General/Family physician emergency department assessment

General/Family physician emergency department assessment is an assessment of a patient that satisfies as a minimum the requirements of an intermediate assessment and is rendered by the patient's general/family physician in an emergency department funded under an Emergency Department Alternative Funding Agreement (ED-AFA). For that visit, the service includes any re-assessment of the patient by the general/family physician in the emergency department and any appropriate collaboration with the emergency department physician.

The service is *only eligible for payment* when the general/family physician's attendance is required because of the complexity, obscurity or seriousness of the patient's condition.

A100 General/Family physician emergency department assessment 76.90

Payment rules:

No other service (including special visit or other premiums) rendered by the same physician to the same patient during the same visit to the emergency department is eligible for payment with this service.

Claims submission instructions:

For claims payment purposes, the hospital master number associated with the emergency department must be submitted on the claim.

[Commentary:

1. Services described as A100 rendered in an emergency department not funded under an ED-AFA may be payable under other existing fee *schedule* codes.

2. In the event the patient is subsequently admitted to hospital, and the general/family physician remains the *MRP* for the patient, the General/Family Physician emergency department assessment constitutes the admission assessment. see General Preamble GP41 for additional information.]

Certification of death

Certification of death is payable to the physician who personally completes the death certificate on a patient who has been pronounced dead by another physician, medical resident or other authorized health professional. Claims submitted for this service must include the diagnostic code for the underlying cause of death as recorded on the death certificate. The service *may include* any counselling of relatives that is rendered at the same visit. Certification of death rendered in conjunction with A902 or A777/C777 is an insured service payable at nil.

A771 Certification of death 20.60

A777 Intermediate assessment - Pronouncement of death (see General Preamble GP27) 36.85

A002 Enhanced 18 month well baby visit (see General Preamble GP34) 62.20

A007 Intermediate assessment or well baby care 36.85

A001 Minor assessment 23.75

Note:

1. Special visit premiums listed in Table VI on page GP75 of this Schedule are not eligible for payment with A007 or A001 when rendered in a patient's home.

2. For A007 or A001 rendered in a patient's home, travelling to and from the home is included as a common element of the insured service. See page GP13 of this Schedule.

3. See the Definitions section of this Schedule for the definition of home.

INJECTIONS OR INFUSIONS

Fee

CHEMOTHERAPY

Chemotherapy (pharmacologic therapy of malignancy or autoimmune disease) - with administration supervised by a physician for intravenous infusion for treatment of malignant or autoimmune disease. The physician must be available to intervene in a timely fashion at the initiation and for the duration of the prescribed therapy to manage immediate and delayed toxicities.

Chemotherapy and patient assessment provided by a physician includes all patient assessments by any physician for a 24 hour period following treatment administration.

Note:

1. G381, G281, G345 and G359 are *only eligible for payment* with respect to the following classes of biologic agents:

a. monoclonal antibodies; and

b. cytokines.

2. G381, G281, G345, G359, G075 and G390 include venipuncture, establishment of any vascular access line and administration of agent(s).

[Commentary:
Examples that are not considered biologic agents for payment purposes are blood products, insulin, and immunizing agents.]

+ G381 Standard chemotherapy - agents with minor toxicity that require physician monitoring 54.25

G281 - each additional standard chemotherapy agent, other than initial agent 7.70

[Commentary:
Examples of standard chemotherapy agents include cyclophosphamide, methotrexate, fluorouracil, leucovorin, and zoledronic acid.]

G345 Complex single agent or multi-agent therapy – chemotherapy and/or biologic agent(s) that can cause vesicant damage, infusion reactions, cardiac, neurologic, marrow or renal toxicities that may require immediate intervention by the physician 75.00

[Commentary:
Examples of complex single agents include rituxamib, bevacizumab, trastuzumab, anthracyclines, bortezomib, taxanes, cisplatin, and etoposide fludarabine.]

G359 Special single agent or multi-agent therapy – chemotherapy and/or biologic agent(s) with major toxicity that require frequent monitoring and prolonged administration periods and may require immediate intervention by the physician . 105.15

[Commentary:
Examples of special agent therapy include high-dose methotrexate with folinic acid rescue, methotrexate given in a dose of greater than 1 g/m2, high dose cisplatin greater than 75 mg/m2 given concurrently with hydration and osmotic diuresis, high dose cystosine, arabinoside (greater than 2 g/m2), high dose cyclophosphamide (greater than 1 g/m2), ifosfamide with MESNA protection, combination of biologic agents with complex chemotherapy.]