedule of Benefits, there are a number of fee code changes being introduced retroactively effective to October 1, 2009. Charts are available showing all fee increases, fee decreases, deleted fee codes, new fee codes, revision to existing fee code descriptors, and Anaesthetist unit increases and decreases on-line here: http://health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html.

2. Implementation of Schedule Changes – Retroactive Adjustments

The following chart details by type of fee code change the systems solution being implemented to correctly pay claims according to the provisions of the October 1, 2009 Schedule of Benefits.

Processing Sites				
Hamilton 119 King Street West, 10th Floor Box 2280, Station A L8P 4Y7	**Kingston** 1055 Princess Street, Suite 401 Box 9000 K7L 5A9	**London** 217 York Street, 5th Floor Box 5700, Station A N6A 4L6	**Oshawa** Executive Tower, Oshawa Centre 419 King Street West Box 635 L1J 7J2	**Thunder Bay** 435 James Street South Suite 113 P7E 6T1
Mississauga 201 City Centre Drive Suite 300 L5B 2T4	**Ottawa** Fuller Building 75 Albert Street, 7th Floor K1P 5Y9	**Sudbury** 199 Larch Street Suite 801 P3E 5R1	**Toronto** 47 Sheppard Avenue East Suite 505 M2N 7E7	**Contact Information** www.health.gov.on.ca **INFOline:** 1-800-664-8988

The chart also shows the target date when each change will appear on physician Remittance Advices. Please note that in some situations, physician and ministry local office input is required to enact the retroactive adjustments.

Information regarding adjustments to payments for Specialist Physician Contracts (APPs) and Primary Health Care Flow-through will be communicated in a future bulletin.

Claims to be adjusted retroactively are those which:

a. are on the list of services with fee code/amount changes effective October 1, 2009;
b. have service dates of October 1, 2009 up to and including October 31, 2009; and
c. were processed and paid on the November 2009 Remittance Advice.

Claims with service dates of October 1, 2009 and processed after Nov. 1, 2009 will pay according to the new Schedule.

<table>
<tr><th>Type of Fee Change</th><th>Solution</th><th>Target Payment Date</th><th>Comments and Examples</th></tr>
<tr><td>Fee Increases – applicable to Opt-in physicians and Reciprocal Medical Billing System/Workplace Safety Insurance Board claims.</td><td>Automated Item-by- Item Retroactive Adjustments</td><td>December 2009 Remittance Advice</td><td>Example:

Claim for a 72 year old patient receiving a general assessment on Oct. 15 and paid on the Nov. RA.:

General Assessment Service:
Original Claim – A003A paid at $61.00
Adjustment 1 on Dec. RA - A003A reversal of -$61.00
Adjustment 2 on Dec. RA – A003A paid at $68.75

Geriatric Premium:
Original Premium Paid - $9.15
Adjustment 1 on Dec. RA – premium reversal of -$9.15
Adjustment 2 on Dec RA – premium paid at $10.31
Additional payment of $1.16 ($10.31-$9.15) on Dec. RA</td></tr>
<tr><td>• Exclusion – all surgical codes that are eligible for age premiums and/or after hours anaesthetic premiums.</td><td>Automated Item-by-Item Retroactive Adjustments</td><td>January 2010 Remittance Advice</td><td>To ensure eligible age and after hour premiums pay correctly, surgical codes are being processed separately.

Example:

Claims were paid for a 72 year old patient undergoing a 4 hour and 15 minute surgery on October 26th

Fee Code/ Physician | Original Claim | Jan. RA Adjustment1 | Jan RA Adjustment 2

S043A/ Surgeon | $690.90 | -$690.90 | $866.95
S043B/ Assistant | $410.40 | -$410.40 | $472.32
S043C Anaesthetist | $648.76 | -$648.76 | $741.54
Anaesthesia Age Premium | $13.24 | -$13.24 | $14.54</td></tr>
</table>

Type of Fee Change	Solution	Target Payment Date	Comments and Examples
Fee Increases (Opt-Out)	Automated Summary Level Retroactive Adjustments	December 2009 Remittance Advice	Physicians should NOT collect the fee increases from patients. The fee increases will be paid directly to the physician. Physicians must ensure, through their local office, that the ministry has their correct mailing address and banking information.
New codes – Scenario 1 – the new code replaces an existing code	Physicians must request that the applicable claim items be adjusted. The local office will adjust the claim to pay under the new fee code.	The resubmission must be done within 6 months of the original service date on the claim. Payment will occur on the Remittance Advice the month after the resubmission was adjudicated.	Example – a physician submitted a claim with a service date in October 2009 and paid on the November 2009 RA. The originally billed fee code would be eligible for payment under a new fee code under the provisions of the new Schedule. The physician must send an inquiry to the local office and request that existing claim and the specific item(s) on the claim be adjusted to be the new fee code. A post audit will be performed to ensure duplicate payments are not made for the same service. If duplicate payment occurs, recoveries will be instituted
New Codes – Scenario 2 – the code is for a new insured service. It was not previously billed under a different fee code	Physician submits claims for these services	Remittance Advice following the month the claim was processed	Physicians may now submit claims for new services with service dates of October 1, 2009 or later. If a patient was billed for an uninsured service during October 2009, but the service is now insured, the physician must reimburse the patient for the full amount charged to the patient.
Fee decreases • Adjustment of overpayments will occur	Automated claim by claim adjustments	December 2009 Remittance Advice	If a fee code was decreased, the fee paid amount will be adjusted.
Deleted codes			Additional information to follow, as required.
Fee Code Descriptor Revisions	Some items may be adjusted through the automated adjustment process. Physicians must request that the applicable claim items be adjusted.		Physicians should wait for the results of the automated item-level adjustments, on the December RA, before submitting adjustments through the local ministry office. If physicians do not submit adjustments, the claim may be adjusted through a post payment review.

Type of Fee Change	Solution	Target Payment Date	Comments and Examples
Surgical Assist Time unit changes	Automated Retroactive Adjustments.	January 2010 Remittance Advice.	Applicable age premium adjustments will be completed as required.
Anaesthesia unit changes	Automated Retroactive Adjustments.	January 2010 Remittance Advice	Applicable age premium and after hours premium adjustments will be completed as required.

3. New specialties

Five new specialties are being introduced in to the Schedule of Benefits for Physician Services as follows:

Endocrinology & Metabolism (15)
Nephrology (16)
Vascular Surgery (17)
Medical Oncology (44)
Infectious Disease (46)

In addition, Specialty 09 – Cardiovascular and Thoracic Surgery's name is being changed to Specialty 09 – Cardiac Surgery.

Not all claims submitted by physicians with one of the new specialties will require adjustments. For example, if the physician is an endocrinologist but submitted a claim for an assessment where the fee code is scheduled to receive an increase and the claim was submitted under the specialty of Internal Medicine the physician does not have to resubmit a claim. The fee code values of the 'new' specialty are with the same as those of the 'old' specialty and the claims processing system will automatically increase the payment for this fee code. It is not necessary to resubmit a claim so the new specialty appears on the claim.

4. Special Visit Premiums

The Schedule of Benefits section related to Special Visit Premiums (SVPs) has undergone a number of changes. Special Visit Premiums are payments made to physicians when a visit has been initiated by a patient for the purpose of rendering a non-elective service or an elective service.

Physicians who have withheld claims pending implementation of the changes should now submit those claims. If SVPs were paid on the November RA and need to be adjusted, physicians should contact their local ministry office and request that the claim items be adjusted. The local office will adjust the claim to pay under the new fee code structure.

5. Appendix Q: Information on Primary Care Q Codes

A new Appendix Q has been added to the Schedule of Benefits in order to provide a reference document for the Primary Care Q codes that currently exist.

A revised Schedule of Benefits for Physician Services, including all changes effective October 1, 2009, will be distributed to physicians in the near future.

Bulletins and the updated version of the Schedule reflecting the October 1, 2009 changes are available on the Ministry of Health and Long-Term Care website:
www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html.

This Bulletin is a general summary provided for information purposes only. Physicians, hospitals and other health care providers are directed to review the Health Insurance Act, Regulation 552 and the Schedules under that regulation, for the complete text of the provisions. You can access this information on-line at: www.e-laws.gov.on.ca/.

In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulation, the legislation and/or regulation prevails.

Chart 1 - Fee Increases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee
A001	$17.75	$20.00	A245	$71.30	$73.80	A565	$82.90	$91.35
A003	$61.00	$68.75	A246	$45.85	$47.45	A575	$82.90	$91.35
A004	$30.70	$33.50	A261	$19.50	$21.50	A595	$82.90	$91.35
A005	$56.10	$62.65	A262	$35.15	$40.30	A601	$58.45	$64.40
A007	$31.95	$32.35	A263	$64.05	$70.60	A603	$64.05	$70.60
A025	$66.15	$68.75	A264	$50.50	$55.65	A604	$50.50	$55.65
A034	$22.45	$24.00	A265	$147.80	$165.00	A605	$132.50	$143.40
A035	$86.60	$89.30	A266	$82.90	$91.35	A606	$82.90	$91.35
A043	$51.45	$58.25	A310	$50.50	$55.65	A608	$30.60	$33.70
A044	$26.50	$30.00	A311	$58.45	$64.40	A611	$58.45	$64.40
A045	$107.00	$121.10	A313	$64.05	$70.60	A613	$64.05	$70.60
A046	$51.45	$58.25	A315	$149.55	$170.70	A614	$50.50	$55.65
A055	$82.90	$89.70	A316	$82.90	$91.35	A615	$132.50	$143.40
A064	$22.45	$24.00	A318	$30.60	$33.70	A616	$82.90	$91.35
A065	$71.30	$76.30	A325	$82.90	$91.35	A618	$30.60	$33.70
A071	$58.45	$64.40	A340	$50.50	$55.65	A621	$58.45	$64.40
A073	$64.05	$70.60	A341	$58.45	$64.40	A623	$64.05	$70.60
A074	$50.50	$55.65	A343	$64.05	$70.60	A624	$50.50	$55.65
A075	$147.80	$165.00	A345	$132.50	$143.40	A625	$132.50	$143.40
A076	$82.90	$91.35	A346	$82.90	$91.35	A626	$82.90	$91.35
A078	$30.60	$33.70	A348	$30.60	$33.70	A628	$30.60	$33.70
A084	$22.45	$24.00	A353	$39.70	$43.80	A635	$71.30	$78.45
A085	$71.30	$77.55	A354	$22.45	$24.00	A636	$49.55	$54.50
A094	$22.45	$24.00	A355	$71.30	$77.40	A638	$30.60	$33.65
A095	$71.30	$89.30	A356	$45.85	$53.00	A644	$22.45	$24.00
A131	$58.45	$64.40	A365	$132.50	$180.00	A645	$86.60	$89.30
A133	$64.05	$70.60	A375	$82.90	$91.35	A655	$82.90	$91.35
A134	$50.50	$55.65	A385	$82.90	$84.95	A661	$58.45	$64.40
A135	$132.50	$143.40	A395	$82.90	$91.35	A665	$82.90	$91.35
A136	$82.90	$91.35	A405	$58.25	$64.20	A667	$300.00	$375.00
A138	$30.60	$33.70	A411	$58.45	$64.40	A675	$82.90	$91.35
A181	$58.45	$59.90	A413	$64.05	$70.60	A695	$271.60	$324.00
A183	$64.05	$65.65	A414	$50.50	$55.65	A735	$29.20	$32.10
A184	$50.50	$51.75	A415	$132.50	$143.40	A745	$82.90	$91.35
A185	$147.80	$169.90	A416	$82.90	$91.35	A775	$195.55	$270.00
A186	$82.90	$84.95	A418	$30.60	$33.70	A777	$31.95	$32.35
A188	$30.60	$31.35	A425	$197.30	$270.00	A795	$195.55	$270.00
A193	$64.05	$70.60	A435	$82.90	$91.35	A815	$132.50	$165.00
A194	$30.60	$33.70	A471	$58.45	$64.40	A835	$132.50	$180.00
A195	$162.95	$176.25	A473	$64.05	$70.60	A888	$28.55	$30.85
A196	$82.90	$91.35	A474	$50.50	$55.65	A895	$190.15	$205.65
A197	$173.80	$187.95	A475	$132.50	$143.40	A905	$44.65	$50.75
A198	$173.80	$187.95	A476	$82.90	$91.35	A935	$132.50	$144.75
A203	$40.25	$43.85	A478	$30.60	$33.70	A945	$132.50	$144.75
A204	$22.45	$24.45	A481	$58.45	$64.40	C003	$61.00	$68.75
A205	$86.60	$93.65	A483	$64.05	$70.60	C004	$30.70	$33.50
A206	$45.85	$50.00	A484	$50.50	$55.65	C005	$56.10	$62.65
A221	$30.60	$33.70	A485	$132.50	$143.40	C025	$66.15	$143.40
A225	$147.80	$165.00	A486	$82.90	$91.35	C035	$86.60	$89.30
A226	$82.90	$91.35	A488	$30.60	$33.70	C043	$51.45	$58.25
A233	$42.15	$50.00	A515	$82.90	$91.35	C044	$26.50	$30.00
A243	$39.70	$41.10	A525	$82.90	$91.35	C045	$107.00	$121.10
A244	$22.45	$23.25	A545	$82.90	$91.35	C046	$51.45	$58.25

