

mcp newsletter

July 17, 2019

19-06

TO: FEE FOR SERVICE FAMILY PHYSICIANS

RE: FAMILY PRACTICE RENEWAL PROGRAM FEE CODES 520 AND 521

In consultation with the Family Practice Renewal Program, the Department of Health and Community Services (DHCS) has added two new fee codes to the Medical Care Plan (MCP) Medical Payment Schedule. These two new fee codes are for “Shared Care” (code 520) and “Patient Care Telephone” (code 521).

Please note that these two new codes may only be billed by eligible family physicians registered with the Fee Code Initiative of the Family Practice Renewal Program. For further information on how to register with this program, please contact the Family Practice Renewal Program directly or visit <https://familypracticerenewalnl.ca>. A variety of resources specific to fee codes 520 and 521, including further billing instructions, are available at <https://familypracticerenewalnl.ca/fee-code-initiative/resources/>.

Fee code 520 (“Shared Care”) is billable when a family physician directly conferences with another primary health care provider for the purposes of developing a patient care plan. In addition, the conditions below must be met. For further clarification, conferencing with other physicians is not billable. The conferencing provider must be a licensed or regulated primary care professional in the province of NL.

520 Shared Care (maximum 2 units per day)..... 30.00

Payable to fee-for-service General Practitioners for two-way collaborative conferencing, either by telephone or in person, between the family physician and at least one primary health care provider (excluding other family physicians and specialists). Conferencing cannot be delegated.

1. The conference may include, but does not require, the participation of the patient, and possibly family members, due to the severity of the patient's condition.
2. If the patient is present, the conference is payable at \$30.00 per 15 minutes (i.e. one unit), in addition to the normal visit fee. If the patient is not present, the conference is payable at \$30.00 per 15 minutes or greater part thereof (e.g. after 8 minutes of visit time). The conference is payable in addition to an office visit (same day) if required.
3. Conferences are payable to a maximum of 2 units per patient per day and to a maximum of 100 units per physician annually.
4. A care plan must be recorded in the patient chart and must include the following information:
 - Patient's name • Date(s) and time(s) of service • Diagnosis • Reason for need of Clinical Action Plan • Health care providers with whom the physician conferred & their role in provision of care • Clinical plan determined, including tests ordered and/or administered

5. This fee is not payable for situations where the purpose of the conference is to:
 - a. book an appointment; or
 - b. arrange for an expedited consultation or procedure; or
 - c. arrange for laboratory or diagnostic investigations; or
 - d. arrange a hospital or long term care bed for a patient; or
 - e. provide notification of services performed.
6. The conference must:
 - a. be pertinent to the treatment of the patient's current condition; and
 - b. involve two-way collaboration to determine an appropriate care plan for the patient.
7. If multiple patients are discussed, the billings shall be for consecutive, non-overlapping time periods.
8. The payment is made to the family physician regardless of who initiates the consultation.
9. This fee is not payable to physicians who are working under salary, service contract or sessional arrangements.

Fee code 521 ("Patient Care Telephone") is billable when there is a telephone conversation between a family physician and a patient for which he/she is the designated primary care physician. In addition, the conditions below must be met. It is also acceptable for a family physician to bill fee code 521 when a primary health care provider employed by the family physician participates in such a phone call on the physician's behalf. Similarly, this fee code is also billable if the family physician or her designate as above speaks by telephone to the patient's medical representative instead of the actual patient. For further clarity, this code is not billable when a receptionist places a phone call to a patient, nor is it billable for prescription renewals, notification of *normal* test results (i.e. tests where management does not change), or appointment notifications.

521 Patient Care Telephone (maximum 2 units per day)..... 10.00

Payable to fee-for-service General Practitioners for two-way telephone communication between the physician (or other primary health care provider employed within the physician's office) and the patient (or the patient's medical representative).

1. This code is not tied to a specific condition but requires a diagnostic code.
2. This code can be used at the discretion of the family physician for any patient for whom he/she is the designated primary care physician.
3. The telephone call is payable at \$10.00 per 5 minutes. (i.e. one unit)
4. Calls are payable for 2 units per patient per day and to a maximum of 225 units per physician annually.
5. Chart entry must record the name of the person who communicated with the patient or patient's medical representative, as well as capture the elements of care discussed.
6. This fee is payable on the same calendar day as a visit or service fee by the same physician for the same patient.
7. This fee is not payable for simple prescription renewals, notifications of normal test results, or notifications of office, referral, or other appointments.
8. The payment is made to the family physician regardless of who initiates the call.
9. The fee is not payable to physicians who are working under salary, service contract or sessional arrangements.

Questions relating to the content of this Newsletter should be directed to Dr. Colleen Crowther, Assistant Medical Director at (709) 758-1557 or by email at colleencrowther@gov.nl.ca