

Appendix 2 (as supplied by the authors): Primary care billing codes used to assign non-enrolled patients to a primary care physician	
Billing Code	Description
A001	Minor Assessment
A003	General Assessment
A007	Intermediate Assessment
A903	Pre-dental General Assess. FP/GP
E075	Geriatric General Assessment Premium
G212	Allergy-hyposens injection (G700+G202) (sole reason visit)
G271	Cardiovascular/Anticoagulation supervision (max one per month)
G372	Injection/infusion intramuscular/subcutaneous/intradermal with visit
G373	Injection/infusion as G372 but sole reason for visit, 1st injection
G365	Pap Tests
G538	Each Individual Injection with non-influenza agents
G539	Injection of unspecified agent - sole reason (first injection)
G590	Influenza agent – with visit
G591	Influenza agent – sole reason
K005	Primary Mental Health Care – Individual Care
K013	Educational Counseling – Individual Care
K017	Annual Health Exam – Child after second birthday
P004	Minor Prenatal Assessment

Appendix to: Kiran T, Kopp A, Moineddin R, et al. Longitudinal evaluation of physician payment reform and team-based care for chronic disease management and prevention. *CMAJ* 2015. DOI:10.1503/cmaj.150579.

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