

GASTROENTEROLOGY

These listings cannot be correctly interpreted without reference to the Preamble.

		\$	Anes. Level
Referred Cases			
33310	Consultation: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....	152.04	
33312	Repeat or limited consultation: Where a consultation for same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative services do not warrant a full consultative fee	72.99	
33314	Prolonged visit for counselling (maximum, four per year)	46.69	
	<i>Note: See Preamble, Clause B.4.c.</i>		
	<u>Group counselling for groups of two or more patients:</u>		
33313	- first full hour	101.79	
33315	- second hour, per 1/2 hour or major portion thereof	50.87	
	<u>Continuing care by consultant:</u>		
33306	Directive care	42.36	
33307	Subsequent office visit.....	44.26	
33308	Subsequent hospital visit.....	26.08	
33309	Subsequent home visit	46.56	
33305	Emergency visit when specially called	103.18	
	(not paid in addition to out-of-office-hours premiums)		
	<i>Note: Claim must state time call placed</i>		
	Diagnostic procedures involving visualization by instrumentation:		
S00706	Oesophagoscopy with biopsy	104.85	3
S00707	Oesophagogastroduodenoscopy - procedural fee	86.33	3
S00711	Gastric biopsy - procedural fee extra	26.40	3
SY00715	Sigmoidoscopy (with biopsy) - procedural fee.....	35.32	2
SY00718	Sigmoidoscopy, flexible – with biopsy	75.33	2
P10708	Video capsule endoscopy using M2A capsule - professional fee:	250.00	
	Notes:		
	i) Payable for gastrointestinal bleeding suspected to originate in the small intestine, and only after other investigations have ruled out other causes.		
	ii) Limited to services rendered at St. Paul's Hospital, Vancouver only.		
	Diagnostic procedures utilizing radiological equipment		
	The following fees are separate from the fees for the radiological part of this examination and should be charged by the attending physician or by the radiologist who performs the procedure, e.g.: instrumentation or injection of contrast materials:		
S00731	Duodenal biopsy - procedural fee	75.33	3
10735	Rectal endoscopy utilizing ultrasound (radial/linear)	150.00	
	<i>Note: Includes mucosal biopsy</i>		

		\$	Anes. Level
10740	Upper GI endoscopy utilizing radial ultrasound.....	250.00	
10741	Upper GI endoscopy utilizing linear ultrasound.....	250.00	
	Notes:		
	i) P10740 and P10741 are payable only when done in publicly funded acute care facilities.		
	ii) P10741 payable at 50% when done subsequent to P10740 (same patient/same day)		
10742	Upper GI endoscopy utilizing radial/linear ultrasound – with biopsy using fine needle aspiration, to a maximum of 3 – per lesion.....	50.00	
	Notes:		
	i) Payable with P10740 or P10741 only		
	ii) First biopsy paid at 100%. Second and third biopsies payable at 50%.		
10743	Upper GI endoscopy utilizing radial/linear ultrasound - with injection of one of more of any of the following – metastases, nodes, masses, or celiac plexus-extra	150.00	
	Note: Payable with P10740 or P10741 only.		
10744	Upper GI endoscopy utilizing radial/linear ultrasound - with drainage of pseudocyst (including stent insertion if performed) – extra	200.00	
	Note: Payable with P10740 or P10741 only.		

Diagnostic – Miscellaneous

S00806	Bernstein acid perfusion tests and Tuttle's pH probe tests in combination	70.64	
S00825	- technical fee	35.32	
S00824	- professional fee	35.32	
S00809	Retrograde pancreatography.....	210.93	3

Miscellaneous

33370*	Dilation of oesophagus (operation only).....	55.76	3
33371*	- repeat within one month (operation only).....	33.67	3
	Colonoscopy with flexible colonoscope:		
S33373	- biopsy	229.07	2
33374	- removal polyp	342.47	2
33393	Percutaneous endoscopically placed feeding tube (PEG) – procedural fee	159.28	3
	Assistant fee for PEG procedure.....	109.56	
	Note: 33393, 33394 may be billed by any qualified physician.		