

OTORHINOLARYNGOLOGY (05-2)

These benefits cannot be correctly interpreted without reference to the [Rules of Application](#).

OFFICE, HOME VISITS

8544	Complete History and ENT Examination, including screening audiogram when necessary	64.39
8403	Regional History and Examination or Subsequent Visit	39.84
8667	Extended Consultation—Child (including by Dentist/Oral Surgeon/Audiologist) including screen audiogram when necessary—See Rules 7 to 10 —minimum of forty-five (45) minutes of patient/physician contact time	110.60

- Note:**
- 1) *Patient must be under eighteen (18) years of age.*
 - 2) *Patient/physician contact time must be documented with start and stop times on the patient's record. Patient/physician contact time is defined as time the physician spends directly in the presence of the patient for the purposes of examination, discussion and/or explanation. It does not include time spent reviewing records or tests, or arranging for further services or communication with others, either in writing or by telephone. Time spent performing procedures for which another tariff is claimable may not be counted towards contact time for the purposes of an extended visit.*

8557	Consultation (including by Dentist/Oral Surgeon/Audiologist), including screening audiogram when necessary—See Rules 7 to 10	93.63
~8660	Neuro-otologic Consultation – see Rules 7 to 10.....	120.00

- Note:**
- 1) *~8660 shall include a comprehensive history and physical examination.*
 - 2) *~8660 may only be claimed by a physician with Neurotologic Fellowship training, as approved by Head of the WRHA or Shared Health Otolaryngology program.*
 - 3) *~8660 may be claimed by a physician only when dealing with complex conditions of the ear and how they relate to the central nervous system. Patient indications include severe hearing impairment, complex skull-based tumors, and non-surgical vestibular conditions. Regular otology consultation tariff 8557 should be billed where this is not indicated.*

SPECIAL CALL—SEE [GENERAL SCHEDULE](#)

HOSPITAL CARE

8544	Complete History and ENT Examination, including screening audiogram when necessary	64.39
8512	Regional History and Examination, or Subsequent Visit	38.58
8667	Extended Consultation—Child (including by Dentist/Oral Surgeon/Audiologist) including screen audiogram when necessary—See Rules 7 to 10 —minimum of forty-five (45) minutes of patient/physician contact time	110.60

- Note:**
- 1) *Patient must be under eighteen (18) years of age.*

- 2) *Patient/physician contact time must be documented with start and stop times on the patient’s record. Patient/physician contact time is defined as time the physician spends directly in the presence of the patient for the purposes of examination, discussion and/or explanation. It does not include time spent reviewing records or tests, or arranging for further services or communication with others, either in writing or by telephone. Time spent performing procedures for which another tariff is claimable may not be counted towards contact time for the purposes of an extended visit.*

8557 Consultation (including by Dentist/Oral Surgeon/Audiologist), including screening audiogram when necessary—See [Rules 7 to 10](#) 93.63

~8660 Neuro-otologic Consultation – see Rules 7 to 10 120.00

- Note:**
- 1) *~8660 shall include a comprehensive history and physical examination.*
 - 2) *~8660 may only be claimed by a physician with Neurotologic Fellowship training, as approved by Head of the WRHA or Shared Health Otolaryngology program.*
 - 3) *~8660 may be claimed by a physician only when dealing with complex conditions of the ear and how they relate to the central nervous system. Patient indications include severe hearing impairment, complex skull-based tumors, and non-surgical vestibular conditions. Regular otology consultation tariff 8557 should be billed where this is not indicated.*

8410 Voice Clinic Consultation includes full voice history, physical examination of relevant parts, analysis of voice testing data, consultation with recognized speech pathologist, video laryngeal and stroboscopic examination, development of treatment plan and advice. 297.24

8411 Subsequent Voice Consultation includes the necessary history and physical examination, analysis of voice testing data, repeat video and/or stroboscopic examination. 74.29

8520 Hospital Care—per day 43.18

CONCOMITANT CARE

8524 Concomitant Care—per day 43.18

CHRONIC CARE—SEE [GENERAL SCHEDULE](#)

