



| Assessments | | |
|-------------|--|---------|
| A001 | Minor Assessment | \$23.75 |
| A003 | General Assessment | \$87.35 |
| A007 | Intermediate Assessment | \$37.95 |
| A008 | Mini Assessment | \$13.05 |
| A777 | Intermediate Assessment - Pronouncement of Death | \$37.95 |
| A900 | Complex House Call Assessment | \$45.15 |
| A110 | Periodic Oculo-Visual Assessment (aged 19 years and below) | \$48.90 |
| A112 | Periodic Oculo-Visual Assessment (aged 65 years and above) | \$48.90 |

| Time Base | d Counselling and Complex Care (per unit. 1 unit = minimum 20min) | |
|-----------|---|---------|
| K013 | Counselling | \$70.10 |
| K005 | Mental Health Counselling | \$70.10 |
| K007 | Psychotherapy Individual Care | \$70.10 |
| K008 | Dianostic interview with child/parent for psychological problem | \$70.10 |
| | | |

| Electrocar | diogram | |
|------------|--|---------|
| G310 | Technical Component | \$77.20 |
| G313 | Professional Component (must include written interpretation) | \$36.85 |

| Spirometry | | Tech | nnical | Professional |
|--------------|--|------|--------|--------------|
| J301 | Simple Spirometry- Volume vs Time study | \$ | 9.85 | \$7.85 |
| J304 | Flow Volume Loop- Volume vs Flow Study | \$ | 19.60 | \$11.50 |
| J324 J327 | Simple Spirometry- Repeat after bronchodilator | \$ | 2.97 | \$4.20 |
| J327 | Flow volume Loop- Repeat after bronchodilator | \$ | 2.97 | \$6.90 |

| Biposies/ | Incisions/Cryotherapy | |
|-----------|---|---------|
| Z113 | Biopsy- any method, when sutures are not used | \$29.60 |
| Z114 | Foreign body removal-local anesthetic | \$25.25 |
| Z116 | Biopsy- any method, when sutures are used | \$29.60 |
| Z117 | Chemical/cryotherapy treatment- one or more lesions | \$11.65 |
| _ | | |

| Physician | Physician to Physician Consult Fees | | | |
|-----------|--|---------|--|--|
| K730 | Physician-physician telephone consult- referring physician | \$32.45 | | |
| K371 | Physician-physician telephone consult- consult phys. | \$41.85 | | |
| K372 | CritiCall telephone consult- referring physician | \$32.45 | | |
| K373 | CritiCall telephone consult- consultant physician | \$41.85 | | |

| Office Labora | atory Procedures | |
|---------------|---|---------|
| G001 | Cholesterol, total | \$5.70 |
| G002 | Glucose, quantitative or semi-quantitative | \$2.26 |
| G004 | Occult Blood | \$1.58 |
| G005 | Pregnancy Test | \$3.88 |
| G009 | Urinalysys, routine | \$4.45 |
| G010 | One or more parts above without microscopy | \$8.65 |
| G011 | Fungus culture including KOH prepration and smear | \$8.65 |
| G014 | Rapid Streptococcol test | \$8.65 |
| G482 | Venipuncture- child | \$7.35 |
| G489 | Venipuncture-adolescent/adult | \$3.34 |
| G420 | Ear syringing and/or curetting or debridement | \$13.15 |

| Immunizatio | ns | |
|-------------|--|--------|
| G538 | Other immunizing agents not listed below | \$5.70 |
| G539 | Influenza Agent | \$5.70 |
| G840 | DTaP-IPV Pediatric | \$5.70 |
| G841 | DTaP-IPV-Hib Pediatric | \$5.70 |
| G842 | Hepatitis B | \$5.70 |
| G843 | HPV | \$5.70 |
| G844 | Men-C Conjugate | \$5.70 |
| G845 | MMR | \$5.70 |
| G846 | Pneumococcal Conjugate | \$5.70 |
| G847 | TdaP-Adult | \$5.70 |
| G848 | Varicella | \$5.70 |

| Injections/Infusions/Infiltration | | | |
|-----------------------------------|---|---------|--|
| G370 | Injection of bursa, or injection/aspiration of joint | \$20.25 | |
| G371 | Each additional injection of bursa, to a maximum of 5 | \$19.90 | |
| G372 | Intramuscular/intradermal/subcutaneous-with visit | \$3.89 | |
| G373 | Intramuscular/intradermal/subcutaneous-sole reason | \$5.70 | |
| G375 | Intralesional infiltration- one or two lesions | \$5.70 | |
| G377 | Intralesional infiltration-three of more lesions | \$5.70 | |

| emiums | | | |
|---|--|--|--|
| Special Visit to Patients Home (non-LTC Facility) | | | |
| n (Non-Elective) | | | |
| Weekdays Daytime (7:00am-5:00pm) | \$22.50 | | |
| Weekdays Daytime (7:00am-5:00pm) Sacrifice Hours | \$44.00 | | |
| Weekends & Holidays (7:00am-12:00am) | \$82.50 | | |
| Weekday Evenings (5:00pm-12:00am) | \$66.00 | | |
| Nights (12:00am-7:00am) | \$110.00 | | |
| | Patients Home (non-LTC Facility) n (Non-Elective) Weekdays Daytime (7:00am-5:00pm) Weekdays Daytime (7:00am-5:00pm) Sacrifice Hours Weekends & Holidays (7:00am-12:00am) Weekday Evenings (5:00pm-12:00am) | | |

| Focused Practice Assessment (FPA) | | | | |
|-----------------------------------|-------------------------|---------|--|--|
| A917 | Sports Medicine FPA | \$37.95 | | |
| A927 | Allergy FPA | \$37.95 | | |
| A937 | Pain Management FPA | \$37.95 | | |
| A947 | Sleep Medicine FPA | \$37.95 | | |
| A957 | Addiction Medicine FPA | \$37.95 | | |
| A967 | Care of the elderly FPA | \$37.95 | | |

| Periodic Hea | Ilth Visit/Female Wellness | |
|--------------|--|----------|
| K017 | Child 2-15 years | \$45.25 |
| K130 | Adolescent 16-17 years | \$77.20 |
| K131 | Adult 18-64 years | \$56.95 |
| K132 | Adult 65 years + | \$80.95 |
| K133 | Adult with IDD | \$160.00 |
| G365 | Papanicolaou Smear | \$12.00 |
| G378 | Insertion of intrauterine contraceptive device | \$39.95 |
| G552 | Removal of intrauterine contraceptive device | \$20.00 |

| Non-Emerger | Emergency Long Term Care In-Patient | | |
|-------------|---|---------|--|
| W002 | First 4 subsequent visits per patient per month | \$34.10 | |
| W102 | Type 1 admission assessment | \$69.35 | |
| W105 | Consultation | \$87.75 | |
| W121 | Additional visits due to intercurrent illnesses | \$34.10 | |
| W771 | Certification of death | \$20.60 | |
| W777 | Intermediate Assessment- pronouncement of death | \$37.95 | |

| Questions about billing? Contact us any time! | | | |
|---|---------------------|--|--|
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