



Practice Support Program

## OSCAR: CUSTOMIZE YOUR BILLING PAGES

Set-up Standard & Custom Pages

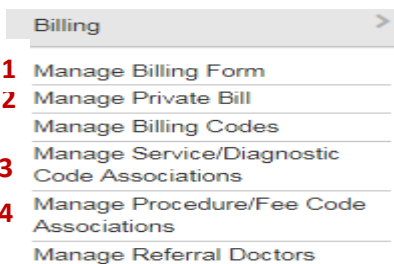
Link Service & ICD9 Codes

Link Fee Codes

Customize Fee Code Descriptions

# Oscar - Customize Your Billing Pages

You have various options to customize your Oscar billing page(s). They are all accessed from the Billing section in Admin.



## 1. Manage Billing Form – these are the billing pages that come up when you select bill or create invoice

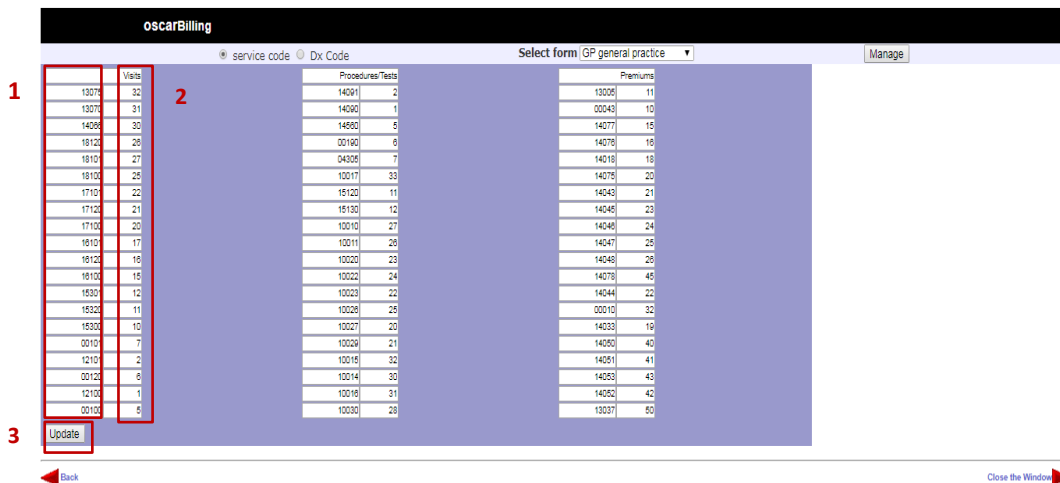
- Select Service Code
- Select the form (page) you want to edit - GP General Practice is the default form, but you can create additional forms for other billing if you run out of room – ie a procedures page, out-of-office page, private billing, etc (examples at the end)

**\*\* IMPORTANT \*\* Ask your OSP to add or delete billing forms if you are not 100% sure of what you are doing!!**

- Select Manage



- \*\*IMPORTANT\*\*** The 1<sup>st</sup> column on the GP page is the age-adjusted visit codes – if you delete these, this function will not work. The 12120 can likely be removed as it is usually never used. That gives you 3 extra spots on this column. For GP’s I usually suggest adding the 14066, 13070 & 13075 in this column. The other columns can be customized in any way you want.  
This column has the same function in any page you set up – if all the codes you are using on a page are not age-related you can put them anywhere. If you do want another page that selects for age – for example a telehealth page – then the age-related codes need to go in the first column.
- The numbers to the right of the fee code are the position of the service code on the billing page. **Tip:** leave some spaces in the numbering (as in the examples), then if you need to move a code to a different position or add a new code, you don’t have to redo the whole list – just type your new code in any space & change the numbers on the right to order it on the billing page.
- The update button at the bottom left of the columns saves your changes! If you are making a lot of changes – update the page a few times so you don’t lose your work.**



## 2. Manage Private Bill – this is where you add the codes you use for private billing.

- Edit the name or value of your code – select it from the dropdown & chose edit. You can also delete a code you no longer use in this step.
- To make a new code, enter your code & search it first. **Note the prefix “A” is already defaulted so you don’t need to enter it.** You may use any code you want here and you can make up your own – they do not have to be the actual GPSC codes. However, I would suggest that the codes you use for legal or insurance fees are at least close to the official codes.
- If your doctor charges GST – tick the box & it will be added when you invoice

### Manage Private Bill

**a**

Select Code to edit:  
 - choose one -

**b**

It is a NEW service code. You can add it.