Chart 1 - Fee Increases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee
C055	$82.90	$89.70	C365	$132.50	$180.00	C745	$82.90	$91.35
C065	$71.30	$76.30	C375	$82.90	$91.35	C775	$195.55	$270.00
C071	$58.45	$64.40	C385	$82.90	$84.95	C777	$31.95	$32.35
C073	$64.05	$70.60	C395	$82.90	$91.35	C795	$195.55	$270.00
C074	$50.50	$55.65	C405	$58.25	$64.20	C815	$132.50	$165.00
C075	$147.80	$165.00	C411	$58.45	$64.40	C835	$132.50	$180.00
C076	$82.90	$91.35	C413	$64.05	$70.60	C895	$190.15	$205.65
C085	$71.30	$77.55	C414	$50.50	$55.65	C905	$49.60	$50.75
C095	$86.60	$89..30	C415	$132.50	$143.40	C935	$132.50	$144.75
C109	$36.30	$90.95	C416	$82.90	$91.35	C945	$132.50	$144.75
C110	$54.60	$118.25	C425	$197.30	$270.00	C988B	$36.30	$72.70
C131	$58.45	$64.40	C435	$82.90	$91.35	C989	$36.30	$72.70
C133	$64.05	$70.60	C471	$58.45	$64.40	C991	$10.35	$18.20
C134	$50.50	$55.65	C473	$64.05	$70.60	C993	$15.55	$36.30
C135	$132.50	$143.40	C474	$50.50	$55.65	C995	$27.30	$54.55
C136	$82.90	$91.35	C475	$132.50	$143.40	C997	$40.95	$81.85
C181	$58.45	$59.90	C476	$82.90	$91.35	E109	$328.40	$677.50
C183	$64.05	$65.65	C481	$58.45	$64.40	E173	$276.55	$594.70
C184	$50.50	$51.75	C483	$64.05	$70.60	E174	$322.45	$667.00
C185	$147.80	$169.90	C484	$50.50	$55.65	E300	$172.65	$240.75
C186	$82.90	$84.95	C485	$132.50	$143.40	E301	$247.35	$344.90
C193	$64.05	$70.60	C486	$82.90	$91.35	E311	$197.45	$238.90
C194	$50.50	$55.65	C515	$82.90	$91.35	E312	$247.35	$344.95
C196	$82.90	$91.35	C525	$82.90	$91.35	E313	$297.25	$356.25
C203	$40.25	$43.85	C545	$82.90	$91.35	E315	$553.20	$662.30
C204	$25.15	$27.40	C565	$82.90	$91.35	E322	$514.70	$616.25
C205	$86.60	$93.65	C575	$82.90	$91.35	E328	$236.80	$283.50
C206	$45.85	$50.00	C595	$82.90	$91.35	E335	$548.45	$628.55
C225	$147.80	$165.00	C601	$58.45	$64.40	E345	$1,235.00	$1,365.20
C226	$82.90	$91.35	C603	$64.05	$70.60	E450	$7.30	$7.65
C233	$42.15	$50.00	C604	$50.50	$55.65	E451	$22.70	$23.85
C243	$39.70	$41.10	C605	$132.50	$143.40	E524	$233.55	$273.45
C244	$25.15	$26.05	C606	$82.90	$91.35	E528	$167.30	$258.50
C245	$71.30	$73.80	C611	$58.45	$64.40	E635	$64.55	$67.20
C246	$45.85	$47.45	C613	$64.05	$70.60	E636	$24.80	$25.80
C263	$64.05	$70.60	C614	$50.50	$55.65	E637	$69.30	$72.10
C264	$50.50	$55.65	C615	$132.50	$143.40	E638	$74.30	$77.25
C265	$147.80	$165.00	C616	$82.90	$91.35	E677	$94.30	$98.10
C266	$82.90	$91.35	C621	$58.45	$64.40	E678	$94.30	$98.10
C311	$58.45	$64.40	C623	$64.05	$70.60	E828	$85.70	$104.00
C313	$64.05	$70.60	C624	$50.50	$55.65	E830	$98.55	$107.20
C314	$50.50	$55.65	C625	$132.50	$143.40	E860	$71.90	$131.45
C315	$149.55	$170.70	C626	$82.90	$91.35	E902	$373.80	$436.90
C316	$82.90	$91.35	C635	$71.30	$78.45	E933	$69.05	$99.85
C325	$82.90	$91.35	C636	$49.55	$54.50	E960	$85.30	$102.00
C341	$58.45	$64.40	C645	$86.60	$89.30	E979	$215.50	$357.75
C343	$64.05	$70.60	C655	$82.90	$91.35	E981	$92.10	$128.45
C344	$50.50	$55.65	C661	$58.45	$64.40	F019	$314.95	$400.00
C345	$132.50	$143.40	C665	$82.90	$91.35	F030	$281.15	$350.00
C346	$82.90	$91.35	C667	$300.00	$375.00	F072	$394.15	$500.00
C353	$39.70	$43.80	C675	$82.90	$91.35	F077	$311.85	$400.00
C355	$71.30	$77.40	C695	$271.60	$324.00	F118	$231.10	$300.00
C356	$45.85	$53.00	C735	$29.20	$32.10	F137	$256.40	$310.55

Chart 1 - Fee Increases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee
F138	$256.40	$418.10	G418	$37.95	$38.90	H153	$53.80	$55.85
F139	$342.55	$555.90	G419	$20.10	$20.60	H313	$65.65	$71.00
F142	$394.25	$685.20	G440	$8.80	$10.55	J001	$23.20	$23.85
F143	$429.60	$577.65	G441	$12.25	$18.35	J002	$26.30	$27.00
F144	$542.60	$1,594.90	G442	$2.78	$3.34	J003	$53.40	$54.85
G082	$431.20	$444.15	G448	$18.55	$22.25	J004	$55.25	$56.75
G083	$369.65	$380.75	G456	$99.35	$101.85	J005	$35.65	$36.60
G090	$308.00	$317.25	G457	$71.10	$72.90	J006	$82.65	$84.90
G091	$246.45	$253.85	G459	$21.75	$22.30	J008	$55.20	$56.70
G092	$308.00	$317.25	G469	$22.05	$22.60	J009	$26.30	$27.00
G094	$65.05	$67.00	G478	$66.25	$71.65	J010	$82.65	$84.90
G096	$65.05	$67.00	G479	$75.70	$81.85	J011	$82.65	$84.90
G101	$29.85	$31.95	G482	$6.25	$7.00	J013	$82.65	$84.90
G105	$18.30	$20.65	G489	$2.32	$2.90	J014	$29.90	$30.70
G118	$57.15	$130.00	G500	$10.60	$31.80	J018	$35.65	$36.60
G125	$45.75	$100.00	G512	$51.70	$55.05	J020	$23.20	$23.85
G138	$87.35	$89.55	G521	$82.25	$98.70	J023	$23.20	$23.85
G143	$30.75	$36.90	G522	$27.05	$32.45	J024	$87.55	$89.90
G146	$30.75	$36.90	G523	$41.10	$49.30	J025	$312.65	$321.10
G199	$17.00	$40.00	G526	$12.70	$15.70	J026	$48.30	$49.60
G202	$3.83	$4.10	G538	$3.83	$4.10	J027	$60.15	$61.75
G211	$35.85	$38.35	G539	$8.65	$9.00	J028	$23.20	$23.85
G212	$8.95	$9.30	G546	$29.70	$30.45	J029	$58.35	$59.95
G248	$15.45	$55.00	G555	$46.60	$47.75	J030	$42.45	$43.60
G271	$10.60	$12.00	G558	$192.45	$202.05	J031	$87.55	$89.90
G277	$74.55	$82.00	G559	$76.95	$80.80	J032	$87.55	$89.90
G278	$38.00	$41.80	G590	$3.83	$4.10	J033	$87.55	$89.90
G281	$7.00	$7.50	G591	$8.65	$9.00	J034	$87.55	$89.90
G323	$154.00	$158.60	G600	$307.70	$338.45	J035	$23.20	$23.85
G324	$93.60	$102.95	G601	$153.80	$169.20	J036	$21.20	$21.75
G325	$308.00	$317.25	G602	$76.85	$84.55	J037	$55.25	$56.75
G327	$70.25	$77.30	G603	$461.55	$507.70	J038	$21.20	$21.75
G330	$199.55	$219.50	G604	$461.55	$507.70	J039	$95.75	$98.35
G331	$179.60	$197.55	G610	$211.15	$232.25	J040	$82.65	$84.90
G336	$15.35	$17.65	G611	$105.55	$116.10	J041	$231.85	$238.10
G339	$47.20	$50.55	G620	$133.40	$146.75	J042	$80.05	$82.20
G345	$63.15	$67.65	G621	$66.70	$73.35	J043	$39.60	$40.65
G359	$89.55	$95.90	G800	$56.55	$70.00	J044	$131.45	$135.00
G372	$2.32	$2.90	G801	$28.25	$35.00	J045	$95.85	$98.45
G373	$5.30	$6.35	G802	$56.55	$70.00	J046	$175.70	$180.45
G381	$13.90	$14.90	G804	$42.25	$60.00	J047	$38.75	$39.80
G382	$11.35	$12.15	G805	$21.20	$30.00	J048	$244.25	$250.85
G390	$223.40	$239.25	G815	$30.75	$36.90	J049	$343.40	$352.65
G391	$21.10	$25.30	G860	$134.05	$136.75	J050	$263.15	$270.25
G395	$42.25	$50.70	G861	$134.05	$136.75	J051	$74.30	$76.30
G401	$132.00	$138.60	G862	$134.05	$136.75	J052	$97.25	$99.90
G402	$52.80	$55.45	G863	$134.05	$136.75	J053	$44.15	$45.35
G406	$91.50	$96.10	G864	$134.05	$136.75	J055	$175.70	$180.45
G407	$60.95	$64.00	G865	$134.05	$136.75	J056	$457.35	$469.70
G408	$105.60	$121.45	G866	$65.05	$66.35	J057	$618.25	$634.95
G409	$52.80	$60.70	H103	$32.25	$34.60	J058	$79.75	$81.90
G412	$211.20	$242.90	H123	$62.30	$64.65	J059	$79.75	$81.90
G415	$22.60	$23.15	H133	$40.10	$41.60	J060	$23.20	$23.85

Chart 1 - Fee Increases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee
J061	$175.70	$180.45	J301	$7.50	$7.85	J499	$7.50	$7.65
J062	$175.70	$180.45	J303	$14.35	$15.05	J501	$32.10	$32.80
J063	$203.80	$209.30	J304	$9.75	$10.25	J502	$16.05	$16.35
J064	$57.05	$58.60	J306	$14.35	$15.05	J503	$5.30	$5.40
J065	$19.95	$20.50	J307	$15.90	$16.70	J504	$5.30	$5.40
J066	$344.00	$353.30	J310	$16.05	$16.85	J505	$13.70	$14.00
J067	$30.00	$30.80	J311	$15.65	$16.45	J506	$13.70	$14.00
J068	$34.75	$35.70	J313	$4.20	$4.40	J507	$13.70	$14.00
J069	$404.95	$415.90	J315	$45.30	$47.55	J602	$18.30	$24.35
J102	$36.70	$37.50	J316	$58.35	$61.25	J610	$18.30	$24.35
J103	$48.95	$50.05	J320	$11.50	$12.05	J615	$20.70	$24.35
J105	$30.55	$31.20	J322	$5.75	$6.05	J616	$19.35	$24.35
J106	$2.96	$3.03	J324	$3.98	$4.20	J618	$20.10	$24.35
J107	$24.25	$24.80	J327	$5.75	$6.05	J619	$13.40	$15.40
J108	$25.35	$25.90	J330	$21.85	$22.95	J621	$9.75	$10.00
J122	$30.55	$31.20	J331	$14.35	$15.05	J623	$9.75	$10.00
J125	$31.60	$32.30	J332	$9.60	$10.10	J624	$9.75	$10.00
J127	$15.35	$15.70	J333	$30.95	$32.50	J625	$9.75	$10.00
J128	$20.90	$21.35	J334	$14.35	$15.05	J626	$9.75	$10.00
J135	$31.60	$32.30	J340	$3.06	$3.21	J629	$19.35	$24.35
J138	$31.60	$32.30	J402	$27.60	$28.20	J630	$18.30	$24.35
J149	$30.65	$31.30	J403	$36.60	$37.40	J632	$21.30	$24.35
J151	$20.25	$20.70	J405	$22.90	$23.40	J633	$17.10	$24.35
J157	$20.90	$21.35	J406	$2.21	$2.26	J634	$18.30	$19.70
J158	$20.90	$21.35	J407	$18.20	$18.60	J635	$33.45	$34.90
J159	$31.60	$32.30	J408	$19.00	$19.40	J636	$9.75	$24.35
J160	$31.60	$32.30	J422	$22.95	$23.45	J637	$9.75	$10.00
J161	$20.90	$21.35	J425	$23.70	$24.20	J638	$9.75	$10.00
J162	$31.60	$32.30	J427	$11.50	$11.75	J639	$14.60	$24.35
J163	$20.90	$21.35	J428	$15.65	$16.00	J640	$23.00	$24.35
J164	$15.80	$16.15	J435	$23.70	$24.20	J641	$9.75	$10.00
J165	$31.55	$32.25	J438	$23.70	$24.20	J643	$9.75	$10.00
J180	$24.35	$24.90	J464	$11.90	$12.15	J652	$27.90	$32.50
J182	$17.50	$17.90	J457	$15.65	$16.00	J653	$21.75	$24.35
J183	$30.65	$31.30	J458	$15.65	$16.00	J657	$21.75	$27.65
J189	$24.10	$24.65	J459	$23.70	$24.20	J658	$21.10	$24.35
J190	$22.05	$22.55	J460	$23.70	$24.20	J660	$29.70	$30.00
J191	$22.05	$22.55	J461	$15.65	$16.00	J661	$31.45	$33.10
J192	$30.15	$30.80	J462	$23.70	$24.20	J663	$22.40	$24.35
J193	$18.40	$18.80	J463	$15.65	$16.00	J668	$26.70	$27.95
J194	$15.10	$15.45	J476	$31.55	$32.25	J669	$23.00	$26.05
J195	$25.15	$25.70	J480	$18.30	$18.70	J671	$17.10	$24.35
J197	$10.05	$10.25	J482	$12.80	$13.10	J672	$24.25	$27.95
J198	$12.70	$13.00	J483	$22.90	$23.40	J673	$9.75	$10.00
J199	$10.05	$10.25	J489	$18.10	$18.50	J674	$9.75	$10.00
J201	$42.80	$43.75	J490	$16.50	$16.85	J676	$19.35	$24.35
J202	$21.40	$21.85	J491	$16.50	$16.85	J677	$13.40	$24.35
J203	$7.10	$7.25	J492	$22.60	$23.10	J678	$23.85	$24.35
J204	$7.10	$7.25	J493	$13.70	$14.00	J679	$19.35	$24.35
J205	$18.30	$18.70	J494	$11.25	$11.50	J681	$25.55	$30.00
J206	$18.30	$18.70	J495	$18.80	$19.20	J682	$21.75	$24.35
J207	$18.30	$18.70	J497	$7.50	$7.65	J683	$27.90	$29.45
J290	$31.50	$32.20	J498	$9.60	$9.80	J684	$21.75	$24.35

