

GP FOCUSED PRACTICE DESIGNATION POLICY AND PROGRAM OVERVIEW

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Introduction

The GP Focused Practice Designation was established in order to recognize specialized services provided by GP Focused Practice physicians and their possible impact on the Access Bonus of physicians participating in Harmonized Model agreements. The 2008 *Physician Services Agreement* expanded the focused practice self-identification process which was originally outlined in the 2004 *Physician Services Agreement* and the 2007 *Reassessment Agreement*.

This designation is solely for the purposes of exempting focused practice physicians' billings from impacting the Access Bonus, a payment incentive which is offered under the Ministry of Health and Long-Term Care's (MOHLTC's) Primary Health Care harmonized payment models, and is not intended to be a reflection of skills or abilities for the purposes of practicing medicine.

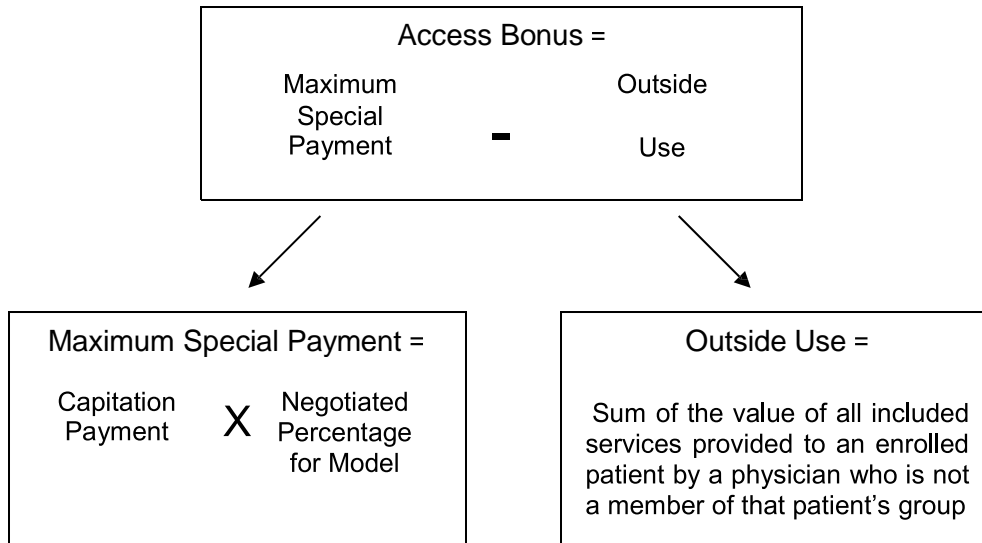
The GP Focused Practice Review Committee is a joint Ontario Medical Association (OMA) and MOHLTC committee which was established to develop criteria, as well as a process and implementation strategy for the review of GP focused practice physicians who wish to receive an exemption from impact to the access bonus. This committee will also review applications made for the GP Focused Practice Designation.

Access Bonus

The Access Bonus is an incentive payment developed for Primary Health Care Harmonized Models to focus and prioritize the provision of primary care services to enrolled patients.

The Access Bonus is reduced when an enrolled patient receives included core services by a physician outside of the group, which is referred to as Outside Use. 'Outside Use' is the total value of core services provided to patients by family physicians not affiliated to the group to which the patient is enrolled. Each of the Harmonized Models has a different list of included codes. If a family physician not affiliated to the group bills any of these codes for an enrolled patient, it is considered outside use.

Calculation of Access Bonus



The Access Bonus is computed in two steps.

- (1) Compute the 'Maximum Special Payment' (MSP), using the capitation payment for a patient population multiplied by a percentage (negotiated and specified in the Harmonized Model's template agreement).
- (2) Subtract from the MSP the total Outside Use. If the amount, accumulated at the **group level**, is either zero or negative there is no Access Bonus.

Eligibility Criteria for GP Focused Practice Designation

Following is a list of criteria that must be met in order to be considered eligible for the GP Focused Practice designation:

1. A demonstrated need of the focused practice area in the specific community, such as:
 - Number of patients requiring the services
 - A lack of similar services in the community or in the surrounding communities
 - Travel distance to the service in a neighboring community
 - Consideration of reasonableness of any period of waiting with respect to patient health outcomes
2. Eligible physicians must practice in an acknowledged focused practice area that is:
 - a) recognized by the Royal College of Physicians and Surgeons (RCPS) as a specialty or sub-specialty (this list is available in Appendix B); or
 - b) a GP focused practice in Sports Medicine, Allergists, Pain Management, Sleep Medicine and Addiction Medicine; or
 - c) a focused practice area not listed in (a) or (b) that is approved by the Physician Services Committee.
3. Appropriate training or qualifications to support the particular area of focus:
 - Training in the specialty / subspecialty in another country or jurisdiction
 - Additional courses and/or certification in the particular area of practice
 - Hospital privileges associated with the area of practice where appropriate

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4. Illustrated support from the community regarding the need for services in the specific GP focused practice area. This could include:
 - Local Specialists and/or Family Practitioners
 - LHINs
 - CCACs
 - Hospitals
5. The number of GPs in the community who routinely refer patients to the specific GP focused practice needs to reflect what would be reasonably expected for the condition/service and the local GP supply.
6. Eligible physicians must be practicing a minimum of 20% of their practice time in the specific GP focused practice area.

Applicable Fee Schedule and Diagnostic Codes

A physician can apply for a GP Focused Practice Designation in one or more (multiple) of the focused practice areas defined in #2 of the Eligibility Criteria. The GP Focused Practice Review Committee has developed lists of fee schedule (FSC) and diagnostic codes which are representative of each of the focused practice areas.

When a physician is granted a focused practice designation, the specified FSCs/diagnostic codes associated with that designation and billed by the GP Focused Practice physician will not impact Access Bonus. All other codes billed by the GP Focused Practice physician, other than as specified, for patients enrolled to a physician in a Harmonized Model with Access Bonus payments will impact Access Bonus. The exemption from Access Bonus will begin on the effective date of the GP Focused Practice Designation.

Appendix A contains the list of FSCs and diagnostic codes for each focused practice area that has been identified to date. The GP Focused Practice Review Committee will develop new code lists as new focused practice areas are identified.

Application Process

The GP Focused Practice Review Committee will review applications twice every year. Applications are due on February 1st and September 1st of each year.

Approved physicians will be given a designation for a one year period retroactive effective dates will not be permitted.

In 2010, a one-time exception was made which extended the submission deadline to April 30, 2010 and the designation effective date to August 1, 2010. Physicians who obtained GP Focused Practice designations in 2010 will be subject to the Annual Review Process in 2011 (see below).

Physicians who are interested in obtaining a GP Focused Practice Designation will submit a completed application to the Ontario Medical Association, please see PDF page 36 for instructions on how to submit your application. Appendix C contains a copy of the application form. Once all applications have been forward to the GP Focus Practice Committee, the Committee will ensure that all required documentation has been submitted and a review of the

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physician's eligibility will occur.

Once both parties have reviewed the application, the GP Focused Practice Review Committee will discuss the findings and determine whether or not the physician is eligible for a GP Focused Practice Designation and if so in what area. If the GP Focused Practice Review Committee is unable to make a decision, the application will be referred to the PSC for review.

When a determination regarding physician eligibility has been made, the GP Focus Practice Committee is responsible for notifying physicians of the results of their applications.

Annual Review Process

As outlined in the Terms of Reference for the GP Focused Practice Review Committee, previously approved physicians will be reviewed annually to determine/assess their eligibility to continue with the GP Focused Practice designation.

Below are the general criteria a physician must meet in order to continue to receive a GP Focused Practice designation.

1. The physician must have continued to practice within the previously approved designated GP Focused Practice area.
2. Documentation must be available which demonstrates that continuing professional development in the focused practice area has been undertaken in the preceding 12 months. The preceding 12 months is defined as the previous fiscal year, April 1st to March 31st.

The MOHLTC and the OMA will undertake a review to determine if criterion 1 has been met. Based on this review:

- Previously approved physicians who do not meet criteria 1 will be asked to provide documentation/explanation as to why their specific GP Focused Practice designation should continue.

Previously approved physicians who meet criteria 1 will be asked to provide documentation regarding their continuing professional development in the designated focused practice area. This documentation, as well as the results of the review will be forwarded to the GP Focused Practice Review Committee for their consideration.

The appropriate notifications, based on the criteria noted above, will be sent to previously approved physicians with sufficient time for them to provide the requested documentation no later than February 1st of each calendar year.

Appeal Process

Physicians who are not satisfied with the results of their GP Focused Practice application can appeal the decision to the Physician Services Committee.

Appendix A: Fee Schedule and Diagnostic Codes Exempt from Access Bonus

This appendix provides a list of fee schedule and diagnostic codes that will be exempt from a Harmonized Model physician's Access Bonus when billed by a physician with the associated GP Focused Practice Designation. These lists may be revised should discussions at the GP Focused Practice Review Committee result in changes.

Please note that the fee schedule and diagnostic codes on the provided list(s) will not impact the Access Bonus of all Harmonized Models. While we recognize that some of the codes included on the list may currently not impact Access Bonus in some models, the lists were designed for use in all models and were therefore purposefully more broadly defined.

Please note: the diagnostic codes provided for most designations will be exempt from Access Bonus when billed with any fee schedule code, not just the fee schedule codes provided.

Addiction Medicine	
Fee Schedule Code	Description
A957A	FOCUSED PRACTICE ASSESSMENT - ADDICTION MEDICINE
G010A	D./T. PROC - LAB.MED. - URINALYSIS - ONE OR MORE PARTS.W/0.MICRO.
G039A	CREATININE
G040A	DRUGS OF ABUSE SCREEN, URINE, MUST INCLUDE AT A MINIMUM OPIATES, COCAINE, CANNABINOIDS, BENZODIAZEPINES AND BARBITUATES
G041A	TARGET DRUG TESTING, URINE, QUALITATIVE OR QUANTITATIVE
Diagnostic Code	Description
303	ALCOHOLISM
304	DRUG DEPENDENCE, DRUG ADDICTION

Allergist	
Fee Schedule Code	Description
A927A	FOCUSED PRACTICE ASSESSMENT - ALLERGY
G185A	ALLERGY.DRUG DESENSITIZATION CRITICAL CARE SETTING
G195A	D./T. PROC-ALLERGY- LOCAL ANAESTHETIC TESTS.
G196A	D./T. PROC- ALLERGY- PENICILLIN TESTS.
G197A	D./T. PROC-ALLERGY-SKIN TESTS-PROF.COMP.
G198A	D/T PROC-ALLERGY-PATCH TESTS/INDUS/OCCU. DERMATOSES
G199A	D./T.PROC.-ALLERGY-INSECT VENOM SKIN TEST-OFFICE/HOSP.
G200A	D./T. PROC.-ALLERGY-ACUTE DESENSITIZATION-ATS,PENICILLIN
G201A	D./T. PROC.-ALLERGY-DIRECT NASAL TESTS

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G203A	D./T. PROC.-ALLERGY-OPHTHALMIC TESTS-DIRECT
G204A	D./T. PROC.-ALLERGY-OPHTHALMIC TESTS-QUANTITATIVE
G205A	D./T. PROC.-ALLERGY-INSECT VENOM DESENSITIZATION
G206A	D./T. PROC.-ALLERGY-PATCH TESTS
G208A	D&T-ALLERGY-SERIAL ORAL(NOT SUBLING'L)PROVOCAT'N TESTING
G209A	D./T. PROC.-ALLERGY-SKIN TESTS-TECH COMP.
G213A	ALLERGY-PHYSICAL URTICARIA CHALLENGES MIN.3 TESTS
J304A	FLOW VOLUME LOOP - VOLUME VERSUS FLOW STUDY - FROM WHICH AN EXPIRATORY LIMB, AND INSPIRATORY LIMB IF INDICATED, ARE GENERATED
J327A	FLOW VOLUME LOOP - REPEAT AFTER BRONCHODILATOR
Diagnostic Code	Description
n/a	

Anesthesiology	
Fee Schedule Code	Description
C998C	EVENINGS (17:00H – 24:00H) MONDAY TO FRIDAY OR DAYTIME AND EVENINGS ON SATURDAYS, SUNDAYS OR HOLIDAYS, FIRST PATIENT SEEN
C999C	NIGHTS (00:00H – 07:00H), FIRST PATIENT SEEN
D025C	DISL. -STERNO/CLAVICULAR-CLOSED RED. WITH ANAES.
E003C	SUPPORTIVE CARE/MONITORING
E010C	ANAESTHESIA PREMIUM - PATIENTS WITH BODY MASS INDEX >45
E011C	ANESTHESIA PREMIUM - IN PRONE POSITION
E017C	PATIENTS ASA 4 - PATIENT WITH INCAPACITATING
E020C	ANAES ASA EMERG PATIENT PREMIUM (APPLIC ASA III, IV & V PTS
E022C	PATIENTS ASA 3
E100C	OBSTETRICAL CARE-ATTEND DELIVERY-TIME UNITS-ANAESTHESIA
E323C	EAR MIDDLE-REPAIR-MYRINGOPLASTY
E400C	ANAES/ASSISS. (5PM-12MN)EVE. /SAT/SUN/HOL. EXTRA 40%
E401C	ASSIST OR ANAEST. FEE-AFTER MN AND BEFORE 7AM (EXTRA) 50 %
E757C	DIGESTIVE - ABDOMEN, PERITONEUM & OMENTUM - REPAIR - HERNIOTOMY - UMBILICAL - WITHOUT RESECTION OF STRANGULATED CONTENTS - ADD TO S332, S333
F136C	MUSCULO. SYST. NASAL BONES INCL MANIP. OF SEPTUM CLOSED REDUCTI
G222A	DIAGNOSTIC & THERAPEUTIC PROCEDURES - NERVE BLOCKS - INTRATHECAL SPINAL
N290C	NERV. SYST-PERI NERV-DECOMP. MEDIAN NERV-WRIST CARPALTUNNELSYN
P014C	OBSTETRICAL ANAESTHESIA - CONTINUOUS CONDUCTION ANAESTHESIA - INTRODUCTION OF CATHETER FOR ANALGESIA INCL FIRST DOSE
P016C	MAINTENCANCE OF OBSTETRICAL EPIDURAL ANAESTHESIA
P018C	OBSTETRICAL CARE - LABOUR - DELIVERY - CAESAREAN SECTION
P041C	OBSTETRICAL CARE - LABOUR - DELIVERY - CAESARIAN SECTION INCLUDING TUBAL INTERRUPTION
R107C	BREAST-EXC. TUMOR/TISSUE-BIOPSY
R108C	BREAST-EXC. -MASTECTOMY -SIMPLE -FEMALE.

