

EM BILLING CODES**Weekday Mon-Fri 0800-1700**

H101 – Minor \$22.65
 H102 – Comprehensive \$56.70
 H103 – Multi system \$46.65
 H104 – Reassess ^{2hr/max 2} \$22.75

Weekday Evening Mon-Thurs 1700-2400

H131 – Minor \$30.05
 H132 – Comprehensive \$75.40
 H133 – Multi system \$61.50
 H134 – Reassess ^{2hr/max 2} \$30.05

Friday Evening 1700-2400**Sat/Sun/Holiday 0800-2400**

H151 – Minor \$34.15
 H152 – Comprehensive \$85.70
 H153 – Multi system \$69.60
 H154 – Reassess ^{2hr/max 2} \$34.15

Nights 0000-0800

H121 – Minor \$39.85
 H122 – Comprehensive \$99.60
 H123 – Multi system \$80.95
 H124 – Reassess ^{2hr/max 2} \$39.80

Consults Need referring MD name or billing #

H065 – CCFP(EM) Consultation \$95.60
 H055 – FRPCP Consultation \$125.65

Critical Care

Document start/stop times for each assess/reassess, total time additive, 15min increments/part thereof

G521 – Life threat, 1st 15min \$125.10
 G523 – ", 2nd 15min \$64.50
 G522 – ", >30min per 15min \$42.50
G395 – Other crit care, 1st 15min \$64.70
 G391 – " "", >15min per 15min \$34.35

K015 – **Counsel fam** ^{rec: ill/dead pt} \$80.00/unit
Start/stop time, ≥20 min total

K736 – **Criticall** (referring) ^{Max 2/day} \$32.45
Document reason, consultant name, plan
 K737 – **Criticall** (consulting) ^{billing #} \$47.75

Counseling

Solo code, 1 unit = ≥ 20min

K013 – Patient education \$80.00
 K028 – STD management \$80.00
 • Suspected STD; pt w/ poss. bloodborne pathogen (staff needle-stick)
 K023 – Palliative care support \$85.25
 • Pain/symptom mgmt, support, counsel

Mental Health

K623 – **Form 1** \$133.60
 K005^{20min} – MH counsel \$80.00

Premiums

H113 – **Prem. F 17-24 + SSH 08-24** +\$20.35
 H114 – **Prem M-T 17-24** +\$32.20
 H112 – **Nights 0000-0800** +\$50.95

When H-codes are not billed (add to G/K codes)

E412 – Procedure Prem. 17-24/S/S/H +20%

E413 – " **Nights 00-07** +40%

E420 – **Trauma premium**

+50% to G's, sedations, surg proced/assst

Must document ISS score

For day of trauma or within 24hrs of, and:
 ISS >12 for pts < 16yrs, or
 ISS > 15 for pts ≥16yrs

Admission (Holding) Orders

H105 – Interim admit orders \$29.05

ER Procedures

Z432 – **Exam under anae**.^{E023C} \$54.10
 J149C – **U/S**^{guided} **aspirate/drain** \$56.45

Forms

K035 – **MTO reporting** \$36.25

Anesthesia/Procedural Sedation

XXXXC – Anaes unit \$15.96/unit
 + E400C – 1700-2400/S/S/H +50%
 + E401C – Nights 0000-0700 +75%
 E013C – Anae for **UA obstruct** (10 BU)
 E023C – Anae for **EUA** (6 BU) [w/ **Z432**]
 +E010C – BMI > 40 (+2U)
 +E011C – Prone position (+4U)
 +E024C – Sitting >60° (+4U)
 +E022C – ASA III (+2U)
 +E017C – ASA IV (+10U)
 +E016C – ASA V (+20U)

Surgical/Procedure Assist

XXXXB – Assist unit \$12.91/unit
 + E400B – 1700-2400/S/S/H +50%
 + E401B – Nights 0000-0700 +75%

Phone Advice^{10 min.}

K734 – referring MD \$37.05
 K735^{billing #} – consulting MD \$47.75
Document reason, consultant name, plan