Chart 1 - Fee Increases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee
J685	$27.15	$27.65	K015	$51.70	$55.05	K888	$69.80	$74.35
J802	$37.70	$48.70	K016	$61.05	$65.00	K889	$69.80	$74.35
J807	$47.00	$48.70	K017	$30.40	$36.95	K991	$10.35	$18.20
J809	$28.70	$30.00	K019	$25.85	$27.55	K993	$15.55	$36.30
J810	$37.70	$48.70	K020	$17.25	$18.35	K995	$27.30	$54.55
J815	$40.15	$48.70	K022	$51.70	$55.05	K997	$40.95	$81.85
J816	$41.10	$48.70	K023	$51.70	$55.05	L800	$12.80	$15.75
J818	$38.20	$48.70	K024	$10.70	$11.40	L804	$4.80	$14.30
J819	$26.70	$30.00	K025	$9.10	$9.70	L805	$44.45	$61.25
J823	$9.75	$10.00	K028	$51.70	$55.05	L806	$19.80	$29.00
J824	$9.75	$10.00	K029	$51.70	$55.05	L808	$14.60	$29.35
J825	$9.75	$10.00	K032	$51.70	$55.05	L810	$13.20	$18.25
J826	$9.75	$10.00	K033	$31.95	$34.05	L815	$16.40	$28.45
J829	$41.30	$48.70	K037	$51.70	$55.05	L822	$74.00	$77.20
J830	$38.40	$48.70	K038	$41.00	$43.50	L833	$49.35	$140.75
J831	$47.90	$48.70	K040	$51.70	$55.05	L835	$7.95	$11.85
J832	$39.45	$48.70	K041	$31.95	$34.05	L866	$149.95	$181.65
J833	$37.20	$48.70	K044	$51.70	$55.05	M012	$252.15	$289.90
J836	$14.05	$48.70	K070	$25.65	$29.30	M013	$360.45	$510.00
J837	$9.75	$10.00	K071	$17.75	$19.95	M014	$484.15	$536.10
J838	$9.75	$10.00	K122	$65.65	$71.00	M056	$776.70	$952.90
J839	$24.25	$48.70	K123	$68.80	$80.55	M089	$197.45	$231.00
J840	$46.95	$48.70	K190	$68.80	$74.40	M099	$812.25	$908.30
J850	$57.30	$60.00	K191	$68.80	$92.90	N102	$1,598.45	$1,699.20
J852	$59.85	$65.00	K192	$65.65	$71.00	N103	$1,384.75	$1,492.40
J857	$45.75	$55.30	K193	$68.80	$84.40	N104	$881.30	$1,100.00
J858	$39.20	$48.70	K194	$11.95	$12.90	N106	$1,311.15	$1,555.60
J860	$57.75	$60.00	K195	$68.80	$80.55	N107	$941.40	$966.80
J863	$44.80	$48.70	K196	$68.80	$80.55	N118	$747.60	$767.80
J866	$28.70	$30.00	K197	$65.65	$71.00	N139	$373.80	$535.00
J868	$54.70	$57.25	K198	$65.65	$71.00	N140	$507.55	$650.00
J869	$49.30	$55.85	K199	$75.70	$81.85	N143	$507.55	$553.75
J871	$38.20	$48.70	K200	$16.15	$17.45	N144	$798.80	$849.40
J872	$53.50	$55.85	K201	$12.90	$13.95	N148	$881.30	$1,040.65
J874	$9.75	$10.00	K202	$10.75	$11.65	N151	$1,598.45	$1,699.20
J876	$40.65	$48.70	K203	$16.15	$17.45	N152	$1,451.55	$1,575.80
J877	$26.70	$48.70	K204	$12.90	$13.95	N153	$2,078.10	$2,192.40
J878	$46.90	$48.70	K205	$10.75	$11.65	N155	$1,362.35	$1,431.15
J879	$40.15	$48.70	K206	$10.20	$11.05	N157	$988.60	$1,144.30
J881	$55.10	$60.00	K207	$10.20	$11.05	N183	$307.40	$471.05
J887	$42.45	$43.50	K208	$32.25	$34.90	N202	$481.90	$540.95
K002	$51.70	$55.05	K209	$21.50	$23.25	N230	$474.45	$737.00
K003	$51.70	$55.05	K210	$32.25	$34.90	N245	$281.70	$390.85
K004	$56.10	$59.75	K211	$21.50	$23.25	N246	$184.00	$267.00
K005	$51.70	$55.05	K222	$61.05	$71.00	N249	$655.60	$777.80
K006	$51.70	$55.05	K223	$28.80	$35.50	N258	$409.85	$504.95
K007	$51.70	$55.05	K267	$30.40	$40.30	N266	$563.50	$681.75
K008	$51.70	$55.05	K269	$61.00	$69.35	N267	$963.00	$1,131.50
K010	$8.20	$8.75	K620	$69.45	$75.10	N288	$614.70	$927.55
K011	$9.10	$9.70	K623	$85.65	$92.65	P003	$61.00	$68.75
K012	$13.00	$13.85	K624	$105.45	$114.05	P004	$31.95	$32.35
K013	$51.70	$55.05	K629	$31.30	$33.85	P006	$445.75	$462.85
K014	$51.70	$55.05	K887	$69.80	$74.35	P008	$31.95	$32.35

Chart 1 - Fee Increases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee
P018	$514.85	$535.80	S630	$170.65	$198.30	W645	$86.60	$89.30
P020	$477.15	$496.00	S631	$170.65	$198.30	W667	$300.00	$375.00
P028	$82.15	$97.15	S788	$615.90	$761.70	W695	$271.60	$324.00
P041	$539.95	$562.30	S789	$484.15	$605.30	W775	$195.55	$270.00
P042	$734.35	$767.55	S790	$369.80	$458.55	W777	$31.95	$32.35
R048	$70.90	$92.15	S798	$430.85	$646.30	W795	$195.55	$270.00
R049	$116.50	$139.20	S799	$668.45	$1,032.70	W895	$190.15	$205.65
R081	$265.45	$315.45	S800	$581.20	$871.80	X001	$13.65	$13.95
R182	$987.65	$1,194.65	S816	$429.10	$463.00	X003	$6.60	$6.75
R322	$363.80	$500.00	U991	$10.35	$18.20	X004	$10.60	$10.85
R474	$370.85	$450.00	U993	$15.55	$36.30	X005	$6.60	$6.75
R783	$1,012.00	$1,113.20	U995	$27.30	$54.55	X006	$10.65	$10.90
R784	$1,187.15	$1,305.85	U997	$40.95	$81.85	X007	$10.65	$10.90
R785	$1,314.25	$1,445.70	W010	$85.70	$87.20	X008	$10.65	$10.90
R792	$764.55	$841.00	W025	$66.15	$143.40	X009	$16.90	$17.25
R802	$1,297.10	$1,361.95	W035	$86.60	$89.30	X010	$14.70	$15.00
R803	$2,444.50	$2,566.70	W055	$75.35	$89.70	X011	$10.65	$10.90
R815	$527.75	$554.15	W065	$71.30	$76.30	X012	$13.65	$13.95
R817	$1,408.70	$1,549.55	W075	$147.80	$165.00	X016	$9.35	$9.55
R830	$867.35	$910.70	W076	$82.90	$91.35	X017	$21.00	$21.45
R831	$867.35	$910.70	W085	$71.30	$77.55	X018	$9.35	$9.55
R852	$186.95	$205.65	W095	$71.30	$89.30	X019	$8.15	$8.35
R853	$93.60	$124.50	W102	$61.00	$68.75	X020	$8.15	$8.35
R862	$662.15	$695.25	W105	$56.10	$62.65	X025	$8.15	$8.35
R885	$186.95	$205.65	W185	$147.80	$169.90	X027	$8.15	$8.35
R910	$271.05	$539.95	W186	$82.90	$84.95	X028	$8.15	$8.35
R915	$906.45	$1,100.10	W196	$82.90	$91.35	X031	$13.75	$14.05
S002	$612.65	$878.60	W225	$147.80	$165.00	X032	$21.40	$21.85
S003	$212.80	$340.80	W226	$82.90	$91.35	X033	$10.45	$10.70
S005	$897.45	$1,017.80	W232	$61.00	$68.75	X034	$6.60	$6.75
S006	$342.30	$422.55	W235	$132.50	$143.40	X035	$10.65	$10.90
S042	$287.75	$381.05	W236	$82.90	$91.35	X036	$6.60	$6.75
S043	$690.90	$866.95	W265	$147.80	$165.00	X037	$9.50	$9.70
S045	$642.35	$741.50	W272	$61.00	$68.75	X038	$10.65	$10.90
S047	$690.90	$766.45	W305	$86.60	$93.65	X039	$8.05	$8.25
S061	$306.85	$336.95	W306	$45.85	$50.00	X040	$8.05	$8.25
S066	$59.50	$115.10	W325	$82.90	$91.35	X045	$6.60	$6.75
S067	$791.00	$995.35	W310	$82.90	$91.35	X046	$10.65	$10.90
S120	$820.00	$1,000.00	W345	$71.30	$73.80	X047	$8.15	$8.35
S173	$1,256.00	$1,632.80	W346	$45.85	$47.45	X048	$8.15	$8.35
S174	$370.00	$481.00	W355	$71.30	$77.40	X049	$8.15	$8.35
S189	$780.00	$951.20	W356	$45.85	$53.00	X050	$6.60	$6.75
S213	$776.80	$1,009.85	W375	$82.90	$91.35	X051	$6.60	$6.75
S214	$935.75	$1,216.50	W385	$82.90	$84.95	X052	$6.60	$6.75
S215	$776.80	$1,009.85	W395	$82.90	$91.35	X053	$6.60	$6.75
S216	$284.75	$370.20	W405	$58.25	$64.20	X054	$6.60	$6.75
S217	$650.90	$846.15	W425	$197.30	$270.00	X055	$13.45	$13.75
S218	$763.30	$992.30	W435	$82.90	$91.35	X056	$4.85	$4.95
S411	$697.95	$875.00	W512	$61.00	$68.75	X057	$6.60	$6.75
S422	$522.50	$679.25	W515	$149.55	$170.70	X058	$10.95	$11.20
S573	$90.05	$161.20	W516	$82.90	$91.35	X060	$7.90	$8.05
S601	$170.65	$198.30	W562	$61.00	$68.75	X063	$6.60	$6.75
S611	$170.65	$198.30	W565	$82.90	$91.35	X064	$10.65	$10.90

Chart 1 - Fee Increases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee
X065	$6.60	$6.75	X150	$16.35	$16.70	X209	$9.15	$9.35
X066	$6.60	$6.75	X151	$35.90	$36.70	X210	$13.45	$13.75
X067	$6.60	$6.75	X152	$41.30	$41.90	X211	$11.20	$11.45
X068	$6.60	$6.75	X153	$49.40	$50.15	X212	$10.95	$11.20
X069	$6.60	$6.75	X154	$4.85	$4.95	X213	$10.95	$11.20
X072	$4.85	$4.95	X155	$49.40	$50.15	X214	$9.60	$9.80
X080	$3.40	$3.47	X156	$28.35	$28.95	X215	$9.35	$9.55
X081	$3.40	$3.47	X158	$23.70	$24.20	X216	$12.00	$12.25
X090	$6.60	$6.75	X159	$35.60	$36.40	X217	$9.35	$9.55
X091	$11.05	$11.30	X160	$35.05	$35.80	X218	$9.35	$9.55
X092	$12.80	$13.10	X161	$57.85	$59.10	X219	$9.35	$9.55
X096	$6.60	$6.75	X162	$23.80	$24.30	X220	$16.15	$16.50
X100	$6.60	$6.75	X163	$11.95	$12.20	X221	$6.60	$6.75
X101	$9.50	$9.70	X164	$23.70	$24.20	X223	$9.35	$9.55
X103	$60.15	$61.45	X165	$11.70	$11.95	X224	$9.35	$9.55
X104	$47.80	$48.85	X167	$9.50	$9.70	X225	$12.00	$12.25
X105	$38.00	$38.85	X168	$35.30	$36.10	X226	$9.35	$9.55
X106	$38.00	$38.85	X169	$11.70	$11.95	X227	$9.35	$9.55
X107	$22.05	$22.55	X170	$23.70	$24.20	X228	$9.35	$9.55
X108	$39.30	$40.15	X171	$23.75	$24.25	X229	$9.35	$9.55
X109	$51.25	$52.40	X173	$28.15	$28.75	X230	$9.35	$9.55
X110	$33.95	$34.70	X174	$12.85	$13.15	X231	$89.20	$91.15
X111	$22.45	$22.95	X175	$25.65	$26.20	X232	$100.45	$102.65
X112	$30.30	$30.95	X176	$11.70	$11.95	X233	$111.55	$114.00
X113	$51.25	$52.40	X177	$9.50	$9.70	X400	$44.55	$45.55
X114	$11.95	$12.20	X179	$13.15	$13.45	X401	$66.90	$68.35
X116	$9.25	$9.45	X180	$26.05	$26.60	X402	$66.90	$68.35
X117	$9.25	$9.45	X181	$25.65	$26.20	X403	$66.90	$68.35
X120	$11.95	$12.20	X182	$38.55	$39.40	X404	$78.15	$79.85
X121	$69.10	$70.60	X183	$35.70	$36.50	X405	$78.15	$79.85
X122	$19.25	$19.65	X184	$15.85	$16.20	X406	$66.90	$68.35
X123	$9.25	$9.45	X185	$25.25	$25.80	X407	$78.15	$79.85
X124	$89.20	$91.15	X188	$78.15	$79.85	X408	$89.20	$91.15
X125	$89.20	$91.15	X189	$24.45	$25.00	X409	$89.20	$91.15
X126	$111.55	$114.00	X190	$7.10	$7.25	X410	$100.45	$102.65
X127	$78.15	$79.85	X191	$9.25	$9.45	X412	$44.55	$45.55
X128	$111.55	$114.00	X192	$10.95	$11.20	X413	$66.90	$68.35
X129	$9.25	$9.45	X193	$11.95	$12.20	X415	$89.20	$91.15
X130	$23.45	$23.95	X194	$4.30	$4.40	X416	$100.45	$102.65
X131	$4.90	$5.00	X195	$14.65	$14.95	X417	$64.00	$65.40
X132	$35.05	$35.80	X196	$14.65	$14.95	X421	$71.50	$73.05
X133	$52.60	$53.75	X197	$14.65	$14.95	X425	$35.85	$36.65
X134	$7.00	$7.15	X198	$23.30	$23.80	X431	$75.55	$77.20
X135	$14.25	$14.55	X199	$23.30	$23.80	X435	$37.80	$38.65
X136	$7.00	$7.15	X200	$46.90	$47.95	X441	$75.55	$77.20
X137	$7.00	$7.15	X201	$4.30	$4.40	X445	$37.80	$38.65
X138	$9.25	$9.45	X202	$11.05	$11.30	X451	$75.55	$77.20
X139	$9.25	$9.45	X203	$13.65	$13.95	X455	$37.80	$38.65
X140	$154.15	$157.55	X204	$10.95	$11.20	X461	$75.55	$77.20
X145	$41.30	$41.90	X205	$11.05	$11.30	X465	$37.80	$38.65
X146	$49.40	$50.15	X206	$13.75	$14.05	X471	$64.70	$66.10
X147	$11.70	$11.95	X207	$10.95	$11.20	X475	$32.40	$33.10
X149	$41.30	$41.90	X208	$13.45	$13.75	X487	$37.75	$38.60