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R111C	BREAST-EXC. -PART. MASTECTOMY/WEDGE RESECTION.
R302C	FOOT&ANKLE-EXC. -BONE-BUNION/BUNIONETTE
R430C	JOINTS-RECONST. -CLAW & HAMMER TOE.
R503C	JOINT-INC. -ARTHROTOMY-ANKLE-REMOVAL LOOSE BODY.
R536C	TENDONS-INC. -FINGER OR PALM-RELEASE
R549C	HAND/FOOT. EXCIS. GANGLION-SIMPLE/COMPLEX
R837C	VARICOSE VEINS & ULCERS-EXC-LIGATION & AVULSION -MULTI.
R914C	LYMPH NODES - AXILLARY OR INGUINAL NODE - LIMITED RESECTION
S063C	PHARYNX-TONSILLECTOMY
S065C	PHARYNX-EXC. -ADENOIDECTOMY
S150C	INTESTINE-INC. -ENTEROTOMY-SM. INTEST. /EXC. POLYPS OR BIOPSY
S205C	APPENDIX-EXC. -APPENDECTOMY
S217C	DIGESTIVE - RECTUM - EXCISION - HARTMANN PROCEDURE
S247C	ANUS. EXC. HAEMORRHOIDECTOMY W/OUT SIGMOIDOSCOPY/REP. FISSURE
S249C	ANUS-EXC. -LOCAL FOR MALIGNANCY
S251C	ANUS-EXC. -FISTULA-IN-ANO
S287C	BILIARY TRACT EXC. -CHOLECYSTECTOMY
S323C	ABDOMEN-REP-HERNIOTOMY-INGUINAL/FEMORAL-ADOLESC/ADULT-SINGLE
S330C	ABDOMEN-REPAIR-HERNIOTOMY-STRANGULATED/INCARCERATED RESECT.
S332C	ABDOMEN-REP-HERNIOTOMY-UMBIL. -ADOL. /ADULT
S340C	ABDOMEN-REP-HERNIA-VENTRAL POST-OP.
S342C	ABDOMEN-REPAIR-HERNIA EPIGASTRIC
S626C	VAS DEFERENS-SUT. -LIGATION-UNIL/BIL.
S706C	VULVA-EXC. -CYST BARTHOLIN'S GLAND
S715C	VAGINA-EXC. -CYST(S) OR BENIGN TUMOR(S)
S716C	VAGINA-REP. -ANTERIOR OR POSTERIOR
S717C	VAGINA-REP. -ANTERIOR AND POSTERIOR
S735C	FALLOPIAN TUBE-EXC. SUT. REP-TUBAL PLA. OP. FIMBRIOLYSIS-UNI/BIL
S741C	FALLOPIAN TUBE-OCCL/INTERRUP/REM. ANY METHOD STERILIZ.
S745C	OVARY. EXC. OOPHORECTOMY/OOPHOROCYSTECTOMY
S754C	CORPUS UTERI-INC/EXC. -DIAG. CURR.
S756C	CORPUS UTERI- ABORTION -MISSED.
S757C	HYSTERECTOMY -ABDOMINAL - TOTAL OR SUBTOTAL
S758C	CORPUS UTERI-INC/EXC. -HYSTERECTOMY-TOTAL-ANT. +POST. REP.
S768C	FEM. GENITAL SYST. -SPONTANEOUS-INCOMPLETE-INCLUDING D&C
S772C	ENDOMETRIAL ABLAT'N
S784C	FALLOP. TUBE-EXC, SUT, REP-ECTOPIC PREGNANCY. (SURG. MANAGMNT).
S815C	URETHRAL SUSPENSION BY TENSION-FREE VAGINAL TAPE
S816C	VAGINAL HYSTERECTOMY
S900C	BASIC UNITS FOR ANAESTHESIA WITH ANY UNLISTED DENTAL SURGICAL PROCEDURE PERFORMED BY DENTAL OR ORAL SURGEON
Z097C	SKIN-GROUP. 4. EXCISION LIPOMA 11CM OR MORE
Z105C	SKIN-INC. -ABSCESS-PERIANAL-GEN. ANAES.
Z107C	SKIN-INC. -ABSCESS-ISCHIORECTAL/PILONIDAL GEN. ANAES.
Z112C	TONGUE-INC. -TONGUE TIE-COMPLEX-GEN. ANAES.
Z115C	SKIN-INC. -FOREIGN BODY-GEN. ANAES.
Z131C	SKIN-DESTRUCTION-FINGER/TOENAIL-RADICAL INCL. NAIL BED-MULTI
Z218C	MUSCU. SKEL. SYST. DIAG. ARTHROSCOPY (SOLE PROC.)

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Z399C	DIGESTIVE - OESOPHAGUS - ENDOSCOPIES (IOP) - OESOPHAGOSCOPY/GASTROSCOPY WITH OR WITHOUT DUODENOSCOPY - ELECTIVE
Z405C	HAEMIC & LYMPHATIC - LYMPH NODES - EXCISION - BIOPSY (IOP) - ANTERIOR CERVICAL, AXILLARY, INGUINAL
Z437C	CARDIOVERSION (ELECTRICAL)
Z527C	DIGESTIVE - STOMACH - ENDOSCOPIES (IOP) - GASTROSCOPY (WITH OR WITHOUT BIOPSY OR PHOTOGRAPHY)
Z553C	FEM. GENIT. ENDOS. W BIOP. &/LYSIS ADHESIONS, REM. FB. CAUT. ENDOM.
Z555C	DIGESTIVE - INTESTINES (EXCEPT RECTUM) - ENDOSCOPY (IOP) - ENDOSCOPY - OF SIGMOID TO DESCENDING COLON
Z558C	BILIARY TRACT-ENDO. MANIP. REMOV. DUCT STONE W/OUT SPHINCTER'MY
Z583C	CORPUS UTERI HYSTEROSCOPY WITH OR WITHOUT ENDOMET. BIOPSY/D&C
Z754C	RECTUM-EXC. -POLYPS/TUMOURS-EXCISION-BASE UNDER 2CM
Z758C	ANUS-DESTRUCTION-FULGUR. CONDYLOMATA-GEN. ANAES.
Z769C	VULVA. CONDYLOMATA-EXC. /ELECTRODES. /CO2LASER-GEN. ANAES.
Z772C	PARATHYROID THYMUS GLAND-THYMUS TRANSPLANT
Z774C	OBSTETRICS-POST. PAR. HAEMORRHAGE-EXPL. -VAG. CERVIX. UTER. CURETT
Z783C	BONES-WOUND CARE/DECOMPRESSION/DENERVATION-SECONDARY CLOSURE
Z784C	POLYPS/TUMORS OF RECTUM/SIGMOID: EXCISION/SUTURE 2-5CM
Z866C	EAR-EXT-REM'L F. B. -COMPLIC. -GEN. ANAES.
Z914C	MIDDLE EAR INC. MYRINGOTOMY UNIL. WITH INSERT. VENTILATION TUBE
Diagnostic Code	Description
n/a	

Cardiac Rehabilitation	
Fee Schedule	Description
G180A	D. /T. PROC-CARDIOV. -DUAL CHAMBER REPROGRAMMING -PROF. COMP.
G181A	DUAL CHAMBER REPROGRAMMING INCLUDING ELECTROCARDIOGRAPHY - TECHNICAL COMPONENT
G271A	ANTICOAGULANT SUPERVISION - LONG-TERM, TELEPHONE ADVICE
G283A	CARDIOV. SINGLE CHAMBER REPROG. INC. ELECTROCARD. PROF. COMP.
G284A	SINGLE CHAMBER REPROGRAMMING INCLUDING ELECTROCARDIOGRAPHY - TECHNICAL COMPONENT
G310A	ELECTROCARDIOGRAM - TWELVE LEAD - TECHNICAL COMPONENT
G313A	D. / T. PROC CARDIOV ECG PROF. COMP-G. P.
G321A	D&T. CARDIO-AUTO. IMPLANT, DEFIBRIL. INC'L ECG INTERR&REPRO. PROF
G650A	D/T PROC-ECG MONITOR LEVEL 1 PROF COMP 12-35 HR RECORDING
G651A	CONTINUOUS ECG MONITORING (E.G. HOLTER) - LEVEL 1 - TECHNICAL COMPONENT - 12 TO 35 HOURS RECORDING
G652A	CONTINUOUS ECG MONITORING (E.G. HOLTER) - LEVEL 1 - TECHNICAL COMPONENT - 12 TO 35 HOURS SCANNING
G690A	D/T PROC-ECG PROF COM-CARDIAC LOOP-PER 14 DAY TEST
G692A	CARDIAC LOOP MONITORING (PER 14 DAY TEST) - TECHNICAL COMPONENT, RECORDER
G693A	CARDIAC LOOP MONITORING (PER 14 DAY TEST) - TECHNICAL COMPONENT, BASE STATION FUNCTIONS

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K053A	MCSS ONT WORK PROG MEDICAL REPORT FORM
K054A	MCFCS-FORM-MANDATORY SPECIAL NECESSITIES BENEFIT
K070A	FAMILY & GENERAL PRACTICE - HOME CARE APPLICATION - SERVICE RENDERED BY THE MOST RESPONSIBLE PHYSICIAN FOR COMPLETION AND SUBMISSION OF A HOME CARE SE
Z437A	CARDIOVERSION (ELECTRICAL)
Z437C	CARDIOVERSION (ELECTRICAL)
Diagnostic Code	Description
300	ANXIETY NEUROSIS, HYSTERIA, NEURASTHENIA, OBSESSIVE COMPULSIVE NEUROSIS, REACTIVE DEPRESSION
305	TOBACCO ABUSE
311	DEPRESSIVE OR OTHER NON-PSYCHOTIC DISORDERS, NOT ELSEWHERE CLASSIFIED
402	HYPERTENSIVE HEART DISEASE
410	ACUTE MYOCARDIAL INFARCTION
413	ACUTE CORONARY INSUFFICIENCY, ANGINA PECTORIS, ACUTE ISCHAEMIC HEART DISEASE
426	HEART BLOCKS, OTHER CONDUCTION DISORDERS
427	PAROXYSMAL TACHYCARDIA, ATRIAL OR VENTRICULAR FLUTTER OR FIBRILLATION, CARDIAC ARREST, OTHER ARRHYTHMIAS
428	CONGESTIVE HEART FAILURE
436	ACUTE CEREBROVASCULAR ACCIDENT, C.V.A., STROKE
440	GENERALIZED ARTERIOSCLEROSIS, ATHEROSCLEROSIS
787	SIGNS AND SYMPTOMS NOT YET DIAGNOSED - ANOREXIA, NAUSEA AND VOMITING, HEARTBURN, DYSPHAGIA, HICCOUGH, HEMATEMESIS, JAUNDICE, ASCITES, ABDOMINAL PAIN, MELENA, MASSES

