

## Appendix D – Procedures and Diagnostic Tests

The following Interaction Codes are payable only for the listed procedures and diagnostic tests.

Associated Fee-for-Service codes are provided for reference to assist physicians. The General Preamble, billing rules, and fee notes of the listed Fee-for-Service codes do not apply to procedures and diagnostic tests billed under the LFP Payment Model, unless specifically noted in the LFP Payment Schedule.

### 1. Clinic Procedures

**98022 – LFP Clinic-based Minor Procedure or Diagnostic Test in addition to an In-person Visit**

**98052 – LFP Locum Clinic-based Minor Procedure or Diagnostic Test in addition to an In-person Visit**

Procedures and Diagnostic Tests Payable as 98022 and 98052	Fee-for-Service Code
Cryotherapy	00190
Injection of a medically necessary drug, allergy serum, or vaccine (with the exception of a vaccine for the indication of travel)	00010 00011 00013 00016 00030 00034 10010 to 10030 10040 10041
Urinalysis by dipstick	15130
Urine pregnancy test	15120
Urine screening for opioid agonist treatment	15039
Urine screening for amphetamines, benzodiazepines, etc.	15040
Peak flow testing	00930
Venipuncture	00012

**98021 – LFP Clinic-based Standard Procedure**

**98051 – LFP Locum Clinic-based Standard Procedure**

Procedures Payable as 98021 and 98051	Fee-for-Service Code
Gynecologic examination and cervix screening that includes the use of a speculum	14562
IUD removal	14562
Cervical polypectomy	04509
Anoscopy	10710
Trigger point injection	01156 01157
Injection or aspiration of tendon or bursa	00014 00015 51039 51040

Intra-articular injection or aspiration	00811 52405 52410 53405 53410 54405 54410 55405 55410 56405 56410 57405 57410
Varicose vein injection	77045

**98020 – LFP Clinic-based Advanced Procedure**  
**98050 – LFP Locum Clinic-based Advanced Procedure**

<b>COMMONLY PERFORMED IN FAMILY MEDICINE CLINICS</b>	
<b>Procedures Payable as 98020 and 98050</b>	<b>Fee-for-Service Code</b>
Biopsy of skin or mucosa	13600 13601
Abscess, superficial opening	13605
Laceration or foreign body, Minor	13610 13611 13612
Excision of tumour of skin, subcutaneous tissue or scar	13620 13621 13622 13623 13624
Paronychia	13630
Nail removal	13631 13632
Wedge excision or Vandenbos procedure of one nail	13633
Hemorrhoid Thrombotic, Enucleation	13650
Insertion of IUD	14540
Insertion or removal of subdermal contraceptive implant	14542 14543
Cautery or excision of genital wart(s)	04305
Cervix punch biopsy	00784
Endometrial biopsy	00785
Proctosigmoidoscopy, rigid, diagnostic	10714
Abscess – perianal, I & D, superficial	07678

<b>LESS COMMONLY PERFORMED IN FAMILY MEDICINE CLINICS</b>	
<b>Procedures Payable as 98020 and 98050</b>	<b>Fee-for-Service Code</b>
Venesection for polycythaemia or phlebotomy	00019
Curettage and electrosurgery of skin carcinoma	00218 00219
Direct laryngoscopy	00701
Sigmoidoscopy with or without biopsy	00715 00716 00718
Chest Aspiration Paracentesis	00759
Paracentesis Abdominal	00760
Scratch test, per antigen Note: Only applicable if a minimum of 15 antigens are used.	00762 00763 00765
Endoscopic Examination of the Nose and Nasopharynx	00907
Nerve block paravertebral sympathetic	01042
Peripheral nerve block, single or double	01124 01125
Chalazion Excision	02150
Aural polyp removal or debridement, foreign body removal	02221
Myringotomy unilateral or bilateral - with insertion of aerating tube	02254 02274
Cauterization of septum, electric	02303
Posterior nasal packing	02341 02346
Nasal fracture - simple reduction or with reduction and splinting	02364 02365
Direct or indirect laryngoscopy with foreign body removal	02419
Incision of peritonsillar abscess – under local anesthetic	02447
Muscle Biopsy	03211
Biopsy of vulva, excisional lesion	04032 04317
Bartholin's cyst excision	04301
Amputation, Finger	06219
Aspiration: abdomen or chest	07041
Vasectomy – bilateral	08345
Esophagogastroduodenoscopy, including collection of specimens	10761
Application of Cast	51016 to 51025
Fine Needle aspiration of solid or cystic lesion	70041 70042
Removal of tumour (including intraoral) or scar revision – 2 to 5 cm	70116
Hemorrhoid(s); (e.g., band ligation) to include proctoscopy	71689
Compression sclerotherapy initial or repeat	77050 77060
Removal of totally implantable access device (e.g., portacath),	77142