E-Consults

A102 – phone assessment \$15.00
A001/7 + K301 – If seen by you past 24mo

A-Code Assessment (for SVPs) See next page

A001 – Minor \$26.80
 A007 – Intermed. assessment \$44.55
 A003^{Full H&P} – General assessment \$95.60
 A005 – Consultation \$95.60
 A905 – Limited consultation \$80.15

Skin/Soft Tissue Procedures

Z080 – **Debridement**^{ulcer/wound} \$21.90
 NO suturing, doc. 10mins.
 Z081 – two \$32.90
 Z082 – three \$49.30
 Z083 – four or more \$65.75
 Z128^{An} – **Nail plate** excision \$33.10
 Z130 – " w/ nailbed destruction \$68.75
 Z113 – Skin biopsy \$32.45
 Z116 – Skin biopsy, w/ sutures \$32.45
 Z122 – Lipoma/cyst^{face/neck} local a. \$42.20
 Z125 – Lipoma/cyst local^{elsewhere} \$32.00

Abscess/Hematoma I&D (local anae)

Z101 – One \$28.10
 Z173 – Two \$33.25
 Z174 – Three or more \$44.70
 Z104 – Perianal \$33.25
 Z106 – Ischiorectal/pilonidal \$48.60
 Z103 – Palmar/plantar \$48.60
 Z140 – Breast abscess \$33.00
 Z714 – Vulva/Bartholin \$25.40^{Z101 pays more}

Abscess/Hematoma (general anae)^{An}

Z102 – one \$48.60
 Z172^{7 BU} – two or more \$72.95
 Z105 – perianal \$72.30
 Z107 – ischiorectal/pilonidal \$118.30
 Z108 – palmar/plantar \$78.90
 Z740 – breast abscess \$133.80
 Z715^{As/An} – Vulva/Bartholin GA \$102.05
 Z728 – Vag I&D cyst/abscc/hema \$97.20

Foreign Body Skin

Z114 – **Removal**, local anae \$27.65
 Z115^{As/An} – " , general anae \$97.30
 R517^{An} – **Excision FB** ^{into muscle} \$107.70

Lacerations (50% if using skin glue)

Z176^{An} – ≤5cm \$21.90
 Z154^{An} – " , face/bleeder/layer \$39.35
 Z175^{An} – 5.1 to 10cm \$39.35
 Z177^{An} – " "", face/bleeder/layer \$78.15
 Z179^{An} – 10.1 to 15cm \$55.20
 Z190^{An} – " "", face/bleeder/layer \$111.20
 Z191^{An} – >15.1cm \$84.70
 Z192^{An7U} – " , on face \$169.75
 R024 – **Earlobe lac** \$110.25
 Z187 – **Complex lac, on face**^{20min} \$101.15
 • Vermillion border, eyebrow, eyelid,
 pinna, ≥3 layers, ligate bleeders
 Z188 – **Complex lac, body**^{20min} \$101.15
 • Multiple layers, ligate, bleeders
 Z189 – **Zone 1 digit**^{20min} \$101.15
 R525^{As/An7BU} – **Simple mus repair**^{*skin} \$97.05

Burns (Debridement)

R660 – **Hand**, per digit \$31.65
 R661 – **Hand**, dorsum/palm^{sach} \$52.55
 R662 – Nose, cheek, lip, ear, forehead,
 scalp, neck, eyelid^{sach} \$31.65
 R637 – **Body** (per %BSA elsewhere) \$32.50

Burn Anae/Assist (check SOB)

R030 – Minor burn
 R038 – Moderate burn

Cardiovascular

Z437^{An} – **Cardioversion**^{Elect/Chem; max3} \$92.45
 Z401 – Pericardiocentesis \$131.70
 M137^{As9/An13} – Thoracotomy \$390.65

Respiratory

Z341^{An} – **Chest tube** \$76.80
 Z363 – **Removal chest tube** \$20.00
 Z741^{As/An} – **Tracheotomy (cric)** \$273.15
 Z326 – **Trach tube change** \$12.50
 Z332^{An} – **Thoracentesis** \$104.40