Chart 1 - Fee Increases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee	Fee Code	Existing Fee	October 1, 2009 Fee
X488	$112.05	$114.50	Y807	$61.10	$63.31	Z156	$14.80	$20.00
X489	$55.95	$57.20	Y810	$49.01	$63.31	Z157	$22.15	$26.50
X490	$61.30	$62.65	Y815	$52.20	$63.31	Z158	$36.90	$44.25
X492	$30.70	$31.40	Y816	$53.43	$63.31	Z162	$14.80	$20.00
X493	$70.50	$72.05	Y823	$12.68	$13.00	Z163	$22.15	$26.50
X495	$35.20	$35.95	Y824	$12.68	$13.00	Z164	$36.90	$44.25
X496	$104.70	$107.00	Y825	$12.68	$13.00	Z176	$14.80	$20.00
X498	$52.15	$53.30	Y826	$12.68	$13.00	Z303	$103.60	$227.00
X499	$64.00	$65.40	Y829	$53.69	$63.31	Z323	$148.60	$218.85
Y602	$23.79	$31.66	Y830	$49.92	$63.31	Z324	$35.50	$43.80
Y610	$23.79	$31.66	Y831	$62.27	$63.31	Z326	$11.25	$11.70
Y615	$26.91	$31.66	Y832	$51.29	$63.31	Z327	$112.55	$117.00
Y616	$25.16	$31.66	Y833	$48.36	$63.31	Z328	$302.10	$317.20
Y623	$12.68	$13.00	Y836	$18.27	$63.31	Z329	$232.00	$243.60
Y624	$12.68	$13.00	Y837	$12.68	$13.00	Z330	$302.50	$317.65
Y625	$12.68	$13.00	Y838	$12.68	$13.00	Z331	$25.15	$26.15
Y626	$12.68	$13.00	Y839	$31.53	$63.31	Z332	$45.85	$47.70
Y629	$25.16	$31.66	Y840	$61.04	$63.31	Z333	$302.10	$317.20
Y630	$23.79	$31.66	Y850	$74.49	$78.00	Z336	$45.85	$47.70
Y632	$27.69	$31.66	Y852	$77.81	$84.50	Z337	$126.75	$133.10
Y633	$22.23	$31.66	Y857	$59.48	$71.89	Z341	$62.85	$65.40
Y636	$12.68	$31.66	Y858	$50.96	$63.31	Z348	$384.65	$403.90
Y637	$12.68	$13.00	Y860	$75.08	$78.00	Z355	$182.00	$308.00
Y638	$12.68	$13.00	Y868	$71.11	$74.43	Z359	$51.00	$53.05
Y639	$18.98	$31.66	Y869	$64.09	$72.61	Z405	$62.95	$151.50
Y640	$29.90	$31.66	Y871	$49.66	$63.31	Z406	$125.85	$212.95
Y641	$12.68	$13.00	Y872	$69.55	$72.61	Z437	$66.00	$92.45
Y643	$12.68	$13.00	Y874	$12.68	$13.00	Z459	$9.10	$9.55
Y652	$36.27	$42.25	Y876	$52.85	$63.31	Z511	$30.65	$41.95
Y653	$28.28	$31.66	Y877	$34.71	$63.31	Z537	$76.70	$95.10
Y657	$28.28	$35.95	Y878	$60.97	$63.31	Z597	$70.75	$72.65
Y658	$27.43	$31.66	Y879	$52.20	$63.31	Z601	$100.65	$115.75
Y660	$38.61	$39.00	Y881	$71.63	$78.00	Z720	$17.30	$20.00
Y661	$40.89	$43.03	Y887	$55.19	$56.55	Z726	$28.60	$30.65
Y668	$34.71	$36.34	Z101	$20.10	$24.05	Z733	$10.55	$11.05
Y669	$29.90	$33.87	Z113	$14.70	$29.60	Z741	$156.90	$261.90
Y671	$22.23	$31.66	Z114	$18.80	$23.30	Z771	$28.60	$30.65
Y672	$31.53	$36.34	Z116	$14.70	$29.60	Z804	$41.00	$67.60
Y673	$12.68	$13.00	Z122	$32.20	$38.50	Z805	$54.90	$75.10
Y674	$12.68	$13.00	Z123	$65.00	$67.80	Z809	$241.00	$370.50
Y676	$25.16	$31.66	Z124	$65.35	$78.00	Z813	$296.90	$398.45
Y677	$17.42	$31.66	Z125	$27.05	$32.00	Z815	$107.20	$200.00
Y678	$31.01	$31.66	Z126	$38.15	$45.00	Z825	$317.85	$408.95
Y679	$25.16	$31.66	Z127	$50.00	$60.00	Z903	$33.60	$60.10
Y681	$33.22	$39.00	Z128	$23.80	$30.30	Z906	$35.50	$63.50
Y682	$28.28	$31.66	Z132	$196.70	$304.10	xxxB - Assist Unit Fee	$11.40	$11.52
Y683	$36.27	$38.29	Z139	$25.15	$30.00			
Y685	$35.30	$35.95	Z140	$25.15	$30.00	xxxC - Anaes Unit Fee	$13.24	$14.54
Y802	$49.01	$63.31	Z141	$25.15	$30.00			

Chart 2 - Fee Decreases - effective October 1, 2009

Fee Code	Existing Fee	October 1, 2009 Fee		Fee Code	Existing Fee	October 1, 2009 Fee
B990	$20.90	$18.20		J865	$57.05	$48.70
B992	$41.75	$36.30		K121	$51.70	$27.50
B994	$63.80	$54.55		L816	$148.00	$97.95
B996	$95.80	$81.85		L823	$39.45	$38.25
B998	$63.80	$61.90		L834	$23.70	$11.85
E140	$413.60	$388.30		L845	$14.80	$10.40
G222	$75.10	$55.00		S757	$478.00	$463.00
G260	$99.65	$80.00		S792	$687.60	$685.00
G279	$109.30	$80.00		Y607	$32.50	$31.66
J607	$25.00	$24.35		Y627	$64.74	$31.66
J627	$49.80	$24.35		Y631	$32.18	$31.66
J631	$24.75	$24.35		Y650	$41.80	$40.30
J650	$32.15	$31.00		Y665	$38.48	$31.66
J665	$29.60	$24.35		Y827	$131.43	$63.31
J827	$101.10	$48.70		Y859	$57.79	$56.55
J859	$44.45	$43.50		Y865	$74.17	$63.31

Chart 3 - Fee Code Deletions - effective October 1, 2009

Fee Code	Description	Schedule Section	Existing Fee
B910A	SVP - If the service was rendered between 07:00h and 24:00h, Monday through Friday inclusive for the first patient seen	GP	$45.10
B914A	SVP - If the special visit was made between 07:00h and 24:00h, on Saturdays, Sundays, and Holidays, for the first patient seen	GP	$50.50
B916A	SVP - If the special visit was made between 24:00h and 07:00h any night of the week, for the first patient seen	GP	$54.15
E004C	Anaesthesia Extra Units - patient requiring controlled hypotension, when it is carried out in association with anaesthesia using any technique to deliberately lower and maintain the mean blood pressure by at least 25%	GP	10 units
E338A	Inner ear - Repair - Singular nerve section	Y	$661.55
E340A	Inner ear - Repair - Permanent cochlear prosthesis insertion - extra-cochlear (round window, middle ear)	Y	$553.20
E350A	Middle ear - Repair - Tympanoplasty - Donor homograft - tympanic membrane, malleus and incus in continuity - unilateral	Y	$136.15
E606A	Lungs & pleura - administration of chemotherapy or sclerosing agent	P	$23.25
E699A	Oesophagus - Excision - Cricopharyngeal diverticulum - with myotomy	S	$37.20
E763A	Kidney & perinephrium - Incision - Nephrotomy - when done in conjunction with other non-renal procedure(s)	T	$150.50
E778A	Bladder - Endoscopy/cystoscopy - with meatotomy or internal urethrotomy (female) - add to Z635	T	$8.55
E881A	Thyroid gland - Excision - Thyroidectomy - if requiring splitting of sternum - add to S788, S789, S790	W	$82.25
G452A	Diagnostic taste tests - electrogustometry or conventional taste tests	J	$14.35
G532A	Diagnostic taste tests - air insufflation test to assess benefit of tracheoesophageal puncture	J	$27.70
G534A	Diagnostic taste tests - phonatory airflow study	J	$10.95
G535A	Diagnostic taste tests - phonatory airflow study - with subglottic pressures	J	$30.55
G803A	Critical care - Hyperbaric therapy - for each additional patient treated in the chamber, increase G800, G801, G802 by 20%	J	add 20%
G806A	Critical care - Hyperbaric therapy - for each additional patient treated in hyperbaric chamber - per ¼ hour, per patient - add to G804, G805	J	$4.40
N220A	Carotid endarterectomy (with or without bypass and/or patch graft)	X	$764.20
P015	Obstetrical Anaesthesia - Continuous conduction anaesthesia	K	6 units
R638A	Skin & subcutaneous tissue - graft of burn - per % of total body treated - other than hand, head or neck	M	$49.25
R663A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - hand - each digit	M	$57.60
R664A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - palm, dorsum - each	M	$112.95
R665A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - nose, lip(s) - each	M	$188.25
R666A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - cheek(s), forehead - each	M	$188.25
R667A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - ear	M	$188.25
R668A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - eyelid	M	$188.25
R669A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - scalp - less than 10%	M	$94.15
R670A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - scalp - up to 50%	M	$246.60
R671A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - scalp - over 50%	M	$317.25
R672A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - neck - less than 10%	M	$94.15
R673A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - neck - up to 50%	M	$237.10
R674A	Skin & subcutaneous tissue - graft of burn - grafting of burn, per % of total body treated - neck - over 50%	M	$307.80
R911A	Lymph Channels - Excision - Neck - radical	R	$843.35
S019A	Oral cavity & pharynx - Excision - Glossectomy - complete	S	$281.95
S046A	Salivary glands & ducts - Excision - Parotid gland - subtotal (without preservation of facial nerve)	S	$395.45

Chart 3 - Fee Code Deletions - effective October 1, 2009

Fee Code	Description	Schedule Section	Existing Fee
S404A	Nephrotomy - with drainage - nephrostomy - when sole operative procedure on kidney	T	$356.70
S406A	Nephrotomy - Transsection of aberrant renal vessels - sole operative procedure	T	$381.60
S407A	Pyelotomy - with drainage	T	$381.60
S409A	Kidney & perinephrium - Incision - pyelotomy - with diversion of urine	T	$467.00
S421A	Kidney & perinephrium -Excision - excision of stenosed renal artery with reimplantation or homograft	T	$788.15
S426A	Nephropexy - when sole operative procedure	T	$381.60
S442A	Kidney & perinephrium - Incision - periureteral abscess	T	$215.80
S443A	Kidney & perinephrium - Incision - Ureterotomy, abdominal or vaginal exploratory or for drainage - upper 2/3	T	$260.85
S444A	Kidney & perinephrium - Incision - Ureterotomy, abdominal or vaginal exploratory or for drainage - lower 1/3	T	$381.60
S456A	Kidney & perinephrium - Repair - Ureterointestinal anastomosis or transplant - bilateral with cystectomy, one stage	T	$984.65
S477A	Bladder - Incision - reduction cystoplasty (bladder plication)	T	$356.70
S487A	Bladder - Excision of urachus, repair of bladder and diversion of urine	T	$296.30
S489A	Bladder - Extrophy -excision of bladder and repair of abdominal wall, inclusive of graft - above including bilateral ureterosigmoidostomy	T	$657.75
S520A	Bladder - Repair - Plastic repair of bladder neck - with diverticulectomy	T	$522.30
S533A	Urethra - For extravasation of urine with multiple drainage	T	$215.80
S534A	Urethra - For extravasation of urine with multiple drainage - above with external urethrotomy or cystotomy	T	$331.70
S559A	Urethra - Prosthetic procedure for urinary incontinence (e.g. kauffman, rosen type etc.)	T	$381.60
S560A	Urethra - Prosthetic procedure for urinary incontinence (e.g. kauffman, rosen type etc.) - where perineum has been previously operated on for incontinence	T	$437.20
S563A	Urethra - Repair - removal of perineal incontinence prosthesis	T	$143.75
S592A	Testis - Repair - Orchidopexy - second stage (torek) repair	U	$55.15
S642A	Prostate - Incision - Removal of calculus (with or without biopsy) - perineal	U	$437.20
S643A	Prostate - Incision - Removal of calculus (with or without biopsy) - retropubic	U	$437.20
S648A	Prostate - Suprapubic - with or without removal of bladder stones, two stages, 1st stage	U	$280.50
S649A	Prostate - Suprapubic - with or without removal of bladder stones, two stages, 2nd stage	U	$339.15
S791A	Thyroid gland - excision - excision of solitary nodule	W	$303.80
X143	Diagnostic radiology - Obstetrics & gynaecology - survey film	D	$5.85
X144	Diagnostic radiology - Obstetrics & gynaecology - pelvimetry	D	$9.50
Z109A	Oral cavity & pharynx - Excision - wedge excision of lesion	S	$61.30
Z635A	Bladder - Endoscopy - cystoscopy - balloon dilatation of prostate and bladder neck, to include cystoscopy	T	$130.20

