Reminder: Document in chart anything you billed for

Other codes exist in the Saskatchewan billing schedule, but this is a pretty comprehensive list of what is possible in our ED practice

Steps:

1. Bill for visit or resuscitation

2. Add on reporting

3. Add on after-hours premium PRN

4. Add on employer provided RTW form PRN

5. Add on procedures PRN

Visits

			Code	2021 Payment	
		Emerg Partial (Examination of affected part(s) or system(s))	85B	$39.80	
		Emerg Complete (examination of all parts and systems)	73B	$75.70	
	Add Reporting:				
		Initial Report PPI:	650	$67.74	
		If submit online add as well:	651	$14.28	
		Follow up Report PPP:	660	$42.08	
		If submit online add as well:	661	$14.28	
	Add Return to work (RTW) form:				*Age 65-74 = 15% increase
	*For patient counselling on RTW and completion of an EMPLOYER PROVIDED RTW form. Billable at any visit				*Age >75 = 25% increase
		Per 10 minutes or major portion (per unit)	640	$51.55	Automatically calculated
	Add After-hours premiums:				
	*Based on start time				
		Evening Monday-Thursday 1700-0000	897A	50%	
		0000-0700 any day	899A	100%	
		Weekend or Stat 0700-0000	897A	50%	
	Stats:	January 1, Good Friday, Family Day (3rd Monday in February), Victoria Day, July 1, first Monday in August, Labour Day, Thanksgiving Day, Remembrance Day, Christmas and Boxing Day. If any of these days fall on Saturday or Sunday, they will be observed as stated in the Physician's Newsletter.			

Resuscitation (to be billed instead of Visit, add ons still apply)

		Code	2021 Payment	
Examples:	Cardiac arrest, multiple systems major trauma, Cardio/resp failure, severe shock, coma			
*For first 2 MDs	Sask fee codes says these codes **include**: Art line, CVL, IV, VBG/ABG, cardioversion, cutdowns, defibrillation, CVP lines, Intubation, NG tubes, Pharmacologic agents, pressure infusion sets, tracheal toilet, and Foleys (so CANNOT add on)			
	First 15 minutes	220A	$112.00	
	Second 15 minutes	221A	$56.00	
	After 30 mins, each 15 min or major portion thereof	222A	$51.00	
	*Time measured in constant attendance			
*3rd MD	For 3rd MD per 15 mins or major portion thereof	223A	$51.00	

Other resuscitation not listed in above examples				
*Only includes: Art line, central line, IV, ABG/VBG, NG tube, pressure infusion set and pharmacologic agents, tracheal toilet, foley				
*For first 2 MDs	Sask fee codes says these codes include: Art line, central line, IV, ABG/VBG, NG tube, pressure infusion set and pharmacologic agents, tracheal toilet, foley (so CANNOT add on)			
	First 15 minutes	224A	$56.00	
	After 15 mins, per subsequent 15 mins or major portion	225A	$51.00	
	*Time measured in constant attendance			
	For 3rd MD per 15 mins or major portion thereof	226A	$56.00	

	Telephone call for palliative patient (to family/friends) (Max 3)	793A	$20.00	
	Requiring personal attendance not billable by other codes (per 15 mins)	918A	$45.30	*Requires documentation of condition, treatment/care provided, start/stop times
	Transfer of patient by ambulance with MD - Outbound	926A	$54.00	*Requires documentation of condition, treatment/care provided, start/stop times
	Transfer of patient by ambulance with MD - Awaiting Handover	927A	$35.00	*Requires documentation of condition, treatment/care provided, start/stop times
	Transfer of patient by ambulance with MD - Return (with or without patient)	928A	$40.00	*Requires documentation of condition, treatment/care provided, start/stop times
	Indirect care per 15 minutes or major portion thereof	919A	$40.00	
	*Arranging and coordinating DI, admission, labs, ancillary medical staff, surgical team, telephone calls for immediate specialist intervention, transfer to another facility			
	*Not for non-urgent consults, advice, documenting, research on case, patient/family conversations			

Procedures:

