

Diabetes Billing Codes

Q040 → Diabetes Management Incentive (DMI) → \$75.00

When to bill → Once in a 12-month period when the following medical record requirements are met:

- Lipids
- Cholesterol
- HbA1c
- Blood Pressure
- Weight
- BMI
- Medication Dosage
- ACR
- Foot exam and neurologic exam
- Discussion and referral for dilated eye exam
- Discussion and offer of preventive measures including vascular protection, influenza and pneumococcal vaccination
- Health promotion counselling and patient self-management support

Payment for that service does not require the physician to be the sole provider of counselling/education etc. Specific to the data points required for completing flow sheets, the information can come from any source (physician, specialist, diabetes education centre, etc.).

KO30 → Diabetic Management Assessment (DMA) → \$37.40

When to bill → Maximum 4 per patient per 12 month period

DMA is an all-inclusive service payable to the most responsible physician for providing continuing management and support of a diabetic patient. The service must include an intermediate assessment, a level 2 paediatric assessment or a partial assessment focusing on diabetic target organ systems, relevant counselling and maintenance of a diabetic flow sheet retained on the patient's permanent record.

Diabetes Monthly Management → Insulin injections (2 or more daily) or insulin pump therapy

Only eligible for payment when rendered by the physician most responsible for the patient's diabetes care or by a physician substituting for that physician ("the substitute physician")

The provision to a patient, patient's relative(s), patient's representative or other caregiver(s) of medical advice, direction or information by telephone, fax or e-mail in which a change in the frequency or dose of insulin therapy is initiated regarding a patient treated with insulin injections (2 or more daily) or insulin pump (a "contact")

G500 → \$31.80 → When to bill → Limited to a maximum of two per patient per lifetime

Month in which insulin injections (2 or more daily) or insulin by pump is initiated or month in which initial assessment by specialist of a diabetic patient treated with insulin injections (2 or more daily) or insulin by pump occurs

G514 → \$10.60 → When to bill → each additional month, 1 to 3 contacts

G520 → \$21.20 → When to bill → each additional month, 4 or more contacts

If G514 and G520 are claimed in the same month by the same physician for the same patient, the total fee eligible for payment will be adjusted to the value of G520.

Physician to Physician E-Consultation → a request of opinion from another physician through secure electronic means

K738 → \$16.00 → Referring Physician

K739 → \$20.50 → Consulting Physician

→ When to bill → limited to one per patient per day (up to six per patient per year), maximum of 400 per physician per year

The referring physician initiates the e-consultation with the intention of continuing the care, treatment, and management of the patient. The e-consult includes the transmission of relevant data to obtain the advice of the consultant physician. This service is only eligible for payment if the consultant physician has provided an opinion and/or recommendations for treatment and/or management within thirty days from the date of the e-consultation request.