Private Code (e.g. A0010)  
 Private Codes will be prefixed with 'A' by default  
 A

Description

Fee (format: xx.xx, e.g. 18.20)

**c**

Add GST

Issued Date (effective date)  
 2021-04-15

## 3. Manage Service/Diagnostic Code Associations – links an ICD9 code to a service code

This feature & the procedure/tray fee associations below, are designed for use with the billing page check boxes. They will not work if you manually enter the fee codes on the billing page. As an example if you link 14091 with both the 15130 & 30B when you check the 14091 box on a billing page, it will also pull the 15130 & the ICD9 for you – a nice time and memory saver 😊

- Select Create New Association at the bottom of the page
- Enter the codes you want to link & Save

14094	V24	<a href="#">Edit</a> <a href="#">Remove</a>
10015	V048	<a href="#">Edit</a> <a href="#">Remove</a>
08345	128	<a href="#">Edit</a> <a href="#">Remove</a>
01156	727	<a href="#">Edit</a> <a href="#">Remove</a>
13015	042	<a href="#">Edit</a> <a href="#">Remove</a>
14075	V15	<a href="#">Edit</a> <a href="#">Remove</a>
14541	238	<a href="#">Edit</a> <a href="#">Remove</a>
<b>a</b> <input type="button" value="Create New Association"/>		

**b**

**Service/Diagnostic Code Association Wizard**

**Step 1: Select Service Code**

**Step 2: Select Diagnostic Codes**  
 Diagnostic Codes:

## Service Code – DX code Associations

Some examples of service/dx codes you might want to consider. **HINT:** Only link codes that are used together the majority of the time – you can overwrite the ICD9 code when billing, but the purpose here is to save time & typing, so only link codes that you won't need to change too often.

Associate Service/Diagnostic Codes	
Service Code	Diagnostic Codes
14091	30B
14560	V762
04305	099
00043	427
10020	05A
10022	05A
10023	05A
10026	05A
10027	05A
10010	05A
10011	05A
14090	30B
14104	650
14004	650
12100	05A
12101	05A
00119	08A
15110	V76
14050	250
14051	428
14052	401
14053	492
00010	V048
14540	23B
10029	05A
14043	311
03603	680
14010	V26
14094	V24
10015	V048
08345	12B
01156	727
13015	042
14075	V15
14541	23B

[Create New Association](#)

#### 4. Manage Procedure/Tray Fee Associations

This feature links two service or fee codes together – one of them does not necessarily have to be a tray fee – as in the example – link the 14091 & 15130

Select the codes you want to enter & save the association

**\*\* As noted above** - this feature works with the billing page check boxes – it will not work if you enter codes manually. This is a 1-way association, so the code you enter the 1<sup>st</sup> box (procedure) is the one that links. For example if you checked 15130 first, it would not link to the 14091. This gives you the option to link several of the same codes as you can see in the example below for the tray fees. The 2<sup>nd</sup> code does not have to be a tray fee – any other service code will work.

Edit Procedure/Tray Fee Associations

Procedure Fee Code:  [Search](#)

Tray Fee Code:  [Search](#)

20 documents found, displaying all documents.