Chart 4 - New Fee Codes - effective October 1, 2009			
Fee Code	**Description**	**Schedule Section**	**October 1, 2009 Fee**
A002A	Family Practice & Practice in General - Enhanced 18 month well baby visit	A	$61.00
A027A	Dermatology - Consultation in association with special visit to a hospital in-patient, long-term care in-patient or emergency department patient	A	$143.40
A113A	Neurology - Complex neuromuscular assessment	A	$89.85
A151A	Endocrinology & Metabolism - Complex medical specific re-assessment	A	$64.40
A153A	Endocrinology & Metabolism - Medical specific assessment	A	$70.60
A154A	Endocrinology & Metabolism - Medical specific re-assessment	A	$55.65
A155A	Endocrinology & Metabolism - Consultation	A	$143.40
A156A	Endocrinology & Metabolism - Repeat consultation	A	$91.35
A158A	Endocrinology & Metabolism - Partial assessment	A	$33.70
A161A	Nephrology - Complex medical specific re-assessment	A	$64.40
A163A	Nephrology - Medical specific assessment	A	$70.60
A164A	Nephrology - Medical specific re-assessment	A	$55.65
A165A	Nephrology- Consultation	A	$143.40
A166A	Nephrology - Repeat consultation	A	$91.35
A168A	Nephrology - Partial assessment	A	$33.70
A173A	Vascular Surgery - Specific assessment	A	$41.20
A174A	Vascular Surgery - Partial assessment	A	$24.00
A175A	Vascular Surgery - Consultation	A	$89.30
A176A	Vascular Surgery - Repeat consultation	A	$46.30
A180A	Neurology - Special neurology consultation	A	$270.00
A220A	Genetics - Special genetic consultation	A	$270.00
A223A	Genetics - Extended special genetic consultation	A	$375.00
A253A	Ophthalmology - Optometrist - Requested Assessment (ORA)	A	$71.30
A255A	Endocrinology & Metabolism - Limited consultation	A	$91.35
A260A	Paediatrics - Special paediatric consultaton	A	$275.00
A268A	Paediatrics - Enhanced 18 month well baby visit	A	$61.00
A275A	Infectious Disease - Limited consultation	A	$91.35
A441A	Medical Oncology - Complex medical specific re-assessment	A	$64.40
A443A	Medical Oncology - Medical specific assessment	A	$70.60
A444A	Medical Oncology - Medical specific re-assessment	A	$55.65
A445A	Medical Oncology - Consultation	A	$143.40
A446A	Medical Oncology - Repeat consultation	A	$91.35
A448A	Medical Oncology - Partial assessment	A	$33.70
A461A	Infectious Disease - Complex medical specific re-assessment	A	$64.40
A463A	Infectious Disease - Medical specific assessment	A	$70.60
A464A	Infectious Disease - Medical specific re-assessment	A	$55.65
A465A	Infectious Disease - Consultation	A	$143.40
A466A	Infectious Disease - Repeat consultation	A	$91.35
A468A	Infectious Disease - Partial assessment	A	$33.70
A662A	Extended special paediatric consultation	A	$375.00
A765A	Consultation, patient 16 years of age and under	A	$165.00
A770A	Extended comprehensive geriatric consultation	A	$324.00
A845A	Medical Oncology - Limited consultation	A	$91.35
A865A	Nephrology - Limited consultation	A	$91.35
A917A	Focused Practice Assessment - Sports Medicine	A	$32.35
A927A	Focused Practice Assessment - Allergy	A	$32.25
A937A	Focused Practice Assessment - Pain Management	A	$32.35
A947A	Focused Practice Assessment - Sleep Medicine	A	$32.35
A957A	Focused Practice Assessment - Addiction Medicine	A	$32.35
A960A	Travel Premium - Special Visit to Physician Office - Weekdays Daytime (07:00 - 17:00)	GP	$36.40
A962A	Travel Premium - Special Visit to Physician Office- Evenings (17:00 - 24:00) Monday through Friday	GP	$36.40
A963A	Travel Premium - Special Visit to Physician Office- Sat., Sun and Holidays (07:00 - 24:00)	GP	$36.40
A964A	Travel Premium - Special Visit to Physician Office - Nights (00:00 - 07:00)	GP	$36.40
A967A	Focused Practice Assessment - Care of the elderly	GP	$32.35

Chart 4 - New Fee Codes - effective October 1, 2009			
Fee Code	**Description**	**Schedule Section**	**October 1, 2009 Fee**
A998A	Special Visit Premium Physician Office - Sat., Sun. and Holidays (07:00 - 24:00)	GP	$56.25
B960A	Travel Premium - Special Visit to Patient's Home - Weekdays Daytime (07:00 - 17:00)	GP	$36.40
B961A	Travel Premium - Special Visit to Patient's Home - Weekdays Daytime with sacrifice of office hours Non-elective	GP	$36.40
B962A	Travel Premium - Special Visit to Patient's Home - Evenings (17:00 - 24:00) Monday through Friday Non-elective	GP	$36.40
B963A	Travel Premium - Special Visit to Patient's Home - Sat., Sun. and Holidays (07:00 - 24:00) Non-elective	GP	$36.40
B964A	Travel Premium - Special Visit to Patient's Home - Nights (00:00 - 07:00) Non-elective	GP	$36.40
B966A	Travel Premium - Palliative Care Home Visit	GP	$36.40
B993A	Special Visit Premium Patient's Home - Sat., Sun. and Holidays (07:00 - 24:00) Non-elective	GP	$56.25
B997A	Special Visit Premium Palliative Care Home Visit - Nights (00:00 - 07:00)	GP	$81.85
C108A	Special Visit Premium Non-elective Diagnostic and Therapeutic Procedures - Sat., Sun. and Holidays (07:00 - 24:00)	GP	$90.95
C113A	Neurology - Non Emergency Hospital In-Patient Services - Complex neuromuscular assessment	A	$89.85
C151A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Complex medical specific re-assessment	A	$64.40
C152A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Subsequent visits - first five weeks	A	$29.20
C153A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Medical specific assessment	A	$70.60
C154A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Medical specific re-assessment	A	$55.65
C155A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Consultation	A	$143.40
C156A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Repeat consultation	A	$91.35
C157A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Subsequent visits - sixth to thirteenth week inclusive (maximum 3 per patient per week)	A	$29.20
C158A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Concurrent care	A	$29.20
C159A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services -Subsequent visits - after thirteenth week (maximum 6 per patient per month)	A	$29.20
C161A	Nephrology - Non Emergency Hospital In-Patient Services - Complex medical specific re-assessment	A	$64.40
C162A	Nephrology - Non Emergency Hospital In-Patient Services - Subsequent visits - first five weeks	A	$29.20
C163A	Nephrology - Non Emergency Hospital In-Patient Services - Medical specific assessment	A	$70.60
C164A	Nephrology - Non Emergency Hospital In-Patient Services - Medical specific re-assessment	A	$55.65
C165A	Nephrology - Non Emergency Hospital In-Patient Services - Consultation	A	$143.40
C166A	Nephrology - Non Emergency Hospital In-Patient Services - Repeat consultation	A	$91.35
C167A	Nephrology - Non Emergency Hospital In-Patient Services - Subsequent visits -sixth to thirteenth week inclusive (maximum 3 per patient per week)	A	$29.20
C168A	Nephrology - Non Emergency Hospital In-Patient Services - Concurrent care	A	$29.20
C169A	Nephrology - Non Emergency Hospital In-Patient Services - Subsequent visits - after thirteenth week (maximum 6 per patient per month)	A	$29.20
C172A	Vascular Surgery - Non Emergency Hospital In-Patient Services - Subsequent visits - first five weeks	A	$29.20
C173A	Vascular Surgery - Non Emergency Hospital In-Patient Services - Specific assessment	A	$41.20
C174A	Vascular Surgery - Non Emergency Hospital In-Patient Services - Specific re-assessment	A	$25.85
C175A	Vascular Surgery - Non Emergency Hospital In-Patient Services - Consultation	A	$89.30
C176A	Vascular Surgery - Non Emergency Hospital In-Patient Services - Repeat consultation	A	$46.30
C177A	Vascular Surgery - Non Emergency Hospital In-Patient Services - Subsequent visits - sixth to thirteenth week inclusive (maximum 3 per patient per week)	A	$29.20
C178A	Vascular Surgery - Non Emergency Hospital In-Patient Services - Concurrent care	A	$29.20
C179A	Vascular Surgery - Non Emergency Hospital In-Patient Services - Subsequent visits - after thirteenth week (maximum 6 per patient per month)	A	$29.20
C180A	Neurology - Non Emergency Hospital In-Patient Services - Special neurology consultation	A	$270.00
C220A	Genetics - Non Emergency Hospital In-Patient Services - Special genetic consultation	A	$270.00
C223A	Genetics - Non Emergency Hospital In-Patient Services - Extended special genetic consultation	A	$375.00
C255A	Endocrinology & Metabolism - Non Emergency Hospital In-Patient Services - Limited consultation	A	$91.35
C260A	Paediatrics - Non Emergency Hospital In-Patient Services - Special paediatric consultation	A	$275.00
C275A	Infectious Disease - Non Emergency Hospital In-Patient Services - Limited consultation	A	$91.35
C441A	Medical Oncology - Non Emergency Hospital In-Patient Services - Complex medical specific re-assessment	A	$64.40
C442A	Medical Oncology - Non Emergency Hospital In-Patient Services - Subsequent visits - first five weeks	A	$29.20
C443A	Medical Oncology - Non Emergency Hospital In-Patient Services - Medical specific assessment	A	$70.60

Chart 4 - New Fee Codes - effective October 1, 2009			
Fee Code	**Description**	**Schedule Section**	**October 1, 2009 Fee**
C444A	Medical Oncology - Non Emergency Hospital In-Patient Services - Medical specific re-assessment	A	$55.65
C445A	Medical Oncology - Non Emergency Hospital In-Patient Services - Consultation	A	$143.40
C446A	Medical Oncology - Non Emergency Hospital In-Patient Services - Repeat consultation	A	$91.35
C447A	Medical Oncology - Non Emergency Hospital In-Patient Services - Subsequent visits - sixth to thirteenth week inclusive (maximum 3 per patient per week)	A	$29.20
C448A	Medical Oncology - Non Emergency Hospital In-Patient Services - Concurrent care	A	$29.20
C449A	Medical Oncology - Non Emergency Hospital In-Patient Services - Subsequent visits - after thirteenth week (maximum 6 per patient per month)	A	$29.20
C461A	Infectious Disease - Non Emergency Hospital In-Patient Services - Complex medical specific re-assessment	A	$64.40
C462A	Infectious Disease - Non Emergency Hospital In-Patient Services - Subsequent visits - first five weeks	A	$29.20
C463A	Infectious Disease - Non Emergency Hospital In-Patient Services - Medical specific assessment	A	$70.60
C464A	Infectious Disease - Non Emergency Hospital In-Patient Services - Medical specific re-assessment	A	$55.65
C465A	Infectious Disease - Non Emergency Hospital In-Patient Services - Consultation	A	$143.40
C466A	Infectious Disease - Non Emergency Hospital In-Patient Services - Repeat consultation	A	$91.35
C467A	Infectious Disease - Non Emergency Hospital In-Patient Services - Subsequent visits - sixth to thirteenth week inclusive (maximum 3 per patient per week)	A	$29.20
C468A	Infectious Disease - Non Emergency Hospital In-Patient Services - Concurrent care	A	$29.20
C469A	Infectious Disease - Non Emergency Hospital In-Patient Services - Subsequent visits - after thirteenth week (maximum 6 per patient per month)	A	$29.20
C662A	Paediatrics - Non Emergency Hospital In-Patient Services - Extended special paediatric consultation	A	$375.00
C765A	Non Emergency Hospital In-Patient Services - Consultation, patient 16 years of age and under	A	$165.00
C770A	Geriatrics - Non Emergency Hospital In-Patient Services - Extended comprehensive geriatric consultation	A	$324.00
C845A	Medical Oncology - Non Emergency Hospital In-Patient Services -Limited consultation	A	$91.35
C865A	Nephrology - Non Emergency Hospital In-Patient Services - Limited consultation	A	$91.35
C960A	Travel Premium - Special Visit to Hospital In-Patient- Weekdays Daytime (07:00-17:00)	GP	$36.40
C961A	Travel Premium - Special Visit to Hospital In-Patient - Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours	GP	$36.40
C962A	Travel Premium - Special Visit to Hospital In-Patient - Evenings (17:00-24:00) Monday through Friday	GP	$36.40
C963A	Travel Premium - Special Visit to Hospital In-Patient - Sat., Sun. and Holidays (07:00-24:00)	GP	$36.40
C964A	Travel Premium - Special Visit to Hospital In-Patient - Nights (00:00-07:00)	GP	$36.40
C983B	Special Visit Premium - Surgical Assistant Services - Sat., Sun. and Holidays (07:00 - 24:00)	GP	$54.55
C985C	Special Visit Premium - Anaesthesia Services - Sat., Sun. and Holidays (07:00 - 24:00)	GP	$54.55
C986A	Special Visit Premium Hospital In-Patient - Sat., Sun and Holidays (07:00 - 24:00), First person seen	GP	$56.25
C987A	Special Visit Premium Hospital In-Patient - Sat., Sun and Holidays (07:00 - 24:00), Additional person(s) seen	GP	$56.25
E023C	Anaesthesia service for E140, E141, E143, E138, E144, E145, E146, E137, E139 or Z432	GP	6 Units
E030C	Procedural sedation	GP	4 Units
E031C	General anaesthesia or deep sedation	GP	4 Units
E082A	Admission assessment by the MRP, to admission assessment	GP	add 30%
E083A	Subsequent visit by the MRP, to subsequent visit, C122, C123, C124, C142, C143, C882 or C982	GP	add 30%
E111C	Combined spinal-epidural for labour, to P014C	GP	$50.00
E124A	Limbal stem cell transplant	Y	$740.00
E147A	Intravitreal injection of medication for the treatment of wet macular degeneration	Y	$210.00
E319A	Atticotomy	Y	$345.30
E321A	Posterior/superior canal occlusion	Y	$521.95
E331A	Revision stapedectomy	Y	$643.35
E499A	Caesarian section - for the second caesarian delivery	K	$393.40
E665A	Carotid - endarterectomy, with patch graft add to R792	Q	$419.00
E683A	When performed thoracopically or by video-assisted thoracic surgery (VATS)	P, S	add 25%
E807A	Multivisceral transplant - recipient, with evisceration, to S197	S	$2,644.75
E817A	Endoscopy - Cystoscopy - with catheterization of the ureter and retrograde injection of opaque media, unilateral	T	$15.35
E818A	Endoscopy - Cystoscopy - with insertion of ureteric stent	T	$24.90
E824A	Endoscopy - Cystoscopy - with bladder biopsy - general anaesthetic	T	$49.85
E831A	Use of skin grafts, or revision surgery (with or without skin grafts), to R549 or R551	N	add 30%
E846A	Rigid bronchoscopy rendered immediately after flexible bronchoscopy, to Z327	P	$95.70
E847A	With reconstruction of diaphragm requiring repair with mesh or equivalent synthetic material to M015	P, S	$75.00

