

# mcp newsletter

August 9, 2022

22-09

Revised: September 6, 2022

**TO: CATEGORY 'B' EMERGENCY PHYSICIANS**

**RE: BILLING CODES FOR INTERIM RATE STRUCTURE**

The Government of Newfoundland and Labrador and the Newfoundland and Labrador Medical Association have negotiated an interim rate structure for **all** physicians working in a Category 'B' Emergency Department between June 1, 2022 and October 30, 2022. These rates provide an additional \$800 per day (\$400 daytime and \$400 after hours) for coverage at **all** Category 'B' Emergency Departments.

For Category B sites which are more than 100 km from the nearest Category 'A' facility **and** whose 2021-22 ED volume exceeded 3,500 people, or facilities which are island-based, are eligible for an additional top-up of \$300 per day. A list of the 12 eligible sites meeting these criteria is listed in Annex A.

A minimum two-week commitment is required and may be split up over the duration of the temporary rates upon agreement between the physician and the RHA.

In addition to a physician's base rate of pay, as outlined in the [2017-23 MOA](#) (sections 15.07, 16.01 and 16.02), the rate provides up to \$800/day as follows:

**1. Payments for daytime ED coverage, 8 a.m. to 6 p.m., Monday – Friday:**

**Fee-for-Service Category 'B' Emergency Physicians:**

- Must bill Alternate Billing System (ABS) fee code **611030 – Category B Bonus (Monday to Friday 8 am to 6 pm)** at \$40.00 per hour.
- This code must be billed **after** any applicable ABS codes (i.e., 611010).
- This code **can** be used in addition to fee-for-service claims.

**Salaried Physicians and Salaried Locum Category 'B' Emergency Physicians:**

- Must bill ABS fee code **611030 – Category B Bonus (Monday to Friday 8 am to 6 pm)** at \$40.00 per hour.

**2. Payments for evening ED coverage, 6 p.m. to 8 a.m., Monday – Friday:**

**Fee-for-Service Category ‘B’ Emergency Physicians:**

- Physicians must bill ABS fee code **611040 – Category B Bonus (Monday to Friday, after hours 6pm to 8 am)** at \$28.57 per hour.
- This code must be billed **after** any applicable ABS codes (i.e., 611010 or 611020).
- This code **can** be used in addition to fee-for-service claims.

**Salaried Physicians and Salaried Locum Category ‘B’ Emergency Physicians:**

- Must bill ABS fee code **611040 – Category B Bonus (Monday to Friday, after hours 6pm to 8 am)** at \$28.57 per hour.
- This code must be billed **after** any applicable ABS codes (i.e., 611020).

**3. Payments for ED coverage, 8 a.m. to 8 a.m., Saturday, Sunday and statutory holidays:**

**Fee-for-Service Category ‘B’ Emergency Physicians:**

- Physicians must bill ABS fee code **611050 – Category B Bonus (Saturday, Sunday, Stat Holidays, 24 hours)** at \$33.33 per hour.
- This code must be billed **after** any applicable ABS codes (i.e., 611010 or 611020).
- This code **can** be used in addition to fee-for-service claims.

**Salaried and Salaried Locum Category ‘B’ Emergency Physicians:**

- Physicians must bill ABS fee code **611050 – Category B Bonus (Saturday, Sunday, Stat Holidays, 24 hours)** at \$33.33 per hour.
- This code must be billed **after** any applicable ABS codes (i.e., 611020).

See Annex B and C for an illustrative table and flow chart for the applicable remuneration and fee codes for each payment modality.

**Billing Instructions:**

Salaried Physicians and Salaried Locum Physicians who are submitting claims for Category ‘B’ Emergency Department services **and** do not have access to an electronic means of billing may submit all fee codes for that day on a single billing form. To do this, please follow the detailed instructions in Annex D (see item #15).

Questions relating to the content of this newsletter should be directed to Melissa Bath by email at [MelissaBath@gov.nl.ca](mailto:MelissaBath@gov.nl.ca).

