

Family Medicine Billing Quick List Alberta Health & Wellness Billing Codes Updated July 2, 2009

Complete listing available at http://www.health.gov.ab.ca/professionals/SOMB/Price_List.pdf

Code Description	Fee
MODIFIERS:	
The new CMPG complexity modifiers will replace the CMXV15 and CMXV30 modifiers. The CMPG modifier may be claimed if the physician spends 15 minutes or more managing patient care. The modifier includes: writing referral letters, charting, reviewing the chart, reviewing, but not waiting for lab/DI results. Applies only to 03A, 03B, 03C, 07A/07B.	
CMGP01 15 - 24 minutes	\$14.35
CMGP02 25 - 34 minutes	\$28.70
CMGP03 35 - 44 minutes	\$43.05
CMGP04 45 - 54 minutes	\$57.40
CMGP05 55 - 64 minutes	\$71.75
CMGP06 65 - 74 minutes	\$86.10
VISIT - Complex & Routine	
03.01P Assessment of unrelated condition, WCB or other third party	\$12.68
03.03A Office visit not requiring complete (Automatic increase to \$37.85 if > 75)	\$35.26
03.04A Comprehensive visit/physical q180d	\$83.37
03.04J Development, documentation, and administration of comprehensive annual care plan for a patient with complex needs community office	\$206.70
Note: For more details for 03.04J see complete listing	
VISIT - Obstetrical	
03.03B Prenatal visit	\$35.26
03.03C Post-partum visit	\$35.26
03.04B First prenatal/physical ≥ q 90d, once/pregnancy	\$85.37
VISIT - Call Back	
03.05S Call-back to office when closed (check time modifier)	\$48.41
VISIT - Senior	
03.03A Office visit of patient 75yrs and older (implicit, will automatically identified for patients over 75 years)	\$37.85
03.05H Senior's driver's medical > 74.5 yrs	\$69.91
03.04K Comprehensive geriatric assessment, first hour and 30 minutes (regional facility only)	\$300.00
Note: For more details for 03.04K see complete listing	
LONG TERM CARE/NURSING HOME	
03.03AR Urgent or priority attendance requested by staff when MD already on site	\$35.26
03.03E Nursing home periodic care once per calendar week	\$25.89
03.03KA Nursing home call-back 0700-1700 W/D	\$64.58
03.03LA Nursing home call-back 1700-2200 W/D, 0700-2200 W/E, STATS	\$85.08
03.03MC Nursing home call-back 2200-2400 any day	\$181.43
03.03MD Nursing home call-back 2400-0700 any day	\$181.43
03.03EA Visit to nursing home in association with a special callback (HSC 03.03KA, 03.03LA, 03.03MC, 03.03MD)	\$25.89
03.04D Admission to nursing home \$105.50	
03.05JD Formal, scheduled, multiple health discipline team conf. (per 5 minute unit)	\$13.09

Code Description	Fee
03.05JE Formal, scheduled review of medication by most responsible MD	\$27.29
VISIT - Consult	
03.08A Comprehensive consult (incl PRACID of referring MD, midwife, dentist, NP etc)	\$95.05
ANTICOAGULATION	
03.01N Mgmt of anticoagulant therapy (max. twice monthly regardless of physician providing service)	\$16.95
PHONE ADVICE	
03.01B Community Mental Health worker communication 0700-1700 W/D	\$16.95
03.01BA Community Mental Health worker communication 1700-2200 W/D or 0700-2200 W/E, STATS	\$23.92
03.01BB Community Mental Health worker communication 2200-0700 any day	\$28.22
Note: above must be initiated by Community Mental Health Care Worker	
03.01LG MD-MD phone advice - referring physician - 0700-1700 W/D	\$35.50
03.01LH MD-MD phone advice - referring physician - 1700-2200 W/D or 0700-2200 W/E, STATS	\$52.54
03.01LI MD-MD phone advice - referring physician - 2200-0700 any day	\$62.01
Note: may be claimed in addition to visit; documentation required; max 2/pt/MD/day	
03.01NG Advice to assisted living, lodge, hospital, LTC, NP or Home Care 0700-1700 W/D	\$16.95
03.01NH Advice to assisted living, lodge, hospital, LTC, NP or Home Care 1700-2200W/D, W/E, STATS	\$25.03
03.01NI Advice to assisted living, lodge, hospital, LTC, NP or Home Care 2200-0700 any day	\$29.54
FAMILY PHYSICIAN AS THE CONSULTANT (more details see complete listing)	
03.01LJ MD-MD telephone/ health consult, W/D 0700-1700 HRS	\$70.99
03.01LK MD-MD phone/health consult, W/D 1700-2200 hrs, W/E & STATS 0700-2200	\$105.07
03.01LL MD-podiatric surgeon to physician telephone/health, any day 2200-0700 hrs	\$124.00
PROCEDURES IN OFFICE - SELECTED (check fee guide re M+ or M)	
03.37A Vital capacity (not peak flow meter)	\$9.88
03.38D Vitalometry, alone	\$13.43
07.53...Casts (consult detailed listing)	various
07.57A Initial treatment minor burn	\$35.26
07.57B Subsequent dressing/debriding	\$35.26
12.01 Removal of FB from nose without incision	\$67.96
12.21 Removal of FB from ear without incision	\$71.15
12.31 Removal of non penetrating FB from eye	\$28.79
13.42A Allergy injection (allows 03.03A 1/month) may be provided by nurse	\$8.33
13.53 B Intralesional steroid injection	\$21.66
13.59 A Im or sc injection & visit code	\$9.37
13.59J Local anesthetic trigger point injection (max 3)	\$27.77
13.99BA Pap smear (bill in addition to office visit) (max 2/pt/MD/yr)	\$20.51
25.1A Removal foreign body cornea with incision	\$33.10
37.91A Clip simple tongue tie	\$45.23
61.03 Excision perianal skin tag	\$44.99
80.83B Endometrial biopsy (bill in addition to office visit)	\$39.35