## 2. Long-term Care or Palliative Care Facility Procedures

**98155 – LFP Long-term Care or Palliative Care Procedure**

**98255 – LFP Locum Long-term Care or Palliative Care Procedure**

*Note: If the physician provides the supplies for an Advanced Procedure, bill 98156 or 98256.*

<b>COMMONLY PERFORMED IN LONG-TERM CARE AND PALLIATIVE CARE FACILITIES</b>	
<b>Procedures Payable as 98155 and 98255</b>	<b>Fee-for-Service Code</b>
Trigger point injection	01156 01157
Injection or aspiration of tendon or bursa	00014 00015 51039 51040
Intra-articular injection or aspiration	00811 52405 52410 53405 53410 54405 54410 55405 55410 56405 56410 57405 57410
Biopsy of skin or mucosa	13600 13601
Abscess, superficial opening	13605
Laceration or foreign body, Minor	13610 13611 13612
Excision of tumour of skin, subcutaneous tissue or scar	13620 13621 13622 13623 13624
Paronychia	13630
Nail removal	13631 13632
Wedge excision or Vandenbos procedure of one nail	13633
Hemorrhoid Thrombotic, Enucleation	13650

<b>LESS COMMONLY PERFORMED IN LONG-TERM CARE AND PALLIATIVE CARE FACILITIES</b>	
<b>Procedures Payable as 98155 and 98255</b>	<b>Fee-for-Service Code</b>
Venesection for polycythaemia or phlebotomy	00019
Curettage and electrosurgery of skin carcinoma	00218 00219

Direct laryngoscopy	00701
Sigmoidoscopy with or without biopsy	00715 00716 00718
Chest Aspiration Paracentesis	00759
Paracentesis Abdominal	00760
Scratch test, per antigen Note: Only applicable if a minimum of 15 antigens are used.	00762 00763 00765
Endoscopic Examination of the Nose and Nasopharynx	00907
Nerve block paravertebral sympathetic	01042
Peripheral nerve block, single or double	01124 01125
Insertion of IUD	14540
Insertion or removal of subdermal contraceptive implant	14542 14543
Gynecologic examination and cervix screening that includes the use of a speculum	14562
IUD removal	14562
Cervical polypectomy	04509
Cautery or excision of genital wart(s)	04305
Cervix punch biopsy	00784
Endometrial biopsy	00785
Proctosigmoidoscopy, rigid, diagnostic	10714
Anoscopy	10710
Abscess – perianal, I & D, superficial	07678
Chalazion Excision	02150
Aural polyp removal or debridement, foreign body removal	02221
Myringotomy unilateral or bilateral - with insertion of aerating tube	02254 02274
Cauterization of septum, electric	02303
Posterior nasal packing	02341 02346
Nasal fracture - simple reduction or with reduction and splinting	02364 02365
Direct or indirect laryngoscopy with foreign body removal	02419
Incision of peritonsillar abscess – under local anesthetic	02447
Muscle Biopsy	03211
Biopsy of vulva, excisional lesion	04032 04317
Bartholin's cyst excision	04301
Amputation, Finger	06219
Aspiration: abdomen or chest	07041
Vasectomy – bilateral	08345
Esophagogastroduodenoscopy, including collection of specimens	10761
Application of Cast	51016 to 51025

Fine Needle aspiration of solid or cystic lesion	70041 70042
Removal of tumour (including intraoral) or scar revision – 2 to 5 cm	70116
Hemorrhoid(s); (e.g., band ligation) to include proctoscopy	71689
Compression sclerotherapy initial or repeat	77050 77060
Removal of totally implantable access device (e.g., portacath),	77142

**98156 – LFP Long-term Care or Palliative Care Advanced Procedure with Physician-provided Supplies**

**98256 – LFP Locum Long-term Care or Palliative Care Advanced Procedure with Physician-provided Supplies**

*Note: If the Long-term Care or Palliative Care Facility provides the supplies, bill 98155 or 98255.*

<b>COMMONLY PERFORMED IN LONG-TERM CARE AND PALLIATIVE CARE FACILITIES</b>	
<b>Procedures Payable as 98156 and 98256</b>	<b>Fee-for-Service Code</b>
Biopsy of skin or mucosa	13600 13601
Abscess, superficial opening	13605
Laceration or foreign body, Minor	13610 13611 13612
Excision of tumour of skin, subcutaneous tissue or scar	13620 13621 13622 13623 13624
Paronychia	13630
Nail removal	13631 13632
Wedge excision or Vandenbos procedure of one nail	13633
Hemorrhoid Thrombotic, Enucleation	13650

<b>LESS COMMONLY PERFORMED IN LONG-TERM CARE AND PALLIATIVE CARE FACILITIES</b>	
<b>Procedures Payable as 98156 and 98256</b>	<b>Fee-for-Service Code</b>
Venesection for polycythaemia or phlebotomy	00019
Curettage and electrosurgery of skin carcinoma	00218 00219
Direct laryngoscopy	00701
Sigmoidoscopy with or without biopsy	00715 00716 00718
Chest Aspiration Paracentesis	00759
Paracentesis Abdominal	00760
Scratch test, per antigen	00762