**Annex A**

**Category 'B' Sites Eligible for an Additional \$300 Top-up**

**The following facilities are eligible for up to \$1,100/day (\$800 + \$300 top-up):**

0051	Baie Verte Peninsula Health Centre, Baie Verte
0353	Dr. Walter Templeman Community Health Centre, Bell Island
0345	Bonavista Community Health Centre, Bonavista
0442	Bonne Bay Health Centre, Norris Point
0299	Dr. Y. K. John Kittiwake Health Centre, New-Wes-Valley
0329	Fogo Island Hospital, Fogo
0311	Connaigre Peninsula Health Centre, Harbour Breton
0418	Placentia Health Centre, Placentia
0191	Dr. C.L. LeGrow Health Centre, Port Au Basques
0396	Rufus Guinchard Health Care Centre, Port Saunders
0426	Green Bay Community Health Centre, Springdale
0221	Notre Dame Bay Memorial Health Centre, Twillingate

For these 12 sites, the rates increase as follows for all eligible physicians:

- 611030: \$40.00 increases to \$55.00 (Monday – Friday, 8 a.m. - 6 p.m.)
- 611040: \$28.57 increases to \$39.29 (Monday – Friday, 6 p.m. - 8 a.m.)
- 611050: \$33.33 increases to \$45.83 (Saturday, Sunday, Statutory Holidays, 8 a.m. – 8 a.m.)

## Annex B: Category B Emergency Department Incentive Rates by Pay Modality

		Salaried		Locum		Fee-for-Service	
		Base Pay (as outlined in the MOA)					
Weekday Daytime (Mon-Fri, 8am-6pm)		Usual Salary		\$825/day		611010	\$56.65/hour + FFS Claims
Weekday Evenings (Mon-Fri, 6pm-8am)		\$78.84/hour (no FFS claims)	611020	\$78.84/hour (no FFS claims)		611010 OR 611020	\$56.65/hour + FFS Claims OR \$78.84/hour (no FFS claims)
Weekends and Statutory Holidays		\$78.84/hour (no FFS claims)	611020	\$78.84/hour (no FFS claims)		611010 OR 611020	\$56.65/hour + FFS Claims OR \$78.84/hour (no FFS claims)
		All Category B Facilities - Incentive Rates					
A	Weekday Daytime (Mon-Fri, 8am-6pm)	611030	\$40/hour (\$400 for full shift)	\$40/hour (\$400 for full shift)		\$40/hour (\$400 for full shift)	
B	Weekday Evenings (Mon-Fri, 6pm-8am)	611040	\$28.57/hour (\$399.98 for full shift)	\$28.57/hour (\$399.98 for full shift)		\$28.57/hour (\$399.98 for full shift)	
C	Weekends and Statutory Holidays	611050	\$33.33/hour (\$799.92 for full shift)	\$33.33/hour (\$799.92 for full shift)		\$33.33/hour (\$799.92 for full shift)	
		Category B Facilities Eligible for additional top-up (+incentive rates above)					
A	Weekday Daytime (Mon-Fri, 8am-6pm)	611030	\$55/hour (\$550 for full shift)	\$55/hour (\$550 for full shift)		\$55/hour (\$550 for full shift)	
B	Weekday Evenings (Mon-Fri, 6pm-8am)	611040	\$39.29/hour (\$550.06 for full shift)	\$39.29/hour (\$550.06 for full shift)		\$39.29/hour (\$550.06 for full shift)	
C	Weekends and Statutory Holidays	611050	\$45.83/hour (\$1,099.92 for full shift)	\$45.83/hour (\$1,099.92 for full shift)		\$45.83/hour (\$1,099.92 for full shift)	

Category B Sites Eligible for Additional Top Up	Central Health	Eastern Health	Western Health
(sites 100km from nearest Cat A facility whose 2021-22 ED volume exceeded 3,500 people and island-based Cat B facilities)	<ul style="list-style-type: none"> <li>Baie Verte Peninsula Health Centre</li> <li>Connaigre Peninsula Health Care Centre, Harbour Breton</li> <li>Dr. Y. K. Jeon Kittiwake Health Centre, New-Wes-Valley</li> <li>Fogo Island Hospital</li> <li>Green Bay Community Health Centre, Springdale</li> <li>Notre Dame Bay Memorial Health Centre, Twillingate</li> </ul>	<ul style="list-style-type: none"> <li>Placentia Health Centre</li> <li>Dr. Walter Templeman Community Health Centre, Bell Island</li> <li>Bonavista Community Health Centre</li> </ul>	<ul style="list-style-type: none"> <li>Bonne Bay Health Centre</li> <li>Rufus Guinchard Health Care Centre, Port Saunders</li> <li>Dr. C.L. LeGrow Health Centre, Port Au Basques</li> </ul>