Lacerations			**Code**	**2021 Payment**	
		Immunization (per shot)	161A	$20.00	*Invariably declined.
	Face, Palm, fingers, sole, toes	Up to 2.5cm	890L	$60.00	
		Each additional 2.5cm, per unit	891L	$30.00	
	Other areas, including scalp	Up to 2.5cm	894L	$40.00	
		Each additional 2.5cm, per unit	895L	$20.00	
		Complicated	896L	Per Report	
	Extensor tendon repair	Hand/foot - single tendon	690M	$280.40	*Forearm and leg exist, but we generally don't do these
		Foot - each additional tendon (bill units)	691M	$152.90	
		Hand - each additional tendon (bill units)	692M	$280.40	
	Flexor tendon repair	Single	696M	$409.00	
		Each additional tendon (bill units)	697M	$305.90	
	Tongue	Tongue repair under local anesthetic	45L	$53.40	
		Tongue repair under GA / Sedation	46L	$84.10	
		Suture/Staple removal	898L	$20.00	
	Eye lids	Lid laceration repair - simple (not full thickness or margin)	72S	$61.20	
Skin and Soft Tissue			**Code**	**2021 Payment**	
		I+D Abscess	850L	$58.00	
	Bursae	I + D infected bursae	610M	$40.00	
		Aspiration bursae	614M	$14.35	
		Removal of foreign body under Local anesthesia	872L	$94.00	
		Removal of foreign body under IV anesthesia	873L	$119.30	
		Ligation of femoral vein	183L	$267.10	
		Exploration of peripheral artery	184L	$190.40	
	Removal of nail				
		Simple avulsion or wedge resection	880L	$60.00	
		Radical excision of nailbed or hemiphalangectomy	881L	$152.50	
Anesthesia			**Code**	**2021 Payment**	
		Nerve block	98H	$92.30	
	*MD not doing procedure	Procedural sedation (done not in OR) - Start-up	502H	$34.00	
		Procedural sedation (done not in OR) - per 15 minutes	503H	$52.20	
Fractures			**Code**	**2021 Payment**	
Upper Extremity					
	Humerus	Surgical neck of epiphyseal - closed reduction	201M	$141.60	**Looks like you get 50% if subsequently needs re-reduction or ORIF
		Shaft - closed reduction	204M	$168.40	**Can only bill once for your patient, another doc can bill for a repeat attempt and you get reduced to 50%
	Elbow				**Multiple fractures get paid at 75% after the first one with some exceptions that get 100%
		Epicondyle only - closed reduction	207M	$127.05	** Requires reduction with traction**
		Supracondylar fracture Displaced - Closed reduction	214M	$178.00	
		Radial head - closed reduction	220M	$203.90	
		Rest - closed reduction	209M	$141.60	
	Forearm	Radius Shaft - closed reduction	225M	$141.60	
		Ulna Shaft - closed reduction	240M	$118.00	
		Radius and ulna - closed reduction	247M	$216.55	
	Wrist	Colles - closed reduction	233M	$192.45	
		Carpal bone - closed reduction	251M	$118.00	
	Hand	Metacarpal - closed reduction	255M	$203.90	
		Phalynx - thumb or finger - closed reduction	260M	$203.90	