Chart 4 - New Fee Codes - effective October 1, 2009

Fee Code	Description	Schedule Section	October 1, 2009 Fee
E848A	With reconstruction of pericardium requiring repair with synthetic graft material	P	$80.00
E849A	With resection of diaphragm and reconstruction requiring repair with mesh or equivalent synthetic material	P	$220.00
E871A	Lumbar puncture using image guidance following a failed blind attempt, to Z804 or Z805	J	add 25%
E874A	Computed Tomography - Head - with CT perfusion study, to X188	D	$64.00
E985A	Mastoidectomy - with tympanoplasty, to E315, E320 or E322	Y	$106.45
G060A	Peripheral nerve block, major	J	$55.00
G061A	Peripheral nerve block, minor	J	$30.00
G062A	Cervical epidural with catheter	J	$160.00
G063A	Initiation of outpatient continuous nerve block infusion	J	$29.20
G064A	Management and supervision of outpatient continuous nerve block infusion	J	$20.00
G065A	Epidural blood patch injected through existing epidural catheter	J	$62.50
G066A	Intrapleural block	J	$55.00
G067A	Intrapleural block with continuous catheter	J	$80.00
G068A	Epidural blood patch	J	$125.00
G098A	Transfusion support, per patient	J	$32.35
G287A	LDL apheresis - initial and repeat, to a maximum of 5 per year	J	$82.00
G290A	LDL apheresis - more than 5 per year	J	$41.80
G328A	Injections or Infusions - Aspiration of bursa or complex joint, with or without injection	J	$39.80
G329A	Injections or Infusions - each additional bursa or complex joint, to a maximum of 2	J	$15.00
G514A	Diabetes monthly management - each additional month, 1 to 3 contacts	J	$10.60
G520A	Diabetes monthly management - each additional month, 4 or more contacts	J	$21.20
G814A	Orthoptic examination	J	$25.00
G817A	Optical Coherence Tomography - OCT unilateral or bilateral, interpretation only	J	$50.00
G818A	Optical Coherence Tomography - OCT unilateral or bilateral, when the physician performs the procedure and/or supervises and interprets the results	J	$70.00
H960A	Travel Premium - Special Visit to Emergency Department by Emergency Department Physician - Weekdays Daytime (07:00 - 17:00)	GP	$36.40
H962A	Travel Premium - Special Visit to Emergency Department by Emergency Department Physician - Evenings (17:00 - 24:00) Monday through Friday	GP	$36.40
H963A	Travel Premium - Special Visit to Emergency Department by Emergency Department Physician - Sat., Sun and Holidays (07:00 - 24:00)	GP	$36.40
H964A	Travel Premium - Special Visit to Emergency Department by Emergency Department Physician - Nights (00:00 - 07:00) First person seen	GP	$36.40
H980A	Special Visit Premium Emergency Department by Emergency Department Physician - Weekdays Daytime (07:00-17:00), First person seen	GP	$18.20
H981A	Special Visit Premium Emergency Department by Emergency Department Physician - Weekdays Daytime (07:00-17:00), Additional person(s) seen	GP	$18.20
H984A	Special Visit Premium Emergency Department by Emergency Department Physician - Evenings (17:00 -24:00) Monday through Friday, First person seen	GP	$54.55
H985A	Special Visit Premium Emergency Department by Emergency Department Physician -Evenings (17:00 -24:00) Monday through Friday, Additional person(s) seen	GP	$54.55
H986A	Special Visit Premium Emergency Department by Emergency Department Physician - Nights (00:00 - 07:00), First person seen	GP	$81.85
H987A	Special Visit Premium Emergency Department by Emergency Department Physician - Nights (00:00 - 07:00), Additional person(s) seen	GP	$81.85
H988A	Special Visit Premium Emergency Department by Emergency Department Physician - Sat., Sun. and Holidays (07:00 - 24.:00), First person seen	GP	$56.25
H989A	Special Visit Premium Emergency Department by Emergency Department Physician - Sat., Sun. and Holidays (07:00 - 24.:00), Additional person(s) seen	GP	$56.25
J166B	Diagnostic Ultrasound - multiple gestation, for each additional fetus, to J160 (T)	G	$42.50
J166C	Diagnostic Ultrasound - multiple gestation, for each additional fetus, to J160 (P1)	G	$26.85
J167B	Diagnostic Ultrasound - fetal Doppler evaluation of middle cerebral artery and/or ductus venosus, to J160 or J158 (T)	G	$32.90
J167C	Diagnostic Ultrasound - fetal Doppler evaluation of middle cerebral artery and/or ductus venosus, to J160 or J158 (P1)	G	$31.60
J168B	Diagnostic Ultrasound - nuchal translucency for Integrated Prenatal Screening Program (maximum one per pregnancy) (T)	G	$40.00
J168C	Diagnostic Ultrasound - nuchal translucency for Integrated Prenatal Screening Program (maximum one per pregnancy) (P1)	G	$25.30

Chart 4 - New Fee Codes - effective October 1, 2009			
Fee Code	**Description**	**Schedule Section**	**October 1, 2009 Fee**
J466B	Diagnostic Ultrasound - multiple gestation, for each additional fetus to J460 (T)	G	$42.50
J466C	Diagnostic Ultrasound - multiple gestation, for each additional fetus to J460 (P2)	G	$20.15
J468B	Diagnostic Ultrasound - nuchal translucency for Integrated Prenatal Screening Program (maximum one per pregnancy) (T)	G	$40.00
J468C	Diagnostic Ultrasound - nuchal translucency for Integrated Prenatal Screening Program (maximum one per pregnancy) (P2)	G	$18.95
K124A	LTC/CCAC Case Conference - maximum 2 per year	A	$55.05
K960A	Travel Premium - Special Visit toEmergency Department- Weekdays Daytime (07:00-17:00)	GP	$36.40
K961A	Travel Premium - Special Visit to Emergency Department - Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours	GP	$36.40
K962A	Travel Premium - Special Visit to Emergency Department - Evenings (17:00-24:00) Monday through Friday	GP	$36.40
K963A	Travel Premium - Special Visit to Emergency Department - Sat., Sun. and Holidays (07:00-24:00)	GP	$36.40
K964A	Travel Premium - Special Visit to Emergency Department - Nights (00:00-07:00)	GP	$36.40
K998A	Special Visit Premium Emergency Department - Sat., Sun and Holidays (07:00 - 24:00), First patient seen	GP	$56.25
K999A	Special Visit Premium Emergency Department - Sat., Sun and Holidays (07:00 - 24:00), Additional Person(s) seen	GP	$56.25
P027A	Repair of third degree tear or episiotomy extension, must include repair of perianal sphincter and perineum	K	$82.15
Q960A	Travel Premium - Special Visit to Other (non-professional setting not listed) - Weekdays Daytime (07:00-17:00)	GP	$36.40
Q961A	Travel Premium - Special Visit to Other (non-professional setting not listed) - Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours	GP	$36.40
Q962A	Travel Premium - Special Visit to Other (non-professional setting not listed) - Evenings (17:00-24:00) Monday through Friday	GP	$36.40
Q963A	Travel Premium - Special Visit to Other (non-professional setting not listed) - Sat., Sun. and Holidays (07:00-24:00)	GP	$36.40
Q964A	Travel Premium - Special Visit to Other (non-professional setting not listed) - Nights (00:00-07:00)	GP	$36.40
Q998A	Special Visit Premium Other (non-professional setting not listed) - Sat., Sun. and Holidays (07:00 - 24:00), First person seen	GP	$56.25
R226A	Orthopaedic Tumor Surgery - Biopsy of suspected sarcoma, or resection of a complex bone or complex soft tissue tumour(s), per 15 minutes	N	$100.00
R691A	Debridement, excision and/or grafting - in Operating Room - Minor Burn	M	$62.50
R692A	Debridement, excision and/or grafting - in Operating Room - Moderate burn	M	$68.75
R693A	Debridement, excision and/or grafting - in Operating Room - Major burn	M	$75.00
R703A	Ventricular assist devices - paracorporeal	Q	$1,443.05
R704A	Ventricular assist devices - implantable	Q	$2,163.35
R705A	Ventricular assist devices - removal of ventricular assist device	Q	$508.55
S196A	Multivisceral transplant - donor	S	$2,748.75
S197A	Multivisceral transplant - recipient, without evisceration	S	$7,934.35
S201A	Small Bowel Transplantation - donor	S	$964.50
S202A	Small Bowel Transplantation - recipient	S	$2,748.75
S299A	Pancreatectomy - Distal - body, tail with preservation of spleen, with or without anastomosis	S	$1,250.00
S438A	Retroperitoneal lymph node dissection for bladder cancer, specimen must include obturator, internal iliac, external iliac and common iliac nodes as a minimum to the level of the aorto-iliac bifurcation, bilateral	T	$630.00
U960A	Travel Premium - Special Visit to Hospital Out-Patient Department - Weekdays Daytime (07:00-17:00)	GP	$36.40
U961A	Travel Premium - Special Visit to Hospital Out-Patient Department - Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours	GP	$36.40
U962A	Travel Premium - Special Visit to Hospital Out-Patient Department - Evenings (17:00-24:00) Monday through Friday	GP	$36.40
U963A	Travel Premium - Special Visit to Hospital Out-Patient Department - Sat., Sun. and Holidays (07:00-24:00)	GP	$36.40
U964A	Travel Premium - Special Visit to Hospital Out-Patient Department - Nights (00:00-07:00)	GP	$36.40
U998A	Special Visit Premium Hospital Out-Patient Department - Sat., Sun and Holidays (07:00 - 24:00) - First patient seen	GP	$56.25
U999A	Special Visit Premium Hospital Out-Patient Department - Additional person(s) seen	GP	$56.25
W113A	Neurology - Non-Emergency Long-Term Care In-Patient Services - Complex neuromuscular assessment	A	$89.85
W151A	Endocrinology & Metabolism - Chronic care or convalescent hospital - additional subsequent visits (maximum of 6 per patient per month)	A	$13.80
W152A	Endocrinology & Metabolism - Chronic care or convalescent hospital - first 4 subsequent visits per patient per month	A	$29.20

Chart 4 - New Fee Codes - effective October 1, 2009			
Fee Code	**Description**	**Schedule Section**	**October 1, 2009 Fee**
W153A	Endocrinology & Metabolism - Nursing home or home for the aged - first 2 subsequent visits per patient per month	A	$22.55
W154A	Endocrinology & Metabolism - Non-Emergency Long-Term Care In-Patient Services - General re-assessment of patient in a nursing home	A	$17.75
W155A	Endocrinology & Metabolism - Non-Emergency Long-Term Care In-Patient Services - Consultation	A	$143.40
W156A	Endocrinology & Metabolism - Non-Emergency Long-Term Care In-Patient Services -Repeat Consultation	A	$91.35
W158A	Endocrinology & Metabolism - Nursing home or home for the aged - subsequent visits per month (maximum of 3 per patient per month)	A	$13.80
W161A	Nephrology - Chronic care or convalescent hospital -additional subsequent visits (maximum of 6 per patient per month)	A	$13.80
W162A	Nephrology - Chronic care or convalescent hospital - first 4 subsequent visits per patient per month	A	$29.20
W163A	Nephrology - Nursing home or home for the aged - first 2 subsequent visits per patient per month	A	$22.55
W164A	Nephrology - Non-Emergency Long-Term Care In-Patient Services -General re-assessment of patient in a nursing home	A	$17.75
W165A	Nephrology - Non-Emergency Long-Term Care In-Patient Services - Consultation	A	$143.40
W166A	Nephrology - Non-Emergency Long-Term Care In-Patient Services - Repeat Consultation	A	$91.35
W168A	Nephrology - Nursing home or home for the aged - subsequent visits per month (maximum of 3 per patient per month)	A	$13.80
W171A	Vascular Surgery - Chronic care or convalescent hospital - additional subsequent visits (maximum of 6 per patient per month)	A	$13.80
W172A	Vascular Surgery - Chronic care or convalescent hospital - first 4 subsequent visits per patient per month	A	$29.20
W173A	Vascular Surgery - Nursing home or home for the aged - first 2 subsequent visits per patient per month	A	$22.55
W175A	Vascular Surgery - Non-Emergency Long-Term Care In-Patient Services - Consultation	A	$89.30
W176A	Vascular Surgery - Non-Emergency Long-Term Care In-Patient Services - Repeat Consultation	A	$46.30
W178A	Vascular Surgery - Nursing home or home for the aged - subsequent visits per month (maximum of 3 per patient per month)	A	$13.80
W180A	Neurology - Non-Emergency Long-Term Care In-Patient Services - Special neurology consultation	A	$270.00
W220A	Genetics - Non-Emergency Long-Term Care In-Patient Services - Special genetic consultation	A	$270.00
W223A	Genetics - Non-Emergency Long-Term Care In-Patient Services - Special extended genetic consultation	A	$375.00
W252A	Endocrinology & Metabolism - Non-Emergency Long-Term Care In-Patient Services -Admission assessment - Type 1	A	$68.75
W254A	Endocrinology & Metabolism - Non-Emergency Long-Term Care In-Patient Services - Admission assessment - Type 2	A	$17.75
W255A	Endocrinology & Metabolism - Non-Emergency Long-Term Care In-Patient Services - Limited Consultation	A	$91.35
W257A	Endocrinology & Metabolism - Non-Emergency Long-Term Care In-Patient Services - Admission assessment - Type 3	A	$30.70
W259A	Endocrinology & Metabolism - Non-Emergency Long-Term Care In-Patient Services - Annual physical examination	A	$61.00
W260A	Paediatrics - Non-Emergency Long-Term Care In-Patient Services - Special paediatric consultation	A	$275.00
W275A	Infectious Disease - Non-Emergency Long-Term Care In-Patient Services - Limited Consultation	A	$91.35
W292A	Infectious Disease - Non-Emergency Long-Term Care In-Patient Services -Admission assessment - Type 1	A	$68.75
W294A	Infectious Disease - Non-Emergency Long-Term Care In-Patient Services - Admission assessment - Type 2	A	$17.75
W297A	Infectious Disease - Non-Emergency Long-Term Care In-Patient Services - Admission assessment - Type 3	A	$30.70
W299A	Infectious Disease - Non-Emergency Long-Term Care In-Patient Services - Annual physical examination	A	$61.00
W441A	Medical Oncology - Chronic care or convalescent hospital - additional subsequent visits (maximum of 6 per patient per month	A	$13.80
W442A	Medical Oncology - Chronic care or convalescent hospital - first 4 subsequent visits per patient per month	A	$29.20
W443A	Medical Oncology - Nursing home or home for the aged - first 2 subsequent visits per patient per month	A	$22.55
W444A	Medical Oncology - Non-Emergency Long Term-Care In-Patient Services - General re-assessment of patient in a nursing home	A	$17.75
W445A	Medical Oncology - Non-Emergency Long Term-Care In-Patient Services - Consultation	A	$143.40
W446A	Medical Oncology - Non-Emergency Long Term-Care In-Patient Services - Repeat consultation	A	$91.35
W448A	Medical Oncology - Nursing home or home for the aged - subsequent visits per month (maximum of 3 per patient per month)	A	$13.80
W461A	Infectious Disease - Chronic care or convalescent hospital - additional subsequent visits (maximum of 6 per patient per month	A	$13.80
W462A	Infectious Disease - Chronic care or convalescent hospital - first 4 subsequent visits per patient per month	A	$29.20
W463A	Infectious Disease - Nursing home or home for the aged - first 2 subsequent visits per patient per month	A	$22.55