Procedure Fee Code	Tray Fee Code	Options
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70041	00090	<a href="#">Edit</a> <a href="#">Delete</a>
14560	00044	<a href="#">Edit</a> <a href="#">Delete</a>
14540	00090	<a href="#">Edit</a> <a href="#">Delete</a>
14091	15130	<a href="#">Edit</a> <a href="#">Delete</a>
14090	15130	<a href="#">Edit</a> <a href="#">Delete</a>
13650	00090	<a href="#">Edit</a> <a href="#">Delete</a>
13630	00080	<a href="#">Edit</a> <a href="#">Delete</a>
13622	00090	<a href="#">Edit</a> <a href="#">Delete</a>
13621	00090	<a href="#">Edit</a> <a href="#">Delete</a>
13620	00090	<a href="#">Edit</a> <a href="#">Delete</a>
13612	00090	<a href="#">Edit</a> <a href="#">Delete</a>
13611	00090	<a href="#">Edit</a> <a href="#">Delete</a>
13610	00080	<a href="#">Edit</a> <a href="#">Delete</a>
13605	00080	<a href="#">Edit</a> <a href="#">Delete</a>
13601	00090	<a href="#">Edit</a> <a href="#">Delete</a>
13600	00090	<a href="#">Edit</a> <a href="#">Delete</a>
08345	00090	<a href="#">Edit</a> <a href="#">Delete</a>
04305	00080	<a href="#">Edit</a> <a href="#">Delete</a>
00785	00090	<a href="#">Edit</a> <a href="#">Delete</a>
00190	00044	<a href="#">Edit</a> <a href="#">Delete</a>

## Customize Fee Code Descriptions

You can also customize the fee code descriptions. See the sample billing pages at the end for more examples. You need to be in the billing screen to edit the descriptions.

- Enter a partial code in the service section (if you enter the full code Oscar thinks you are actually billing, so it doesn't provide you with the description or list of codes to choose from).
- Pick the code you want to edit from the list
- You can delete all or part of the description given and replace with your own. You can also add hints (for example – 10015 is not used for adults)
- Select the update button on the right

**\*\*NOTE\*\*** Even though there might be more than one code on the list that you want to edit, you have to change them one at a time – edit a code, select update, it tells you that you've succeeded. Then go back in & do the next code.

<input type="checkbox"/> 10015	INFLUENZA 6 MOS - 18 YRS (not for adults!)	5.40
<input type="checkbox"/> 10017	HEPATITIS B < 19 YRS	5.40

**Other service/procedure/premium codes** **Unit**

<input type="text" value="1001"/>	.5	<input type="text"/>
<input type="text"/>	.5	<input type="text"/>
<input type="text"/>	.5	<input type="text"/>

*a*

Service Code Search (Maximum 3 selections)		
Code	Description	
<input type="checkbox"/> 10010	DaPT-IPV (INFANRIX IPV) 5 YRS	<input type="button" value="update 10010"/>
<input type="checkbox"/> 10011	DaPT-IPV-Hib (INFANRIX IPV-HIB) 18 MONTHS	<input type="button" value="update 10011"/>
<input type="checkbox"/> 10012	< 19 YRS - TD	<input type="button" value="update 10012"/>
<input type="checkbox"/> 10013	< 19 YRS-TDP	<input type="button" value="update 10013"/>
<input type="checkbox"/> 10014	TDAP (BOOSTRIX) < 19 YRS	<input type="button" value="update 10014"/>
<input type="checkbox"/> 10015	INFLUENZA 6 MOS - 18 YRS (not for adults!)	<input type="button" value="update 10015"/>
<input type="checkbox"/> 10016	HEPATITIS A < 19 YRS	<input type="button" value="update 10016"/>
<input type="checkbox"/> 10017	HEPATITIS B < 19 YRS	<input type="button" value="update 10017"/>
<input type="checkbox"/> 10018	IMMUNIZATION-PATIENT < 19 YRS-HIB	<input type="button" value="update 10018"/>
<input type="checkbox"/> 10019	IMMUNIZATION - PATIENT < 19 YRS-IPV	<input type="button" value="update 10019"/>

*b/c* *d*

The following are some examples of billing pages you could set up for GP Billing:

