

September, 2009

## mcp newsletter

09-08

**TO: ALL PHYSICIANS**

**RE: 1. April 1, 2009 Medical Payment Schedule Index**

**2. April 1, 2009 Medical Payment Schedule Errata**

1. The Index for the April 1, 2009 MCP Medical Payment Schedule has been completed and is now posted on the MCP website at [www.health.gov.nl.ca/mcp/](http://www.health.gov.nl.ca/mcp/) . It can be located by clicking first on the 'Provider Information' link and then on the 'MCP Medical Payment Schedule' link. The index can be read and/or downloaded and/or printed from the website. The Index 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.
2. A number of errors and omissions have been detected in the original copy of the April 1, 2009 MCP Medical Payment Schedule since publication. The majority of these are minor typographical errors which resulted from the fact that the Schedule had to be re-typed in its entirety so that it could be formatted for posting on the website. The errors and omissions have already been corrected in the web version of the Schedule.

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

### **Consultation and Visits Section**

Page C-12: Neurosurgery partial assessment fee codes 121, 221, 421 were omitted and should be included:

121	<i>Partial assessment (office) @ 27.03</i>
221	<i>Partial assessment (home) @ 27.03</i>
421	<i>Partial assessment (hospital out-patient and emergency) @ 25.75</i>

### **Diagnostic and Therapeutic Procedures Section**

Page E-9: The fee code number in the first sentence of Note 1 following fee code 54494 should be "54494" and not "54495"

### **Radiology Section**

Page G-10: Fee code 72263 was included in error and should be deleted

Page G-11: Fee codes 72550, 72551, 72560, 72561 were included in error and should be deleted

**Operations on the Integumentary System**

Page L-3: The rate for fee code 90240 should be \$222.90

**Operations on the Musculoskeletal System**

Page M-16: The description for fee code 92178 should include the word “bone” not “gone”

**Operations on the Respiratory System**

Page N-1: Fee code 96266 should be renumbered as 94266

**Operations on the Cardiovascular System**

Page O-2: The description for fee code 94962 should be “Blalock” not “Blalok”

Page O-6: The description for fee code 95226 should read “tibial” not “minor aneurysm”

**Operations on the Digestive System**

Page Q-4: Fee code 96772 should be renumbered as 95772

Page Q-7: The rate for fee code 96192 should be \$16.63

Page Q-11: The rate for fee code 96576 should be \$483.06

**Operations on the Urogenital System**

Page R-3: The rate for fee code 97046 should be \$292.12

**Operations on the Female Genital System**

Page T-3: The description for fee code 97838 should include a space between the words “previous” and “sterilization”

Page T-3: The description for fee code 97844 should include the word “all” not “al”

Page T-5: The heading for the page should include the word “Cervix” not “Cervis”

**Operations on the Nervous System**

Page V-1: The heading before fee code 98178 should include the word “fistula” not “fitula”

Page V-2: The description for fee code 98216 should include the word “Chiari” not “Chiara”

**Operations on the Organs of Special Senses**

Page W-7: The rate for fee code 99302 should be \$28.34

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.