Complex Wound Care	
PLEASE NOTE: FOR THIS AREA EXEMPTIONS TO IMPACTS TO ACCESS BONUS WILL ONLY OCCUR WHEN A LISTED FEE SCHEDULE CODE IS BILLED TOGETHER WITH A LISTED DIAGNOSTIC CODE.	
Fee Schedule	Description
A001A	MINOR ASSESSMENT
A007A	INTERMEDIATE ASSESSMENT OR WELL BABY CARE
Z153A	MAJOR (NOT TO BE CLAIMED IN ADDITION TO Z176)
Diagnostic Code	Description
443	RAYNAUD'S DISEASE, BUERGER'S DISEASE, PERIPHERAL VASCULAR DISEASE, INTERMITTENT CLAUDICATION
451	PHLEBITIS, THROMBOPHLEBITIS
454	VARICOSE VEINS OF LOWER EXTREMITIES WITH OR WITHOUT ULCER
457	LYMPHANGITIS, LYMPHEDEMA
682	CELLULITIS, ABSCESS
685	PILONIDAL CYST OR ABSCESS
686	PYODERMA, PYOGENIC GRANULOMA, OTHER LOCAL INFECTIONS
707	DEBCUBITUS ULCER, BED SORE

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879	LACERATIONS, OPEN WOUNDS - EXCEPT LIMBS
884	LACERATIONS, OPEN WOUNDS, TRAUMATIC AMPUTATIONS - UPPER LIMB(S)
894	LACERATIONS, OPEN WOUNDS, TRAUMATIC AMPUTATIONS - LOWER LIMB(S)
949	BURNS - THERMAL OR CHEMICAL

Dermatology	
Fee Schedule Code	Description
E542A	SKIN/SUBCUT TISSUE-INSERTION OF SUTURES OUTSIDE HOSP-ADD
G206A	D./T. PROC.-ALLERGY-PATCH TESTS
G375A	D./T. PROC.-INJECTION/INFUSION-INTRALESIONAL INFILTRATION
G377A	D./T. PROC-INJ/INF.-INTRALESION.-INFILTRATION 3/MORE LESIONS
G470A	ULTRAVIOLET LIGHT THERAPY
R018A	SKIN-CURRET-ELECTRO DESIC/CRYOSURG-LOC.MALIG-FACE/NECK-1 LES
R019A	SKIN-CURRET/ELECTRO DESIC/CRYOSURG-LOC.MALIG-FACE/NECK-2 LES
R020A	SKIN-CURRET/ELECTRO DESIC/CRYOSURG-LOC.MALIG-FACE/NECK-3/MOR
R031A	SKIN & SUBCUT.TISSUE-CURETT.& ELECTRODES.LOC MALIG.1 LESION
R032A	SKIN & SUBCUT.TISSUE-CURETT.& ELECTRODES.LOC MALIG 2 LESIONS
R033A	SKIN & SUBCUT.TISS.-CURET.& ELECTRO-LOC MALIG-3/MORE LESIONS
R048A	SKIN-EXC.-LOC.MALIG.INCL.BIOPSY-FACE/NECK-1 LESION.
R049A	SKIN-EXC.-LOC.MALIG.INCL.BIOPSY-FACE/NECK-2 LESIONS
R051A	INTEG.SYST.SKIN-LASER SURG.ON GR.1 TO 4 MALIG.LESIONS
R094A	SKIN-EXC-SIMPLE-MALIG.LESION-OTHER AREA-INCL.BIOPSY-ONE.
R160A	PRE MALIGNANT LESIONS FACE SIMPLE EXCISION ONE LESION
R163A	PRE MALIGNANT LESIONS OTHER AREAS SIMPLE EXCISION ONE LESION
R164A	OTHER AREAS SIMPLE EXCISION TWO LESIONS
Z101A	SKIN-INC.-ABSCCESS-SUBCUT.-ONE -LOC.ANAES.
Z109A	TONGUE-EXC.-WEDGE LESION.
Z113A	INTEGUMENTARY SYST.BIOPSY(S)-ANY METHOD,SUTURES NOT USED
Z116A	SURG.PROC SKIN-BIOPSY(S)ANY METHOD WHEN SUTURES USED
Z117A	SKIN.CHEM/CRYOTHERAPY MINOR SKIN LESIONS 1/MORE
Z122A	SKIN-EXC.-GROUP 4-FACE/NECK-ONE LESION-LOC. ANAES.
Z123A	SKIN-EXC.-GROUP 4-FACE/NECK-TWO LESIONS-LOC. ANAES.
Z125A	SKIN-EXC.-GROUP 4-OTHER AREAS-ONE LESION-LOC. ANAES.
Z126A	SKIN-EXC.-GROUP 4-OTHER AREAS-TWO LESIONS-LOC. ANAES.
Z127A	SKIN-EXC.-GROUP 4-OTHER AREAS-THREE OR MORE-LOC. ANAES.
Z128A	SKIN-DESTRUCTION FINGER/TOENAIL PART/COMP./NAIL PLATE EXC.1
Z129A	SKIN-DESTRUCTION-FINGER/TOENAIL-SIMPLE-PART/COMPL.-MULTI
Z130A	SKIN-DESTRUCTION-FINGER/TOENAIL-RADICAL INCL. NAIL BED-ONE
Z131A	SKIN-DESTRUCTION-FINGER/TOENAIL-RADICAL INCL. NAIL BED-MULTI
Z153A	SKIN.DEBRIDE&DRESS'G MAJOR(NOT WITH Z176)
Z154A	SKIN-SUTURE LACER.-UPTO 5CM.-FACE-TIE BLEEDERS/LAYERS.
Z156A	SKIN-EXC-SUT.-BENIGN LESIONS-SINGLE.
Z157A	SKIN-EXC-SUT.-BENIGN LESIONS-TWO LESIONS.
Z158A	SKIN - EXC - SUT. - BENIGN LESIONS - THREE/MORE LESIONS.
Z159A	SKIN - & SUBCUT - REMOVAL BY ELECTROCOAG. - SINGLE LESION

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Z160A	SKIN - & SUBCUT - REMOVAL BY ELECTROCOAG. - TWO LESIONS
Z161A	SKIN & SUBCUT. - REMOVAL BY ELECTROCOAG. - THREE/MORE LESIONS
Z162A	SKIN-EXC-SUT.-NAEVUS-ONE.
Z163A	SKIN-EXC-SUT.-NAEVUS-TWO.
Z164A	SKIN-EXC-SUT.-NAEVUS-THREE/MORE.
Z175A	SKIN-SUTURE LACER.-5.1CM-10CM.-OTHER AREA.
Z176A	SKIN-SUTURE-LACERATION-UPTO 5CM.
Z477A	VULVA & INTROITUS-EXCISION-BIOPSY-LOC.ANAESTHETIC
Z504A	LIPS-EXC.-LESION
Z701A	PENIS-EXC.-CONDYLOMATA-LOC. ANAES.
Z702A	PENIS-EXC.-BIOPSY
Z847A	EYE-CORNEA-INCISION-REM. SINGLE EMBEDDED FOREIGN BODY LOC.
Diagnostic Code	Description
053	HERPES ZOSTER, SHINGLES
054	HERPES SIMPLEX, 'COLD SORE'
078	WARTS
079	OTHER VIRAL DISEASES
110	RINGWORM OF SCALP, BEARD OR FOOT
112	CANDIDIASIS, MONILIA INFECTION - ALL SITES, THRUSH
133	SCABIES, ACARIASIS
172	MALIGNANT NEOPLASMS - MELANOMA OF SKIN
173	OTHER SKIN MALIGNANCIES
216	BENIGN NEOPLASMS - SKIN, E.G., PIGMENTED NAEVUS, DERMATOFIBROMA
228	HAEMANGIOMA AND LYMPHANGIOMA
232	CARCINOMA IN SITU - SKIN
233	CARCINOMA IN SITU - BREAST AND GENITO-URINARY SYSTEM
238	OTHER AND UNSPECIFIED SITES AND TISSUES
250	DIABETES MELLITUS, INCLUDING COMPLICATIONS
272	DISORDERS OF LIPOID METABOLISM, E.G. HYPERCHOLESTEROLEMIA, LIPOPROTEIN
451	PHLEBITIS, THROMBOPHLEBITIS
454	VARICOSE VEINS OF LOWER EXTREMITIES WITH OR WITHOUT ULCER
686	PYODERMA, PYOGENIC GRANULOMA, OTHER LOCAL INFECTIONS
691	ECZEMA, ATOPIC DERMATITIS, NEURODERMATITIS
695	ERYTHEMA MULTIFORME, ERYTHEMA NODOSUM
696	PSORIASIS
698	PRURITUS ANI, OTHER ITCHY CONDITIONS
701	HYPERKERATOSIS, SCLERODERMA, KELOID
703	INGROWN NAIL, ONYCHOGRYPHOSIS
704	ALOPECIA
706	ACNE, ACNE VULGARIS, SEBACEOUS CYST
707	DECUBITUS ULCER, BED SORE
708	ALLERGIC URTICARIA
709	OTHER DISORDERS SKIN AND SUBCUTANEOUS TISSUE
919	ABRASIONS, BRUISES, CONTUSIONS AND OTHER SUPERFICIAL INJURY
977	ADVERSE EFFECT OF DRUGS AND MEDICATIONS - INCL. ALLERGY, OVERDOSE REAC

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Developmental Paediatrics	
Fee Schedule Code	Description
K008A	DIAGNOSTIC INTERVIEW AND/OR COUNSELLING WITH CHILD AND/OR PARENT FOR PSYCHOLOGICAL PROBLEM OR LEARNING DISABILITIES
Diagnostic Code	Description
299	CHILDHOOD PSYCHOSES (E.G., AUTISM)
313	BEHAVIOUR DISORDERS OF CHILDHOOD AND ADOLESCENCE
314	HYPERKINETIC SYNDROME OF CHILDHOOD
899	PARENT/CHILD (E.G., CHILD-ABUSE, BATTERED CHILD, CHILD NEGLECT)
901	FAMILY DISRUPTION, DIVORCE
904	SOCIAL MALADJUSTMENT
909	OTHER PROBLEMS OF SOCIAL ADJUSTMENT

Geriatric Medicine	
Fee Schedule Code	Description
A005A	GENERAL CONSULTATION
A967A	FOCUSED PRACTICE ASSESSMENT - GERIATRIC MEDICINE
A777A	FAMILY & GENERAL PRACTICE - VISIT FOR PRONOUNCEMENT OF DEATH
B960A	TRAVEL PREMIUM - SPECIAL VISIT TO PATIENT'S HOME - WEEKDAYS DAYTIME (07:00 - 17:00) NON-ELECTIVE
B961A	TRAVEL PREMIUM - SPECIAL VISIT TO PATIENT'S HOME - WEEKDAYS DAYTIME WITH SACRIFICE OF OFFICE HOURS NON-ELECTIVE
B962A	TRAVEL PREMIUM - SPECIAL VISIT TO PATIENT'S HOME - EVENINGS (17:00 - 24:00 MONDAY THROUGH FRIDAY NON-ELECTIVE
B966A	TRAVEL PREMIUM - PALLIATIVE CARE HOME VISIT
B990A	SPECIAL VISIT TO PATIENT'S HOME - DAYTIME (07:00H - 17:00H) MONDAY TO FRIDAY, NON-ELECTIVE
B992A	SPECIAL VISIT TO PATIENT'S HOME - EMERGENCY CALL WITH SACRIFICE OF OFFICE HOURS
B994A	SPECIAL VISIT TO PATIENT'S HOME - EVENINGS (17:00H - 24:00H) MONDAY TO FRIDAY OR DAYTIME AND EVENINGS ON SATURDAYS, SUNDAYS OR HOLIDAYS, NON-ELECTIVE
B998A	SPECIAL VISIT FOR THE PURPOSE OF PROVIDING PALLIATIVE CARE, ELECTIVE OR NON-ELECTIVE VISIT - MONDAY TO SUNDAY (07:00H - 24:00H), FIRST PATIENT SEEN FO
C002A	SUBSEQ. VISITS-TO 5WKS-F. P. /G. P. -HOSP.
C007A	SUBSEQ. VISITS-6TH-13TH WEEK INCL. -F. P. /G. P. -HOSP.
C009A	SUBSEQ. VISITS-AFTER 13TH WEEK -F. P. /G. P. -HOSP.
C121A	FURTHER FEES FOR VISITS DUE TO INTERCURRENT ILLNESS
C124A	MOST RESPONSIBLE PHYSICIAN - DAY OF DISCHARGE