## Procedures

Procedures	Description	\$Fee
<input type="checkbox"/> 00190	CRYOTHERAPY (50%) if billed with a visit - different ICD codes, 2 billing pages	31.46
<input type="checkbox"/> 04305	VENEREAL WARTS, CAUTERY OR EXCISION OR PEDOPHYLLUM	38.53
<input type="checkbox"/> 13620	EXCISION TUMOR OF SKIN/SCAR UP TO 5CM	66.02
<input type="checkbox"/> 13621	EXCISION ADDITIONAL TUMOR OF SKIN/SCAR UP TO 5CM	33.01
<input type="checkbox"/> 13600	BIOPSY - MUCOSA/SKIN	51.66
<input type="checkbox"/> 13610	MINOR LACERATION OR FOREIGN BODY - NO ANAESTHESIA - (Can be used for application of Steri-strips)	35.44
<input type="checkbox"/> 13611	MINOR LACERATION/FOREIGN BODY REQUIRING ANAES.	66.02
<input type="checkbox"/> 13612	EXTENSIVE LACERATION > 5CM (bill in addition to 13611)	13.25
<input type="checkbox"/> 13601	BIOPSY - FACE	51.66
<input type="checkbox"/> 13605	ABSCESS - SUPERFICIAL	44.26
<input type="checkbox"/> 13622	LOCALIZED CARCINOMA OF SKIN PROVEN HISTOPATH.	72.94

<b>Referral Doctor</b> <input type="text"/> <input type="button" value="code search"/>	<b>Referral Type</b> Select Type ▼
<input type="text"/> <input type="button" value="code search"/>	Select Type ▼
<b>Recent Referral Doctors Used</b> none	<b>Referral Doctor on Master Record</b> none

Tray Fees/Dx/Sp.Visits	Description	\$Fee
<input type="checkbox"/> 00044	MINI TRAY FEE	5.19
<input type="checkbox"/> 00080	MINOR TRAY	10.41
<input type="checkbox"/> 00090	MAJOR TRAY	31.21
<input type="checkbox"/> 15120	PREGNANCY TEST, IMMUNOLOGIC, URINE	11.59
<input type="checkbox"/> 15100	GLUCOSE - SEMIQUANTITATIVE	3.68
<input type="checkbox"/> 00930	PEAK EXPIRATORY FLOW RATE	5.54
<input type="checkbox"/> 00117	E.C.G. INTERPRETATION ONLY G.P.	10.33
<input type="checkbox"/> 00034	INJECTION SUBCUTANEOUS Allergy	11.31
<input type="checkbox"/> 00110	CONSULTATION (IN OR OUT OF OFFICE): AGE 2-59 (REFERRED BY ANOTHER GP)	76.77
<input type="checkbox"/> 13015	HIV/AIDS PRIMARY CARE MGMT - PER 1/2 HR	85.95
<input type="checkbox"/> 13501	MAID ASSESSMENT FEE - ASSESSOR PRESCRIBER	42.97
<input type="checkbox"/> 13502	MAID ASSESSMENT FEE - ASSESSOR	42.97
<input type="checkbox"/> 13503	WITNESS TO VIDEO CONF MAID ASMT-PATIENT ENCOUNTER	42.97
<input type="checkbox"/> 13504	MAID EVENT PREPARATION AND PROCEDURE	282.10

Other service/procedure/premium codes	Unit
<input type="text"/>	.5 <input type="text"/>
<input type="text"/>	.5 <input type="text"/>
<input type="text"/>	.5 <input type="text"/>
<input type="button" value="code search"/>	

