

Schedule of Benefits Changes - April 1, 2008

Fee Code	Fee Code Description	Schedule Page	Change	Existing Fee	April 1 2008
J200/J500	requires a minimum of 4 segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings - unilateral or bilateral	G10	Revision	H - \$20.90 P1 - \$28.15 P2 - \$21.10	x
J196	with exercise and/or quantitative measurements, to J200	G10	Revision	H - \$8.20 P1 - \$13.30	x
J496	with exercise and/or quantitative measurements, to J500	G10	Revision	H - \$8.20 P2 - \$10.00	x
	Note: 1. G517 is not eligible for payment in addition to J200/J500. 2. This service is only eligible for payment when the device used produces a hard copy output.	G10	Revision	N/A	N/A
	[Commentary: For ankle pressure determination and ankle-arm index, see G517 under Cardiovascular Diagnostic & Therapeutic Procedures.]	G10	Revision	N/A	N/A
G517	Ankle pressure determination, not to be claimed during surgery or during patient's post-operative stay in hospital includes calculation of the ankle-arm index systolic pressure ratio.	J15	Revision	\$10.05	x
	Note: 1. G517 is not eligible for payment when rendered during surgery or during the patient's post-operative stay in hospital. 2. G517 is not eligible for payment in conjunction with J200/J500.	J15	Revision	N/A	N/A
Z110	Note: Trimming or clipping of nails does not constitute Z110. [Commentary: Trimming or clipping of nails is not an insured service.]	M15	Revision	\$17.45	x
W010	Claims submission instructions: 1. Claims for W010 may be submitted when the minimum required elements of the service have been rendered for the month. [Commentary: a. Payment for W010 is for mangement of the patient for the entire month for all the services listed as components of the W010 service, regardless of when the claim for W010 is submitted. b. When claiming W010, do not also submit claims for "W" prefix services listed as components of the W010 for the same month.]	GP39	Revision	\$85.70	x
X145	BMD - Baseline test, one site	D16	New code	N/A	H - \$43.95 P - \$41.30
X146	BMD - Baseline test, two or more sites	D16	New code	N/A	H - \$56.60 P - \$49.40
X157	Bone Mineral Density measurement by any radiological technique other than axial DXA	D16	Delete	N/A	x

Note:

Strikethrough indicates the word has been removed and bold indicates the word that has been added to the fee code descriptors.

All page references refer to the April 1, 2008 on-line version of the Schedule of Benefits.