**Annex C: Category 'B' Emergency Department Incentive Rate Flow Chart**

Pay Modality	Time of Shift	Base Pay	Bonus Rate
Salaried Physicians	Mon-Fri (8am - 6pm)	Family Physicians (Cat 'B') Scale	\$40 or \$55/hour <b>MCP: 611030</b>
	Mon-Fri (6pm-8am)	\$78.84/hour <b>MCP: 611020</b>	\$28.57 or \$39.29/hour <b>MCP: 611040</b>
	Weekends and Stat Holidays	\$78.84/hour <b>MCP: 611020</b>	\$33.33 or \$45.83/hour <b>MCP: 611050</b>
Locum Physicians	Mon-Fri (8am - 6pm)	\$825/day	\$40 or \$55/hour <b>MCP: 611030</b>
	Mon-Fri (6pm-8am)	\$78.84/hour <b>MCP: 611020</b>	\$28.57 or \$39.29/hour <b>MCP: 611040</b>
	Weekends and Stat Holidays	\$78.84/hour <b>MCP: 611020</b>	\$33.33 or \$45.83/hour <b>MCP: 611050</b>
FFS Physicians	Mon-Fri (8am - 6pm)	\$56.65/hour + FFS Claims <b>MCP: 611010 + FFS Codes</b>	\$40 or \$55/hour <b>MCP: 611030</b>
	Mon-Fri (6pm-8am)	\$78.84/hour <b>MCP: 611020</b> or \$56.65/hour + FFS Claims <b>MCP: 611010</b>	\$28.57 or \$39.29/hour <b>MCP: 611040</b>
	Weekends and Stat Holidays	\$78.84/hour <b>MCP: 611020</b> or \$56.65/hour + FFS Claims <b>MCP: 611010</b>	\$33.33 or \$45.83/hour <b>MCP: 611050</b>

**Annex D: Billing Instructions for Paper Claims (Category B Claims only)**

1. **Claim Number:** Each claim has a pre-printed serial number which is used as part of the claim identification. Please quote the claim number in any correspondence with MCP. Claim forms should be available at your Category B facility. Should you require additional forms please contact Cathy Young at (709) 292-4025.
2. **ABS Fee Code:** Refer to the Newsletter 22-09 that lists the Category B fee code specific to your region. Enter the correct fee code for your group from the table.
3. **Provider Number:** Enter the billing number of the physician who provided Category B coverage.
4. **Provider Name:** Enter the full surname and first name of the physician who provided Category B coverage.
5. **Institution Number:** Enter the appropriate institution number (see page A-67 of the [MCP Payment Schedule](#)).
6. **Payee Number:** This field is to be used to indicate to whom payment will be made for the service provided. If payment is assigned to another provider or institution please ensure the payee field is completed to appropriately reflect the payee number. If the payee field is omitted, payment will be automatically assigned to the provider name and number indicated in the provider number and name field.
7. **Start Date:** Enter the year, month and day on which the Category B period started using the YYYY MM DD format (e.g., August 2, 2022 must be shown as 2022/08/02).
8. **Start Time:** Enter the time of day when the Category B period started using the 24-hour clock (e.g., 8:00 am must be shown as 0800).
9. **End Date:** Enter the year, month and day on which the Category B period ended using the YYYY MM DD format (e.g., August 2, 2022 must be shown as 2022/08/02).
10. **End Time:** Enter the time of day when the Category B period ended using the 24-hour clock (e.g., 6:00 pm must be shown as 1800).
11. **Total Hours/Units:** Enter the number of hours.

12. **Fee Claimed:** Enter the amount claimed.
13. **Physician's Signature:** This form must be signed by the physician who rendered the service or by his/her authorized designate or by the payee.
14. **Date:** Enter the date the claim form was completed and signed (no required format for this date field).
15. **Category B Bonus Billing:** If you wish to use the same claim form for the base rate and bonus rate fee codes, enter the information for the first code at the top portion of the form and all subsequent codes at the bottom portion of the form (see attached examples).



Health and Community Services

Medical Care Plan  
P.O. Box 5000, 22 High Street  
Grand Falls-Windsor, NL A2A 2Y4  
Telephone: (709) 292-4048 Toll Free: 1-800-563-2163  
Fax: (709) 292-4053 http://www.gov.nl.ca/mcp

CLAIM NUMBER

1808381

01

## ALTERNATE BILLING CLAIM FORM

FEE CODE	PROVIDER NUMBER	PROVIDER NAME	INSTITUTION NUMBER	PAYEE NUMBER
611010	000000	Name	0442	000000

DATE OF SERVICE			ACTUAL TIME		SCHEDULED TIME (Surgical Assist [631010] and Cardiac Anaesthesia—Fee Code [640520] only)	
START Y M D	END Y M D		START (use 24-hour clock)	END (use 24-hour clock)	START (use 24-hour clock)	END (use 24-hour clock)
2022 08 24	2022 08 24		0800	1800		

UNITS/HOURS/BEDS/CASE	AMOUNT CLAIMED	VISIT PREMIUM (Surgical Assist Claim only)		PROCEDURE PREMIUM (Surgical Assist Claim only)	
10	\$ 566.65	CODE	AMOUNT	CODE	AMOUNT
			\$		\$