Note: Only applicable if a minimum of 15 antigens are used.	00763 00765
Endoscopic Examination of the Nose and Nasopharynx	00907
Nerve block paravertebral sympathetic	01042
Peripheral nerve block, single or double	01124 01125
Insertion of IUD	14540
Insertion or removal of subdermal contraceptive implant	14542 14543
Cautery or excision of genital wart(s)	04305
Cervix punch biopsy	00784
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Amputation, Finger	06219
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Application of Cast	51016 to 51025
Fine Needle aspiration of solid or cystic lesion	70041 70042
Removal of tumour (including intraoral) or scar revision – 2 to 5 cm	70116
Hemorrhoid(s); (e.g., band ligation) to include proctoscopy	71689
Compression sclerotherapy initial or repeat	77050 77060
Removal of totally implantable access device (e.g., portacath),	77142

### 3. Inpatient Procedures

98166 – LFP Inpatient Procedure

98266 – LFP Locum Inpatient Procedure

Procedures Payable as 98166 and 98266	Fee-for-Service Code
Gynecologic examination and cervix screening that includes the use of a speculum	14562
IUD removal	14562
Cervical polypectomy	04509
Anoscopy	10710
Trigger point injection	01156 01157
Injection or aspiration of tendon or bursa	00014 00015 51039 51040
Intra-articular injection or aspiration	00811 52405 52410 53405 53410 54405 54410 55405 55410 56405 56410 57405 57410
Varicose vein injection	77045
Biopsy of skin or mucosa	13600 13601
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Cautery or excision of genital wart(s)	04305
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Chest Aspiration Paracentesis	00759
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Bartholin's cyst excision	04301
Amputation, Finger	06219
Aspiration: abdomen or chest	07041
Vasectomy – bilateral	08345
Esophagogastroduodenoscopy, including collection of specimens	10761
Application of Cast	51016 to 51025
Fine Needle aspiration of solid or cystic lesion	70041 70042
Removal of tumour (including intraoral) or scar revision – 2 to 5 cm	70116
Hemorrhoid(s); (e.g., band ligation) to include proctoscopy	71689
Compression sclerotherapy initial or repeat	77050

	77060
Insertion, revision, or removal of totally implantable access device (e.g., portacath),	07142, 77142, 07143
Closure of complicated lacerations of scalp, cheek, or neck	06077
Minor burn dressing or debridement	06078, 06079, 06080
Lumbar puncture for diagnostic purposes	SY00750, SY00570
Removal foreign body from nose, complicated	02301
Pilonidal abscess/sinus incision and drainage	70084
Dislocation closed reduction without general anesthesia – temporo-mandibular joint, patella, toe, shoulder, elbow, or hip	01860, 01861, 01862, 52721, 53751, 55711
Dislocation closed reduction without general anesthesia –metatarsophalangeal, metacarpophalangeal, or interphalangeal joint	57771, 57791 06236
Fracture reduction – metacarpal or finger phalanx	06222, 06223
Fracture reduction without general anesthesia – metatarsal, radius, ulna, carpus, ankle (malleolus), hindfoot/midfoot/Lisfranc, talus, tarsus, toe phalanx	13660 53761, 54701, 54721 57711, 57721, 57741, 57751, 57781
Nerve root block – cervical, thoracic, lumbar	01140, 01141, 01142, 00143, 01144, 01145
Epidural block – lumbar, thoracic, cervical, caudal	01135, 01136, 01137, 01138
Stricture of urethra dilatation	S08264, S08265
Insertion of central venous pressure catheter	00017
Breast biopsy, needle core	70469
Removal of anal tag or polyp	71684, 71686
Peripheral or subcutaneous lymph node biopsy	S00745
Simple screening spirometry with FVC, FEV(i), and FEV(i)/FVC ratio using a portable apparatus with or without bronchodilators	S00928, S00929
Intrathecal medications by injection	00016
Repair of torn earlobe for complete tear of lobe through margin	06027
Temporal artery biopsy	07025
PICC line insertions - simple	10323
Reinsertion of peritoneal catheter (for acute peritoneal dialysis)	33756
Peritoneal lavage	SY00789
Stomach lavage and gavage	00040
Closed drainage of chest	S32031
Parietal pleural needle biopsy	00749
Repair of complicated fingertip injury	06238
Deep abscess (complex, subfascial, and/or multilocular) incision and drainage with local or regional anesthesia	07059
Insertion or removal of Broviac catheter	07139, 07140, 01741
Intra osseous access	07145
Cystostomy by trochar	08202
Dorsal slit, isolated procedure	08301
Cardioversion	33025
Fracture reduction – femur shaft, tibial shaft	55780, 56751