

CORNEA

5445*	Foreign body removal, single	36.55	22.750
5446*	multiple	By Report	22.750
5465*	Ulcer, curettage and cauterization	23.90	
5451	Keratectomy, partial	340.05	22.750
5452	complete.....	337.65	22.750
5471	Keratoplasty, corneal transplant, lamellar or penetrating	1,006.05	22.750
~5472	corneal tissue preparation, where surgery occurs, add to tariff 5471.....	109.89	

Note: ~5472 cannot be claimed when the corneal tissue processing is performed by Tissue Bank Manitoba.

5441	Keratotomy, any type	73.90	22.750
5481	Perforated cornea suture	599.65	22.750
5456	Epikeratophakia in cases with medical necessity such as aphakia in children, and aphakia in adults in whom intraocular lenses are unacceptable or secondary lenses inappropriate, severe astigmatism, certain corneal abnormalities, and injury. Epikeratophakia is not an insured service when done as a cosmetic procedure.	607.60	22.750
5457	Pterygium, excision	224.45	22.750
5458	and repair of defect by free conjunctival graft, including repair of donor site.....	356.20	20.000
5453	Excimer Laser Surgery, Professional	238.80	20.000
5454	Excimer Laser Surgery, Technical	435.60	

Note: 1) Excimer laser surgery is an insured service if the surgery is medically required. It is the responsibility of the physician to obtain written approval from the Minister before the surgery is undertaken.

2) These tariffs are not payable with respect to Excimer laser surgery performed for the sole purpose of eliminating the need for eyeglasses or contact lenses.

SCLERA AND ANTERIOR CHAMBER

5496*	Aspiration, diagnostic.....	73.85	
5497*	Injection.....	28.15	
5501	Anterior chamber, irrigation and reformation	387.60	21.375
5493	Intraocular foreign body, removal with magnet without operative incision.....	316.15	22.750
5492	removal from anterior and posterior chamber with magnet, with incision	464.55	22.750
5494	removal of non-magnetic intraocular foreign body from posterior chamber with incision.....	603.25	22.750
5495	Sclerotomy, posterior	225.85	21.375
5521	Suture of sclera for wound or injury.....	By Report	22.750

DATA MANIPULATION (INCLUDES REFORMATTING, GATING, AND COMPUTERIZATION)

Note: Nuclear medicine—in Vitro—See [Radioassay](#) under Laboratory—General

	COLUMN TEC	COLUMN PRO
9989 Curve analysis, without blood samples	39.44	56.72
9990 with blood samples	56.75	51.75
9991 Ejection fraction and cine formatting (usually done in conjunction with wall motion studies) one (1) analysis (plus appropriate wall motion charge)	42.82	38.39
9992 each additional [maximum of three (3)].....	52.89	43.88
9993 Image enhancement	30.53	26.90
9994 Gating (already included in myocardial wall motion)	50.70	17.30
9995 Quantitation of static studies	95.46	56.57
9929 S.P.E.C.T.—Single Photon Emission Computerized Tomography	52.59	36.82
9924 S.P.E.C.T. with transmission attenuation correction	47.71	50.43

- Note:*
- 1) The specific organ imaged will also be claimed under its own tariff number.
 - 2) Only one of 9929 or 9924 may be claimed for S.P.E.C.T. Imaging.
 - 3) Where separate scan acquisitions are performed on the same patient on the same day at different times or on different organs, a maximum of two claims for tariffs 9929 and/or 9924 will be paid.

9922 SPECT/CT Workstation Review		80.00
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- Note:*
- 1) CT scan not to be claimed in addition.
 - 2) SPECT/CT Workstation Review is an insured service only when provided at Health Sciences Centre, St. Boniface General Hospital, Grace General Hospital, Victoria General Hospital, Seven Oaks General Hospital and Brandon General Hospital.
 - 3) May only be claimed in addition to tariffs 9924, 9929 and 9993.

Positron Emission Tomography (PET)

~9915 Positron Emission Tomography (PET) scan – Regional Scan.....		225.00
~9916 Positron Emission Tomography – Whole Body Scan.....		325.00

Note: Physicians who are compensated pursuant to the Nuclear Medicine Alternate Funding Agreement are not eligible to claim ~9915 and ~9916.

Therapeutic Isotope Procedures

8550 Consultation (by Isotope Therapist only) See Rules of Application 7 , 8, 10.....	109.58	
7213 Radionuclide treatment.....	110.47	113.09
7214 re-treatment.....	97.15	40.45
7212 Radiation Synovectomy.....		134.95

		UNIT VALUE
5219	Meningomyelocele	684.00 25.500
5221	Rhizotomy	920.60 22.750
5224	Percutaneous implantation of neurostimulator electrodes, epidural or intradural	408.12 22.750
5226	Laminectomy for implantation of neurostimulator, epidural electrodes	476.40 22.750
5228	Incision and placement of subcutaneous neurostimulator/receiver (pack)	390.94 22.750
5230	Revision or removal of permanent spinal neurostimulator/receiver (pack) and/or electrodes beyond three (3) weeks from placement	390.94 22.750
	<i>Note: Re-opening of spinal cord lesions within three (3) weeks—50% of schedule benefits.</i>	
~5240	Initial programming and interrogation of implanted neuro stimulation device	200.00
~5242	Follow-up interrogation of implanted neuro stimulation device	150.00

PERIPHERAL NERVES, OTHER EXTRACRANIAL NERVES AND GANGLIA

5225	Avulsion or transection of nerves, infraorbital	141.00 21.375
5227	occipital	290.00 21.375
5229	phrenic	151.65 25.500
5231	spinal	347.45 22.750
5233	Anastomosis, to establish other than normal anatomical continuity; spinal accessory-facial, spinal accessory-hypoglossal, hypoglossal-facial, etc	566.20 21.375
5235	Decompression, median nerve at carpal tunnel, simple	236.74 20.000
5237	Neurectomy, obturator	273.00 21.375
5239	Stoefel's	298.20 21.375
5244*	Sural nerve biopsy	146.30 20.000

DEEP BRAIN STIMULATION

~5240	Initial programming and interrogation of implanted neuro stimulation device	200.00
~5242	Follow-up interrogation of implanted neuro stimulation device	150.00

VEGETATIVE NERVOUS SYSTEM

See [Rules 25 to 29](#) re multiple procedures at same operation sitting.

