INFECTIONOUS DISEASES

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

Referred Cases

33610  **Consultation**: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report...........191.24

33612  **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 .......................................................................................81.12

33620  Infectious Disease Extended Consultation for complex infectious diseases issues (antibiotic resistant organisms, outbreak management/infection control, tropical disease management), when requested by another Infectious Diseases Specialist, Internist, Internal Medicine Sub-Specialist, Pediatricians and Anesthesiologists. Includes history, physical examination, review of X-rays and additional visits necessary to render a written report.......................................................................................................320.03

**Notes:**

i) Minimum time requirement for service is 75 minutes (actual time spent with patient). Please submit start and stop times in the claim submission and log time in patient’s chart.

ii) If an Infectious Diseases specialist receives a referral by a physician other than the specialty types noted above and the conditions defined within the consultation service are met, a claim may be submitted under P33620 with correspondence/note record outlining medical necessity. Each case will be reviewed independently

33614  Prolonged visit for counselling (maximum, four per year) ........................................53.40

**Note**: See Preamble, Clause D. 3. 3.

**Group counselling for groups of two or more patients:**

33613  - first full hour ......................................................................................................109.41

33615  - second hour, per 1/2 hour or major portion thereof............................................54.66

**Continuing care by consultant:**

33606  Directive care........................................................................................................45.43

33607  Subsequent office visit.........................................................................................47.54

33608  Subsequent hospital visit......................................................................................28.03

33609  Subsequent home visit .........................................................................................50.02

33605  Emergency visit when specially called ................................................................110.87 (not paid in addition to out-of-office-hours premiums)

**Note**: Claim must state time service rendered.

**Telehealth Service with Direct Interactive Video Link with the Patient**

T33630  Telehealth Consultation: Shall include a detailed history and physical examination, review of previous medical records, discussion with family, friends or witnesses, evaluation of appropriate laboratory, X-ray and ECG findings and report of opinions and recommendations in writing to the referring physician ........................................................................................................181.24

**Note**: Restricted to FRCP Infectious Diseases Physicians.
T33632  Telehealth Repeat or Limited Consultation: To apply where a consultation is repeated for the same condition within six months of the last visit by the consultant or where in the judgment of the consultant the consultative service does not warrant a full consultative fee....................................................81.12

T33636  Telehealth directive care .................................................................45.53
T33637  Telehealth subsequent office visit ..................................................47.54
T33638  Telehealth subsequent hospital visit ...............................................28.03

Minor Procedures

13600  Biopsy of skin or mucosa (operation only) ............................................49.47 2

Diagnostic and Selected Therapeutic Procedures

Puncture procedure for obtaining body fluids (when performed for diagnostic purposes)

SY00750  Lumbar puncture in a patient 13 years of age and over.....................53.02 2
Note: Procedure not payable with Critical Care sectional fee items or chemotherapy fee items.

S00753  Marrow aspiration - procedural fee.......................................................42.93 2

SY00757  Joint aspiration - procedural fee (not in addition to Y00014 or Y00015)
- other joints.................................................................................................11.42 2

S00759  Paracentesis - (thoracic) or transtracheal aspiration - procedural fee .......21.67 2
S00760  - (abdominal) - procedural fee .............................................................24.83 2

Needle biopsy Procedures

S00749  Parietal pleural, including thoracentesis - procedural fee ....................46.02 2

Allergy, patch and photopatch tests

S00764  Intracutaneous test, per test.................................................................2.10

Orthopaedic Diagnostic Procedures

Elbow, Proximal Radius and Ulna

Incision - Diagnostic, Percutaneous:

S11302  Aspiration - bursa, tendon sheath.......................................................22.79 2
### Hand and Wrist

**Incision - Diagnostic, Percutaneous:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Anes.</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>S11402</td>
<td>Aspiration bursa, synovial sheath, etc.</td>
<td>22.79</td>
<td>2</td>
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</tbody>
</table>

### Pelvis, Hip and Femur

**Incision - Diagnostic, Percutaneous:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Anes.</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>S11501</td>
<td>Aspiration hip joint</td>
<td>22.79</td>
<td>2</td>
</tr>
<tr>
<td>S11502</td>
<td>Aspiration bursa, tendon sheath</td>
<td>11.40</td>
<td>2</td>
</tr>
</tbody>
</table>

### Femur, Knee Joint, Tibia and Fibula

**Incision - Diagnostic, Percutaneous:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Anes.</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>S11602</td>
<td>Aspiration bursa, tendon sheath or other periarticular structures</td>
<td>22.79</td>
<td>2</td>
</tr>
</tbody>
</table>

### Laboratory Procedures

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Anes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15136</td>
<td>Fungus, direct examination, KOH preparation</td>
<td>8.23</td>
</tr>
</tbody>
</table>