Joint Inj/Asperate/Misc	Description	\$Fee
<input type="checkbox"/> 01156	TRIGGER POINT INJECTION: - SINGLE	60.75
<input type="checkbox"/> 01157	TRIGGER POINT INJECTIONS: - MULTIPLE	76.20
<input type="checkbox"/> 00014	INJECTION, INTRA-ARTICULAR (HIP) BILL VISIT TOO	25.44
<input type="checkbox"/> 00015	INJECTION, INTRA-ARTICULAR (BURSA, TENDON, ALL OTHER JOINTS) BILL VISIT TOO	16.92
<input type="checkbox"/> 54410	INJECTION - THERAPEUTIC - BURSA/TENDON SHEATH	23.06
<input type="checkbox"/> 70041	FINE NEEDLE ASPIRATION - BREAST - SOLID OR CYSTIC LESION	45.78
<input type="checkbox"/> 70042	ASPIRATION - FINE NEEDLE - BREAST - ADDITIONAL CYST/ LESION	11.46
<input type="checkbox"/> 07678	INCISION AND DRAINAGE PERIANAL ABSCESS,SUPERFICIAL	91.43
<input type="checkbox"/> 00757	ASPIRATION JOINTS (Bill with a visit)	11.93
<input type="checkbox"/> 10710	IN-OFFICE ANOSCOPY	7.90
<input type="checkbox"/> 00761	ASPIRATION BURSA OR CYST (Bill with a visit)	14.53
<input type="checkbox"/> 13650	ENUCLEATION OR EXCISION OF EXT THROMBOTIC HAEMORRH	51.86
<input type="checkbox"/> 08345	VASECTOMY, BILATERAL	101.51
<input type="checkbox"/> 13655	GENERAL PRACTICE - VASECTOMY BONUS	21.33
<input type="checkbox"/> 14540	IUD INSERTION (bill tray fee & UPT)	42.94
<input type="checkbox"/> 14541	REMOVAL OF INTRAUTERINE DEVICE (IUD)	31.46
<input type="checkbox"/> 00785	ENDOMETRIAL BIOPSY	44.48

## Out of Office

Out of Office Visits	Description	\$Fee
<input type="checkbox"/> 13200	VISIT - OUT OF OFFICE (AGE 2-59)	37.76
<input type="checkbox"/> 13220	INDIVIDUAL COUNSELLING - OUT OF OFFICE (AGE 2-59)	65.69
<input type="checkbox"/> 13201	COMPLETE EXAMINATION - OUT OF OFFICE (AGE 2-59)	83.82

<b>Referral Doctor</b> <input type="text"/> <input type="button" value="code search"/>		<b>Referral Type</b> Select Type ▼	
<input type="text"/> <input type="button" value="code search"/>		Select Type ▼	
<b>Recent Referral Doctors Used</b> none	<b>Referral Doctor on Master Record</b> none		

Hosp Visits/Call Out Fees	Description	\$Fee
<input type="checkbox"/> 13338	COMMUNITY BASED GP,1ST FAC VISIT OF DAY BONUS (Bill with 13008 or 13028)	38.10
<input type="checkbox"/> 13028	COMMUNITY BASED GP: SUPPORTIVE CARE HOSP VISIT	35.61
<input type="checkbox"/> 13008	COMMUNITY BASED GP: HOSPITAL VISIT	53.60
<input type="checkbox"/> 00128	SUPPORTIVE CARE	27.52
<input type="checkbox"/> 00108	VISIT, HOSPITAL	31.93
<input type="checkbox"/> 00127	HOSPITAL VISIT FOR TERMINAL CARE	53.60
<input type="checkbox"/> 00112	VISIT, EMERGENCY (Weekdays 0800-1759)	115.15
<input type="checkbox"/> 01200	CALL-OUT CHARGE - EVENING (1800-2259)	61.42
<input type="checkbox"/> 01201	CALL-OUT CHARGE - NIGHT (2300-0759)	86.26
<input type="checkbox"/> 01202	CALL-OUT CHARGE/SATURDAY, SUNDAY, OR STAT HOLIDAY (0800-2300)	61.42
<input type="checkbox"/> 01205	SURCHARGE - NONOPERATIVE - EVENING (1800-2259)	56.48
<input type="checkbox"/> 01206	SURCHARGE - NONOPERATIVE - NIGHT (2300-0759)	77.21
<input type="checkbox"/> 01207	SURCHARGE - NONOPERATIVE/WEEKEND AND STAT/HOLIDAY (0800-1759)	56.48

