SECTION OF GENERAL PRACTICE

03.02A  Brief assessment of a patient’s condition requiring a minimal history with little or no physical examination.

AMa NOTES: this change incorporates the definition of a brief assessment from the Governing Rules into the description of the service.

03.03A  Limited assessment of a patient’s condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient

NOTE: Benefit includes the ordering of appropriate diagnostic tests and procedures as well as discussion with the patient.

AMa NOTES: this change incorporates the definition of a limited assessment from the Governing Rules into the description of the service.

03.04A  Comprehensive assessment of a patient’s condition requiring a complete history, a complete physical examination appropriate to the physician’s specialty, an appropriate record and advice to the patient

NOTE: 1. This may be used for an annual medical examination within the limitations of GR 4.6.1.

2. Complete physical examination shall encompass all those organ systems which customarily and usually are the standard complete examination prevailing within the practice of the respective specialty.

3. Benefit includes the ordering of appropriate diagnostic tests and procedures as well as discussion with the patient.

AMa NOTES: this change incorporates the definition of a comprehensive assessment from the Governing Rules into the description of the service.

03.04K  Amend text of Note 7b):

b) Functional includes but is not limited to a review of basic activities of daily living, instrumental activities of daily living, activity/exercise status, gait, and balance and assessment of senior falls.

03.04M  Pre-operative history and physical examination in relation to an insured service

NOTE: 1. May only be claimed when an examination and a standard form for pre-operative assessment have been completed.

2. A copy of the form must be retained in the patient’s chart.
03.05H Medical examination, including completion of form, required pursuant to the Traffic Safety Act to obtain or renew an operator’s license, where the patient is 74.5 years of age or older.

ADD the CMXV30 to the Price List:

| CARE  | CMXV30 | Y | Increase Base By | 31.11 | V |

**AMA NOTES:** The CMXV30 modifier has been added to the 03.05H for those services that take 30 minutes or longer. This change was made to accommodate the extended time that some assessments may take longer due to complexity or due to the patient requesting that other conditions be considered by the physician at the same encounter.

08.19G Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof.

**AMA NOTES:** This change requires that a physician spend a minimum of 8 minutes after the first full 15 minutes in order to submit a claim for a second or subsequent call.

13.99J Amend Note 9:

9. Only HSC 13.99J or procedures provided during the same encounter (with the exception of HSC 13.99E and 13.99EA) may be claimed, but not both. Concurrent claims for overlapping time for the same or different patients may not be claimed.

13.99VA Delete HSC

Examination and crisis counselling for sexual/physical abuse in an AACC or UCC, full 15 minutes or major portion thereof for the first call when only one call is claimed.

**AMA NOTES:** Claims for this service should move to 13.99V.

13.99BA Delete HSC

Periodic Papanicolaou Smear

**AMA NOTES:** Please see new code 13.99BC.

13.99BC Pelvic examination requiring swab and or sample collection, includes Periodic Papanicolaou Smear $27.80

**NOTE:**
1. Two Papanicolaou smears may be claimed per patient, per physician, per year (April 1 of one year to March 31 of the following year). Additional claims may be submitted with supporting information.
2. May be claimed with a visit or consultation.

**AMA NOTES:** Claims for pap smears may be claimed using the 13.99BC, physicians do not have to complete a swab and a pap smear at the same encounter in order to submit a claim. If a pap and a swab are completed at the same encounter, only one service may be claimed.
13.99EA  **Delete HSC**
Resuscitation in an AACC or UCC, full 60 minutes or a portion thereof for the first call when only one call is claimed.

**AMA NOTES:** Claims for resuscitation in AACC or UCC’s should be submitted using HSC 13.99E.

13.99EC  Resuscitation, per 15 minutes or major portion thereof for the second and subsequent physician actively participating and providing assistance to the primary physician at a resuscitation

$87.66

**NOTE:**
1. Resuscitation is defined as the emergency treatment of an unstable patient whose condition may result in imminent mortality without such intervention.
2. May only be claimed for the time spent when the physician is directly involved in assisting the primary physician in a resuscitation.
3. May not be claimed in addition to other procedures or visits at the same encounter by the same physician.
4. May not be claimed for Medical Emergency Team (MET) coverage.

13.99J  **Amend Note 9:**
9. Only HSC 13.99J or procedures provided during the same encounter (with the exception of HSC 13.99E and 13.99EA) may be claimed, but not both. Concurrent claims for overlapping time for the same or different patients may not be claimed.

95.94A  Injection with local anaesthetic of myofascial trigger points combined with a spray and stretch technique

**NOTE:** 30 minutes of stretching is required at the time of the injection.

CMXV30  **CMXV30 COMPLEX PATIENT CONSULTATION/VISIT -(Explicit) -**
This modifier is used to indicate a complex patient consultation or visit requiring that the physician spend 30 minutes or more on management of the patient's care. Refer to modifier CMXV15 for visits less than 30 minutes.

May only be claimed by:
- community medicine, geriatric medicine, occupational medicine, radiation oncology for HSCs 03.03A, 03.07A, 03.07B.
- cardiology, endocrinology/metabolism, haematology, infectious diseases, internal medicine, medical oncology, nephrology, pediatric cardiology, pediatrics, rheumatology for HSCs 03.03A, 03.03F, 03.07A, 03.07B.

Pediatrics may claim for HSC 03.05JK.
- general practice for HSC 03.05H only.

**AMA NOTES:** The CMXV30 modifier has been added to the 03.05H for those services that take 30 minutes or longer. This change was made to accommodate the extended time that some assessments may take longer due to complexity or due to the patient requesting that other conditions be considered by the physician at the same encounter.