

mcp newsletter

IMPORTANT NOTICE

May 2013

13-07

TO: ALL PHYSICIANS

**RE: REVISED MCP PAYMENT SCHEDULE EFFECTIVE JUNE 1, 2013
REVISED ALTERNATE BILLING SYSTEM RATES EFFECTIVE JUNE, 1 2013**

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 June 1, 2013 at 00:01 a.m. and applies to all MCP insured physician services rendered on or after that date. At the same time, almost all of the quarterly retroactive payments will be discontinued. The exception to this will apply to General Practice where an amount of \$2,000,000 will be distributed as a quarterly retroactive payment until agreement has been reached on MCP compensation for chronic disease management.

Physicians should continue to bill for their services using the current rates as listed in the 2009 MCP Payment Schedule until 00:01 a.m. on June 1, 2013 to avoid claim rejection; the amount claimed will be increased by the applicable across the board percentage increase 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. Users of TeleClaim billing software should update the fee schedule within TeleClaim manually to ensure that billing for services rendered on and after June 1, 2013 is consistent with the Revised MCP Medical Payment Schedule.

Key revisions to the Schedule are identified on pages 2 - 10 of this Newsletter.

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

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: http://www.health.gov.nl.ca/health/mcp/providers/full_mcp_payment_schedule.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 a request to 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 content of 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.**
- All GP and Specialist rates for consultation fee codes and type 2 subsequent hospital visits (fee code 356) are increased.
- The time unit rate for the Standard Method of billing for Surgical Assisting has been increased from \$8.17 to \$30.00.
- The half day organized sessional clinic rate for specialists has been increased to \$600.00; the half day organized sessional clinic rate for GPs has been increased to \$500.00.
- The Category 'A' Emergency Department hourly rate has been increased to \$184.44.
- The hourly rate for the Health Sciences Centre Emergency Department Alternate Payment Plan has been increased to \$199.09.
- Critical Care rates, including daily rates for Intensive Care and Coronary Care have been increased.

New Fee Code

- Fee code 360 for concurrent care of registered hospital in-patients in settings other than ICU, NICU or CCU.

Saturday Visit Premium

- Non-elective consultation and visit services where rendered during daytime hours on Saturdays qualify for special visit premiums.

Telemedicine

- The Consultations and Visits section has been expanded to include a Telemedicine preamble, fee codes for most specialties and a list of approved sites.

Assessing rules

- More detail has been provided in many locations throughout the Payment Schedule regarding the rules that govern MCP payments to facilitate appropriate billing. Where a payment rate has been increased based on the rate published in another province's fee schedule, the applicable assessing rules have accompanied the rate increase in most

cases. In addition, rules that have been recommended by the Medical Consultants' Committee or Medical Advisory Committee and have been accepted by MCP and the Department of Health and Community Services are being published in the revised Payment Schedule.

Expired Fee Codes

- Partial assessment fee codes for all specialty groups except General Practice, Emergency Medicine, and Pediatrics are expired. Services previously billed as partial assessments should now be billed as specific reassessments. The purpose of this change is to simplify the visit fee code structure and facilitate appropriate billing.

General Practice

Fee Increases

- All visit fee codes except 357, 358 and 432
- Long Term Care coverage rates
- Anticoagulation supervision
- Delivery fee codes
- Chemotherapy fee codes
- Pap Smear fee code

New Fee Codes

- 423, 424, 54596, 54598, 54618, 81023. See Payment Schedule for details.

Expired Fee Codes

- 54590, 54592, 54594, 54616, 80007, 80008, 81008

Revised definition and/or assessing rule(s)

- The differential between GP and Specialist rates for procedures has been eliminated.
- Vaginal deliveries can qualify for after hours surgical procedure premium codes 01 or 03. See Payment Schedule for details.

Critical Care

Fee increases

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

Anaesthesia

Fee Increases

- All visit fee codes except 311 and 411
- Organized Pain Clinic fee codes

- Patient Controlled Anaesthesia fee codes
- TEE fee codes

Increases to basic fees

- The basic fee amount has been increased for fee codes 54990, 90028 and 90030

New fee codes

- 57816, 90042. See Payment Schedule for details.
- 640530 Neurocoiling Anaesthesia Block Funding – case completed
- 640532 Neurocoiling Anaesthesia Block Funding – case cancelled

Revised definition and/or assessing rule(s)

- 315, 54106, 54377. See Payment Schedule for details.