**RESUSCITATION—BY NON-ANESTHETISTS
(OR BY ANESTHETISTS OUTSIDE THE OPERATING ROOM)**

2556	Cardio-respiratory resuscitation including cardiac arrest, for the first half-hour	180.00
2565	For each additional fifteen (15) minute period or portion thereof.....	63.05

MEDICAL MANAGEMENT OF ECTOPIC PREGNANCY

8426	Medical management of ectopic pregnancy, including examination, assessment, the taking of cytological smears for cancer screening—cervix, management and monitoring of patients taking Methotrexate. This service may include ordering blood tests, interpreting results, inquiring into possible complications and adjusting the dosage as necessary	220.50
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- Note:**
- 1) *Tariff 9795 (cytological smears for cancer screening) may not be claimed in addition to tariff 8426.*
 - 2) *Follow up care to tariff 8426 to be billed under Regional Examination.*
 - 3) *Includes telephone/facsimile/email communications with other physicians or health care providers regarding the patient.*

8428	Medical management of early pregnancy failure/elective pregnancy termination, including examination, assessment, the taking of cytological smears for cancer screening—cervix, management and monitoring of patients taking cytotoxic and/or prostglandin medications (e.g. Methotrexate/Misoprostol). This service may include administration of the medication, ordering blood tests, interpreting results, inquiring into possible complications and adjusting dosage(s) as necessary	171.00
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- Note:**
- 1) *Tariff 9795 (cytological smears for cancer screening) may not be claimed in addition to tariff 8428.*
 - 2) *Follow up care to tariff 8428 to be billed under Regional Examination.*
 - 3) *Includes telephone/facsimile/email communications with other physicians or health care providers regarding the patient.*

~8427	Rural and remote medical termination – Virtual management of early pregnancy failure/elective pregnancy termination, management and monitoring of patients taking cytotoxic and/or prostglandin medications (e.g. Methotrexate/Misoprostol). This service may include administration of the medication, ordering blood tests, interpreting results, inquiring into possible complications and adjusting dosage(s) as necessary	171.00
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- Note:**
- 1) *Follow up care to ~8427 to be billed under Regional Examination.*
 - 2) *Includes telephone/facsimile/email communications with other physicians or health care providers regarding the patient.*

2102	Tracheoesophageal puncture following laryngectomy (separate operation) including delayed insertion of voice prosthesis.....	349.95	21.375
2103	Tracheoesophageal puncture at the time of laryngectomy, including delayed insertion of voice prosthesis.....	162.40	21.375
2104*	Repeat insertion of voice prosthesis (independent procedure)	61.75	21.375
2134	Bronchoplasty, excise stenosis and anastomosis	929.00	26.875
2133	graft repair.....	973.00	26.875
2135	with lobectomy and anastomosis	1,444.45	26.875
2108	Endo-bronchial ultrasound (EBUS), with or without Doppler	200.00	22.750
2109	Biopsies of each nodal area done by EBUS, maximum of three (3) payable add,	54.25	
	<i>Note: A bronchoscopy done at the same time as EBUS will be payable at 75% of the listed fee.</i>		
2110	Electromagnetic Navigational Bronchoscopy, including entering data from CT scan into navigation planning computer and determining the navigation plan.....	650.00	22.750
	<i>Note: 1) Fiberoptic bronchoscopy (Tariff 2113*) done at the time of Navigational Bronchoscopy will be payable at 75%.</i>		
	<i>2) Endobronchial ultrasound (Tariff 2108) and associated tariffs done at the time of Navigational Bronchoscopy will be payable at 75%.</i>		
2139	Unlisted or Unusually Complicated	By Report	26.875