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C777A	FAMILY & GENERAL PRACTICE - VISIT FOR PRONOUNCEMENT OF DEATH
C882A	TERMINAL CARE IN HOSP. G. P/F. P
G512A	DIAGNOSTIC AND THERAPEUTIC PROCEDURES - PALLIATIVE CARE - PALLIATIVE CARE CASE MANAGEMENT FEE - PALLIATIVE CARE CASE MANAGEMENT FEE
K032A	NEUROCOGNITIVE ASSESSMENT
K035A	MTO REPORTING
K038A	CONSULTATIONS AND VISITS - FAMILY PRACTICE & PRACTICE IN GENERAL (00) - LONG-TERM CARE APPLICATION - COMPLETION OF LONG-TERM CARE HEALTH REPORT FORM
K070A	LTC APPLICATION
K071A	HOME CARE SUPERVISION
K072A	CHRONIC HOME CARE SUPERVISION
K002A	INTERVIEWS
K013A	COUNSELLING, INDIVIDUAL CARE
K124A	LTC/CCAC CASE CONFERENCING
W001A	SUBSEQ. VISITS GP. CHR/CONVAL HOSP/LTIC MAX 6PER PAT. PER MONT
W002A	FIRST FOUR VISITS PER MONTH GP. -CHR/CONVAL HOSP/LTIC
W003A	FIRST TWO VISITS PER MONTH NURS. HOME/AGED COVER. EXT. CARE LEG
W008A	SUBS VISITS-GP-NURS HOMES AGED-EXT CARE LEGIS COVERED
W010A	MONTHLY MANAGEMENT FEE FOR NURSING HOME OR HOME FOR THE AGED PATIENT
W102A	FAMILY & GENERAL PRACTICE - NON-EMERGENCY LONG-TERM CARE IN-PATIENT SERVICES - ADMISSION ASSESSMENT - TYPE 1
W109A	ANN. PHYS. EXAM. G. P CHR/CONVAL. HOSP. NRS. HOME AGED
W121A	FURTHER FEES FOR VISITS DUE TO INTERCURRENT ILLNESS
W777A	FAMILY & GENERAL PRACTICE - VISIT FOR PRONOUNCEMENT OF DEATH
W903A	GEN/FAM PRACT-PREDENTAL/OPER. GEN ASSESS LIMIT 2 PER YEAR/PT.
W961A	TRAVEL PREMIUM - SPECIAL VISIT TO LONG-TERM CARE INSTITUTION -WEEKDAYS DAYTIME WITH SACRIFICE OF OFFICE HOURS
W962A	TRAVEL PREMIUM - SPECIAL VISIT TO LONG-TERM CARE INSTITUTION - EVENINGS (17:00-24:00) MONDAY THROUGH FRIDAY
W963A	TRAVEL PREMIUM - SPECIAL VISIT TO LONG-TERM CARE INSTITUTION - SAT., SUN. AND HOLIDAYS (07:00-24:00)
W990A	SPECIAL VISIT TO LONG-TERM CARE INSTITUTION - DAYTIME (07:00H - 17:00H) MONDAY TO FRIDAY
W992A	SPECIAL VISIT TO LONG-TERM CARE INSTITUTION - EMERGENCY CALL WITH SACRIFICE OF OFFICE HOURS
W994A	SPECIAL VISIT TO LONG-TERM CARE INSTITUTION - EVENINGS (17:00H - 24:00H) MONDAY TO FRIDAY OR DAYTIME AND EVENINGS ON SATURDAYS, SUNDAYS OR HOLIDAYS
W998A	SPECIAL VISIT TO LONG-TERM CARE INSTITUTION - SAT., SUN AND HOLIDAYS (07:00 - 24:00) - FIRST PATIENT SEEN
Diagnostic Code	Description
053	HERPES ZOSTER, SHINGLES
188	MALIGNANT NEOPLASMS - BLADDER
199	OTHER MALIGNANT NEOPLASMS
244	HYPOTHYROIDISM - ACQUIRED, I.E. MYXEDEMA
250	DIABETES MELLITUS, INCLUDING COMPLICATIONS

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272	DISORDERS OF LIPOID METABOLISM (E.G., HYPERCHOLESTEROLEMIA, LIPOPROTEIN DISORDERS)
280	IRON DEFICIENCY ANAEMIA
290	SENILE DEMENTIA, PRESENILE DEMENTIA
300	DEPRESSION
311	DEPRESSIVE OR OTHER NON-PSYCHOTIC DISORDER
332	PARKINSON'S DISEASE
428	CONGESTIVE HEART FAILURE
436	ACUTE CEREBROVASCULAR ACCIDENT, C.V.A., STROKE
437	CHRONIC STROKE
447	HYPOTENSION
715	OSTEOARTHRITIS
730	OSTEOPOROSIS
797	SENILITY, SENESCENCE
808	FRACTURES, PELVIS
829	OTHER FRACTURES
977	ADVERSE EFFECTS OF DRUGS
989	ADVERSE EFFECTS OF OTHER CHEMICALS

Infectious Diseases	
Fee Schedule Code	Description
K013A	FAMILY & GENERAL PRACTICE - COUNSELLING - INDIVIDUAL CARE - PER ½ HOUR OR MAJOR PART THEREOF
Diagnostic Code	Description
002	TYPHOID AND PARATYPHOID FEVERS
003	OTHER SALMONELLA INFECTIONS
005	FOOD POISONING
006	AMOEBIASIS, AMOEBIC DYSENTERY
009	DIARRHEA, GASTRO-ENTERITIS, VIRAL GASTRO-ENTERITIS
010	PRIMARY TUBERCULOUS INFECTION, INCLUDING RECENT POSITIVE TB SKIN TEST CONVERSION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS, TUBERCULOUS PLEURISY WITH OR WITHOUT EFFUSION
015	TUBERCULOSIS OF BONES AND JOINTS
017	TUBERCULOSIS OF OTHER ORGANS
023	BRUCELOSIS
030	LEPROSY (HANSEN'S DISEASE)
032	DIPHTHERIA
033	WHOOPING COUGH, PERTUSSIS
034	STREPTOCOCCAL SORE THROAT, SCARLET FEVER
035	ERYSIPELAS

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036	MENINGOCOCCAL INFECTION OR MENINGITIS
037	TETANUS
038	SEPTICEMIA, BLOOD POISONING
039	ACTINOMYCOTIC INFECTIONS
040	OTHER BACTERIAL DISEASES
042	AIDS
043	AIDS-RELATED COMPLEX (A.R.C.)
044	OTHER HUMAN IMMUNODEFICIENCY VIRUS INFECTION
045	ACUTE POLIOMYELITIS
047	MENINGITIS DUE TO ENTEROVIRUS
049	OTHER NON-ARTHROPOD-BORNE VIRAL DISEASES OF CENTRAL NERVOUS SYSTEM
052	CHICKENPOX
053	HERPES ZOSTER, SHINGLES
054	HERPES SIMPLEX, COLD SORE
055	MEASLES
056	GERMAN MEASLES, RUBELLA
057	OTHER VIRAL DISORDERS ACCOMPANIED BY RASH (E.G., ROSEOLA)
062	MOSQUITO-BORNE VIRAL ENCEPHALITIS
066	OTHER ARTHROPOD-BORNE VIRAL DISEASES
070	VIRAL HEPATITIS
072	MUMPS
074	DISEASES DUE TO COXSACKIE VIRUS: PLEURODYNIA, MYOCARDITIS
075	INFECTIOUS MONONUCLEOSIS, GLANDULAR FEVER
078	WARTS
079	OTHER VIRAL DISEASES
097	SYPHILIS - ALL SITES AND STAGES
098	GONOCOCCAL INFECTIONS
099	OTHER VENEREAL DISEASES (E.G., HERPES GENITALIS)
112	CANDIDIASIS, MONILIA INFECTION - ALL SITES, THRUSH
115	HISTOPLASMOSIS
117	OTHER MYCOSES
122	ECHINOCOCCOSIS, HYDADID CYST - ALL SITES
123	TAENIA OR TAPEWORM INFESTATION - ALL TYPES
127	PINWORM INFESTATION
128	OTHER HELMINTHIASES
130	TOXOPLASMOSIS
131	TRICHOMONAS INFECTION
132	HEAD OR BODY LICE, PEDICULOSIS
133	SCABIES, ACARIASIS
135	SARCOIDOSIS
136	OTHER INFECTIOUS OR PARASITIC DISEASES

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Obstetrics & Gynecology	
Fee Schedule Code	Description
E411A	SOLE DELIVERY PREMIUM
P003A	OBS.-PRENATAL CARE-GEN.ASSESS-MAJOR PRENATAL VISIT
P004A	OBS.-PRENATAL CARE-MINOR PRENATAL ASSESS.-SUBSEQ.PRENAT.VIS.
P005A	ANTENATAL HEALTH SCREEN
P006A	OBS.-VAGINAL DELIVERY.
P007A	OBS.-POST NATAL CARE IN HOSPITAL &/OR HOME.
P008A	OBS.-POST-NATAL CARE IN OFFICE
P009A	ATTEND AT LABOUR/DEL BY PHYS OTHER THAN OBSTET CONSULT
P018B	OBS.-CAESAREAN SECTION- PROC. ONLY.
P020A	OBS.-OP.DEL-OTHER THAN CAESAR.SEC.
P022A	OBS.-OXYTOCIN INFUSION-FOR INDUCTION OF LABOUR.
P023A	OBS.-OXYTOCIN INFUSION-STIMULATION, DESULTORY LABOUR.
P025A	NON-STRESS TEST
P030A	CERVICAL RIPENING-OBSTETRIC CARE,PART OF INDUCING LABOUR
P038A	ATTEND LABOUR PAT TRANSF TO ANOTHER CTRE FOR DELIVERY
Diagnostic Code	Description
256	OVARIAN DYSFUNCTION, POLYCYSTIC OVARIES, STEIN-LEVENTHAL SYNDROME
280	IRON-DEFICIENCY ANAEMIA
610	CYSTIC MASTITIS, FIBRO-ADENOSIS OF BREAST, CHRONIC CYSTIC DISEASE, BREAST ABSCESS, GYNECOMASTIA, OTHER DISORDERS OF BREAST,
611	HYPERTROPHY
614	ACUTE OR CHRONIC SALPINGITIS,OOPHORITIS OR ABSCESS, PELVIC INFLAM DISE
615	ACUTE OR CHRONIC ENDOMETRITIS
616	CERVICITIS, VAGINITIS, CYST OR ABSCESS OF BARTHOLIN'S GLAND, VULVITIS
618	CYSTOCELE, RECTOCELE, URETHROCELE, ENTEROCELE, UTERINE PROLAPSE
621	RETROVERSION OF UTERUS, ENDOMETRIAL HYPERPLASIA, OTHER DISORDERS
622	CERVICAL EROSION, CERVICAL DYSPLASIA
623	STRICTURE OR STENOSIS OF VAGINA
625	DYSPAREUNIA, DYSMENORRHEA, PREMENSTRUAL TENSION, STRESS INCONTINENCE
626	DISORDERS OF MENSTRUATION
628	INFERTILITY
629	OTHER DISORDERS OF FEMALE GENITAL ORGANS
632	MISSED ABORTION
633	ECTOPIC PREGNANCY
634	INCOMPLETE ABORTION, COMPLETE ABORTION
635	THERAPEUTIC ABORTION
640	THREATENED ABORTION, HAEMORRHAGE IN EARLY PREGNANCY
641	ABRUPTIO PLACENTAE, PLACENTA PRAEVIA
642	PRE-ECLAMPSIA, ECLAMPSIA, TOXAEMIA

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643	VOMITING, HYPEREMESIS GRAVIDARUM
644	FALSE LABOUR, THREATENED LABOUR
645	PROLONGED PREGNANCY (POST DATES/POST MATURITY PREGNANCY)
646	OTHER COMPLICATIONS OF PREGNANCY, VULVITIS, VAGINITIS, CERVICITIS, PYE
650	NORMAL DELIVERY, UNCOMPLICATED PREGNANCY
651	MULTIPLE PREGNANCY
652	UNUSUAL POSITION OF FETUS, MALPRESENTATION
653	CEPHALO-PELVIC DISPROPORTION
656	FOETAL DISTRESS
658	PREMATURE RUPTURE OF MEMBRANES
660	OBSTRUCTED LABOUR
661	UTERINE INERTIA
662	PROLONGED LABOUR
664	PERINEAL LACERATIONS
666	POST-PARTUM HAEMORRHAGE
667	RETAINED PLACENTA
669	DELIVERY WITH OTHER COMPLICATIONS
710	DISSEMINATED LUPUS ERYTHEMATOSUS, GENERALIZED SCLERODERMA, DERMATONYOS
758	CHROMOSOMAL ANOMALIES, DOWN'S SYNDROME, OTHER AUTOSOMAL ANOMALIES
759	OTHER CONGENITAL ANOMALIES
762	COMPRESSION OF UMBILICAL CORD, PROLAPSED CORD
763	COMPLICATIONS OF LABOUR OR DELIVERY
765	PREMATURITY, LOW-BIRTHWEIGHT INFANT
766	POSTMATURITY, HIGH-BIRTHWEIGHT INFANT
767	BIRTH TRAUMA
773	HEMOLYTIC DISEASE OF NEWBORN
777	PERINATAL DISORDERS OF DIGESTIVE SYSTEM
779	OTHER CONDITIONS OF FETUS OR NEWBORN
791	NONSPECIFIC FINDINGS ON EXAMINATION OF URINE
895	FAMILY PLANNING, CONTRACEPTIVE ADVICE, ADVICE ON STERILIZATION OR ABORT

