

# EMERGENCY MEDICINE

## Preamble

- 1) The following listings apply only to examinations rendered by the emergency physician designated by the medical staff who is on hospital Emergency Department duty and on-site. Other physicians (e.g.: on call) who choose to attend their patients in the Emergency Department but who are not the designated emergency physicians as defined above, shall not bill these listings but shall refer to other sections of the Payment Schedule for billing the appropriate examinations. The physicians working in hospital Emergency Departments that are covered on a call-in basis as opposed to an on-site basis shall not bill these listings but shall refer to the section on General Practice. Physicians working in diagnostic treatment centres or freestanding emergency clinics should also refer to the listings in the section of General Practice. Call-in fees (i.e.: 00112) or call-out charges for patients seen in the Emergency Department are not applicable to emergency physicians while on duty and on-site in the hospital Emergency Department.
- 2) Separate day, evening, night and weekend/holiday listings are defined as follows:

Day Visit:	0800 to 1800, weekdays
Evening Visit:	1800 to 2300, weekdays
Night Visit:	2300 to 0800
Weekend/Holiday Visit:	0800 to 2300 on Saturday, Sunday and statutory Holidays
- 3) Emergency Department visit listings are further categorized into three levels of complexity.

### **LEVEL I**

A level of service pertaining to the evaluation and treatment of a single condition requiring only an abbreviated history, examination and treatment. It shall include the review of appropriate laboratory tests and/or x-rays. This level of service shall also pertain to those patients who do not meet the criteria for Level II or III care.

### **LEVEL II**

Pertains to the evaluation of a new or existing medical condition that necessitates a detailed medical history, and necessary physical examination of three or more regions. It will also include a review of laboratory tests and x-rays where required, and the initiation of appropriate therapy. This level of service shall also pertain to those patients whose illness/injury require prolonged observation, continuous therapy, and multiple reassessments.

### **LEVEL III**

- a) Pertains to evaluation of patients with serious multiple and/or complex medical problem(s) which often can be obscure and where the emergency condition necessitates a detailed history and complete physical examination by the emergency room physician. This shall include the chief complaint(s), history of past and present illness, relevant personal and family history, functional enquiry, and complete physical examination with special attention to local examination where indicated. It shall include the review and interpretation of appropriate laboratory, x-ray and ECG studies, full recording of the findings, and discussion with the patient and/or family and/or personal physician, as well as the initiation of appropriate therapy.
- b) This level of care shall also pertain to the management of a life threatening illness/injury which requires immediate evaluation and emergent treatment by the emergency physician. It shall include the review and interpretation of appropriate laboratory, x-ray and ECG studies, full recording of the findings, and discussion with the patient and/or family and/or personal physician.

**4) Emergency Medical Consultations**

- a. A specialist emergency medicine consultation (fee item 01810) only applies to Royal College Certified emergency physicians. Other full-time emergency physicians may bill a general practice out-of-office consultation (fee item 12110, 13210, P15210, 16210, 17210 or 18210) where indicated.
- b. An emergency medicine consultation (whether billed as 01810, 12210, 13210, P15210, 16210, 17210 or 18210) applies only when a patient is referred by another physician (other than an emergency physician at the same institution) who has seen and examined the patient and, because of the complexity, obscurity or seriousness of the problem, the referring physician has requested a consultation.
- c. An emergency medicine 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.
- d. A copy of the Emergency Department chart does not constitute a consultation report.
- e. A consultation cannot be charged for the routine transfer of care to the emergency physician or for the provision of treatment for a stable medical condition.
- f. A consultation does not apply in cases of self referral by patients who present themselves to the Emergency Department or are brought by persons acting on their behalf.
- g. If a consultation is charged in addition to critical care (fee item 00081), the consultation fee shall be paid but shall constitute the first half-hour of the critical care resuscitation fee.
- h. No service charges may be billed in addition to the emergency medicine consultation fee.

**5)** The routine transfer of care between emergency physicians at the change of shift shall not generate a new visit fee. However, in the event of a significant deterioration in a patient's status that medically requires both a new examination and modification of the treatment plan, then the appropriate visit fee item may be claimed.

**6)** Medical conditions treated in addition to minor surgical procedures:

Patients may present, for example, with a laceration requiring suture repair and also require treatment of an unassociated, unrelated illness or injury. Both a visit fee (Level I, II, or III) and the procedural fee (Repair of laceration - fee item 13611 or 13612) may be billed. In the event that a Level I, II, or III visit fee is medically required and billed, the greater fee shall be paid in full and the lesser at 50 percent.

Patients may also present with an emergency medical condition associated with a laceration (e.g.: syncope with a scalp laceration or seizure disorder with a facial laceration). Again, both the appropriate visit fee (Level I, II or III) and a procedural fee (e.g.: 13611 or 13612) may be billed. The greater fee shall be paid in full and this lesser fee at 50 percent.

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The following listings cannot be correctly interpreted without reference to the Preambles.

		\$	<b>Anes. Level</b>
01810	Emergency medicine consultation.....	127.77	
	<b>Level I emergency care:</b>		
01811	- day .....	29.52	
01821	- evening.....	37.11	
01831	- night.....	56.79	
01841	- Saturday, Sunday or Statutory Holiday .....	37.11	
	<b>Level II emergency care:</b>		
01812	- day .....	69.46	
01822	- evening.....	81.93	
01832	- night.....	113.31	
01842	- Saturday, Sunday or Statutory Holiday. ....	81.93	
	<b>Level III emergency care:</b>		
01813	- day .....	87.58	
01823	- evening.....	102.14	
01833	- night .....	151.86	
01843	- Saturday, Sunday or Statutory Holiday. ....	102.14	
	<b>Fractures:</b>		
01850*	Clavicle - adult (operation only).....	103.56	2
01851*	Fibula - shaft or malleolus - not requiring reduction (operation only).....	89.59	
	<b>Dislocations:</b>		
01860*	Temporo-mandibular joint, dislocation – closed reduction (operation only).....	67.63	3
01861*	Patella - closed reduction (operation only).....	64.78	2
01862*	Toe - closed reduction (operation only).....	48.58	2