

# DIAGNOSTIC AND THERAPEUTIC PROCEDURES

## INJECTIONS OR INFUSIONS

Fee

### INTRAVENOUS

+ G376	Newborn or infant .....	10.20
+ G379	Child, adolescent or adult .....	6.15

**Note:**

1. G376 or G379 apply to cryoprecipitate infusion.
2. G376 or G379 may not be claimed with x-rays as they are included in the service.
3. Except for G381 or G281, injections into established I.V. apparatus may not be claimed.

G389	Infusion of gamma globulin, initiated by physician, including preparation per patient, per day .....	13.90
+ G380	Cutdown including cannulation as necessary .....	27.05
G387	Intravenous local anaesthetic infusion for central neuropathic pain .....	125.00

**Payment rules:**

1. G387 is only insured for patients with central neuropathic pain who have first undertaken but not responded to generally accepted medical therapy.
2. The physician submitting the claim for this service must remain in constant attendance during the infusion and no part of the procedure may be delegated or G387 is not payable.
3. G387 is limited to a maximum of 6 per patient per 12 month period.

**Medical record requirements:**

The medical record for the service must document the prior medical therapy that the patient did not respond to or G387 is *not eligible for payment*.

**[Commentary:**

1. Central neuropathic pain is pain caused by a primary lesion or dysfunction that affects the central nervous system.
2. At the time of this amendment to the *Schedule* of Benefits, generally accepted medical therapy that would be required prior to G387 is treatment with both a tricyclic antidepressant and at least one anticonvulsant.
3. For Intravenous drug test for pain, see Z811 p. X1.]

### SCLEROTHERAPY

Sclerotherapy is only insured for veins greater than 5 mm in diameter and associated with physical symptomatology and when *rendered personally by the physician*.

G536	Sclerotherapy including one post injection visit, unilateral.....	77.85
G537	Repeat sclerotherapy, unilateral .....	26.05

**Note:**

1. G536 and G537 include multiple injections and application of any necessary compression bandages.
2. Professional and/or technical fees for obtaining and/or interpreting images for the purpose of guidance are *not eligible for payment* in addition to G536 and G537.
3. Assistant units nil for G536, G537.

### SPECIFIC ELEMENTS

**For Management of parenteral alimentation**

In addition to the *common elements*, this service includes the *specific elements* of assessments (see General Preamble GP11). Not to be claimed in addition to hospital visits.

G510	Management of parenteral alimentation - physician in charge per visit.....	21.00
------	--	-------