Nursing Hm/House Cal	Description	\$Fee
<input type="checkbox"/> 00115	VISIT NURSING HOME - ONE PATIENT DAY CALL (0800-1759)	115.15
<input type="checkbox"/> 00114	VISIT NURSING HOME ONE OR MULTIPLE PATIENTS	36.13
<input type="checkbox"/> 13334	LTC FACILITY VISIT-FIRST VISIT OF DAY BONUS (Bill with 00114)	34.06
<input type="checkbox"/> 00103	VISIT, HOME (0800-2300)	115.15
<input type="checkbox"/> 00104	EXTRA PATIENTS SEEN DURING SAME HOUSE CALL	32.28
<input type="checkbox"/> 14018	GP URGENT TELEPHONE CONFERENCE WITH A SPECIALIST (per 15 mins, need start & end times)	40.00
<input type="checkbox"/> 14077	GP ATTACHMENT PATIENT CONFERENCE FEE (per 15 mins, max 2/day/pt)	40.00
<input type="checkbox"/> 14076	GP ATTACHMENT TELEPHONE CALL TO PT	20.00
<input type="checkbox"/> 13005	PHONE/FAX ADVICE ABOUT A PATIENT IN COMMUNITY CARE (with other health or allied health professional - including pharm - can't bill same day as a visit)	15.72

### Diagnostic Code

<input type="text"/>
<input type="text"/>
<input type="text"/>



# Obstetrics

Service	Description	\$Fee
<input type="checkbox"/> 15130	URINALYSIS - SCREENING	2.17
<input type="checkbox"/> 14091	PRENATAL VISIT - SUBSEQUENT EXAMINATION	31.46
<input type="checkbox"/> 14090	PRENATAL VISIT- COMPLETE EXAMINATION	84.01
<input type="checkbox"/> 14094	POST-NATAL OFFICE VISIT	31.46
<input type="checkbox"/> 00120	INDIVIDUAL COUNSELLING IN OFFICE (AGE 2-59)	54.76

Referral Doctor	Referral Type
<input type="text"/>	Select Type ▼
<input type="button" value="code search"/>	
<input type="text"/>	Select Type ▼
<input type="button" value="code search"/>	

Recent Referral Doctors Used	Referral Doctor on Master Record
none	none

Hospital	Description	\$Fee
<input type="checkbox"/> 14104	DELIVERY AND POST-NATAL CARE	581.87
<input type="checkbox"/> 14004	Obstetrical Care Bonus	288.77
<input type="checkbox"/> 14109	DELIVERY - ATTENDANCE - EMERG C/S	484.68
<input type="checkbox"/> 14009	Obstetrical Care Bonus	240.54
<input type="checkbox"/> 14108	POST-NATAL CARE AFTER ELECTIVE C-SECTION	119.71
<input type="checkbox"/> 04118	INDUC. OR STIM. OF LABOUR BY OXYTOCIN - 1ST HOUR	41.89
<input type="checkbox"/> 04119	INDUC. OR STIM. OF LABOUR BY OXYTOCIN - SUBS. HRS	28.87
<input type="checkbox"/> 04000	COMPLICATED DELIVERY (50%) Shoulder Dystocia, Premature <37 wks	340.46
<input type="checkbox"/> 04022	REPAIR OF 3RD DEGREE TEAR (50%)	214.59
<input type="checkbox"/> 04023	REPAIR OF CERVICAL /VAGINAL LACERATIONS (50%)	214.59
<input type="checkbox"/> 04024	4TH DEGREE LACERATION - REPAIR (50%)	256.88
<input type="checkbox"/> 04026	RETAINED PLACENTA - MANUAL REMOVAL (50%)	214.59
<input type="checkbox"/> 00119	NEWBORN CARE, ROUTINE, IN HOSPITAL	92.36
<input type="checkbox"/> 14088	GP UNASSIGNED INPATIENT CARE FEE	150.00

Other service/procedure/premium codes	Unit
<input type="text"/>	.5 <input type="text"/>
<input type="text"/>	.5 <input type="text"/>
<input type="text"/>	.5 <input type="text"/>