Neurology

Z804 – Lumbar puncture \$150.00

Ophthalmology

G435 – **Tonometry** \$5.10
 Z847 – **Cornea FB** \$33.00
 Z848 – " , two \$45.00
 Z852^{An} – " , general anae \$74.20
 Z854 – **Eyelid abscess**, local \$60.00
 Z855^{An} – " "", general anae \$225.00
 E199^{An} – **Eyelid lac**, full thickness \$452.65
 E198^{An7} – " , " , lid margin \$573.15
 E235^{An} – **Canthotomy**^{lysis inf crus} 107.50

ENT

G420 – Ear syringe/ curette \$13.15
 Removal impacted wax unresponsive to cerumenolytics **or** removal necessary to see TM
 G403 – **Epley's** for BPPV \$21.70
 Z915 – **Ear FB**, removal \$10.55
 Z866^{An} – " "", complicated, gen anae \$50.90
 Z314^{An} – **Nasal Cauterization** \$11.50
 Z315^{An} – **Anterior packing**, unilat \$15.35
 Z316^{An} – **Posterior packing**, uni/bi \$35.50
 Z311 – **Nasal FB**, local anae \$10.55
 +E839 – with endoscope \$35.25
 Z312^{An} – " , general anae \$50.90
 F136^{An} – **Nasal #**, closed red \$102.35
 D062^{An} – **TMJ**, closed red \$51.65
 Z296 – **Fiberoptic scope**, nose/larynx \$33.25
 Z292^{An} – **Laryngoscopy**, no FB \$61.30
 Z322^{An} – **Laryngoscopy** + removal FB \$106.45
 Z324^{An} – " "", Indirect, removal FB \$44.70
 E318 – **Pinna hematoma**, drain/pack \$92.40
 E317^{An} – " "", general anae \$139.95
 Z301^{An} – **Nasal septal abscc/hematoma** \$55.60
 Z506^{An} – **Oral abscess/hematoma**, drain \$50.90
 Z510^{An} – **PTA abscess, I&D** \$91.10
 S066^{An} – **T&A H**, cautery/suture \$121.05
 Z360 – **Emergent rigid bronch** \$474.65
 Upper airway obstruction, not tubed, no G's
 Z327^{An} – **Flexible bronch** \$124.90
 +E623 – w/ removal FB +\$68.40

GIT/Rectal

Z590 – **Paracentesis**, diagnostic \$31.30
 Z591^{An} – " , " , + therapeutic \$57.65
 Z545^{An} – **Thrombosd hemorr**, incise \$25.25
 Z756 – **Fecal disempact, no anae** \$46.00
 Z541^{An} – **FB Rectum/Disempact GA** \$66.50
 G356 – NG Tube \$33.80
 Z538^{An} – **Hernia Reduction**^{no rectum} \$25.25
 G349^{PREM} – **Blakemore tube** \$45.30
 Z543 – Anoscopy \$8.70
 Z520 – G-tube change \$10.65

Obstetrics

P006 – Vaginal delivery \$512.65
 P009 – Attend L&D \$512.65
 +E411 – Sole deliv prem. +100%^{P006/P009}
 S756^{An} – Removal abortion, cervix \$120.45
 H264 – ED pelvic exam w/ speculum \$12.00

Genitourinary

G900 – Postvoid residual^{by MD} \$12.70
 Z611 – **Foley**^{by MD, for retention, cath Δ} \$9.15
 Z608 – Catheter declotting/irrigation \$58.65
 S567 – Slit foreskin, newborn \$61.35
 S568^{An} – " , infant \$62.45
 S569^{An} – " , child/adult \$65.30
 Z786 – Management of priapism \$250.00

MUSCULOSKELETAL

Plaster Casting/Corrective Splints No F code, Prem

- Z201 – Finger \$10.25
- Z202 – Hand \$14.90
- Z203 – Wrist/Forearm/Arm \$24.10
- Z213 – Below Knee \$24.10
- Z199 – Foot \$14.90
- Z204 – Plaster removal >2wks \$10.25

