

## mcp newsletter

### *IMPORTANT NOTICE*

October 1, 2019

19-08

**TO: ALL PHYSICIANS**

**RE: Revised MCP PAYMENT SCHEDULE effective October 1, 2019  
Revised ALTERNATE BILLING SYSTEM RATES effective October 1, 2019**

The Department of Health and Community Services and the NLMA have completed the process of allocating funds made available under the *Memorandum of Agreement* for increases to fee-for-service compensation. The Minister of Health and Community Services has approved these increases which are reflected in a revised MCP Medical Payment Schedule, which will come into effect on October 1, 2019 at 00:01 a.m. and applies to all MCP insured physician services rendered on or after that date. At the same time, the bi-weekly adjustments being applied to all fee-for-service claims will be discontinued. Changes made to the MCP Medical Payment Schedule at this time have been made through the microallocations process and/or in consultation with the NLMA.

Physicians should continue to bill for their services using the current rates as listed in the 2013 MCP Payment Schedule until 00:01 a.m. on October 1, 2019 to avoid claim rejection; the amount claimed will be increased by the applicable bi-weekly adjustments until that time.

**All physicians are advised to review the revised Schedule and to familiarize themselves and their billing staff with those sections, especially Preamble sections, which are relevant to their own practice. For ease of identification, new and amended material has been printed in bold type.**

**If you are a salaried physician who does not bill on a fee-for-service basis, this newsletter is provided for information only.**

**Key features of the Schedule are identified on pages 2 - 8 of this Newsletter.**

The revised Payment Schedule will be primarily communicated to physicians and their billing staff by having it posted on the Department of Health and Community Services website at this address: [https://www.health.gov.nl.ca/health/mcp/providers/Medical\\_Payment\\_Schedule\\_2019-10-01.pdf](https://www.health.gov.nl.ca/health/mcp/providers/Medical_Payment_Schedule_2019-10-01.pdf). **The revised Schedule will not be distributed by way of a general mail-out of paper copies.** Physicians who wish to have a paper copy mailed to them may do so by sending an e-mail request to [CathyBennett@gov.nl.ca](mailto:CathyBennett@gov.nl.ca) or by sending a facsimile request to Cathy Bennett at (709) 292-4052. Please be sure to include your name and mailing address.

Questions related to the revised Payment Schedule may be directed to the Claims Department at 1-800-440-4405, or to the Assistant Medical Director at (709)758-1501.

Key features of the revised Schedule are as follows:

### **All Specialties**

#### Fee Increases

- Negotiated fee increases were implemented for all specialties. **Fees which have been increased are printed in bold type**
- Various Family Medicine and Specialist rates in the respective Consultations and Visits are increased
- The Category 'A' Emergency Department hourly rate is increased
- The Category 'B' Emergency Department hourly rate is increased to \$50.00
- Critical Care rates, including daily rates for Intensive Care and Coronary Care are increased
- Various Alternate Billing System Fee Code rates are increased

### **Family Medicine**

#### Fee Increases

- All visit fee codes except 139
- Selected In-Hospital Diagnostic & Therapeutic fee codes
- Selected Obstetrics fee codes
- Selected Operations of the Integumentary System fee codes
- Selected Operations on the Breast fee codes
- Selected Operations on the Musculoskeletal System fee codes
- Selected Operations on the Male Genital System fee codes
- Selected Operations on Organs of Special Senses fee codes

#### Alternate Billing System Fee Code Increases

- 601250 - 601256 & 601258 – 601263 – new rate of \$194.62 per hour effective 2016/10/01
- 601257 – new rate of \$210.08 per hour effective 2016/10/01

#### New Fee Codes

- 108, 408 (Sexual Assault Assessment). See Payment Schedule for details.
- 129 (Family Medicine Counselling). See Payment Schedule for details.

#### Revised Definition and/or Assessing Rule(s)

- All instances of "General Practice" have been changed to "Family Medicine". "General Practitioner" has been changed to "Family Physician"
- Appendix D, Immunization of Designated Target Populations, has been updated.
- Fee code 54614 ("Papanicolaou smear") is re-named "Speculum exam".
- After hours surgical procedure premium codes can apply to Attendance at Labor 80014.