Code Description	Fee
81.8 IUD insertion (bill in addition to office visit)	\$61.73
93.91A Joint aspiration, injection, hip	\$35.99
93.91B Joint aspiration/injection except hip (bill in addition to office visit)	\$21.86
95.93 Injection shoulder bursa	\$17.54
95.94A Injection trigger point with spray+ stretch	\$63.73
95.96A Injection bursa/tendon/ganglion	\$12.75
97.81 Needle biopsy breast	\$41.91
98.03AI+D abscess	\$34.84
98.04A Removal foreign body, skin, with anaesthesia	\$59.96
98.04B Removal foreign body, skin, subcu tissue without anaesthetic	\$30.50
98.11D Extensive debriding up to 32cm ²	\$91.97
98.12A Excisional skin biopsy + visit	\$40.55
98.12B Excisional skin biopsy face + visit	\$54.27
98.12C Excision sebaceous cyst + visit (maximum 3)	\$58.16
98.12H Excision soft-tissue tumor + visit	\$74.80
98.12J Removal, excision 1st lesion, wart/keratosis + visit	\$24.18
98.12L Cryo/therapy warts (genital/plantar, molluscum, actin./irritated seb. keratosis) (bill in addition to office visit)	\$20.45
98.12S Nonsurgical removal condylomata	\$25.05
98.22A Suture laceration face <2.5cm, body <5cm	\$60.99
98.22B Suture laceration face >2.5cm, body >5cm (+ \$24.07 per additional 2.5/5cm segment)	\$48.11
98.81B Skin punch biopsy	\$32.88
98.96A Wedge resection toenail	\$46.95
COUNSELLING	
08.19D Conference with relative re: psychiatric patient (per 15 minute unit)	\$33.70
08.19F Conference with allied health/education workers re: psychiatric patient (per 15 minute unit)	\$36.05
08.19G Psychotherapy incl. Pharmacotherapy (per 15 minute unit)	\$39.67
08.45 Family therapy 45 minutes	\$128.68
COUNSELLING - Palliative Care	
03.05I Counselling patient re: palliative care issues	\$48.20
03.05T Counselling with family or allied health worker re: palliative patient	\$46.13
COUNSELLING - Chronic Pain	
03.05O Chronic pain management (if patient has been to multidisc. pain clinic)	\$44.08
03.05X Counselling family of chronic pain patient (as per 03.05O)	\$42.60
HOME VISITS	
03.03N Home visit, 1st patient, 0700-1700 weekdays (use time modifier)	\$73.29
TEAM CONFERENCE	
03.05JA Formal, scheduled multiple health discipline team conference (per 15 minute unit)	\$42.60
03.05JB Formal, scheduled family conference (per 15 minute unit)	\$42.60
03.05JC Family conference relating to acute, nursing home, emerg, or auxiliary patient (per 15 min)	\$42.60

HOSPITAL CARE

03.04C Hospital admission, M-F 0700-1700 (use time modifier) CMXC30 eligible	\$116.46
03.03D Daily hospital visit per day (days 1-7) (day 8+ \$21.66) COMX eligible	\$51.25
03.03AR Urgent or priority attendance requested by staff when MD already on site	\$35.26
03.05M Supportive care in hospital (max 4/admission)	\$16.13

FLU VACCINATION

13.59A Flu vaccinations are only billable if the following conditions are met (administered by nurse or physician) Can add to visit	\$9.37
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* Persons 65 or older* Residents of a nursing home & other chronic care facilities

* Adults with chronic conditions* Health care workers in facilities where in constant contact with person in the high risk group Note: Any time a general symptom diagnostic code is used for the visit in conjunction with a minor procedure, in this case the flu shot, AH & W's treats the visit as related. A specific diagnostic code that is unrelated to the procedure must be used in order for both to be paid.

* 0301AA 15 minute time blocks for call back to Long Term Care / Nursing Home

* WCB - visit and follow up - add on after AH