Chart 4 - New Fee Codes - effective October 1, 2009			
Fee Code	**Description**	**Schedule Section**	**October 1, 2009 Fee**
W464A	Infectious Disease - Non-Emergency Long Term-Care In-Patient Services - General re-assessment of patient in a nursing home	A	$17.75
W465A	Infectious Disease - Non-Emergency Long Term-Care In-Patient Services - Consultation	A	$143.40
W466A	Infectious Disease - Non-Emergency Long Term-Care In-Patient Services - Repeat consultation	A	$91.35
W468A	Infectious Disease - Nursing home or home for the aged - subsequent visits per month (maximum of 3 per patient per month)	A	$13.80
W662A	Paediatrics - Non-Emergency Long Term-Care In-Patient Services - Extended special paediatric consultation	A	$375.00
W765A	Non Emergency Long Term-Care In-Patient Services - Consultation, patient 16 years of age and under	A	$165.00
W770A	Geriatrics - Non-Emergency Long Term-Care In-Patient Services - Extended comprehensive geriatric consultation	A	$324.00
W842A	Medical Oncology - Non-Emergency Long Term-Care In-Patient Services - Admission assessment - Type 1	A	$68.75
W844A	Medical Oncology - Non-Emergency Long Term-Care In-Patient Services - Admission assessment - Type 2	A	$17.75
W845A	Medical Oncology - Non-Emergency Long Term-Care In-Patient Services - Limited consultation	A	$91.35
W847A	Medical Oncology - Non-Emergency Long-Term Care In-Patient Services - Admission assessment - Type 3	A	$30.70
W849A	Medical Oncology - Non-Emergency Long-Term Care In-Patient Services - Annual physical examination	A	$61.00
W862A	Nephrology - Non-Emergency Long-Term Care In-Patient Services - Admission assessment - Type 1	A	$68.75
W864A	Nephrology - Non-Emergency Long-Term Care In-Patient Services - Admission assessment - Type 2	A	$17.75
W865A	Nephrology - Non-Emergency Long Term-Care In-Patient Services - Limited consultation	A	$91.35
W867A	Nephrology - Non Emergency Long-Term Care In-Patient Services - Admission assessment - Type 3	A	$30.70
W869A	Nephrology - Non-Emergency Long-Term Care In-Patient Services - Annual physical examination	A	$61.00
W960A	Travel Premium - Special Visit to Long-Term Care Institution - Weekdays Daytime (07:00-17:00)	GP	$36.40
W961A	Travel Premium - Special Visit to Long-Term Care Institution - Weekdays Daytime with Sacrifice of Office Hours	GP	$36.40
W962A	Travel Premium - Special Visit to Long-Term Care Institution - Evenings (17:00-24:00) Monday through Friday	GP	$36.40
W963A	Travel Premium - Special Visit to Long-Term Care Institution - Sat., Sun. and Holidays (07:00-24:00)	GP	$36.40
W964A	Travel Premium - Special Visit to Long-Term Care Institution - Nights (00:00-07:00)	GP	$36.40
W991A	Special Visit Premium Long-Term Care Institution - Weekdays Daytime (07:00-17:00) - Additional person(s) seen	GP	$18.20
W993A	Special Visit Premium Long-Term Care Institution - Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours - Additional person(s) seen	GP	$36.30
W995A	Special Visit Premium Long-Term Care Institution - Evenings (17:00-24:00) Monday through Friday - Additional person(s) seen	GP	$54.55
W997A	Special Visit Premium Long-Term Care Institution - Nights (00:00-07:00) - Additional person(s) seen	GP	$81.85
W998A	Special Visit Premium Long-Term Care Institution - Sat., Sun and Holidays (07:00 - 24:00) - First patient seen	GP	$56.25
W999A	Special Visit Premium Long-Term Care Institution - Sat., Sun and Holidays (07:00 - 24:00) - Additional person(s) seen	GP	$56.25
X446A	MRI - Breast - Unilateral or Bilateral - multislice sequence	F	$77.20
X447A	MRI - Breast - Unilateral or Bilateral - repeat (another plane, different pulse sequence - to a maximum of 3 repeats)	F	$38.65
Z325A	Emergency tracheotomy	P	$427.60
Z349A	Intrapleural administration of chemotherapy or sclerosing agent - by any method	P	$23.25
Z411A	Axillary or inguinal lymph node(s), unilateral	R	$62.95
Z422A	Retrograde aortic left heart catheterization with or without pressure measurement(s)	J	$210.55
Z423A	Electrophysiologic Pacing, Mapping and Ablation - with the use of an advanced nonfluoroscopic computerized mapping and navigation system ("advanced mappingsystem") and/or procedure duration >4 hours	J	$690.25
Z424A	Transseptal left heart catheterization, with or without pressure measurements, with or without dye injection	J	$297.15
Z505A	Cricopharyngeal myotomy	S	$37.20
Z587A	Hysteroscopy - with resection of one or more endometrial polyps, with or without D&C	V	$200.00
Z612A	Endoscopic urethral realignment for urethral trauma	T	$250.00
Z638A	Endoscopic treatment of vesicoureteral reflux by subureteral injection of agent, unilateral or bilateral	T	$450.00
Z787A	Follow-up colposcopy with biopsy(ies) with or without endocervical curetting	V	$50.90
Z788A	Extracorporeal Membrane Oxygenator (ECMO)-includes cannulating and decannulating, by any method, heart, vein and/or artery and repair of vessels if rendered	Q	$366.50
Z913A	Repair of small perforation under local anaesthesia, with or without debridement, unilateral	Y	$37.10
Z916A	Intratympanic injection, with or without myringotomy - unilateral	Y	$70.90

Chart 5- Revision to existing Fee Codes - effective October 1, 2009

Fee Code	Description	Schedule Section
A115A	Major eye examination	A
A230A	Orthoptic assessment	A
A667A	Neurodevelopment Consult	A
A695A	Psychiatry - office/clinic - neurodevelopmental consultation - revise to 90 minutes	A
A775A	Geriatrics - office/clinic - comprehensive consultation	A
A895A	Psychiatry - office/clinic - consultation in association with special visit to hospital or long-term care in-patient	A
A990A	Special Visit to Office or Other Similar Facility - Daytime (07:00h - 17:00h) Monday to Friday	GP
A994A	Special Visit to Office or Other Similar Facility - Evenings (17:00h - 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays	GP
A996A	Special Visit to Office or Other Similar Facility - Nights (00:00h - 07:00h)	GP
Age Premium	Age Premium Table	GP
item 1	Less than 30 days of age	GP
item 2	At least 30 days but less than one year of age	GP
item 3	At least one year but less than two year of age	GP
item 4	At least two year but less than five year of age	GP
item 5	At least five year but less than 16 year of age	GP
B990A	Special Visit to Patient's Home - Daytime (07:00h - 17:00h) Monday to Friday, non-elective	GP
B992A	Special Visit to Patient's Home - Emergency call with sacrifice of office hours	GP
B994A	Special Visit to Patient's Home - Evenings (17:00h - 24:00h) Monday to Friday or daytime andevenings on Saturdays, Sundays or Holidays, non-elective	GP
B996A	Special Visit to Patient's Home - Nights (00:00h - 07:00h), non-elective	GP
B998A	Special visit for the purpose of providing palliative care, elective or non-elective visit - Monday to Sunday (07:00h - 24:00h), first patient seen for palliative care	GP
Bladder preamble	"E" prefixed codes are payable in addition to any "S" or "Z" code listed under the "Bladder" subheading or to Z628	T
C109A	Non-elective Diagnostic and Therapeutic Procedures - Evenings (17:00h – 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays.	GP
C110A	Non-elective Diagnostic and Therapeutic Procedures - Nights (00:00h – 07:00h)	GP
C667A	Neurodevelopment Consult	A
C695A	Psychiatry - non-emergency hospital in-patient services - neurodevelopmental consultation - revise to 90 minutes	A
C775A	Geriatrics - non-emergency hospital in-patient services - comprehensive consultation	A
C988B	Special visit premium to assist at non-elective surgery with sacrifice of office hours - first patient seen per physician per day, maximum one per day	GP
C989A	Special visit for obstetrical delivery with sacrifice of office hours	GP
C990A	Special visit to Hospital In-Patient (07:00h - 17:00h) Monday to Friday - first patient seen	GP
C991A	Special visit to Hospital In-Patient - additional patients	GP
C992A	Special visit to Hospital In-Patient -Emergency call with sacrifice of office hours - first patient seen	GP
C993A	Special visit to Hospital In-Patient - additional patients	GP
C994A	Special visit to Hospital In-Patient - Evenings - Monday to Friday or daytime and evenings on Saturdays, Sundays, Holidays - first patient seen	GP
C995A	Special visit to Hospital In-Patient- additional patients	GP
C996A	Special visit to Hospital In-Patient - Nights - first patient seen	GP
C997A	Special visit to Hospital In-Patient - additional patients	GP
C998B	Evenings (17:00h – 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays, first patient seen	GP
C998C	Evenings (17:00h – 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays or for non-elective surgery with sacrifice of office hours - Weekdays	GP
C999B	Nights (00:00h – 07:00h), first patient seen	GP
C999C	Nights (00:00h – 07:00h)	GP
E003C	Supportive care/Monitoring (revision to note)	GP
E005C	Replacement Anaesthesiologist	GP
E077A	Identification of patient for a Major Eye Examination	A
E149A	Vitreous injection or aspiration, posterior with needle for cultureand/or injection of medication	Y

Chart 5- Revision to existing Fee Codes - effective October 1, 2009

Fee Code	Description	Schedule Section
E311A	Exostosis, simple endomeatal surgery and removal and drilling out of exostosis	Y
E381A	intra-operative, diagnostic or physiological neuro monitoring	X, Z
E500A	multiple births, any method of delivery - each child	K
E524A	Mohs Micrographic Surgery - one or more additional cuts.	M
E553A	Bone/Fascial/Dermis grafts - homogenous bank	N
E609A	with intercostal muscle bundle	P
E611A	with resection of diaphragm including reconstruction	P
E676	Morbidly Obese Patients	SP
E709A	with cholecystectomy, to S300, S309 or S299	S
E751A	with insertion of radioactive substance, in addition to associated procedures	T
E759A	if disintegrated by ultrasound - add to Z627	T
E773A	with placement of ureteric stent past obstructing calculus (unilateral) - add to Z635	T
E775A	with catheterization of the ureters and collection of the ureteral specimens and/or retrograde injection of opaque media one side - add to Z606, Z607, Z635	T
E776A	with any combination of: transurethral biopsy, brush biopsy of renal pelvis and/or ureter or insertion of ureteric stent - add to Z606, Z607, Z635	T
E784A	with hydrodistention of bladder and/or biopsy - general anesthetic - add to Z606, Z607, Z635	T
E786A	with resection bladder neck, female - add to Z606, Z607, Z635	T
E787A	with resection bladder neck, male - add to Z606, Z607, Z635	T
E788A	with electro surgical ureteral meatotomy - add to Z606, Z607, Z635	T
E791A	with periurethral injection of collagen or polytetrafluoroethylene (ptfe) - add to Z606, Z607, Z635	T
E793A	Laparoscopic approach for rectal surgery	R, S, W
E796A	Mobilization of splenic flexure during rectal surgery - applicable to S218	S
E806A	intraoperative monitoring of cranial nerves remote from the skull base (delete R911)	SP
E833A	with insertion of subcutaneous port, to G246, G117 or G119	J
E862A	when hysterectomy is performed laparoscopically, or with laparoscopic assist, abdominal or vaginal to S757, S758, S759 or S816	V
E882A	Larynx - excision - with hemithyroidectomy	P
E883A	Laryngectomy - total -with lobectomy, excision of isthmus and pyramidal tract - add to M081	P
E884A	with total thyroidectomy	P
E896A	sophisticated micro-electrode recording during stereotaxis	X
E946A	with mastoid cavity obliteration	Y
E960A	Revision mastoidectomy with revision of middle ear - with ossiculoplasty - add to E315, E320, E322	Y
G118	Introduction of epidural catheter for analgesia - concurrent with anaesthesia time units for operative procedure	J
G125A	Introduction of epidural catheter for analgesia - concurrent with anaesthesia time units for operative procedure	J
G176A	Endocardial activation mapping - atrial	J
G177A	Endocardial activation mapping - ventricular	J
G179A	Endocardial activation mapping - repeated	J
G195A	Local anaesthetic hypersensitivity skin test, maximum of 2 per patient per physician per 12 month period	J
G196A	Hypersensitivity skin test for validated drugs or agents excluding foods and inhalants, maximum of 3 per patient per physician per 12 month period .	J
G198A	patch test - for industrial or occupational dermatoses	J
G199A	Insect venom skin testing	J
G202A	Hyposensitisation	J
G206A	Patch test	J
G208A	Serial oral (not sublingual) and parenteral provocation testing	J
G212A	when sole reason for visit	J
G222A	Intrathecal spinal	J
G224A	Pudendal, brachial plexus block (bilateral)	J
G247A	Introduction of epidural catheter for analgesia - plus hospital visits for each additional visit rendered, to a maximum fee equivalent to 4 visits per day	J
G248A	Single shot caudal block done in conjunction with anaesthesia	J