## **Critical Care**

### Fee Increases

- All NICU, ICU and CCU fee codes and Concurrent Care fee code 51790

### Alternate Billing System Fee Code Increases

- 642100 ICU Coverage - St. Clare's Mercy Hospital – new rate of \$175.81 per hour
- 642110 ICU Coverage - Health Sciences Centre – new rate of \$175.81 per hour
- 642120 ICU 2nd Coverage - Health Sciences Centre – new rate of \$175.81 per hour

## **Anaesthesiology**

### Fee Increases

- The Basic fee unit amount has been increased – new rate of \$16.95 per unit

### Alternate Billing System Fee Code Increases

- 640500 Obstetrical Anaesthesia – new hourly rate of \$172.28
- 640510 Cardiac Anaesthesia – Case completed without TEE- new rate of \$1,365.61 per case
- 640512 Cardiac Anaesthesia – Case completed with TEE- new rate of \$1,537.21 per case
- 640520 Cardiac Anaesthesia – Case cancelled - new rate of \$1,365.61 per case
- 640530 Neurocoiling Anaesthesia – Case completed – new rate of \$1,663.96 per case
- 640532 Neurocoiling Anaesthesia - Case cancelled – new rate of \$1,663.96 per case

## **Dermatology**

### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Specific Assessment fee codes 113, 213, 313 and 413
- Subsequent In-Hospital Visits fee codes 356, 357 and 358
- Selected Operations on the Integumentary System fee codes

## **General Surgery**

### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Intra-operative Consultation fee code 308
- Specific Reassessment fee codes 115, 215, 315 and 415
- Subsequent Hospital In-Patient Visits fee codes 356, 357 and 358
- Concurrent Care Visit fee code 360
- Selected Diagnostic and Therapeutic Services fee codes
- Selected In-Hospital Diagnostic and Therapeutic Services fee codes
- Selected Operations on the Integumentary System fee codes
- Selected Operations on the Breast fee codes
- Selected Operations on the Musculoskeletal system fee codes
- Selected Operations on the Digestive system fee codes
- Selected Operations on the Male Genital System fee codes
- Selected Operations on the Female Genital System fee codes

## **Internal Medicine**

### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Intra-operative Consultation fee code 308
- Subsequent Hospital In-patient Visit fee codes 356, 357 and 358
- In-patient Surcharge, Day of Discharge fee code 359
- Selected Diagnostic and Therapeutic Services fee codes
- Selected In-Hospital Diagnostic and Therapeutic Services fee codes
- 75251 Hyperthyroidism (Nuclear Medicine)

## **Neurology**

### Fee Increases

- General Assessment fee codes 112, 212, 312 and 412
- General Reassessment fee codes 114, 214, 314 and 414
- Specific Reassessment fee codes 115, 215 and 415
- Subsequent Hospital In-Patient Visits fee codes 356, 357 and 358
- Selected In-Hospital Diagnostic & Therapeutic fee codes

## **Neurosurgery**

### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Intra-operative Consultation fee code 308
- General Assessment fee codes 112, 212, 312 and 412
- Specific Assessment fee codes 113, 213, 313 and 413
- General Reassessment fee codes 114, 214, 314 and 414
- Specific Reassessment fee codes 115, 215, 315 and 415
- Partial Assessment fee codes 126 and 426
- Subsequent Hospital In-Patient Visits fee codes 356, 357 and 358
- Selected Operations on the Nervous System fee codes

### New Fee Code

- In-patient surcharge, day of discharge 359

## **Nuclear Medicine**

### Fee Increases

- Selected Nuclear Medicine fee codes

## **Obstetrics/Gynecology**

### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Major Surgical Consultations fee code 104, 204, 304 and 404
- High Risk Prenatal Consultation by MFM specialist fee codes 307 and 407
- Intra-operative Consultation fee code 308
- Specific Assessment fee codes 113, 213, 313 and 413

- Specific Reassessment fee codes 115, 215, 315 and 415
- High Risk Prenatal Assessment by MFM specialist fee codes 317 and 417
- Subsequent Hospital In-patient Visits fee codes 356, 357 and 358
- Selected In-Hospital Diagnostic and Therapeutic fee codes
- Selected Obstetrics fee codes
- Selected Operations on the Digestive System fee codes
- Selected Operations on the Female Genital System fee codes

#### Alternate Billing System Fee Code Increases

- 641000 Obstetrical/Gynecology (non-elective) – new rate of \$190.70 per hour

### **Ophthalmology**

#### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Special Ophthalmology Consultation fee codes 106, 306 and 406
- Selected Diagnostic & Therapeutic fee codes.
- Selected In-Hospital Diagnostic and Therapeutic fee codes
- Selected Operations on the Integumentary System fee codes
- Selected Operation on Organs of the Special Senses fee codes

#### New Fee Codes

- 54877 (Fundus photo, technical fee and retinophoto interpretation)

#### Alternate Billing System Fee Code Increases

- 644025 Ophthalmology – Premature Infant – new rate of \$762.23 per clinic

#### Revised definition and/or assessing rules

- Fee code 54848: caps on office-based OCT associated with IVI have been removed

### **Orthopaedics**

#### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Intra-operative Consultation fee code 308
- Specific Assessment fee codes 113, 213, 313 and 413
- Specific Reassessment fee codes 115, 215, 315 and 415
- Subsequent Hospital In-Patient Visits fee codes 356, 357 and 358
- Selected Diagnostic and Therapeutic Services fee codes
- Selected In-Hospital Diagnostic and Therapeutic fee codes
- Selected Operations on the Integumentary System fee codes
- Selected Operations on the Musculoskeletal System fee codes