Oncology	
Fee Schedule Code	Description
G381A	D./T. PROC. INJECT/INFUS. INTRAVENOUS CHEMOTHERAPY-1ST INJ
G281A	D./T. PROC.INJ/INF-INTRAIVEN-CHEMOTHERAPY-EA.ADD.INJ.TO G381
G339A	D&T SING.AGENT CHEMOTHER.(GREATER THAN 10 UNITS PER MET.SQ.)
G345A	D&T MULT.AGENTS CHEMOTHER.GREATER THAN 10 UNITS PER MET.SQ.
G359A	D&T SING.AGENT CHEMOTHER.(GREATER THAN 2G/M2 OR 1G/M2.)
G075A	D&T-INJ(S)/INFUS(S)TEST DOSE(BLEOMYCIN &L-ASPARATIGINASE)1.
G382A	D./T. PROC.-INJ./INFUSION-SUPERVISION CHEMOTHERAPY BY PHONE
G390A	SUPV'N CHEMO. – AC. LEUKE/MYELOABLATIVE THER.PRE BM. TRANSP

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Diagnostic Codes	Description
140	MALIGNANT NEOPLASMS - LIP
141	MALIGNANT NEOPLASMS - TONGUE
142	MAJOR SALIVARY GLANDS
143	GUM
144	MALIGNANT NEOPLASMS - FLOOR OF MOUTH
145	OTHER AND UNSPECIFIED PARTS OF MOUTH
146	OROPHARYNX
147	NASOPHARYNX
148	HYPOPHARYNX
149	OTHER AND ILL-DEFINED SITES WITHIN THE LIP, ORAL CAVITY, AND PHARYNX
150	MALIGNANT NEOPLASMS - ESOPHAGUS
151	MALIGNANT NEOPLASMS - STOMACH
152	SMALL INTESTINE, INCLUDING DUODENUM
153	MALIGNANT NEOPLASMS - LARGE INTESTINE, EXCLUDING RECTUM
154	MALIGNANT NEOPLASMS - RECTOSIGMOID, RECTUM OR ANAL CANAL
155	MALIGNANT NEOPLASMS - PRIMARY MALIGNANCY OF LIVER (NOT SECONDARY)
156	GALLBLADDER AND EXTRA HEPATIC BILE DUCTS
157	MALIGNANT NEOPLASMS - PANCREAS
158	RETROPERITONEUM AND PERITONEUM
159	OTHER AND ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM
160	NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
161	MALIGNANT NEOPLASMS - LARYNX, TRACHEA
162	MALIGNANT NEOPLASMS - BRONCHUS, LUNG
163	PLEURA
164	THYMUS, HEART AND MEDIASTINUM
165	OTHER SITES WITHIN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS
170	MALIGNANT NEOPLASMS - BONE
171	CONNECTIVE AND OTHER SOFT TISSUE
172	MALIGNANT NEOPLASMS - MELANOMA OF SKIN
173	OTHER SKIN MALIGNANCIES
174	MALIGNANT NEOPLASMS - FEMALE BREAST
175	MALE BREAST
179	UTERUS, PART UNSPECIFIED
180	MALIGNANT NEOPLASMS - CERVIX
181	PLACENTA
182	MALIGNANT NEOPLASMS - BODY OF UTERUS
183	MALIGNANT NEOPLASMS - OVARY, FALLOPIAN TUBE, BROAD LIGAMENT
184	MALIGNANT NEOPLASMS - VAGINA, VULVA, OTHER FEMALE GENITAL ORGANS
185	MALIGNANT NEOPLASMS - PROSTATE
186	MALIGNANT NEOPLASMS - TESTIS
187	MALIGNANT NEOPLASMS - OTHER MALE GENITAL ORGANS
188	MALIGNANT NEOPLASMS - BLADDER
189	MALIGNANT NEOPLASMS - KIDNEY, OTHER URINARY ORGANS

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190	MALIGNANT NEOPLASMS - EYE
191	MALIGNANT NEOPLASMS - BRAIN
192	MALIGNANT NEOPLASMS - CRANIAL NERVES, SPINAL CORD, OTHER PARTS NERVOUS
193	MALIGNANT NEOPLASMS - THYROID
194	OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
195	OTHER AND ILL-DEFINED SITES
196	SECONDARY NEOPLASM OF LYMPH NODES
197	SECONDARY NEOPLASM OF RESPIRATORY AND DIGESTIVE SYSTEMS
198	MALIGNANT NEOPLASMS - METASTATIC OR SECONDARY, CARCINOMATOSIS
199	OTHER MALIGNANT NEOPLASMS
200	MALIGNANT NEOPLASMS - LYMPHOSARCOMA, RECTICULUM CELL SARCOMA
201	MALIGNANT NEOPLASMS - HODGKIN'S DISEASE
202	OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYSTIC TISSUE
203	MULTIPLE MYELOMA, PLASMA CELL LEUKEMIA
204	LYMPHOID LEUKEMIA (INCLUDING LYMPHATIC AND HISTIOCYSTIC LEUKEMIA)
205	MYELOID LEUKEMIA (INCLUDING GRANULOCYTIC AND MYELOGENOUS LEUKEMIA)
206	MONOCYTIC LEUKEMIA
207	OTHER SPECIFIED LEUKAEMIA
208	OTHER TYPES OF LEUKEMIA
230	CARCINOMA IN SITU - DIGESTIVE ORGANS
231	CARCINOMA IN SITU - RESPIRATORY SYSTEM
232	CARCINOMA IN SITU - SKIN
233	CARCINOMA IN SITU - BREAST AND GENITO-URINARY SYSTEM
234	CARCINOMA IN SITU - OTHER
235	DIGESTIVE AND RESPIRATORY SYSTEMS
236	GENITOURINARY ORGANS
237	ENDOCRINE GLANDS AND NERVOUS SYSTEM
238	OTHER AND UNSPECIFIED SITES AND TISSUES
239	UNSPECIFIED NEOPLASMS E.G. POLYCYTHEMIA VERA
610	CYSTIC MASTITIS, FIBRO-ADENOSIS OF BREAST, CHRONIC CYSTIC DISEASE
611	BREAST ABSCESS, GYNECOMASTIA, OTHER DISORDERS OF BREAST, HYPERTROPHY

Ophthalmology	
Fee Schedule Code	Description
E134A	IRIS/CILIARY-LASER ANGLE SURGERY.
E314A	EAR-EXTER.MEATOPLASTY/CANALPLASTY-CONGEN.MALFORM'N
E542A	SKIN/SUBCUT TISSUE-INSERTION OF SUTURES OUTSIDE HOSP-ADD
G425A	D./T. PROC.-OPHTH.-FLUORESCEIN ANGIOGRAPHY
G432A	D./T. PROC.-OPHTH.-VISUAL FIELDS- STATIC PERIMETRY.
G435A	D./T. PROC.-OPHTH.-TONOMETRY
G436A	D./T PROC-OPHTH-VISUAL FIELDS-KINETIC

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G438A	D./T. PROC.-OPHTH.-COLOUR VISION ASSESS.
G463A	D./T. PROC.-OPHTH.-HYDROPHILIC BANDAGE-LENS FITTING
G813A	CORNEAL PACHYMETRY - PROFESSIONAL COMPONENT
G850A	D&T,OPHTHALMOLOG-COLOUR VISION DETAILED ASSESS.TECH.COMP.
G858A	D&T,OPHTHALMOLOG-VISUALFIELDS,STATIC PERIMETRY TECH.COMP
Z114A	SKIN-INC.-FOREIGN BODY-LOC. ANAES.
Z847A	EYE-CORNEA-INCISION-REM. SINGLE EMBEDDED FOREIGN BODY LOC.
Z854A	EYE-EYELIDS-INC.-DRAINAGE OF ABSCESS-LOCAL ANAES.
Z874A	EYELID-EXC.-CHALAZION-SINGLE/MULTIPLE-LOC. ANAES.
Z901A	LACRIMAL TRACT-MANIP. IRRIGATION NASOLAC.SYSTEM UNIL./BIL.
Z902A	LACRIMAL TRACT-MANIP. PROBE & DILATION DUCT LOC.ANAES. INIT.
Diagnostic Code	Description
250	DIABETES MELLITUS, INCLUDING COMPLICATIONS
360	APHAKIA
361	RETINAL DETACHMENT
362	HYPERTENSIVE RETINOPATHY
363	CHORIORETINITIS
364	IRITIS
365	GLAUCOMA
366	CATARACT, EXCLUDES DIABETIC OR CONGENITAL
367	MYOPIA,ASTIGMATISM, PRESBYOPIA AND OTHER DISORDERS OF REFRACTION
368	AMBLYOPIA, VISUAL FIELD DEFECTS
369	BLINDNESS AND LOW VISION
370	KERATITIS, CORNEAL ULCER
371	HIGH MYOPIA >9, IRREG. ASTIGMATISM CAUSED BY POST CORNEAL GRAFTING/SCAR
372	CONJUNCTIVA DISORDERS, E.G. CONJUNCTIVITIS, PTERYGIUM
373	BLEPHARITIS, CHALAZION, STYE
374	OTHER EYELID DISORDERS, E.G. ENTROPION, ECTROPION, PTOSIS
375	DACRYOCYSTITIS, OBSTRUCTION OF LACRIMAL DUCT
376	KERATOCONUS
377	OPTIC NEURITIS
378	STRABISMUS
379	OTHER DISORDERS OF THE EYE
930	FOREIGN BODY IN EYE, OR OTHER TISSUES

Orthopedic	
Fee Schedule Code	Description
A917A	SPORT MEDICINE FOCUSED PRACTICE ASSESSMENT
D001A	DISL. -FINGER-CLOSED RED. ONE
D009A	DISL. -ELBOW-CLOSED REDUCTION
D012A	DISL. -RADIAL HEAD-CLOSED REDUCTION PULLED ELBOW.

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D012A	DISL. -RADIAL HEAD-CLOSED REDUCTION PULLED ELBOW.
D014A	DISL. -ACROMIO/STERNO/CLAVIC JT. -NO REDUCTION.
D016A	DISL. -GLENOHUMERAL JOINT-CLOSED REDUCTION WITH ANAES.
D042A	DISL. -HIP-ANTER/POST. CLOSED RED.
E400B	ANAE/ASSISS. (5PM-12MN)EVE. /SAT/SUN/HOL. EXTRA 40%
E503A	BENNETT S - EACH ADD'L
E504A	METACARPAL - EACH ADD'L
E542A	SKIN/SUBCUT TISSUE-INSERTION OF SUTURES OUTSIDE HOSP-ADD
E560A	FRACTURE-LOWER EXT. -PHALANX-NO RED. -EACH ADD.
F004A	FRACTURE-PHALANX -NO REDUCTION.
F005A	FRACTURE-PHALANX -CLOSED REDUCTION.
F006A	FRACTURE-CLSD. RED. INTRA ARTICULAR FRACT. I. P. JOINT
F008A	FRACTURE-METACARPAL-NO RED. ONE OR MORE
F009A	FRACTURE-METACARPAL-CLOSED RED. ONE OR MORE
F016A	FRACTURE-CARPUS-CLOSED RED. ONE OR MORE
F018A	HAND/WRIST-FRACTURE-SCAPHOID NO REDUC/RIGID IMMOB.
F022A	FRACTURE-RADIUS & ULNA MONTEGGIA-CLOSED REDUCN.
F024A	FRACTURE-RADIUS & ULNA-SHAFT-NO REDUCTION
F025A	FRACTURE-RADIUS & ULNA-SHAFT-CLOSED RED.
F027A	FRACTURE-COLLES (BARTON'S, SMITH'S)-NO RED. CAST.
F028A	FRACTURE-COLLES-CLOSED RED.
F029A	FRACTURE-ELBOW/EPICONDYLE -NO REDUCTION.
F031A	FRACTURE-RADIUS OR ULNA-NO RED. CAST
F032A	FRACTURE-RADIUS OR ULNA CLOSED RED.
F034A	FRACTURE-OLECRANON-NO RED. CAST
F037A	FRACTURE-HUMERUS-EPICONDYLE -CLOSED REDUCTION.
F039A	FRACTURE-HUMERUS-TRANSCONDYLAR- NO REDUCTION.
F040A	FRACTURE-HUMERUS-TRANSCONDYLAR- CLOSED REDUCTION.
F042A	SHOULDER/ARM/CHEST-FRACT. SHAFT NO REDUC
F043A	SHOULDER/ARM/CHEST. FRACT. SHAFT CL. REDUC.
F046A	RADIUS-DISTAL, COLLES', SMITH'S, BARTONS, -CLOSED REDUCTION
F047A	FRACTURE-HUMERUS-TUBEROSITY-NO RED.
F048A	FRACTURE-HUMERUS-TUBEROSITY-CLOSED RED.
F053A	FRACTURE-HUMERUS-NECK NO DISLOC. HEAD-NO RED.
F056A	FRACTURE-PHALANX-NO RED.
F061A	FRACTURE-METATARSUS-NO RED. ONE OR MORE
F062A	FRACTURE-METATARSUS-NO RED. ONE OR MORE WITH CAST
F066A	FRACTURE-TARSUS ONLY- NO REDUCTION.
F070A	FRACTURE-OS CALCIS-NO REDUCTION-CAST.
F074A	FRACTURE-ANKLE-NO REDUCTION
F075A	FRACTURE-ANKLE-CLOSED REDUCTION
F078A	FRACT. TIBIA W/OUT FIBULA NO REDUC.
F079A	FRACT. TIBIA W/OUT FIBULA CL. REDUC.
F082A	FRACTURE-FIBULA ONLY-NO RED.
F085A	FRACTURE-PATELLA-NO RED.
F097A	FRACTURE FEMORAL SHAFT/SUPRACONDYL. CL. REDUC. CAST
F102A	FRACTURE-CARPUS(EXCL. SCAPHOID)-NO RED.
F104A	FRACT. CL. RED. ANKLE. W/TIBIAL PLAFOND BURST
F119A	FRACTURE-SCAPULA-NO RED.