Alternate Billing System Fee Code Increases

- 640500 Obstetrical Anaesthesia Block Funding – new hourly rate of **\$165.66**
- 640510 Cardiac Anaesthesia Block Funding – Case completed without TEE – new rate of **\$1321.24**
- 640512 Cardiac Anaesthesia Block Funding – Case completed with TEE (per case) – new rate of **\$1441.24**
- 640520 Cardiac Anaesthesia Block Funding – Case cancelled (per case) – new rate of **\$1321.24**

Dermatology

Fee Increases

- All visit fee codes except 357 and 358
- Patch testing fee code
- Various codes in the Operations on the Integumentary System section

New fee code

- 203. See Payment Schedule for details.

Revised definition and/or assessing rule(s)

- 54022. See Payment Schedule for details.

General Surgery

Fee Increases

- All visit fee codes except 357 and 358
- Various codes in the Operations on the Digestive System section
- Various codes in the Operations on the Cardiovascular System section

- Various codes in the Operations on the Endocrine System section

New Fee Codes

- 54487, premium code 04, 95148, 95713, 95734, 95736, 95797, 95944, 96010, 96020, 96054, 96122, 96270, 96742, 96772. See Payment Schedule for details.
- 644030 Multidisciplinary Breast Cancer Clinic

Expired Fee Codes

- 104, 95914, 96004, 96070, 96072, 96118, 96120, 96150, 96172, 96264, 96266, 96766

Internal Medicine

Fee Increases

- All visit fee codes except 114, 214, 314, 414, 190, 290, 390, 490, 357 and 358
- Various codes in the Diagnostic and Therapeutic Services section
- In-hospital Pulmonary Function Test fee codes
- Various codes in the Operations on the Digestive System section
- Various codes in the Operations on the Cardiovascular System section

New Fee Codes

- 359, 95713, 95734, 95736, 96010, 96020, 96054. See Payment Schedule for details.

Expired Fee Codes

- 95850, 95856, 95858, 95860, 96004

Neurology

Fee Increases

- Visit fee codes 113, 213, 313, 413, 126, 426 and 356

Revised definition and/or assessing rule(s)

- Fee codes 54652 and 54654. See Payment Schedule for details.

Neurosurgery

Fee Increases

- All visit fee codes except 114, 214, 314, 414, 357 and 358
- Various codes in the Operations on the Nervous System section
- Various codes in the Operations on the Musculoskeletal System section

New Fee Codes

- 115, 215, 315, 415, Premium code 04, 98409, 98411, 98413, 98415. See Payment Schedule for details.

Expired Fee Codes

- 98390, 98392, 98394, 98396, 98398, 98400, 98402, 98404, 98406, 98408, 98410, 98412, 98414

Nuclear Medicine

Fee Increases

- Various codes in the Nuclear Medicine section.

Revised definition and/or assessing rule(s)

- Fee code 75065. See Payment Schedule for details.

Obstetrics/Gynecology

Fee Increases

- All visit fee codes except 357 and 358
- Various Maternal Fetal Medicine and Obstetric ultrasound fee codes
- Various codes in the Obstetrics section
- Various codes in the Operations on the Female Genital System section
- Various fee code increases in the Obstetrics and Operations on the Female Genital System sections were enhanced to reflect use of laparoscopic technique and/or paracervical block

New Fee Codes

- 307, 317, 407, 417, 54618, 81023, premium code 04. See Payment Schedule for details.

Expired Fee Codes

- 54616, 80008, 81008, 97716, 97718

Revised definition and/or assessing rule(s)

- After hours surgical procedure premium codes 01 or 03 can apply to vaginal deliveries, Caesarean sections and other operative deliveries. See Payment Schedule for details.

Alternate Billing System Fee Code Increases

- 641000 Obstetrical/Gynecology HCC Case Room Block Funding – new hourly rate of **\$183.07**

Ophthalmology

Fee Increases

- All visit fee codes except 357 and 358
- Fee codes 54884 and 57780
- Various codes in the Operations on the Eye section

New fee codes

- 57792, 98861, 98982, 98984, 98986. See Payment Schedule for details.

Alternate Billing System Fee Code Increases

- 644025 Premature Infants Ophthalmology Services – new half day clinic rate of **\$747.38**

Orthopedics

Fee Increases

- All visit fee codes except 357 and 358
- Fee codes for injection of bursa, joint or tendon sheath
- Fee codes for extensive debridement of compound fracture
- Fee codes for open reduction of fractures
- Various codes in the Operations on the Musculoskeletal System section

New fee codes

- Premium code 04, 91011, 91025, 91029, 91030, 91032, 91411, 91430, 91432, 91434, 91791, 91810, 91812, 93116, 93566, 93711, 93725, 93730, 93732, 93734. See Payment Schedule for details.