Premiums/Call Outs	Description	\$Fee
<input type="checkbox"/> 00112	VISIT, EMERGENCY (Weekdays 0800-1759)	115.15
<input type="checkbox"/> 01200	CALL-OUT CHARGE - EVENING (1800-2259)	61.42
<input type="checkbox"/> 01201	CALL-OUT CHARGE - NIGHT (2300-0759)	86.26
<input type="checkbox"/> 01202	CALL-OUT CHARGE/SATURDAY, SUNDAY, OR STAT HOLIDAY (0800-2300)	61.42
<input type="checkbox"/> 01205	SURCHARGE - NONOPERATIVE - EVENING (1800-2259)	56.48
<input type="checkbox"/> 01206	SURCHARGE - NONOPERATIVE - NIGHT (2300-0759)	77.21
<input type="checkbox"/> 01207	SURCHARGE - NONOPERATIVE/WEEKEND AND STAT/HOLIDAY (0800-1759)	56.48
<input type="checkbox"/> 14199	MNGMNT OF PRLNGD 2ND STG LABOUR - PER 30 MINS	84.52
<input type="checkbox"/> 01210	SURCHARGE - OPERATIVE - EVENING (\$70.12)	378.93
<input type="checkbox"/> 01211	SURCHARGE - OPERATIVE - NIGHT (\$112.41)	532.14
<input type="checkbox"/> 01212	SURCHARGE - OPERATIVE - WEEKEND AND STAT HOLIDAY (\$60.82)	378.93
<input type="checkbox"/> 13194	GP FIRST SURGICAL ASSIST OF THE DAY	87.72
<input type="checkbox"/> 00196	SURGICAL ASSIST \$314.01 TO 523.00 INCLUSIVE	189.24

Diagnostic Code
<input type="text"/>
<input type="text"/>
<input type="text"/>

Short Claim Note   Ignore Warnings

No Correspondence ▼

Billing Notes (Notes are for internal use and will not be sent to MSP)

## GP General Practice

Visits	Description	\$Fee
<input type="checkbox"/> 00100	VISIT IN OFFICE (AGE 2 - 59)	31.46
<input type="checkbox"/> 00120	INDIVIDUAL COUNSELLING IN OFFICE (AGE 2-59)	54.76
<input type="checkbox"/> 00101	COMPLETE EXAMINATION IN OFFICE (AGE 2-59)	69.85
<input type="checkbox"/> 14066	PERSONAL HEALTH RISK ASSESSMENT (can only use ICD codes 783, 785, 786)	50.00
<input type="checkbox"/> 13070	OFFICE VISIT WITH WCB SERVICE (must use different ICD codes !!)	16.36
<input type="checkbox"/> 13075	OFFICE VISIT WITH ICBC SERVICE (must use different ICD codes !!)	16.36

Referral Doctor	Referral Type
<input style="width: 90%;" type="text"/>	Select Type ▼
<input type="button" value="code search"/>	
<input style="width: 90%;" type="text"/>	Select Type ▼
<input type="button" value="code search"/>	
<b>Recent Referral Doctors Used</b> none	<b>Referral Doctor on Master Record</b> none

