



GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health and Community Services

mcp newsletter

March 2002

02-03

To: All Anaesthetists

Re: 1. Anaesthesia Allocation for 2002/2003
2. New Proration Thresholds

The parties to the *Memorandum of Understanding* have reached agreement on the following changes to MCP payments for anaesthesia services provided on or after April 1, 2002:

1. ANAESTHESIA ALLOCATION

- ▶ The rules governing fee code 409 will be amended so that it can be billed for assessing ASA Class 2 and higher patients seen in an organized clinic **prior to day surgery**, as well as patients who will be admitted for surgery. The code will be redefined as “Pre-Anaesthetic Clinic Assessment”. The existing page A-16 in your Medical Payment Schedule should be discarded and replaced by the attached replacement page [A-16](#);
- ▶ Rates for 8 anaesthesia Consultation and Visit fee codes will increase to the amounts printed in bold faced type on the attached replacement page [C-3](#);
- ▶ New fee codes for Pain Clinic Consultation and Pain Clinic Reassessment will be introduced into the Payment Schedule. They can only be billed by Anaesthetists working in approved organized hospital pain clinics. Payment rates and rules applicable to these new codes are listed on the attached replacement page [C-3](#);
- ▶ A new section listing therapeutic procedures billable by Anaesthetists working in approved organized hospital pain clinics will be introduced into the Payment Schedule. The new codes for these procedures, their rates and applicable rules are described on the attached replacement page [E-2](#);
- ▶ New fee codes for Hyperbaric Therapy, which was formerly billed as detention, will be introduced into the Payment Schedule. The new fee codes, their rates and associated rules are described on the attached replacement page [D-3](#). A new [Appendix H](#) to the Preamble

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which lists the diagnoses for which Hyperbaric Oxygen Therapy is insured, should be inserted into your Payment Schedule;

- ▶ The current across the board percentage increases will be terminated and replaced by a new 2.55% across the board increase. It will apply to all anaesthesia services, including the new fee codes described above and the existing fee codes for which the rates have been increased.
- ▶ The exceptions to this are the Obstetrical Anaesthesia Block Funding and Pediatric Anaesthesia Block Funding Arrangements which will be increased by an across the board percentage rate of 6.09%.

Physicians should continue to bill for services using the rates published in the current MCP Payment Schedule. During claims processing, MCP will increase the fee amounts claimed for services rendered.

The across the board % increase will remain in effect until such time as the remaining 50% allocation by the specialty of Anaesthesia is decided upon and changes can be accommodated in the MCP Claims Processing System.

All Anaesthetists should ensure that their billing staff or software vendor are advised of these new fee codes and rate changes so that they can be billed appropriately beginning April 1, 2002.

2. NEW PRORATION THRESHOLDS

Proration thresholds will be increased to reflect the across the board percentage increase in effect for Specialists during this fiscal year as follows:

	<u>Old Rate</u>	<u>New Rate</u>
First Level Fiscal Threshold:	\$ 444,000	\$ 452,000
Biweekly Payment Threshold:\$	17,077	\$ 17,385
Second Level Fiscal Threshold:	\$ 499,000	\$ 508,000
Biweekly Payment Threshold:\$	19,192	\$ 19,538

Questions related to the content of this Newsletter may be directed to the MCP office in Grand Falls-Windsor at 1-800-440-4405 or the Assistant Director of Medical Services at (709) 758-1501.

GENERAL PREAMBLE

7.14 **Partial Assessment**

7.14.1 This shall consist of the necessary history, an enquiry concerning and the necessary examination of the affected part, region or system. This includes subsequent visits for following the progress of treatment and initial visits wherein the patient's condition does not clinically warrant a General Assessment/Reassessment, or a Specific Assessment/Reassessment.

7.14.2 Follow-up visits for monitoring the use of birth control pills qualify as Partial Assessments, with or without fee code 54614, depending on the nature of the examination performed.

7.14.3 A visit for a requested Pap smear and/or breast examination, without other significant medical complaints or illness, qualifies as a Partial Assessment, with or without fee code 54614, depending upon the nature of the examination performed.

7.15 **Partial Assessment of a Patient 65 years of Age and Older**

This is a partial assessment of a patient 65 years and older who has two unrelated problems requiring assessment during that visit.

7.16 **Physiatric Management**

This applies to physiatrists regulating the day-to-day management of patients, when medical necessity requires prescription development, advice and supervision. It may be billed on the days when rehabilitation services are provided to patients seen previously by the physiatrist for consultation or assessment. This fee is not meant as an administrative fee for supervising a department of rehabilitation nor is it to be charged on the same day as claims are made for any other services which are provided by the physiatrist to the same patient. It applies only to those patients who require and receive frequent attention by the physician during the course of rehabilitation with regard to rehabilitative services of physician and occupational therapy, speech therapy or discharge planning.

7.17 **Pre-anaesthetic Clinic Assessment**

7.17.1 Fee code 409 is applicable only to class ASA 2 and higher patients assessed by Anaesthetists in organized pre-anaesthetic clinics prior to surgery, **including day surgery**.

7.17.2 This visit code is not payable in addition to another consultation or assessment performed by the same anaesthetist prior to surgery.

7.18 **Pre-Dental General Assessment**

This service shall consist of examination and documentation as is required for patients undergoing a general anaesthetic for surgical dental procedures only.

7.19 **Premature Baby Care**

This visit code should be claimed for the care of a baby 37 weeks of gestation or less.

7.20 **Psychiatric Care**

7.20.1 This service is any form of assessment and treatment by a psychiatrist for mental illness, behavioural maladaptation and/or other problems that are assumed to be of an emotional nature, in which there is consideration of, and alteration of the patients biological and psychosocial functioning.