Expired Fee Codes

- As part of the process to make the above changes the following fee codes have been expired: 91012, 91014, 91016, 91018, 91020, 91022, 91024, 91028, 91412, 91414, 91416, 91418, 91420, 91422, 91424, 91428, 91792, 91794, 91796, 91798, 91800, 91802, 91804, 91808, 93712, 93714, 93716, 93718, 93720, 93722, 93724, 93728

Otolaryngology

Fee Increases

- All visit fee codes except 357 and 358
- Fee code 54910
- Various codes in the Operations on the Integumentary System section
- Various codes in the Operations on the Digestive System section
- Various codes in the Operations on the Respiratory System section
- Various codes in the Operations on the Endocrine System section
- Various codes in the Operations on the Ear section

New fee codes

- Premium code 04, 94436, 94458, 95413, 95415, 98027. See Payment Schedule for details.

Revised definition and/or assessing rule(s)

- Fee code 94260; the rule limiting payment for procedures connected with SMR to 50% of the listed fees have been eliminated.

Expired Fee Codes

- 54904, 54908, 54914, 54922, 54930, 54938, 54958, 95410, 95412, 95414, 95416

Alternate Billing System Fee Code Increases

- 644070 Otolaryngology Cancer Clinic – new half day clinic rate of **\$1306.88**

Pediatrics

Fee Increases

- Visit fee codes 122, 361, 374, 416, 421, 482, 181, 281, 381, 481
- Visit fee code 144 (Developmental Pediatrics only)

Alternate Billing System Fee Code Increases – Neonatology Block Funding

Level I

- 641030 Weekday 8 am – 4 pm, excluding HCC holiday (per shift) or Weekend 8 am – 4 pm (per shift) – new rate of **\$1017.12**
- 641040 HCC Holiday 8 am – 4 pm (per shift) – new rate of **\$1181.66**

Level II

- 641050 Weekday 8 am – 4 pm, excluding HCC holiday (per shift) – new rate of **\$1212.89**
- 641060 HCC holiday 8 am – 4 pm (per shift) – new rate of **\$1372.32**

Level III

- 641070 Weekday 8 am – 4 pm, excluding HCC holiday (per shift) – new rate of **\$1212.89**
- 641080 On Call, any day 4 pm to 8 am (per shift) – new rate of **\$1372.32**
- 641090 HCC holiday 8 am – 4 pm (per shift) – new rate of **\$1372.32**
- 641100 Weekend 8 am – 4 pm (per shift) – new rate of **\$1372.32**

Plastic Surgery

Fee Increases

- All visit fee codes except 357 and 358
- Various codes in the Operations on the Integumentary System section
- Various codes in the Operations on the Musculoskeletal System section

- Various codes in the Operations on the Digestive System section
- Various codes in the Operations on the Nervous System section
- Various codes in the Operations on the Organs of Special Senses section
- Fee codes 94264, 95080 and 95082

New Fee Codes

- 91160, 91162, 91231, 91235 and 95511

Revised definition and/or assessing rule(s)

- Changes have been made to the following fee codes: 91158, 91216, 91226, 91230, 91234, and 91272. See Payment Schedule for details.

Psychiatry

Fee Increases

- Various codes in the Consultations and Visits section
- ECT fee code 54990

New Fee Codes

- 352, 353, 354, 359

Radiology

Fee Increases

- Various Radiology fee codes except 74100, 74300 and codes that were increased on February 1, 2011 as the result of a reallocation process.

New Fee Codes

- 302, 402, 73818, 73838

Revised definition and/or assessing rule(s)

- Changes have been made to the following fee codes: 71534, 71618, 71700, 71718, and 71730. See Payment Schedule for details.

Expired Fee Codes

- As part of the process to make the above changes the following fee codes have been expired: 71535, 71619, 71701, 71719 and 71731.

Urology

Fee Increases

- All visit fee codes except 357 and 358
- Various fee codes in the Operations on the Urogenital System section
- Various fee codes in the Operations on the Male Genital System section

New Fee Codes

- Premium code 04, 96816, 96844, 96890, 97079, and 97481. Please see the Payment Schedule for details.

Revised definition and/or assessing rule(s)

- Changes have been made to the following fee codes: 97050, 97078, 97096, 97162, 97438, 97520, 97624, and 97636. See Payment Schedule for details.

Expired Fee Codes

- As part of the process to make the above changes the following fee codes have been expired: 96900, 97430, 97556, 97626, and 97628.