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G002A	D. /T. PROC-LAB. MED. -GLUCOSE QUANTITATIVE OR SEMI QUANTITATIV
G010A	D. /T. PROC-LAB. MED. -URINALYSIS- ONE OR MORE PARTS. W/O. MICRO.
G370A	DIAGNOSTIC & THERAPEUTIC PROCEDURES - INJECTIONS OR INFUSIONS - BURSA, JOINT, GANGLION OR TENDON SHEATH AND/OR ASPIRATION
G371A	BURSA, JOINT, GANGLION OR TENDON SHEATH AND/OR ASPIRATION –EACH ADDITIONAL SITE OR AREA - FEE REVISION
G372A	DIAGNOSTIC & THERAPEUTIC PROCEDURES - INJECTIONS OR INFUSIONS - CHEMONUCLEOLYSIS - INTRAMUSCULAR, SUBCUTANEOUS OR INTRADERMAL INJECTION - WITH VISIT -
G373A	DIAGNOSTIC & THERAPEUTIC PROCEDURES - INJECTIONS OR INFUSIONS - CHEMONUCLEOLYSIS - INTRAMUSCULAR, SUBCUTANEOUS OR INTRADERMAL INJECTION - SOLE REASON
G700A	D. /T. PROC. -BASIC FEE-ADD
K035A	MTO FORM
K050A	MCFCS-FORMS HEALTH STATUS REPORT AND DAILY LIVING INDEX
K053A	MCSS ONT WORK PROG MEDICAL REPORT FORM
K070A	FAMILY & GENERAL PRACTICE - HOME CARE APPLICATION - SERVICE RENDERED BY THE MOST RESPONSIBLE PHYSICIAN FOR COMPLETION AND SUBMISSION OF A HOME CARE SE
K071A	FAMILY & GENERAL PRACTICE - HOME CARE APPLICATION - ACUTE HOME CARE SUPERVISION (MAX. 1 EVERY 2 WEEKS FOR THE FIRST 12 WEEKS FOLLOWING ADMISSION TO HO
K072A	CHRONIC HOME CARE SUPERVISION
Z101A	INTEGUMENTARY - SKIN & SUBCUTANEOUS TISSUE - INCISION (IOP) - ABSCESS OR HAEMATOMA - LOCAL ANAESTHETIC - SUBCUTANEOUS - ONE
Z114A	INTEGUMENTARY - SKIN & SUBCUTANEOUS TISSUE - INCISION (IOP) - FOREIGN BODY REMOVAL - LOCAL ANAESTHETIC
Z153A	SKIN. DEBRIDE&DRESS'G MAJOR(NOT WITH Z176)
Z201A	BONES-APPLIC. -PLASTER/CAST/SPLINTS FINGER
Z203A	BONES-APPLIC. -PLASTER/CASTS/SPLINTS-ARM/FOREARM/WRIST
Z204A	MUSCU-SKEL. SYST. REM. OF PLAS(NOT ASSOC. W FR/DISLOC W-IN2WKS)
Z211A	BONES-APPLIC. PLASTER/CAST/SPLINTS WHOLE LEG
Z213A	PLASTER/CAST/SPLINT BELOW KNEE
Z226A	BURSAE-INC-DRAINAGE-SOFT TISSUE.
Diagnostic Code	Description
802	FACIAL BONES
805	VERTEBRAL COLUMN - WITHOUT SPINAL CORD DAMAGE
808	PELVIS
812	HUMERUS
813	RADIUS AND/OR ULNA
814	CARPAL BONES
815	METACARPALS
816	PHALANGES - FOOT OR HAND
821	FEMUR
823	TIBIA AND/OR FIBULA
824	ANKLE
829	OTHER FRACTURES
834	FINGER
840	SHOULDER, UPPER ARM

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842	WRIST, HAND, FINGERS
844	KNEE, LEG
845	ANKLE, FOOT, TOES
847	NECK, LOW BACK, COCCYX
848	OTHER SPRAINS AND STRAINS
884	LACERATIONS, OPEN WOUNDS, TRAUMATIC AMPUTATIONS - UPPER LIMB(S)
894	LACERATIONS, OPEN WOUNDS, TRAUMATIC AMPUTATIONS - LOWER LIMB(S)
919	ABRASIONS, BRUISES, CONTUSIONS AND OTHER SUPERFICIAL INJURY INCLUDING NON-VENOMOUS BITES

Pain Medicine	
Fee Schedule Code	Description
A937A	FOCUSED PRACTICE ASSESSMENT - PAIN MANAGEMENT
E833A	NERVE BLOCK ADD – ON
G010A	WITHOUT MICROSCOPY
G123A	EACH ADDITIONAL (G228A)
G117A	THORACIC EPIDURAL CATHETERS
G118A	THORACIC EPIDURAL CATHETERS
G119A	CERVICAL EPIDURAL CATHETERS
G123A	D/T PROC.NERVE BLOCK EA.ADD'L ONE ADD TO G228
G125A	D&T-NERVE BLOCKS-WHEN PROVIDED DURING/IMMED.FOLLOW'G OP.PROC
G214A	D./T. PROC.-NERVE BLOCK-DIAG.-BRACHIAL PLEXUS
G215A	D./T. PROC.-NERVE BLOCK-DIAG.-COELIAC GANGLION
G216A	D./T. PROC.-NERVE BLOCK-DIAG.-EPIDURAL SPINAL
G217A	D./T. PROC.-NERVE BLOCK-DIAG.-TRIGEMINAL (GASSERIAN) GANGLION
G218A	D./T. PROC.-NERVE BLOCK-DIAG.-ILIOINGUINAL/ILIOHYPOGASTRIC
G219A	D./T. PROC.-NERVE BLOCK-DIAG.-INFRAORBITAL
G220A	D./T. PROC.-NERVE BLOCK-DIAG.-INTERCOSTAL NERVE ROOT
G221A	D./T. PROC.-NERVE BLOCK-DIAG.-INTERCOSTAL ROOT-EACH ADD.
G222A	D./T. PROC.-NERVE BLOCK-DIAG.-INTRATHECAL SPINAL
G223A	D./T.PROC.-NERVE BLOCK-ADD'L-SOMATIC/PERIPHERAL NERVE SITES
G225A	D./T. PROC.-NERVE BLOCK-DIAG.-MENTAL BRANCH MANDIBULAR NERVE
G226A	D./T. PROC.-NERVE BLOCK-BIL. SCIATIC
G227A	D./T. PROC.-NERVE BLOCK-DIAG.-OTHER CRANIAL NERVES
G228A	D./T. PROC.NERV.BLOCK PARAVERT.THOR/LUMB/SACRAL/COCCYGEAL
G229A	D./T. PROC.-NERVE BLOCK-PUDENDAL.-UNIL.
G230A	D./T. PROC.NERVE BLOCK-SCIATIC NERVE-UNIL.
G231A	D/T. PROC.-NERVE BLOCK DIAG. SINGLE SOMATIC/PERIPHERAL
G232A	D/T PROC NERVE BLOCK SPHENO-PALATINE GANGLION
G233A	D./T. PROC.-NERVE BLOCK-DIAG.-SPLANCHNIC
G234A	D./T. PROC.-NERVE BLOCK-DIAG.-STELLATE GANGLION
G235A	D./T. PROC.-NERVE BLOCK-DIAG.-SUPRAORBITAL
G236A	D./T. PROC.-NERVE BLOCK-DIAG.-SYMPATHETIC BLOCK-LUMBAR/THOR.

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G237A	D./T. PROC.-NERVE BLOCK-DIAG.-SYMPATHETIC LUMBAR/THOR. BIL.
G238A	D./T. PROC.-NERVE BLOCK-DIAG.-TRANSVERSE SCAPULAR NERVE
G239A	D/T. PROC.-NERVE BLOCK DIFF. INTRATHECAL SPINAL BLOCK
G240A	D./T. PROC.-NERVE BLOCK-PUDENAL-BILAT.
G241A	D./T. PROC.-NERVE BLOCK-OBTURATOR UNIL.
G242A	D./T.PROC.-NERVE BLOCK-OBTURATOR -BILAT.
G243A	D./T. PROC.-NERVE BLOCK-THER.FEMORAL NERVE-UNILATERAL
G244A	D./T. PROC.-NERVE BLOCK-THER.FEMORAL NERVE-BILATERAL
G245A	D./T. PROC.-NERVE BLOCK-THER.-INTRATHEC.INJ.-SCLEROSING SOL.
G246A	D./T. PROC.-NERVE BLOCK-THER.-INTROD. EPI. CATH.-PAIN-INSTIT
G248A	D./T.PROC-NERVE BLOCK-CAUDAL BLOCK,SING.SHOT-IN CONJ.W/ANAES
G250A	D./T. PROC.-NERVE BLOCK-THER.-MAXILLARY/MANDIBULE-TRIGEMINAL
G256A	D./T. PROC.-NERVE BLOCK-THER.-SUPERIOR LARYNGEAL NERVE
G257A	D&T,NERVE BL.INTRAPLEURAL(W.INTRO CATHETER FOR ANALGESIA)
G258A	D&T,NERVE BL.INTRAPLEURAL BLOCK (SINGLE INJECTION)
G264A	OCCIPITAL NERVE(S) (INIT.)
G265A	OCCIPITAL NERVE(S) (ADD L)
G291A	OCCIPITAL NERVE BLOCK-SUBSEQUENT INTIAL
G292A	OCCIPITAL NERVE BLOCK-SUBSEQUENT ADDITIONAL
G370A	D/T PROC.INJ/INF.BURSA JOINT GANGLION TENDON SH.ASPIR'N
G371A	D./T. PROC.-INJECTION/INFUSION-BURSA,ETC. EA. ADD. SITE
G374A	I.V. REGIONAL QUANETHIDINE
G384A	D./T. PROC.-INFILTRATION FOR TRIGGER POINT
G385A	D./T. PROC.-AS G384-MORE THAN ONE SITE (ADD)
G387A	INTRAVENOUS LOCAL ANAESTHETIC INFUSION FOR NEUROPATHIC PAIN
G422A	D/TPROC.NERVE BLOCK.RETROBULBAR INJ (NOT FOR ANAES.)
Diagnostic Code	Description
053	HERPES ZOSTER, SHINGLES
144	MALIGNANT NEOPLASMS - FLOOR OF MOUTH
153	MALIGNANT NEOPLASMS - LARGE INTESTINE, EXCLUDING RECTUM
154	MALIGNANT NEOPLASMS - RECTOSIGMOID, RECTUM OR ANAL CANAL
162	MALIGNANT NEOPLASMS - BRONCHUS, LUNG
170	MALIGNANT NEOPLASMS - BONE
174	MALIGNANT NEOPLASMS - FEMALE BREAST
182	MALIGNANT NEOPLASMS - BODY OF UTERUS
183	MALIGNANT NEOPLASMS - OVARY, FALLOPIAN TUBE, BROAD LIGAMENT
185	MALIGNANT NEOPLASMS - PROSTATE
188	MALIGNANT NEOPLASMS - BLADDER
189	MALIGNANT NEOPLASMS - KIDNEY, OTHER URINARY ORGANS
199	OTHER MALIGNANT NEOPLASMS
200	MALIGNANT NEOPLASMS - LYMPHOSARCOMA, RECTICULUM CELL SARCOMA
250	DIABETES MELLITUS, INCLUDING COMPLICATIONS
274	GOUT
284	APLASTIC ANEMIA