Lower Extremity				
	Femor	Femoral shaft - closed reduction	299M	$265.60
	Leg	Tibial shaft - closed reduction (includes fibular shaft)	310M	$217.10
		Fibular shaft alone - closed reduction	318M	$144.30
	Ankle	Medial Malleolus - closed reduction	316M	$141.60
		Lateral Malleolus - closed reduction	320M	$118.00
		Bimalleolar - closed reduction	323M	$144.30
		Trimalleolar - closed reduction	326M	$144.30
	Foot	Tarsal - closed reduction (excluding calcaneous and talus)	329M	$144.30
		Talus - closed reduction	332M	$144.30
		Calcaneous - closed reduction	335M	$144.30
		Metatarsal - closed reduction	339M	$118.00
		Phalynx - closed reduction	345M	$144.30
	Reapplication of plaster cast	Forearm	800M	$44.00
	(On a separate visit)	Elbow to fingers	801M	$44.00
		Hand or wrist	802M	$42.50
		Shoulder to hand	803M	$47.20
		Ankle (foot to midleg)	805M	$47.20
		Ankle (Foot to thigh)	806M	$47.20
		Cast removal	825M	$14.45
		Compartment syndrome release -for trauma	678M	$336.80
Dislocations			**Code**	**2021 Payment**
	Face	TMJ	530M	$30.00
	Clavicle	Sternoclavicular - closed reduction	537M	$125.00
		Acromioclavicular - closed reduction	540M	$200.00
	Upper extremity	Shoulder - Closed reduction	542M	$215.00
		Elbow - closed reduction	545M	$217.10
		Radial head - closed reduction	546M	$125.00
		Carpal bone - closed reduction	549M	$118.00
		Metacarpal - closed reduction	555M	$118.00
		Metacarpophalangeal joint - closed reduction	558M	$118.00
		Interphalangeal joint - closed reduction	561M	$125.00
	Lower Extremity	Hip - closed reduction	568M	$240.60
		Knee - Tibia - Closed reduction	577M	$118.00
		Patella - closed reduction	580M	$118.00
		Ankle - closed reduction	584M	$192.45
		Ankle - subtalar - closed reduction	586M	$192.45
		Tarsal - closed reduction	588M	$192.45
		Metatarsal - closed reduction	591M	$118.00
		Toe - closed reduction	596M	$125.00
Plastics			**Code**	**2021 Payment**
	Amputation	Finger, any joint, with resection of volar nerves and skin flap	750M	$407.80
		Toe, any joint with skin flap	774M	$288.75
	Burns	Surgical debridement or dressing applications - local anesthesia or none per 5% TBSA	120N	$50.00
		Surgical debridement or dressing applicaitons - General anesthesia initial 5%	123N	$50.00
		Surgical debridement or dressing applicaitons - General anesthesia each additional 5% or portion	125N	$40.00
		Escharotomy - trunk - per site	132N	$121.30
		Escharotomy - rest of body - per site	130N	$163.10
Ophthalmology			**Code**	**2021 Payment**
		IOP measurement with tonopen - bilateral	32S	$12.50
		Lateral cantholysis	461S	$111.00

*Paid at 150% fracture closed reduction fee if compound
*Repeat attempts by yourself can't be re-billed
*Repeat attempts by second MD can be billed, but first MD gets 50%

	Foreign Bodies	Removal - unembedded	90S	$22.50
		Removal - embedded - local anesthsia	91S	$30.80
ENT			**Code**	**2021 Payment**
	Ear	Ear canal FB removal - simple	54T	$21.40
		Ear canal FB removal - Under local or GA	55T	$77.50
	Nasal	Anterior nasal packing epistaxis - uni or bilateral	92T	$35.00
		Anterior and posterior nasal packing - epistaxis - uni or bilateral	393T	$203.90
		Nasal Septum cauterization - chemical	110T	$28.70
		Nasal Septum cauterization - electrical / diathermy	111T	$102.00
		Nasal FB removal - simple	94T	$32.00
		Nasal FB removal - under GA	95T	$102.00
		Nasal bone fracture - Intranasal reduction and splinting	340N	$255.00
	Oropharynx	Hypopharyngeal removal of FB	176T	$102.00
		Removal of FB from larynx	165T	$305.90
		Intubation - for laryngeal obstruction	171T	$305.90
		Diagnostic direct laryngoscopy	173T	$35.00
Other Procedures			**Code**	**2021 Payment**
		Insertion of IV by MD when nurse unable	107A	$25.00
		Venipuncture when nurse/phelbotomy unable	108A	$25.00
		Foley insertion - urethral	120A	$15.00
		Foley insertion - Non-urethral	121A	$10.50
		Pericardial Aspiration >/=17y/o	126A	$168.00
		Pericardial Aspiration <17y/o	130A	$157.00
		Lumbar Puncture	127A	$62.90
		Gastric Lavage	128A	$17.80
		Insertion of CVC	134A	$62.10
		Insertion of Arterial Line	140A	$39.90
		Immunization (per shot)	161A	$20.00
		Cardioversion	42D	$111.10
		Woods lamp examination	42F	$8.50
		Closed drainage of chest (Chest tube)	95L	$185.50
		Temporary pacemaker placement	121L	$161.10