

mcp newsletter

October 2013

13-09

TO: FEE FOR SERVICE GENERAL PRACTITIONERS

RE: NEW FEE CODE FOR OFFICE CHRONIC DISEASE MANAGEMENT OF PATIENTS UNDER 65 YEARS OF AGE

Introduction

During the last round of FFS micro-allocations, the Department of Health and Community Services and the NLMA agreed to reserve a portion of the total funding available to family practice under the Memorandum of Agreement 2009-13 for the specific purpose of developing a new fee code targeted toward chronic disease/complex care management. It was subsequently proposed that a new MCP fee code be implemented for the management of patients with chronic disease(s) who present in office, require complex care for a minimum of 15 minutes and are under 65 year of age. The Minister of Health and Community Services approved the new fee code and it will come into effect on November 1, 2013 at 00:01 a.m.

Documentation and billing procedure

The new fee code and rate are as follows:

127 Chronic Disease Management of a patient under 65 years of age..... 40.00

General Practitioners should advise their billing staff of this change. Users of TeleClaim software should update the fee schedule within TeleClaim manually to include the new fee code.

The terms and conditions for billing the new fee code are described in the General Preamble to the MCP Medical Payment Schedule as follows:

7.5.5 Chronic Disease Management can be claimed when a family physician sees a patient under the age of 65 years, in the office setting, for a minimum of 15 minutes where the principle reason for the visit is management of one or more documented chronic conditions that require complex care. Other conditions may be dealt with during the same encounter but no other visit fee can be claimed.

The patient record for Chronic Disease Management must include the actual start and end times for the encounter. The patient record must also meet the minimum documentation requirements for visits as described previously in this General Preamble.

The chronic conditions that qualify for billing Chronic Disease Management and the applicable diagnostic codes are:

Chronic Diseases	Applicable Diagnosis Codes
Chronic Obstructive Lung Disease	491, 492, 493, 494, 495, 496
Cancer	140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 170, 171, 172, 173, 174, 175, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208
Inflammatory Bowel Disease	555, 556
Chronic Kidney Disease	581, 582, 583, 585, 587, 589
Chronic Liver Disease	571
Congestive Heart Failure/Cardiomyopathy	425, 428
Diabetes	250
Mental Health	290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319
Chronic Neurological Disease	138, 330, 331, 332, 333, 334, 335, 336, 337, 340, 341, 342, 343, 344, 345, 741
Ischemic Heart Disease	412, 413, 414
Cerebral Vascular Accident/Trans Ischemic Attack (CVA/TIA)	435, 436, 437 438
Complex Chronic Infection	010, 011, 012, 013, 014, 015, 016, 017, 018, 030, 031, 046, 070, 084, 087, 090, 091, 092, 093, 094, 095, 096, 097, 137
Chronic Immune Deficiency (includes HIV)	279
Chronic Pain	307
Complex Endocrine Disease	243, 252, 253, 254, 255, 258
Connective Tissue Disorder	710, 711, 713, 714, 720, 725
Peripheral Vascular Disease (PVD)	441, 442, 443

Notes:

- 1) It is important to understand that for billing, claim assessment and audit purposes the actual start and end times for the patient encounter must be included on the patient record for services billed as fee code 127. If no start and end time is recorded or if the duration of the encounter only is documented, the claim will be adjusted to fee code 121 @ \$32.20.
- 2) One of the diagnostic codes listed in the Preamble (see the table above) must be entered on claims for fee code 127. If any other diagnostic code is entered the claim will reject and be adjusted to fee code 121 @ \$32.20.

Questions regarding MCP billing should be directed to MCP by calling the 1-800-440-4405 toll free number. Other questions regarding the content of this Newsletter should be directed to the Assistant Medical Director by email: blairfleming@gov.nl.ca.