

November, 2013

13-10

mcp newsletter

TO: ALL PHYSICIANS

RE: June 1, 2013 Medical Payment Schedule Errata

A number of errors and omissions have been detected in the original copy of the June 1, 2013 MCP Medical Payment Schedule since publication. The majority of these are minor typographical errors. The errors and omissions have already been corrected in the on-line version of the Schedule.

The errors and omissions and the changes necessary to correct them are as follows:

Consultation and Visits Section

- The rate for fee code 285 for General Practice should be **80.51**
- The rate for fee code 432 for General Practice should be **24.15**
- The rate for fee code 308 for Internal Medicine should be **150.78**
- The rate for fee code 482 for Otolaryngology should be **69.74**

Telemedicine Section

- The rate for fee code 512 for General Practice should be **24.15**
- The rate for fee code 502 for Internal Medicine should be **66.91**
- The rate for fee code 501 for Neurosurgery should be **121.10**
- The rate for fee code 501 for Ophthalmology should be **85.97**
- The rate for fee code 502 for Ophthalmology should be **44.10**
- The rate for fee code 501 for Psychiatry should be **250.00**

Diagnostic and Therapeutic Services Section

- The definition for fee code 54350 should be “Insertion of **permanent or temporary** endocardial electrodes”
- Fee code 54353 was omitted: **Repositioning of temporary endocardial electrodes (as separate procedure) 64.25 5**
- The rate for fee code 54360 should be 54.50
- The rate for fee code 54650 should be 17.16

In-Hospital Diagnostic and Therapeutic Services Section

- The rate for fee code 57816 should be **69.30**
- The rate for fee code 58210 should be **60.10**

Radiology Section

- The header “Arthrogram, tenogram or bursogram” was omitted above fee codes 71800 and 71801

Obstetrics Section

- The word “add” was omitted from the definition of fee code 80006
- Fee code 80014 should be defined as “Attendance at labour by General Practitioner”

Operations on the Integumentary System

- The rate for fee code 90162 should be **18.59**
- The rate for fee code 90164 should be **25.29**
- The rate for fee code 90166 should be **38.49**
- The rate for fee code 90188 should be **65.35**
- The rate for fee code 90552 should be **35.70**

Operations on the Musculoskeletal System

- The Assistant’s basic fee for code 91011 should be **49.02**
- The Assistant’s basic fee for code 91411 should be **49.02**
- The Assistant’s basic fee for code 91791 should be **49.02**
- The rate for fee code 93176 should be **77.05**
- The Assistant’s basic fee for code 93711 should be **49.02**
- The Assistant’s basic fee for code 93734 should be **49.02**
- The definition of fee code 93116 should read:
 - **Intramedullary nail with distal and proximal locking screws – femur, to 93114 or 93208 add 108.75**
- The definition of fee code 93566 should read:
 - **intramedullary nail with distal and proximal locking screws - tibia, to 93560 or 93564 or 93614 or 93616 or 93618 add 81.55**
- The rate for fee code 93964 should be **87.20**

Operations on the Digestive System

- The definition of fee code 96054 should include (>**3cm**) not (<**3cm**)
- The Anaesthesiology basic fee for code 96262 is 10
- The Anaesthesiology basic fee for code 96436 is 7
- The Anaesthesiology basic fee for code 96438 is 8
- The Anaesthesiology basic fee for code 96442 is 12
- The Anaesthesiology basic fee for code 96444 is 12
- The Anaesthesiology basic fee for code 96448 is 12

Operations on the Female Genital System

- The rate for fee code 97874 should be **138.04**
- The rate for fee code 97876 should be **155.29**
- The rate for fee code 97878 should be **163.57**
- The rate for fee code 97938 should be **347.17**
- The rate for fee code 97974 should be **267.19**

Operations on the Nervous System

- The Anaesthesiology basic fee for code 98409 is 11
- The Anaesthesiology basic fee for code 98411 is 7
- There should not be an Assistant's basic fee for code 98413
- The Anaesthesiology basic fee for code 98415 is 7

Physicians should advise their billing staff of these changes. Users of TeleClaim software should update the fee schedule within TeleClaim manually to include the corrections.

Questions related to the content of this Newsletter may be directed to the Claims Department at (1-800-440-4405) or the Manager of Medical Affairs and Training at (709) 292-4003.