LUNGS AND PLEURA

2180*	Lung, needle biopsy.....	108.00	20.000
2225*	Pleura, needle biopsy (including thoracentesis)	69.50	20.000
2220*	Thoracoscopy, with or without biopsy	259.80	22.750
2183*	Thoracentesis.....	69.65	20.000
2221*	Pneumothorax, diagnostic or therapeutic, initial	57.60	20.000
2222*	subsequent.....	13.75	20.000
2224*	Administration of chemotherapy, including aspiration thoracentesis and sample.....	70.80	20.000
2684*	Mediastinoscopy.....	305.55	22.750
2193	Lobectomy, total or subtotal.....	1,336.00	26.875
2189	Lobectomy following previous lung resection on the same side	1,337.16	26.875
2191	Pneumonectomy, total	1,499.15	26.875
2184	with diagnostic wedge resection, add to tariffs 2191 and 2193	45.85	
2185	with sleeve resection of pulmonary artery, add to tariff 2193.....	142.20	
2194	Wedge resection	997.00	26.875
2186	re-operaton more than 180 days subsequent to previous excision, to appropriate excision fee, add to tariffs 2193, 2194 and 3709	150.00	
2187	Wedge resection following previous lung resection on the same side	1,033.45	26.875

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

		UNIT VALUE
3312*	Proctosigmoidoscopy with deep muscle biopsies (separate specimens) under regional or general anesthesia, e.g., for Hirschsprung’s Disease.	142.85 20.000

ENDOSCOPIC ULTRASOUND

Payable only for echo-endoscope or mini-probe services provided by gastroenterologist, general surgeon or thoracic surgeon at a facility designated by Manitoba Health, which are now at Health Science Center and St. Boniface General Hospital.

Echo-Endoscope

3020	Endoscopic ultrasound using linear or radial echo-endoscope excluding biliary or pancreatic examination.....	233.00	22.750
3022	Endoscopic ultrasound using linear or radial echo-endoscope including biliary and/or pancreatic examination.....	291.35	22.750
<i>Note: Tariff 3024 through tariff 3036 may be claimed in addition to tariff 3020 or tariff 3022.</i>			
3024	Fine needle aspiration (FNA), each FNA to a maximum of five (5) per lesion, add	58.25	
3026	Core needle biopsy, each biopsy to a maximum of two (2) biopsies per lesion, add	58.25	
3028	Fine needle aspiration of pancreatic cyst with removal of cyst fluid, including fine needle aspiration of cyst wall, add	226.25	
3030	Injection into one or more of the following—metastases, nodes, masses, or celiac plexus, add	166.50	
3034	Cap-assisted endoscopic mucosal or sub-mucosal resection, per resection, add.....	113.70	
3036	Endoscopic ultrasound assisted drainage of pancreatic pseudocyst including stent insertion, add.....	200.00	

- Note:*
- 1) *Tariff 3020 may not be claimed with tariff 3022 for the same sitting.*
 - 2) *EGD, Gastroscopy, Flexible Sigmoidoscopy or Colonoscopy (tariffs 3123, 3121, 3320, or 3185) may not be claimed in addition to tariff 3020 or tariff 3022 unless the endoscopy is required due to the limited visualization with the linear or radial echo-endoscope.*
 - 3) *EGD, Gastroscopy, Flexible Sigmoidoscopy or Colonoscopy (tariffs 3123, 3121, 3320, or 3185) may be claimed on the same day as tariff 3030 or tariff 3022 if the endoscopic examination is clinically indicated and precedes the echo-endoscopic examination.*
 - 4) *Patients will have previously undergone examinations of the upper/lower G.I. e.g. endoscopy or Radiological studies (MRI, CT Contrast).*
 - 5) *Tariffs 3022, 3028, 3036 are not payable to thoracic surgeons.*

Mini Probe

Note: The following may be claimed in addition to endoscopy tariffs [3123](#), [3121](#), [3320](#) or [3185](#).

3038	Endoscopic ultrasound, radial or linear mini probe through endoscope to endoscopy fee, add.....	111.00	22.750
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Note: Tariffs 3020, 3024, 3026 or 3034 may be claimed in addition to tariff 3038.

3998 extended lymphadenectomy for bladder cancer (to the level of the bifurcation of the great vessels), add600.00

Note: Tariff 3998 may only be claimed with 3995.