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304	DRUG DEPENDENCE, DRUG ADDICTION
307	HABIT SPASMS,TICS, STUTURING, TENSION HEADACHES, ANOREXIA NERVOSA,
332	PARKINSON'S DISEASE
340	MULTIPLE SCLEROSIS
346	MIGRANE
350	TRIGEMENIAL NEURALGIA, TIC DOULOUREUX
356	IDIOPATHIC PERIPHERAL NEURITIS
714	RHEUMATOID ARTHRITIS, STILL'S DISEASE
715	OSTEOARTHRITIS
720	ANKYLOSING SPONDYLITIS
724	LUMBAR STRAIN, LUMBAGO, COCCYDYNIA, SCIATICA
739	OTHER DISEASES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE
780	SIGNS/SYMPTOMS NOT YET DIAG - NERVOUS SYSTEM - CONVULSIONS, ATAXIA
781	SIGNS/SYMPTOMS NOT YET DIAG - MUSCULOSKELETAL SYSTEM - LEG CRAMPS
796	OTHER NONSPECIFIC ABNORMAL FINDINGS
799	OTHER ILL-DEFINED CONDITIONS
807	FRACTURES AND FRACTURE DISLOCATIONS - RIBS
814	FRACTURES AND FRACTURE/DISLOCATIONS - CARPAL BONES
829	FRACTURES AND FRACTURE DISLOCATIONS - ALL OTHER FRACTURES
840	SPRAINS, STRAINS, OTHER TRAUMA - SHOULDER, UPPER ARM
842	SPRAINS,STRAINS,OTHER TRAUMA - WRIST,HAND,FINGERS
844	SPRAINS,STRAINS,OTHER TRAUMA - KNEE,LEG
845	SPRAINS,STRAINS,OTHER TRAUMA - ANKLE,FOOT,TOES
847	SPRAINS, STRAINS AND OTHER TRAUMA - NECK, LOW BACK, COCCYX
949	BURNS-THERMAL OR CHEMICAL
959	OTHER INJURIES OR TRAUMA

Palliative Care	
Fee Schedule Code	Description
A945A	GEN./FAM.PRACT.SPECIAL PALLIATIVE CARE CONSULTATION
B966A	TRAVEL PREMIUM - PALLIATIVE CARE HOME VISIT
B997A	PALLIATIVE CARE HOME VISIT - NIGHTS (00:00 - 07:00)
B998A	SPEC VIS PALLIATIVE CARE HOME, DAYS, EVE
C882A	TERMINAL CARE IN HOSP.G.P/F.P
C945A	SPECIAL PALLIATIVE CARE CONSULT HOSP IN PATIENT
G512A	WEEKLY PALLIATIVE CARE CASE MANAGEMENT
K013A	COUNSELLING-ONE OR MORE PEOPLE-PER 1/2HR.
K015A	COUNSELLING-RELATIVE ON BEHALF OF PT.SEE PARA.B20 (C)
K023A	PALLIAT CARE SUPPORT INDIVID CARE 1/2 HR OR MAJOR PART

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Diagnostic Code	Description
140	MALIGNANT NEOPLASMS - LIP
141	MALIGNANT NEOPLASMS - TONGUE
142	MAJOR SALIVARY GLANDS
143	GUM
144	MALIGNANT NEOPLASMS - FLOOR OF MOUTH
145	OTHER AND UNSPECIFIED PARTS OF MOUTH
146	OROPHARYNX
147	NASOPHARYNX
148	HYPOPHARYNX
149	OTHER AND ILL-DEFINED SITES WITHIN THE LIP, ORAL CAVITY, AND PHARYNX
150	MALIGNANT NEOPLASMS - ESOPHAGUS
151	MALIGNANT NEOPLASMS - STOMACH
152	SMALL INTESTINE, INCLUDING DUODENUM
153	MALIGNANT NEOPLASMS - LARGE INTESTINE, EXCLUDING RECTUM
154	MALIGNANT NEOPLASMS - RECTOSIGMOID, RECTUM OR ANAL CANAL
155	MALIGNANT NEOPLASMS - PRIMARY MALIGNANCY OF LIVER (NOT SECONDARY)
156	GALLBLADDER AND EXTRA HEPATIC BILE DUCTS
157	MALIGNANT NEOPLASMS - PANCREAS
158	RETROPERITONEUM AND PERITONEUM
159	OTHER AND ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM
160	NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
161	MALIGNANT NEOPLASMS - LARYNX, TRACHEA
162	MALIGNANT NEOPLASMS - BRONCHUS, LUNG
163	PLEURA
164	THYMUS, HEART AND MEDIASTINUM
165	OTHER SITES WITHIN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS
170	MALIGNANT NEOPLASMS - BONE
171	CONNECTIVE AND OTHER SOFT TISSUE
172	MALIGNANT NEOPLASMS - MELANOMA OF SKIN
173	OTHER SKIN MALIGNANCIES
174	MALIGNANT NEOPLASMS - FEMALE BREAST
175	MALE BREAST
179	UTERUS, PART UNSPECIFIED
180	MALIGNANT NEOPLASMS - CERVIX
182	MALIGNANT NEOPLASMS - BODY OF UTERUS
183	MALIGNANT NEOPLASMS - OVARY, FALLOPIAN TUBE, BROAD LIGAMENT
184	MALIGNANT NEOPLASMS - VAGINA, VULVA, OTHER FEMALE GENITAL ORGANS
185	MALIGNANT NEOPLASMS - PROSTATE
186	MALIGNANT NEOPLASMS - TESTIS
187	MALIGNANT NEOPLASMS - OTHER MALE GENITAL ORGANS
188	MALIGNANT NEOPLASMS - BLADDER
189	MALIGNANT NEOPLASMS - KIDNEY, OTHER URINARY ORGANS
190	MALIGNANT NEOPLASMS - EYE
191	MALIGNANT NEOPLASMS - BRAIN

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192	MALIGNANT NEOPLASMS - CRANIAL NERVES, SPINAL CORD, OTHER PARTS NERVOUS
193	MALIGNANT NEOPLASMS - THYROID
194	OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
195	OTHER AND ILL-DEFINED SITES
196	SECONDARY NEOPLASM OF LYMPH NODES
197	SECONDARY NEOPLASM OF RESPIRATORY AND DIGESTIVE SYSTEMS
198	MALIGNANT NEOPLASMS - METASTATIC OR SECONDARY, CARCINOMATOSIS
199	OTHER MALIGNANT NEOPLASMS
200	MALIGNANT NEOPLASMS - LYMPHOSARCOMA, RECTICULUM CELL SARCOMA
201	MALIGNANT NEOPLASMS - HODGKIN'S DISEASE
202	OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYSTIC TISSUE
203	MULTIPLE MYELOMA, PLASMA CELL LEUKEMIA
204	LYMPHOID LEUKEMIA (INCLUDING LYMPHATIC AND HISTIOCYSTIC LEUKEMIA)
205	MYELOID LEUKEMIA (INCLUDING GRANULOCYTIC AND MYELOGENOUS LEUKEMIA)
206	MONOCYTIC LEUKEMIA
207	OTHER SPECIFIED LEUKAEMIA
208	OTHER TYPES OF LEUKEMIA
284	APLASTIC ANEMIA
287	PURPURA, THROMBOCYTOPENIA, OTHER HEMORRHAGIC CONDITIONS
288	NEUTROPENIA, AGRANULOCYTOSIS, EOSINOPHILIA

Physical Medicine and Rehabilitation	
Fee Schedule Code	Description
G220A	D. /T. PROC. -NERVE BLOCK-DIAG. -INTERCOSTAL NERVE ROOT
G221A	D. /T. PROC. -NERVE BLOCK-DIAG. -INTERCOSTAL ROOT-EACH ADD.
G224A	NERVE BLOCK BY SAME PHYSICIAN PERFORMING THE PROCEDURE
G226A	D. /T. PROC. -NERVE BLOCK-BIL. SCIATIC
G230A	D. /T. PROC. NERVE BLOCK-SCIATIC NERVE-UNIL.
G231A	D/T. PROC. -NERVE BLOCK DIAG. SINGLE SOMATIC/PERIPHERAL
G370A	DIAGNOSTIC & THERAPEUTIC PROCEDURES - INJECTIONS OR INFUSIONS - BURSA, JOINT, GANGLION OR TENDON SHEATH AND/OR ASPIRATION
G371A	BURSA, JOINT, GANGLION OR TENDON SHEATH AND/OR ASPIRATION –EACH ADDITIONAL SITE OR AREA - FEE REVISION
G384A	D. /T. PROC. -INFILTRATION FOR TRIGGER POINT
G385A	D. /T. PROC. -AS G384-MORE THAN ONE SITE (ADD)
K013A	FAMILY & GENERAL PRACTICE - COUNSELLING - INDIVIDUAL CARE - PER ½ HOUR OR MAJOR PART THEREOF
K037A	FAMILY & GENERAL PRACTICE - FIBROMYALGIA/CHRONIC FATIGUE SYNDROME CARE - FIBROMYALGIA/CHRONIC FATIGUE SYNDROME CARE

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Diagnostic Code	Description
715	OSTEOARTHRITIS
716	TRAUMATIC ARTHRITIS
722	INTERVERTEBRAL DISC DISORDERS
724	LUMBAR STRAIN, LUMBAGO, COCCYDYNIA, SCIATICA
726	FIBROMYALGIA
727	SYNOVITIS, TENOSYNOVITIS, BURSITIS, BUNION, GANGLION
729	FIBROSITIS, MYOSITIS, MUSCULAR RHEUMATISM
739	OTHER DISEASES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE
795	CHRONIC FATIGUE SYNDROME
840	SPRAINS, STRAINS, OTHER TRAUMA - SHOULDER, UPPER ARM
842	SPRAINS, STRAINS, OTHER TRAUMA - WRIST, HAND, FINGERS
844	SPRAINS, STRAINS, OTHER TRAUMA - KNEE, LEG
845	SPRAINS, STRAINS, OTHER TRAUMA - ANKLE, FOOT, TOES
847	SPRAINS, STRAINS AND OTHER TRAUMA - NECK, LOW BACK, COCCYX
848	OTHER SPRAINS AND STRAINS

Psychotherapy	
Fee Schedule Code	Description
K004A	PSYCHOTHERAPY - FAMILY - 2 OR MORE FAMILY MEMBERS IN ATTENDANCE AT THE SAME TIME
K006A	HYPNOTHERAPY - INDIVIDUAL CARE
K007A	PSYCHOTHERAPY - INDIVIDUAL CARE
K010A	PSYCHOTHERAPY - GROUP - ADDITIONAL UNITS PER MEMBER
K011A	HYPNOTHERAPY - GROUP - FOR INDUCTION AND TRAINING FOR HYPNOSIS
K012A	PSYCHOTHERAPY - GROUP - 4 PEOPLE
K019A	PSYCHOTHERAPY - GROUP - 2 PEOPLE
K020A	PSYCHOTHERAPY - GROUP - 3 PEOPLE
K024A	PSYCHOTHERAPY - GROUP - 5 PEOPLE
K025A	PSYCHOTHERAPY - GROUP - 6-12 PEOPLE
Diagnostic Code	Description
n/a	

Sleep Medicine	
Fee Schedule Code	Description
A005A	GENERAL CONSULTATION

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A905A	LIMITED CONSULTATION
A947A	FOCUSED PRACTICE ASSESSMENT - SLEEP MEDICINE
J689A	LEVEL 1 SPLIT J890/J690 & J889/J689 LEV 1 CPAP TITRATION
J690A	LEVEL 1 OVERNIGHT SLEEP STUDY
J691A	LEVEL 2 OVERNIGHT SLEEP STUDY
J695A	THERAPEUTIC STUDY FOR SLEEP RELATED BREATHING DISORDERS - LEVEL 1
J696A	INITIAL DIAGNOSTIC STUDY - LEVEL 1
J697A	REPEAT DIAGNOSTIC STUDY - LEVEL 1
J889A	LEVEL 1 SPLIT J890/J690 & J889/J689 LEV 1 CPAP TITRATION
J890A	LEVEL 1 OVERNIGHT SLEEP STUDY
J891A	LEVEL 2 OVERNIGHT SLEEP STUDY
J893A	MULTIPLE SLEEP LATENCY TEST
J894A	SLEEP STUDIES
J895A	THERAPEUTIC STUDY FOR SLEEP RELATED BREATHING DISORDERS - LEVEL 1
J896A	INITIAL DIAGNOSTIC STUDY - LEVEL 1
J897A	REPEAT DIAGNOSTIC STUDY - LEVEL 1
J898A	SLEEP STUDY LESS THAN 1 HOUR
J899A	SLEEP STUDY BETWEEN 1 AND 4 HOURS
J990A	SLEEP STUDY MORE THAN 4 HOURS
K013A	COUNSELLING UP TO 3 UNITS / YEAR
K033A	COUNSELLING – WHEN BILLING MORE THAN 3 UNITS / YEAR
Diagnostic Code	Description
n/a	