## **Otolaryngology**

### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Intra-operative Consult fee code 308
- Specific Assessment fee codes 113, 213, 313 and 413
- Subsequent Hospital In-patient Visits fee codes 356, 357 and 358
- Selected Operations on the Integumentary System fee codes

### Alternate Billing System Fee Code Increases

- 644070 Otolaryngology Cancer Clinic – new rate of \$1,337.03 per clinic

## **Paediatrics**

### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Prenatal Consultation fee codes 107, 207, 307 and 407
- Intra-operative Consultation fee code 308
- Specific Assessment fee codes 113, 213, 313 and 413
- General Reassessment fee codes 114, 214, 314 and 414
- Specific Reassessment fee codes 115 and 415
- Partial Assessment fee code 421
- Visit for Well Baby Care fee code 122
- Newborn Baby Care in Hospital fee code 361
- Interview with parent or guardian on behalf of seriously ill patient fee code 141, 241, 341 and 441
- Subsequent Hospital In-patient Visits fee codes 356, 357 and 358
- Detention fee codes 181, 281, 381 and 481
- Escort of a critically ill patient fee code 482
- Selected Diagnostic & Therapeutic fee codes
- Selected In-Hospital Diagnostic & Therapeutic fee codes
- Selected Operations on the Integumentary System fee codes

### New Fee Code

- Fee code 54027 (time-based provocative testing). Please see Payment Schedule for details.

### Revised definition and/or assessing rules

- Fee code 54026. Please see the Payment Schedule for details.

### Alternate Billing System Fee Code Increases

- 641030 Neonatology Level 1 – new rate of \$1,109.73 per shift
- 641040 Neonatology Level 1 (RHA holidays) – new rate of \$1,289.26 per shift
- 641050 Neonatology Level 11 – new rate of \$1,323.33 per shift
- 641060 Neonatology Level 11 (RHA Holidays) – new rate of \$1,497.28 per shift
- 641070 Neonatology Level 111 (Weekday 8am-4pm) – new rate of \$1,323.33 per shift
- 641080 Neonatology Level 111 (On Call) – current rate of \$1,372.32 per shift
- 641090 Neonatology Level 111 (RHA Holidays) – new rate of \$1,497.28 per shift
- 641100 Neonatology Level 111 (Weekend 8am-4pm) – new rate of \$1,497.28 per shift

## **Plastic Surgery**

### Fee Increases

- Consultations fee codes 101, 201, 301 and 401
- Major Surgical Consultations fee codes 104, 204, 304 and 404
- Intra-operative Consultation fee code 308
- Specific Assessment fee codes 113, 213, 313 and 413
- Specific Reassessment fee codes 115, 215, 315 and 415
- Subsequent Hospital In-patient Visits fee codes 356, 357 and 358
- Selected Diagnostic and Therapeutic Services fee codes
- Selected In-Hospital Diagnostic and Therapeutic Services fee codes
- Selected Operations on the Integumentary System fee codes
- Selected Operations on the Breast fee codes
- Selected Operations on the Digestive System fee codes
- Selected Operation on Organs of Special Senses fee codes

## **Psychiatry**

### Fee Increases

- Psychiatric Care fee codes 130, 230, 330 and 430
- Psychotherapy, Individual fee codes 131, 231, 331 and 431
- Case consultation 138, 238, 338 and 438
- In-patient surcharge - Day 1 To 14 (352) & Days 15 To 28 (353)
- Subsequent Hospital In-Patient Visit fee codes 356, 357 and 358
- Transfer of care surcharge fee code 160
- Concurrent Care fee code 360

### New Fee Codes

- Fee codes 128, 228, 328, 428 (Specific Neurocognitive Assessment). See Payment Schedule for details.

## **Radiology**

### Fee Increases

- Selected Radiology fee codes
- Selected Nuclear Medicine fee codes

### Revised definition and/or assessing rules

Fee codes 72258 and 72259: minor edits to examples of acceptable uses for billing Doppler studies. See Payment Schedule for details

## **Urology**

### Fee Increases

- Specific Assessment fee codes 113, 213, 313 and 413
- Specific Reassessment fee codes 115, 215, 315 and 415
- Subsequent Hospital In-patient Visit fee codes 356, 357 and 358
- Selected Operations on the Integumentary System fee codes
- Selected Operations on the Breast fee codes
- Selected Operations on the Digestive System fee codes
- Selected Operations on the Urogenital System fee codes
- Selected Operations on the Male Genital System fee codes
- Selected Operations on the Female Genital System fee codes

### New Fee Codes

- 96866, 96867, 97331. 96866 and 96867 are add-on codes. See Payment Schedule for details.