3919 **Unlisted or Unusually Complicated** **By Report** 25.500

URETHRA

	UNIT VALUE
3978 Abscess, periurethral, drainage	72.65 20.000
3981 Caruncle, urethral, excision or fulguration.....	111.20 20.000
4031* Urethral stricture, dilatation, male, initial	49.55 20.000
4033* subsequent	49.55 20.000
4034* under general anesthesia	90.35 20.000
4035* female, local—for general anesthesia see Rule of Application 57	35.22 20.000
3977* Meatotomy, male (independent procedure).....	97.00 20.000
3976* female, including meatoplasty	72.55 20.000
4000* Urethroscopy, diagnostic, initial or subsequent	63.00 20.000
~4022 Anastomotic stricture repair	933.40 22.750
~4023 One stage reconstruction of anterior urethra with tissue transfer	1,400.00 25.500
~4024 Posterior reconstruction (urethral distraction defect after pelvis fracture)	1,400.00 25.500
~4025 First stage urethral reconstruction (complex structures with fibrosis, fistulae, or significant loss of urethra).....	1,166.63 25.500
~4026 Second stage urethral reconstruction (may only be claimed after first stage reconstruction).....	1,166.63 25.500
<i>Note:</i> 1) For ~4022 to ~4026, adjacent tissue transfer, skin grafts (including split skin grafts and full thickness grafts), chordee repair, external urethrotomy, cystoscopy and cystotomy, are included and not payable in addition.	
2) ~4022 to ~4026 may only be claimed by surgeons approved by the Provincial Medical Specialist Lead for Surgery.	
4021 Wounds, urethral: urethrorrhaphy	By Report 21.375
4011 Urethroplasty, plastic operation on urethra	By Report 21.375

URETHROSCOPY THERAPEUTIC

4006 With fulguration of posterior urethra	149.60 20.000
4004 With internal urethrotomy, blind.....	158.50 20.000
4005 With visual internal urethrotomy using cold knife urethrotome	218.35 20.000
4001 With removal of calculus or foreign body.....	241.95 20.000
3971* Urethrotomy, external, anterior	220.70 20.000
3973* perineal	220.70 20.000
3994 Polyps, urethral, excision or fulguration with or without urethroscopy	118.85 20.000

	COLUMN C	UNIT VALUE
6126	Vaginogram	8.48 20.000
6123	Dacrocystography	48.01 20.000
6127	Hysterosalpingography	71.86 20.000
~6129	Fallopian Tubal Recanalization, unilateral	261.19 21.375
~6130	Fallopian Tubal Recanalization, bilateral	391.78 21.375
<p>Note: 1) <i>Hysterosalpingography (tariffs 6127 and 7092) is not payable in addition to ~6129 and ~6130.</i></p> <p>2) <i>~6129 and ~6130 includes all imaging performed during the procedure.</i></p>		
6131	Laryngogram	20.82 22.750
6124	Lung biopsy (needle)	116.95 21.375
6132	Lymphangiography, unilateral..... bilateral—See Rules of Application .	60.97 20.000
6125	Percutaneous antegrade, pyelogram	132.84 21.375
6141	Sialography.....	58.79 20.000
6143	Renal puncture, percutaneous.....	40.74 21.375
6144	Splenoportography	72.44 20.000
6145	Tracheogram, etc.	21.44 22.750
6146	Retrograde urethrography.....	32.87 20.000
6147	Hydrostatic reduction of intussusception by barium enema.....	57.01 21.375
6100	Percutaneous cecostomy.....	137.60 21.375
6101	Retrograde cholangiogram	62.81 21.375
6102	Abscessogram.....	25.94 21.375
6103	Nephrostogram	43.02
6104	Percutaneous Gastrostomy	177.91 21.375
6105	Jejunal Biopsy	32.06
6119	Cecostomy/Gastrostomy Tube Catheter Exchange	95.16

INTERVENTIONAL NEURORADIOLOGY

6114	Discography.....	121.73 20.000
6115	Myelography	123.60 20.000
6117	Ventriculography	103.88 21.375
6118	Cholangiography, percutaneous	181.50 21.375
6178	Intracranial AVM embolization.....	898.35 26.875
6179	Intracranial AVM coiling	2,205.38 26.875
6180	Intracranial intra arterial thrombolysis	711.45 26.875
6181	Intracranial intravenous thrombolysis	796.58 26.875