Other MSK

- Z226^{An 7U} – Bursa, I&D \$97.35
- G370 – Olec bursa, Knee inj/asp \$20.25
- G328 – Complex Joint/bursa asp \$39.80

Hand/Carpal/Fingers

- F004 – Phalanx #, rigid immob \$49.20
- F005^{An} – "", closed red \$99.25
- +E558 "" "" "" each additional +\$22.25
- D001^{An} – Phalanx disloc., closed red \$57.50
- + E576 "" "" "" each additional +\$10.25
- F008 – Metacarpal #, rigid immob, \$49.20
- F009^{An} – "", closed red \$99.25
- +E504 "" "" "" each additional +\$22.20
- D004^{An} – MCP disloc., closed red \$57.50
- + E577 "" "" "" each additional +\$10.25
- F006 – Intrinsic, MCP/Phalnx, red \$119.75
- +E503 "" "" "" each additional \$26.85
- F102 – Carpal #, rigid immob. \$49.20
- F016^{An} – "", closed red \$115.10
- D007 – " disloc., closed red^{An} \$128.05
- F018 – Scaphoid #, rigid immob. \$49.20
- R578^{As/An 7U} – Ext. Tendon Repair \$276.10
- + E580 – ... each additional +\$119.40
- R629^{As/An} – Revise amp fing tip \$241.55

Knee/Tibia/Fibular

- F085 – Patella, #, no red. \$67.75
- D040 – " , disloc, red'n no anae \$62.20
- D031^{An} – " , disloc, closed red \$97.35
- D038^{An} – Knee, disloc, closed red \$207.90
- F078 – Tib +/- Fib, rigid immob \$115.95
- F079^{As/An} – " , closed red \$180.05
- F082 – Fibula, rigid immob \$67.75
- F083^{An} – " , closed red \$101.25

Shoulder/Arm/Chest

- F047 – Humerus, tuberos, no red \$67.80
- F048^{As/An} – " , " , closed red \$117.85
- F053 – Humerus, neck, no red. \$67.80
- F054^{An} – " , " , closed red. \$133.60
- F050 – " , " , +head disloc, no red.. \$67.80
- F051^{As/An} – " , " , +head, closed red \$183.80
- F042 – Humerus, shaft , no red. \$67.80
- F043^{As/An} – " , " , closed red \$147.60
- D014 – AC/SC Joint, no red \$67.80
- D025^{As/An} – " , " , closed red w/anae \$134.55
- D015 – Shoulder, disloc, no anae \$49.20
- D016^{An} – " , " , w/ anae 111.40
- F119 – Scapula, no red \$67.80

Wrist/Forearm/Elbow

- F029 – Epicondyle #, no red \$67.75
- F037^{As/An} – " , " , closed red \$126.25
- F039 – Trans/condylar #, no red \$67.75
- F040^{As/An} – " , " , closed red \$298.35
- F034 – Olecranon #, rigid immob \$126.25
- F035 – " , " , closed red'n \$129
- F024 – Radius & Ulna shaft, rigid immob \$67.75
- F025^{As/An} – " , " , closed red 148.50
- F031 – Radius or Ulna, rigid immob \$81.30
- F032^{As/An} – " , " , closed red \$117.85
- F027 – Distal Radius, rigid immob \$67.75
- F028 – " , " , closed red, local anae \$109.45
- F046^{As/An} – " , " , " , " , general anae \$149.35
- D009^{An} – Elbow disloc, closed red \$84.45
- D012^{An} – Radial H disloc. (pulled) \$39.00

Pelvis/Hip/Femur

- D042^{An} – Hip, disloc, closed red \$268.25
- F095^{As/An} – Femur, closed, tract'n \$407.35
- F094^{As/An} – " , " , " , " , infant/child \$258.00

Foot/Ankle

- F074 – Ankle, #, rigid immob \$67.76
- F075^{As/An} – " , " , " , " , closed red \$144.80
- F104^{As/An} – " , " , " , TPburst, closed red \$363.40
- D035^{As/An} – " , " , disloc, closed red \$111.35
- F061 – Metarsal #, ≥1 \$49.20
- F062 – " , " , " , rigid immob \$67.75
- F063^{As/An} – " , " , " , closed red 98.35
- F070 – Calcaneus #, rigid immob \$97.35

