

COMMON OFFICE BILLING CODES

IN-OFFICE VISIT CODES		
Fee Code		Notes
REGIONAL EXAMINATION - VISIT 12100 Visit (age 0-1) 00100 Visit (age 2-49) 15300 Visit (age 50 – 59) 16100 Visit (age 60-69) 17100 Visit (age 70-79) 18100 Visit (age 80+)		A. Documentation should include SOAP note B. If you do a procedure in addition to the visit, bill the highest value fee at 100%, plus the lower value fee at 50% Example 1: Visit for 40 yo for breast exam and PAP (00100)+½ PAP (14560)+mini tray fee if plastic spec (00044) Example 2: Visit for 80 yo for BP check and cryo (18100) + ½ cryo (00190) + mini tray fee (00044)
COMPLETE PHYSICAL EXAMINATION (when medically indicated – “routine or periodic CPX (check -up) is not a benefit under MSP”) 12101 Complete examination (age 0-1) 00101 Complete examination (age 2-49) 15301 Complete examination (age 50-59) 16101 Complete examination (age 60-69) 17101 Complete examination (age 70-79) 18101 Complete examination (age 80+)		A. Include a complete detailed history and physical examination of all parts and systems with special attention to local examination where clinically indicated, adequate recording of findings and, if necessary, discussion with the patient. The above should include complaints, history of present and past illness, family history, personal history, functional inquiry, physical examination, differential diagnosis and provisional diagnosis. B. 14560 PAP is not billable in addition C. CPX codes not to be charged for in-hospital admission examination – see 00109
INDIVIDUAL COUNSELLING 12120 Individual counselling (age 0-1) 00120 Individual counselling (age 2-49) 15320 Individual counseling (age 50-59) 16120 Individual counselling (age 60-69) 17120 Individual counselling (age 70-79) 18120 Individual counselling (age 80+)		A. Minimum 20 minutes for counselling about a medical condition which is recognized as difficult by the medical profession or over which the patient is having significant emotional distress. Start/end times must be recorded and submitted. B. Max 4/pt/year C. Not for advice that is a normal component of any visit or as a substitute for the usual patient examination fee, whether or not the visit is prolonged. D. Not intended for activities related to attempting to persuade alteration of diet or lifestyle behavioral patterns.

Multiple Insurer 2nd unrelated issue when purpose of visit is ICBC or WCB			
13070 Office assessment of unrelated condition(s) in association with a WCB service		Bill visit +/- form fee to WorkSafe and fee code 13070 to MSP. MUST use different Dx code	
13075 in association with an ICBC service		Bill visit fee to ICBC and fee code 13075 to MSP. Diff DX code.	
When providing an Uninsured Service at same visit as insured service, bill MSP for insured service and bill patient or third party for uninsured service (eg. Non-publically funded immunizations, forms, off work notes – see uninsured services summary) DOCUMENT CLEARLY THE TWO DIFFERENT SERVICES			
Tray Fees		Notes	
00044 Mini tray fee	(T1)	A. 00044 is billable with 14560 ONLY if disposable spec used B. Tray fees billable in locations where the costs are actually incurred by the physician = Office, patient home, LTC (if must bring tray from office)	
00080 Minor tray fee	(T2)		
00090 Major tray fee	(T3)		
Minor procedures		Minor procedures	
14560 Pelvic exam and PAP, (see above)	? T1	10710 Anoscopy	
14540 IUD Insertion	+T3	13630 Paronychia	+T2
14541 IUD Removal			
00190 Cryo or other TXt of skin lesions	+T1	13631 Removal nail, simple	+T2
13600 Biopsy skin/mucosa, excisional	+T3	13632 Removal nail + nail bed ablation	+T3
13605 I & D superficial abcess	+T2	13633 Wedge excision of one nail	+T3
13610 Lac'n/Foreign Body, no anesth	+T2	13650 Haemorrhoid, Thrombosed, Enucleation	+T3
13611 Lac'n/Foreign Body with anesth	+T3	51016 Plaster Cast Arm – short arm	+T3
13612 Laceration >5cm per cm	+T3	51019 Plaster Cast Leg – below knee	+T3
13620 Excision skin tumour/scar, benign	+T3	70041 Breast, fine needle aspiration	+T3
13621 Additional lesions (max 5)		70042 Breast, fine needle aspiration, additional	
13622 Excision localized carcinoma of skin, proven histopathologically	+T3	00785 Endometrial Biopsy	+T3

Common Office investigations (Note: *indicates Billable in addition to office visit)	
*15120 Pregnancy test, urine	*15039 GP urine drug test (pt on methadone maint)
*15130 Urine analysis	*15040 GP urine drug test (pt not on methadone)
*93120 ECG technical fee	*00117 Interpretation ECG
00930 Peak Flow testing in FP Office: 1. Bill in addition to same day visit PROVIDED no previous visit within 30 days FOR SAME DIAGNOSIS. 2. Repeat visit for PF in < 30 days since PF and visit billed together only 0930 billable OR bill visit only when other assessment needed. 3. Visits for UNRELATED issues, (eg. BP, diabetes) can be billed regardless of timing of peak flow (+/- visit)	
Common injections (Note: *indicates Billable in addition to office visit)	
00010 Injection, intramuscular	00034 Injection, subcutaneous (max 3 per sitting)
* Publically Funded Immunizations under 19 years of age are billable in addition to visit fee. Use Injection Specific Fee Codes 10010 – 10029 – see fee guide. Use Diagnostic Code 33A	
00014 Intra-articular medications by injection – hip (initial injection) Visit on same day billable in addition to procedure for initial injection; subsequent injections within 30 days - injection fee only	00015 Tendons, bursae and all other joints: visit on same day billable in addition to procedure for initial injection; subsequent injections within 30 days - injection fee only
*00757 Aspiration Joints	*00761 Aspiration Cyst/Bursa
Some Communication related Fees – See Fee Guide for full details	
00043 Anticoagulation therapy by telephone	
13005 Tel/Fax advice re pt in community care (not billable with other visits/services same day/same pt/same physician)	In response to an enquiry initiated by an allied healthcare provider (AHP) assigned to the care of the patient. Community Care: all levels of care home; Home Care Nursing; Home support; Palliative care.
14018 Urgent Telephone Conf w Specialist	urgent conferencing (response <2hrs) with a specialist & the development of a care plan to keep pt stable in current location
14076 GP – Patient Telephone Management	Clinical discussion with patient or pt's medical rep. Not with same day visit. Max 1500/physician/year
14077 GP - ACP Conferencing Fee	Per 15 min for 2 way case conferencing about a patient with an allied care provider
14078 email/text/telephone advice relay	