Procedures/Tests	Description	\$Fee
<input type="checkbox"/> 14090	PRENATAL VISIT- COMPLETE EXAMINATION	84.01
<input type="checkbox"/> 14091	PRENATAL VISIT - SUBSEQUENT EXAMINATION	31.46
<input type="checkbox"/> 14560	ROUTINE PELVIC EXAM INCLUDING PAP (50% if billed with a visit, different ICD codes, 2 billing pages)	31.46
<input type="checkbox"/> 00190	CRYOTHERAPY (50% if billed with a visit - different ICD codes, 2 billing pages)	31.46
<input type="checkbox"/> 04305	VENEREAL WARTS, CAUTERY OR EXCISION OR PEDOPHYLLUM	38.53
<input type="checkbox"/> 15120	PREGNANCY TEST, IMMUNOLOGIC, URINE	11.59
<input type="checkbox"/> 15130	URINALYSIS - SCREENING	2.17
<input type="checkbox"/> 10027	INFANRIX HEXA (DaPT-IPV-HB-Hib) - 2,4,6 MONTHS	5.40
<input type="checkbox"/> 10029	ROTAVIRUS 2, 4 MONTHS	5.40
<input type="checkbox"/> 10023	PREVNAR 2, 4, 12 MONTHS	5.40
<input type="checkbox"/> 10020	MENINGOCOCCAL 2, 12 MONTHS	5.40
<input type="checkbox"/> 10022	MMR 12 MONTHS, 5 YRS	5.40
<input type="checkbox"/> 10026	VARICELLA 12 MONTHS, 5 YRS	5.40
<input type="checkbox"/> 10011	DaPT-IPV-Hib (INFANRIX IPV-HIB) 18 MONTHS	5.40
<input type="checkbox"/> 10010	DaPT-IPV (INFANRIX IPV) 5 YRS	5.40
<input type="checkbox"/> 10030	MMR/V (PROQUAD) 5 YRS	5.40
<input type="checkbox"/> 10014	TDAP (BOOSTRIX) < 19 YRS	5.40
<input type="checkbox"/> 10016	HEPATITIS A < 19 YRS	5.40
<input type="checkbox"/> 10015	INFLUENZA 6 MOS - 18 YRS (not for adults!)	5.40
<input type="checkbox"/> 10017	HEPATITIS B < 19 YRS	5.40

Premiums	Description	\$Fee
<input type="checkbox"/> 00043	ANTICOAGULATION THERAPY (can't bill same day as a visit)	6.95
<input type="checkbox"/> 13005	PHONE/FAX ADVICE ABOUT A PATIENT IN COMMUNITY CARE (with other health or allied health professional - including pharm - can't bill same day as a visit)	15.72
<input type="checkbox"/> 14077	GP ATTACHMENT PATIENT CONFERENCE FEE (per 15 mins, max 2/day/pt)	40.00
<input type="checkbox"/> 14076	GP ATTACHMENT TELEPHONE CALL TO PT	20.00
<input type="checkbox"/> 14018	GP URGENT TELEPHONE CONFERENCE WITH A SPECIALIST (per 15 mins, need start & end times)	40.00
<input type="checkbox"/> 14033	ANNUAL COMPLEX CARE MANAGEMENT FEE	315.00
<input type="checkbox"/> 14075	GP ATTACHMENT COMPLEX CARE MANAGEMENT FEE (Needs help with at least 1 ADL & 1 IADL))	315.00
<input type="checkbox"/> 14043	GP MENTAL HEALTH PLANNING FEE	100.00
<input type="checkbox"/> 14044	GP MENTAL HEALTH MANAGEMENT FEE AGE 2-49 (after all 00120 used)	54.35
<input type="checkbox"/> 14045	GP MENTAL HEALTH MANAGEMENT FEE AGE 50-59 (after all 00120 used)	59.78
<input type="checkbox"/> 14046	GP MENTAL HEALTH MANAGEMENT FEE AGE 60-69 (after all 00120 used)	62.49
<input type="checkbox"/> 14047	GP MENTAL HEALTH MANAGEMENT FEE AGE 70-79 (after all 00120 used)	70.64
<input type="checkbox"/> 14048	GP MENTAL HEALTH MANAGEMENT FEE AGE 80+ (after all 00120 used)	81.51
<input type="checkbox"/> 00010	ADULT IM INJECTION > 19 YRS (can't bill with a visit)	11.31
<input type="checkbox"/> 14050	Diabetes Chronic Care Bonus	125.00
<input type="checkbox"/> 14051	Congestive Heart Failure Care Bonus	125.00
<input type="checkbox"/> 14052	Hypertension Chronic Care Bonus (can't bill with 14050/14051)	50.00
<input type="checkbox"/> 14053	COPD Chronic Care Bonus ( use DX codes 491, 492, 494, 496)	125.00
<input type="checkbox"/> 14078	GP EMAIL/TEXT/TELEPHONE MEDICAL ADVICE RELAY FEE	7.00
<input type="checkbox"/> 13037	TELEHEALTH GP IN-OFFICE VISIT	34.44