Sympathectomy

		UNIT VALUE
5371	Cervical, unilateral	447.85 22.750
5372	bilateral	651.85 22.750
5375	Cervico-thoracic, Smithwicke type, supra and infra-diaphragmatic, unilateral	449.00 25.500
5376	bilateral, concomitant or delayed.....	796.95 25.500
5381	Lumbar, unilateral	400.00 21.375
5382	bilateral	545.00 21.375
5385	Splanchnicectomy, Peet type, unilateral.....	461.00 22.750
5386	bilateral	654.95 22.750
5390	Presacral neurectomy, hypogastric plexus	By Report 22.750

CENTRAL NERVOUS SYSTEM

Vagal Nerve Stimulation

~5240	Initial programming and interrogation of implanted neuro stimulation device	200.00
~5242	Follow-up interrogation of implanted neuro stimulation device	150.00
5399	Unlisted or Unusually Complicated	By Report 22.750

SMALL INTESTINE

	UNIT VALUE
~3215* Balloon assisted enteroscopy, oral route	325.00 22.750
~3216* Balloon assisted enteroscopy, rectal route.....	350.00 22.750
<p>Note:</p> <ol style="list-style-type: none"> 1) <i>Patients will have previously undergone some or all of the following: a capsule endoscopy, CT scan, or present exceptional clinical circumstances as per by report, such as small bowel bleeding.</i> 2) <i>Payable only for services performed at a facility to be designated by Manitoba Health (Health Sciences Centre) by a gastroenterologist who has been approved by the Gastroenterology Section Head at the Winnipeg Regional Health Authority.</i> 3) <i>Tariffs 3055, 3057, 3063, 3065, 3121, 3122, 3123, 3190, cannot be claimed concurrently with tariff ~3215.</i> 4) <i>Tariffs 3185, 3186, 3187, 3188, 3189, 3196 cannot be claimed concurrently with tariff ~3216.</i> 	
3190* Small bowel enteroscopy by mouth using designated endoscope or colonoscope.....	230.00 21.375
<p>Note: <i>Pathology report may be required.</i></p>	
3192 Capsule Endoscopy—Includes the review of imaging of the small bowel and report to the referring physician.....	437.35
<p>Note:</p> <ol style="list-style-type: none"> 1) <i>A visit cannot be claimed at the same sitting as the initiation of capsule endoscopy.</i> 2) <i>Minimum time for the service is one (1) hour including the assessment of referrals to determine indication for procedure.</i> 3) <i>Patients will have previously undergone some or all of the following: Esophagogastroduodenoscopy (EGD), colonoscopy, small bowel enteroscopy and/or small bowel series—radiography & fluoroscopy.</i> 4) <i>Payable only for services provided by a Gastroenterologist or by a qualified physician with training in capsule endoscopy, at a facility to be designated by Manitoba Health (Health Science Centre and Brandon Regional Health Centre).</i> 	

3013 Multiple, ten (10) or more, endoscopic biopsies of the upper GI tract add on to procedural fee 37.50

Note: 1) *Tariff 3013 may only be claimed in addition to tariffs [3055](#), [3121](#), [3122](#) or [3123](#).*

2) *A minimum of ten (10) biopsy specimens must be obtained.*

3) *May only be claimed when indicated for surveillance of Barrett's esophagus, gastric dysplasia, gastric carcinoid or lymphoma.*

0005 Endoscopic Tray Fee 109.30

May only be claimed in addition to tariffs [3055](#), [3065](#), [3095](#), [3121](#), [3122](#), [3123](#), [3185](#), [3186](#), [3187](#), [3189](#) and [4647](#) when the service is rendered in the **physician's office**.

Note: *Tray Fee tariff 0005 is claimable only in instances where expenses are directly incurred by the physician for medical/surgical supplies. Tray Fee tariff 0005 is not claimable in relation to services performed at a hospital, personal care home or other publically funded facility or a facility on contract with a Regional Health Authority to perform such insured services.*

ESOPHAGUS

		UNIT VALUE
3055*	Esophagoscopy, diagnostic, with or without biopsy.....	108.25 21.375
3063*	subsequent, same hospital admission.....	98.95 21.375
3057	with foreign body removal.....	186.70 21.375
3065*	with injection of varices or band ligation.....	211.10 21.375
~3084*	Radiofrequency Ablation for Barrett's Esophagus, includes biopsies, polypectomies, control of bleeding and endoscopy with or without image guidance	235.00 22.750
~3082	Endoscopic Submucosal Dissection (ESD) and resection of a gastric or esophageal tumour	1,200.00 22.750

Note: *Limited to specialists in Thoracic Surgery.*

STOMACH

3121*	Gastroscopy, diagnostic with or without biopsy.....	122.05 21.375
3122*	with polypectomy	206.00 21.375
3123*	Esophagogastroduodenoscopy (EGD) with or without biopsy.....	129.40 21.375