02

THIS SECTION MUST BE COMPLETED FOR EMERGENCY ROOM—CATEGORY 'A', ORGANIZED CLINICS, ICU, SURGICAL ASSIST, CARDIAC ANAESTHESIA & ON-CALL ARRANGEMENTS						SCHEDULED CLINICS ONLY			ICU ONLY			
PATIENT MCP NUMBER (12 DIGITS)						PATIENT NAME			SEEN	DID NOT KEEP	DIAGNOSTIC FOLLOW-UP	UNINSURED PATIENT
1												
2	611030				2022-08-24 to 2022-08-24							
3					0800-1800							
4					10 hours							
5					\$550.00							
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
TOTALS												

NUMBER OF EMPTY BEDS  
(For ICU Claims only)

NO PATIENTS SEEN (✓)  
(For On-Call Claims only)

### DECLARATION

THIS CLAIM COVERS SERVICES PROVIDED TO THE PATIENTS INDICATED AND THE SERVICES CLAIMED HAVE NOT BEEN BILLED ON A FEE-FOR-SERVICE BASIS. NO OTHER SERVICES HAVE BEEN RENDERED AND BILLED ON THE DATE(S) AND THE FRAMES SHOWN ABOVE, UNLESS OTHERWISE APPROVED BY THE NEWFOUNDLAND AND LABRADOR MEDICAL CARE PLAN.

PROVIDER'S OR AUTHORIZED SIGNATURE

DATE

FORWARD WHITE COPY TO MCP — RETAIN YELLOW COPY FOR YOUR RECORDS

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Health and Community Services

Medical Care Plan  
P.O. Box 5000, 22 High Street  
Grand Falls-Windsor, NL A2A 2Y4  
Telephone: (709) 292-4048 Toll Free: 1-800-563-2163  
Fax: (709) 292-4053 http://www.gov.nl.ca/mcp

CLAIM NUMBER

1808381

01

## ALTERNATE BILLING CLAIM FORM

FEE CODE	PROVIDER NUMBER	PROVIDER NAME	INSTITUTION NUMBER	PAYEE NUMBER
611020	000000	Name	0345	000000

DATE OF SERVICE			ACTUAL TIME		SCHEDULED TIME (Surgical Assist [631010] and Cardiac Anaesthesia—Fee Code [640520] only)	
START	END		START (use 24-hour clock)	END (use 24-hour clock)	START (use 24-hour clock)	END (use 24-hour clock)
Y 2022 M 08 D 26	Y 2022 M 08 D 29		1800	0800		

UNITS/HOURS/BEDS/CASE	AMOUNT CLAIMED	VISIT PREMIUM (Surgical Assist Claim only)		PROCEDURE PREMIUM (Surgical Assist Claim only)	
62	\$ 4,888.08	CODE	AMOUNT	CODE	AMOUNT
			\$		\$

THIS SECTION MUST BE COMPLETED FOR EMERGENCY ROOM—CATEGORY 'A', ORGANIZED CLINICS, ICU, SURGICAL ASSIST, CARDIAC ANAESTHESIA & ON-CALL ARRANGEMENTS						SCHEDULED CLINICS ONLY			ICU ONLY
PATIENT MCP NUMBER (12 DIGITS)						SEEN	DID NOT KEEP	DIAGNOSTIC FOLLOW-UP	UNINSURED PATIENT
02	1								
	2	611040			2022-08-26 to 2022-08-27				
	3				1800-0800				
	4				14 hours				
	5				\$550.06				
	6								
03	7	611050			2022-08-27 to 2022-08-29				
	8				0800-0800				
	9				48 hours				
	10				\$2,199.84				
	11								
	12								
	13								
	14								
	15								
TOTALS									

NUMBER OF EMPTY BEDS  
(For ICU Claims only)

NO PATIENTS SEEN (✓)  
(For On-Call Claims only)

### DECLARATION

THIS CLAIM COVERS SERVICES PROVIDED TO THE PATIENTS INDICATED AND THE SERVICES CLAIMED HAVE NOT BEEN BILLED ON A FEE-FOR-SERVICE BASIS. NO OTHER SERVICES HAVE BEEN RENDERED AND BILLED ON THE DATE(S) AND THE FRAMES SHOWN ABOVE, UNLESS OTHERWISE APPROVED BY THE NEWFOUNDLAND AND LABRADOR MEDICAL CARE PLAN.

PROVIDER'S OR AUTHORIZED SIGNATURE

DATE

FORWARD WHITE COPY TO MCP — RETAIN YELLOW COPY FOR YOUR RECORDS

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