Sports Medicine	
Fee Schedule Code	Description
A005A	GENERAL CONSULTATION
A905A	LIMITED CONSULTATION
A917A	FOCUSED PRACTICE ASSESSMENT - SPORTS MEDICINE
F004A	NO REDUCTION, RIGID IMMOBILIZATION PHALANX FRACTURE
F008A	NO REDUCTION, ONE OR MORE, RIGID IMMOBILIZATION METACARPAL FRACTURE
F018A	SCAPHOID FRACTURE, NO REDUCTION, RIGID IMMOBILIZATION
D001A	DISLOCATION FINGER CLOSED REDUCTION
D009A	ELBOW DISLOCATION CLOSED REDUCTION
D012A	RADIAL HEAD CLOSED REDUCTION, PULED ELBOW
D015A	CLOSED REDUCTION GLENOHUMERAL JOINT
F027A	DISTAL RADIUS FRACTURE, NO REDUCTION RIGID IMMOBILIZATION
F056A	PHALANX FRACTURE NO REDUCTION RIGID IMMOBILIZATION
F061A	METATARSUS FRACTURE
F062A	METATARSUS FRACTURE WITH RIGID IMMOBILIZATION

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F074A	ANKLE FRACTURE NO REDUCTION RIGID IMMOBILIZATION
F078A	TIBIA FRACTURE, NO REDUCTION RIGID IMMOBILIZATION
F082A	FIBULA FRACTURE NO REDUCTION, RIGID IMMOBILIZATION
G370A	D/T PROC.INJ/INF.BURSA JOINT GANGLION TENDON SH.ASPIR'N
G371A	D./T. PROC.-INJECTION/INFUSION-BURSA,ETC. EA. ADD. SITE
G465A	D./T. PROC.-PHYS. MED.-THERA. PROC.-MANIPULATION JOINT-MAJOR
G456A	D&T,PHYS.MED-PROF.COMP. W EMG. AND/OR PERF/SUPER/INTERP.
G457A	D&T,PHYS.MED-PROF.COMP. W EMG.AND/OR PERF/SUPER/INTERP.
G458A	D&T-PHYS.MED.-SINGLE FIBRE ELECTROMYOGRAPHY.
G459A	PHYS.MED.COMPLETE NERVE CONDUCT.EMG. INTERPR.ONLY TO G455
G469A	PHYS.MED LTD NERVE CONDUCT STUDIES/EMG INTERPR.ONLY SCHED.B
G485A	D./T. PROC.-PHYS. MED.-LOCATE & INJ. MOTOR NERVES-MAJOR
G486A	D./T. PROC.-PHYS. MED. LOCATE & INJ. ADD. MOTOR NERVE-MAJOR
G487A	D./T. PROC.-PHYS. MED. LOCATE/INJ. MAJOR MOTOR NERVE-REPEAT
G488A	D./T. PROC.-PHYS. MED. INJ. ADD. MOTOR NERVE MAJOR-REPEAT
Diagnostic Code	Description
356	CARPAL TUNNEL SYNDROME
711	PYOGENIC ARTHRITIS
714	ARTHRITIS RHEUMATOID
715	ARTHRITIS OSTEO
716	TRAUMATIC ARTHRITIS
718	JOINT DERANGEMENT, RECURRENT DISLOCATION, ANKYLOSIS, MENISCUS
720	ARTHRITIS ANKLE SPON, ANKYLOSING SPONDYLITIS
721	SERO- NEGATIVE SPONDYLOARTHROPATHIES
722	DISC-INTERVERTEBRAL
724	LUMBAR STRAIN, LUMBAGO, COCCYDYNIA, SCIATICA
727	SYNOVITIS, TENOSYNOVITIS, BURSITIS, BUNION, GANGLION
728	DUPUYTREN'S CONTRACTURE
729	FIBROSITIS, MYOSITIS, MUSCULAR RHEUMATISM
732	OSTEOCHONDRITIS, LEGG-PERTHES DISEASE, OSGOOD- SCHLATTER DISEASE, OSTEOCHONDRITIS DISSECANS
733	CHEST WALL PAIN, OSTEOPOROSIS, SPONTANEOUS FRACTURE, OTHER DISORDERS OF BONE AND CARTILAGE
734	FLAT FOOT, PES PLANUS
735	HALLUX VALGUS, HALLUX VARUS, HAMMER TOE
737	SCOLIOSIS, KYPHOSIS, LORDOSIS
739	TENNIS ELBOW
781	SIGNS/SYMPTOMS NOT YET DIAG - MUSCULOSKELETAL SYSTEM - LEG CRAMPS
805	VERTEBRAL COLUMN - WITHOUT SPINAL CORD DAMAGE
807	RIBS
810	CLAVICLE
812	HUMERUS
813	RADIUS AND/OR ULNA
814	CARPAL BONES

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815	METACARPALS
816	PHALANGES - FOOT OR HAND
821	FEMUR
823	TIBIA AND/OR FIBULA
824	ANKLE
829	FRACTURES
831	SHOULDER
832	ELBOW
834	FINGER
839	OTHER DISLOCATIONS
840	SPRAINS, STRAINS, OTHER TRAUMA - SHOULDER, UPPER ARM
842	SPRAINS, STRAINS, OTHER TRAUMA - WRIST, HAND, FINGERS
844	SPRAINS, STRAINS, OTHER TRAUMA - KNEE, LEG
845	SPRAINS, STRAINS, OTHER TRAUMA - ANKLE, FOOT, TOES
847	SPRAINS, STRAINS AND OTHER TRAUMA - NECK, LOW BACK, COCCYX
848	OTHER SPRAINS AND STRAINS
850	CONCUSSION
919	ABRASIONS, BRUISES, CONTUSIONS AND OTHER SUPERFICIAL INJURY INCLUDING NON-VENOMOUS BITES

Varicose Vein	
Fee Schedule Code	Description
G536A	COMPRESSION SCLEROTHERAPY (INCLUDES MULTIPLE INJECTIONS, COMPRESSION BANDAGING AND ONE POST INJECTION VISIT, UTILIZING PRINCIPLES OF FEGAN)
G537A	REPEAT COMPRESSION SCLEROTHERAPY
Diagnostic Code	Description
451	PHLEBITIS, THROMBOPHLEBITIS
454	VARICOSE VEINS OF LOWER EXTREMITIES WITH OR WITHOUT ULCER

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Vasectomy	
* The assessment codes are only eligible if billed with one of the two diagnostic codes.	
Fee Schedule Code	Description
A001A	MINOR ASSESSMENT*
A007A	INTERMEDIATE ASSESSMENT OR WELL BABY CARE*
A905A	LIMITED CONSULTATION
E545A	VASECTOMY - WHEN PERFORMED OUTSIDE HOSPITAL - ADD
S626A	VASECTOMY - UNI - OR BILATERAL - BY ANY TECHNIQUE
Diagnostic Code	Description
895	FAMILY PLANNING, CONTRACEPTIVE ADVICE, ADVICE ON STERILIZATION OR ABORT

Appendix B: Royal College of Physicians and Surgeons of Canada List of Specialties and Subspecialties

Adolescent Medicine	Ophthalmology
Anatomical Pathology	Orthopedic Surgery
Anaesthesiology	Otolaryngology-Head and Neck Surgery Pain Medicine
Cardiac Surgery	Palliative Medicine
Cardiology	Pediatric Emergency Medicine
Child and Adolescent Psychiatry	
Clinical Immunology and Allergy	Pediatric General Surgery
Clinical Pharmacology and Toxicology	Pediatric Hematology/Oncology
Clinician Investigator Program	Pediatric Radiology
Colorectal Surgery	Pediatrics
Community Medicine	Physical Medicine and Rehabilitation
Critical Care Medicine	Plastic Surgery
Dermatology	Psychiatry
Developmental Paediatrics	Radiation Oncology
Diagnostic Radiology	Respirology
Emergency Medicine	Rheumatology
Endocrinology and Metabolism	Thoracic Surgery
Forensic Pathology	Transfusion Medicine
Forensic Psychiatry	
Gastroenterology	Urology
General Pathology	Vascular Surgery
General Surgery	
General Surgical Oncology	
Geriatric Medicine	
Geriatric Psychiatry	
Gynecologic Oncology	
Gynecologic Reproductive Endocrinology and Infertility	
Hematological Pathology	
Hematology	
Infectious Diseases	
Internal Medicine	
Maternal-Fetal Medicine	
Medical Biochemistry	
Medical genetics	
Medical Microbiology	
Medical Oncology	
Neonatal-Perinatal Medicine	
Nephrology	
Neurology	
Neuropathology	
Neuroradiology	
Neurosurgery	
Nuclear Medicine	
Obstetrics and Gynecology	

Appendix C: GP Focused Practice Designation Application and Consent form

Please submit an electronic application only to Anna Carnovale at anna.carnovale@oma.org. Your application and supporting documents must be submitted as one (1) PDF document.

Section 1 – Physician Information and Signature:		
Last Name:	Given Name(s):	Middle Initial:
Practice Mailing Address:		
Unit #:	Building/Complex:	
Street #:	Street:	
City / Town:	Province: ON	Postal Code:
Telephone, Fax, E-mail:		
Telephone: () -	Ext:	Fax: () -
E-mail Address:		Preferred method of correspondence: Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/>
Additional Information:		
OMA Section:		OHIP Billing Number:
"I certify that the information contained in this application is true and accurate".		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Physician Signature		Date

Section 2 - Focused Practice Information:
1. Please indicate your area of focused practice.
2. Eligible physicians must practice a minimum of 20% of their practice time in their focused area. Please declare what percentage of your time is spent practicing in your focused area. _____ Days or _____ %
3. How many distinct General Practitioners in the community routinely refer patients to you over the course of a year? _____ General Practitioners

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4. How many distinct patients per week do you treat in your focused area of practice?

_____Patients

5. Which main fee codes in your focused area of practice have the largest impact on access bonus?

Section 3 - Community Need:

1. Approximately how many distinct patients in your community require services in your area of focused practice?

_____Patients or _____%

2. Approximately how many physicians in your community provide care in your focused area of practice?

_____General Practitioners _____Specialists

3. Please estimate the average patient wait time in your community to receive the services in your focused area of practice.

_____Weeks

4. Please estimate the average travel time to the nearest area outside of your community where the patients can receive the services in your focused area of practice.

<30 minutes 30-59 minutes > 60 minutes

Section 4 - Supporting Documents:

1. In a separate cover letter accompanying this form, please discuss any information relevant to your specific situation that the committee should be aware of when reviewing your application.

2. Please attach documents for any educational seminars, CME programs, internships, or related training activities that you have attended in support of your focused area of practice.

3. Please attach three (3) letters from your community supporting your application for the exemption status in your area of practice. These could include letters from local Specialists, Family Physicians, LHINs, CCACs, and hospitals.

Section 6 – Signature and Declaration

1. Please fill out and sign the attached form, "Consent to Disclosure of Billing and Financial Information."
2. Please fill out and sign the attached Declaration form.

CONSENT TO DISCLOSURE OF BILLING AND FINANCIAL INFORMATION

TO: THE GENERAL MANAGER OF THE ONTARIO HEALTH INSURANCE PLAN
(the “**General Manager**”)

AND TO: THE MINISTER OF HEALTH AND LONG-TERM CARE

AND TO: MOHLTC/OMA GP FOCUSED PRACTICE COMMITTEE

I, _____, hereby authorize the General Manager to disclose to the GP Focused Practice Committee, the following information relating to amounts paid by the Plan to me for Insured Services rendered by me during the past two (2) years:

- date of service;
- fee code for service, where applicable;
- amount paid for service;
- base rate payment amounts, where applicable;
- diagnostic code, where applicable;
- encrypted patient numbers;
- facility number, where applicable; and
- group number, where applicable.

This consent shall be valid until I revoke this consent in writing to the General Manager.

I acknowledge and understand that the purpose of the disclosure of this information by the General Manager to the GP Focused Practice Committee is to assist the Committee to assess my eligibility as a GP Focused Practice physician.

Dated at _____ this _____ day of _____.

(Signature of physician)

(Name)

(Address)

**MINISTRY OF HEALTH AND LONG-TERM CARE/ONTARIO
MEDICAL ASSOCIATION
GP FOCUSED PRACTICE REVIEW COMMITTEE
DECLARATION AND ACKNOWLEDGEMENT**

I, _____, M.D., have applied to the GP Focused Practice Review Committee for designation under the GP Focused Practice Designation program and declare that my focused practice area is _____.

The Physician Services Committee has established a process whereby a physician will be designated a GP Focused Practice Physician (“Designation”) if he or she meets the eligibility criteria, including the requirement to spend a minimum of 20% of his or her practice time providing medical services in their focused practice area.

I declare that at least 20% of my practice time is devoted to my focused practice area. If, at anytime during my Designation, I do not meet the minimum practice time requirement, I will agree to notify the Ministry of Health of the change in circumstance to **undergo Designation review**.

Dated at _____, Ontario

this _____ day of _____, 202__.

(Signature of physician)

(OHIP Billing Number)