Chart 5- Revision to existing Fee Codes - effective October 1, 2009

Fee Code	Description	Schedule Section
G259A	Induction of arrhythmias (revision to note only)	J
G260A	Combined 3-in-1 block of the femoral, obturator and lateral femoral cutaneous nerves - unilateral.	J
G268A	Cannulation of artery for pressure measurements including cut down as necessary	J
G273	Lumbar epidural injection	J
G289A	Haemodynamic/Flow/Metabolic Studies - Fick determination **(Note: added)**	J
G296A	Haemodynamic/Flow/Metabolic Studies - Dye dilution densitometry and/or thermal dilution studies - benefit covers all studies on same day in cath lab **(Note: added)**	J
G299A	Haemodynamic/Flow/Metabolic Studies - Oximetry **(Note: added)**	J
G304A	when dye dilution densitometry done in addition, to a maximum of 3, per Swan-Ganz insertion **(Note: added)**	J
G366A	Testing of arrhythmias	J
G370A	Bursa, joint, ganglion or tendon sheath and/or aspiration	J
G371A	G371 Bursa, joint, ganglion or tendon sheath and/or aspiration –each additional site or area	J
G391A	diagnostic & therapeutic procedures - critical care - other resuscitation - resuscitation other than life-threatening emergency situation - after first ¼ hour (per ¼ hour or major part thereof)	J
G395A	diagnostic & therapeutic procedures - critical care - other resuscitation - resuscitation other than life-threatening emergency situation - first ¼ hour	J
G420A	Ear syringing (REVISION TO NOTE ONLY)	Y
G443	Advanced Diagnostic Hearing Tests - Miscellaneous advanced testing- technical component, to a maximum of 3	J
G500A	Insulin Supervision - First month	J
G521A	diagnostic & therapeutic procedures - critical care - life-threatening emergency situation - benefit per physician (first ¼ hour)	J
G522A	diagnostic & therapeutic procedures - critical care - life-threatening emergency situation - benefit per physician after first ½ hr (per ¼ hr)	J
G523A	diagnostic & therapeutic procedures - critical care - life-threatening emergency situation - benefit per physician (second ¼ hour)	J
G530	Advanced Diagnostic Hearing Tests - Miscellaneous advanced testing - professional component, to a maximum of 3	J
G800A	Hyperbaric Therapy - Physician in chamber with patient, per dive, first quarter hour	J
G804A	Hyperbaric Therapy - Physician not in chamber with patient, per dive, first quarter hour	J
K001	Detention	GP
K121A	Case Conference - revision to allow 4 per year and acute, chronic and rehabilitation hospitals	A
K122A	Paediatric psychotherapy - individual	A
K123A	Paediatric psychotherapy - family	A
K990A	Special visit to Hospital Emergency Department (07:00h - 17:00h) Monday to Friday - first patient seen	GP
K991A	Special visit to Hospital Emergency Department - additional patients	GP
K992A	Special visit to Hospital Emergency Department - Emergency call with sacrifice of office hours - first patient seen	GP
K993A	Special visit to Hospital Emergency Department - additional patients	GP
K994A	Special visit to Hospital Emergency Department - Evenings (17:00h - 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays, Holidays - first patient seen	GP
K995A	Special visit to Hospital Emergency Department - additional patients	GP
K996A	Special visit to Hospital Emergency Department - Nights (00:00h - 07:00) - first patient seen	GP
K997A	Special visit to Hospital Emergency Department - additional patients	GP
P014C	Obstetrical Anaesthesia - Menu revision	K
P016C	Obstetrical Anaesthesia - Menu revision	K
P028A	Repair of tear or extension of episiotomy	K
Q040A	Diabetes Management Incentive	A
Q990A	Special Visit to any non-professional setting not listed above - Daytime (07:00h - 17:00h) Monday to Friday.	GP
Q992A	Special Visit to any non-professional setting not listed above - Emergency call with sacrifice of office hours	GP
Q994A	Special Visit to any non-professional setting not listed above - Evenings (17:00h - 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays	GP
Q996A	Special Visit to any non-professional setting not listed above - Nights (00:00h - 07:00h)	GP
R030A	Classification of Burns - Revision in accordance with American Burn Association for surgical assistant / anaesthesia fee code descriptions	M
R038A	Moderate burns - 16% to 30%	M
R039A	Major burns - more than 30%	M

Chart 5- Revision to existing Fee Codes - effective October 1, 2009

Fee Code	Description	Schedule Section
R081A	Mohs Micrographic Surgery - increase fees; remove maximum limit per day, revise current description to include eligible lesions, amend anaesthesia units to IC	M
R551A	Fascia for Dupuytrens - revisions	N
R637A	integumentary - skin & subcutaneous tissue - resuscitation - major burn, initial care - debridement and excision, per % of total body treated other than hand, head or neck	M
R660A	integumentary - skin & subcutaneous tissue - resuscitation – major burn, initial care - debridement and excision - hand, each digit	M
R661A	integumentary - skin & subcutaneous tissue - resuscitation – major burn, initial care - debridement and excision - dorsum palm - each	M
R662A	integumentary - skin & subcutaneous tissue - resuscitation – major burn, initial care - debridement and excision - nose, cheek, lip, ear, forehead, scalp, neck, eyelid - each	M
R792A	Carotid Endarterectomy	Q
R910A	Limited neck dissection - including 2 levels or central compartment	R
R914A	limited resection	R
R915A	Comprehesive neck disection - 3 or more levels	R
S036A	Uvulopalatopharyngoplasty	S
S120A	Gastric bypass or partition, for morbid obesity (revision to note only)	S
S189A	Intestinal bypass, for morbid obesity (revision to note only)	S
S309A	Pancreatectomy-distal-body, with removal of spleen, with or without anastomosis	S
S405A	with removal of calculus	T
S408A	Pyelotomy - with removal of calculus	T
S430A	Removal of staghorn calculus filling renal pelvis and calyces to include x-ray control	T
S440A	Complete cystectomy with koch pouch urinary diversion	T
S441A	Creation of koch pouch urinary diversion	T
S451A	Ureterovesical anastomosis or re-implantation unilateral	T
S453A	Ureteroileal conduit with total cystectomy (deletion from pT6 only)	T
S539A	Insertion of inflatable prosthesis at bladder neck with or without urodynamic control	T
S540A	Revision or removal of inflatable prosthesis at bladder neck	T
S562A	Repair - Bifid ureter	T
S590A	Radical removal lymph nodes for testicular tumour	U
S647A	Prostatectomy - suprapubic - (with or without removal of bladder stones) - one stage	U
S652A	Staging pelvic lymphadenectomy	U
U990A	Special visit to Hospital Out-Patient Department - Daytime (07:00h -17:00h) Monday to Friday - first patient seen	GP
U991A	Special visit to Hospital Out-Patient Department - additional patients	GP
U992A	Special visit to Hospital Out-Patient Department -Emergency call with sacrifice of office hours - first patient seen	GP
U993A	Special visit to Hospital Out-Patient Department - additional patients	GP
U994A	Special visit to Hospital Out-Patient Department - Evenings (17:00h - 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays, or Holidays - first patient seen	GP
U995A	Special visit to Hospital Out-Patient Department - additional patients	GP
U996A	Special visit to Hospital Out-Patient Department - Nights (00:00h - 07:00h) - first patient seen	GP
U997A	Special visit to Hospital Out-Patient Department - additional patients	GP
W667A	Neurodevelopment Consult	A
W695A	Psychiatry - non-emergency long-term care in-patient services - neurodevelopmental consultation - revise to 90 minutes	A
W775A	Geriatrics - non-emergency long-term care in-patient services - comprehensive geriatric consultation	A
W990A	Special Visit to Long-Term Care Institution - Daytime (07:00h - 17:00h) Monday to Friday	GP
W992A	Special Visit to Long-Term Care Institution - Emergency call with sacrifice of office hours	GP
W994A	Special Visit to Long-Term Care Institution - Evenings (17:00h - 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays	GP
W996A	Special Visit to Long-Term Care Institution - Nights (00:00h - 07:00h)	GP
xxxB	Assistant time units	GP, AH1
Z180A	Burn resuscitation care - first 24 hours	M
Z181A	Burn resuscitation care - continuing care (up to 3 days)	M
Z327A	Bronchoscopy - rigid or flexible, with or without bronchial biopsy, suction or injection of contrast material	P

Chart 5- Revision to existing Fee Codes - effective October 1, 2009

Fee Code	Description	Schedule Section
Z403A	Bone marrow aspiration	J, R
Z405A	Biopsy (iop) - anterior cervical	R
Z406A	Biopsy (iop) - scalene, posterior cervical	R
Z432A	EUA (Note & Commentary added)	J
Z437A	Cardioversion (electrical)	J
Z626A	Nephroscopy	T
Z636A	Percutaneous endopyelotomy for ureteropelvic junction obstruction, primary or secondary	T
Z730A	Follow up colposcopy	V
Z731A	Initial investigation of abnormal cytology	V
Z805	LP with instillation of medication	J
Z906A	Removal of drainage tubes	Y
Z907A	Middle Ear - under microscopy, debridement of mastoid cavities	Y
Z908A	under general anaesthetic - when sole ear procedure	Y
	Second surgical assistant list (S816, S758, S759, S763, R877 & E645B)	GP
	Claiming Genetics Fee Codes by CCMG Certified Geneticists	A
	Prostatectomy - (REVISION TO NOTE ONLY)	U
	Kidney and Perinephrium (heading change)	T
	Nephrotomy (heading change)	T
	Bladder - endoscopy (heading change)	T
	Bladder flap (Baori) (heading change)	T
	Spontaneous or traumatic rupture or partial transection (heading change)	T
	Cystectomy - Partial (heading change)	T
	Cystectomy - Complete (heading change)	T
	Suprapubic - with or without removal of bladder stones (delete heading)	T
	Botox revision	J
	Cholecystectomy - Liver - pS20 revision to NOTE only	S
	CTC Deletions - General Preamble	GP
	Cataract Surgery - Commentary added	Y

Chart 6 - Anaesthesia Unit Increases and Decreases - effective October 1, 2009

Unit Increases

Fee Code	Existing Units	October 1, 2009	Fee Code	Existing Units	October 1, 2009	Fee Code	Existing Units	October 1, 2009
E005C	0	6	N582C	11	15	R520C	10	15
F100C	8	10	R240C	10	15	R529C	10	15
F101C	8	10	R241C	10	15	R535C	10	15
F137C	6	10	R334C	10	15	R553C	10	15
M012C	6	10	R335C	10	15	R588C	10	15
M013C	7	10	R349C	10	15	R593C	6	10
M014C	7	10	R351C	10	15	R594C	6	10
M023C	6	10	R382C	10	15	R645C	10	15
M054C	6	10	R383C	10	15	R646C	10	15
M055C	6	10	R384C	10	15	R650C	8	13
M058C	6	10	R385C	10	15	R651C	10	15
M059C	6	10	R401C	6	10	S043C	8	10
M061C	6	10	R416C	6	10	S044C	8	10
M083C	6	10	R422C	6	10	S045C	7	10
N105C	15	20	R433C	6	10	S047C	7	10
N106C	15	20	R438C	6	10	S651C	6	10
N111C	15	20	R439C	8	10	S652C	7	10
N154C	15	20	R440C	8	10	S653C	8	10
N155C	15	20	R462C	10	15	S788C	8	10
N510C	12	17	R463C	10	15	S789C	7	10
N511C	9	15	R472C	7	10	S790C	7	10
N512C	10	15	R491C	8	10	S793C	8	10
N524C	12	15	R502C	10	15	S795C	8	10
N539C	18	20	R507C	10	15	Z350C	6	10
N540C	17	20	R511C	10	15	Z351C	6	10
N559C	10	13	R518C	10	15			

Unit Decreases

Fee Code	Existing Units	October 1, 2009	Fee Code	Existing Units	October 1, 2009	Fee Code	Existing Units	October 1, 2009
E003C	6	4	E326C	9	6	E756C	2	0
E119C	8	6	E333C	7	6	E757C	1	0
E121C	8	6	E336C	7	6	E787C	1	0
E122C	8	6	E337C	7	6	E912C	6	0
E127C	6	4	E505C	1	0	E955C	1	0
E135C	8	6	E556C	2	0	E981C	2	0
E137C	6	4	E618C	2	0	Z399C	6	4
E138C	6	4	E622C	2	0	Z432C	6	0
E139C	6	4	E627C	3	0	Z512C	6	4
E140C	6	4	E632C	2	0	Z514C	6	4
E141C	6	4	E659C	7	0	Z515C	6	4
E142C	8	6	E693C	3	0	Z527C	6	4
E143C	6	4	E694C	3	0	Z528C	6	4
E144C	6	4	E721C	1	0	Z535C	6	4
E145C	6	4	E723C	3	0	Z536C	6	4
E146C	8	4	E725C	2	0	Z547C	6	4
E148C	8	6	E726C	2	0	Z555C	6	4
E207C	8	6	E730C	6	0	Z560C	6	4
E228C	8	6	E731C	2	0	Z570C	6	4
E229C	8	6	E733C	3	0	Z571C	6	4
E304C	9	6	E734C	3	0	Z592C	6	4
E315C	7	6	E735C	3	0	Z749C	6	4
E322C	7	6	E736C	3	0			
E325C	9	6	E739C	2	0			