- F066 – Tarsal #, rigid immob \$98.10
- F067 – " , " , closed red^{As/An} \$165.20
- F056 – Phalanx, #, rigid immob \$49.20
- +E560 – " , " , " , " , each additional +\$12.05
- F058 – " , " , " , " , closed red^{An} \$72.35
- +E561 – " , " , " , " , each additional \$14.90
- D027 – " , " , disloc., closed red^{An} \$57.50
- +E578 – " , " , " , " , each additional +\$10.25
- F057 – IP Joint #, closed red \$77.95
- D033 – Tarsus disloc., closed red^{An} \$147.60

Special Visit Premiums USE A-CODES

- Requested to come in to ER before shift due to volume, or are on-call that day and are called in to see patients
 - Document the time of request to attend the ER and specific situation necessitating the special visit

| Emergency Department by Emergency Department Physician (as defined on GP46) | | | | |
|---|--------------------------------|--|---------------------------------------|----------------------|
| | Weekdays Daytime (07:00-17:00) | Evenings (17:00-24:00) Monday through Friday | Sat., Sun. and Holidays (07:00-24:00) | Nights (00:00-07:00) |
| Travel Premium | \$36.40 H960 | \$36.40 H962 | \$36.40 H963 | \$36.40 H964 |
| First person seen | \$20.00 H980 | \$60.00 H984 | \$75.00 H988 | \$100.00 H986 |
| Additional person(s) seen | \$20.00 H981 | \$60.00 H985 | \$75.00 H989 | \$100.00 H987 |
| Maximums (per time period) | | | | |
| Travel premiums | 2 | 2 | 4 | unlimited |
| Persons seen (first person and additional person(s)) | 5 | 5 | 10 | unlimited |

| Hospital In-Patient | | | | | |
|--|--------------------------------|---|--|---------------------------------------|----------------------|
| | Weekdays Daytime (07:00-17:00) | Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours | Evenings (17:00-24:00) Monday through Friday | Sat., Sun. and Holidays (07:00-24:00) | Nights (00:00-07:00) |
| Travel Premium | \$36.40 C960 | \$36.40 C961 | \$36.40 C962 | \$36.40 C963 | \$36.40 C964 |
| First person seen | \$20.00 C990 | \$40.00 C992 | \$60.00 C994 | \$75.00 C986 | \$100.00 C996 |
| Additional person(s) seen | \$20.00 C991 | \$40.00 C993 | \$60.00 C995 | \$75.00 C987 | \$100.00 C997 |
| Maximums (per time period) | | | | | |
| Travel premiums | 2 | 2 | 2 | 6 | unlimited |
| Persons seen (first person and additional person(s)) | 10 | 10 | 10 | 20 | unlimited |

The following services are *not eligible for payment* when rendered to the same patient by the same physician on the same day as any code described as "other critical care":

1. Assessment and ongoing monitoring of the patient's condition.
2. Intravenous lines.
3. Cutdowns.
4. Arterial and/or venous catheters.
5. Central venous pressure (CVP) lines.
6. Endotracheal intubation.
7. Tracheal toilet.
8. Blood gases.
9. Nasogastric intubation with/without anaesthesia with/without lavage.
10. Urinary catheters.
11. Pressure infusion sets and pharmacological agents.

The following services are *not eligible for payment* when rendered to the same patient by the same physician on the same day as any code described as "life threatening critical care":

1. Assessment and ongoing monitoring of the patient's condition.
2. Intravenous lines.
3. Cutdowns.
4. Arterial and/or venous catheters.
5. Central venous pressure (CVP) lines.
6. Endotracheal intubation.
7. Tracheal toilet.
8. Blood gases.
9. Nasogastric intubation with/without anaesthesia with/without lavage.
10. Urinary catheters.
11. Pressure infusion sets and pharmacological agents.
12. Defibrillation.
13. Cardioversion.