

mcp newsletter

January 2018

18-01

TO: ALL FEE-FOR-SERVICE PHYSICIANS

RE: CHANGES TO DOPPLER ULTRASOUND FEE CODES

The Department of Health and Community Services (HCS), in consultation with the Newfoundland and Labrador Medical Association (NLMA), has modified fee codes under the Radiology Services Listings section of the Medical Care Plan (MCP) Medical Payment Schedule; specifically, those pertaining to Diagnostic Ultrasound.

The changes have been highlighted in the schedule attached, and include the introduction of new fee codes specific to defined regions of the body, as well as modifications to existing fee codes. The revisions better reflect current practices, and provide clarity regarding how and when fee codes can be billed for certain services. These changes are effective as of October 1, 2017.

Details of the fee code revisions can be found highlighted in Schedule “A”, attached.

Questions relating to the content of this Newsletter should be directed to Andrew Wells, Director of Physician Services (Acting), Department of Health and Community Services at (709) 729-7686, or by email at andrewwells@gov.nl.ca

Schedule “A”

**Revisions to Doppler Ultrasound Fee Codes
October, 2017**

RADIOLOGY

These Listings Cannot be Correctly Interpreted Without Reference to the Preamble

Code		Spec.	Anaes.
DIAGNOSTIC ULTRASOUND			
Procedure codes indicated as IC <u>must</u> be billed IC indicating why the procedure had to be done by the Radiologist. See item 11.4 of the Preamble.			
Notes:			
1. A-mode - Implies a one-dimensional ultrasonic measurement procedure.			
2. M-mode - Implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.			
3. Scan B-mode- Implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display.			
Doppler Studies:			
The Doppler fee codes listed in this section may be billed in combination with diagnostic ultrasound fee codes when a Doppler study is medically necessary and aids in the clinical decision making process. The written report must include a description of the findings when a Doppler fee code is billed. The use of Doppler for screening without a specific indication is not billable.			
General			
72050	Ultrasound control of a procedure, done by another physician, per ¼ hour or part thereof (IC) <u>required</u> indicating the name of the procedure, the physician who did the procedure and the amount of time involved).....		27.50
Head and Neck			
Echoccephalography - midline, A-mode			
72100	- interpretation		12.09
72101	- procedure (IC)		23.22
Complete (midline and ventricular size)			
72104	- interpretation		18.18
72105	- procedure (IC)		23.22
Echography - ophthalmic			
Quantitative, A-mode			
72110	- interpretation		49.78
72111	- procedure (IC)		23.22
B-scan immersion			
72112	- interpretation		66.36
72113	- procedure (IC)		23.22
B-scan contact			
72114	- interpretation.....		33.20
72115	- procedure (IC)		23.22
Biometry (axial length - A-mode)			
72116	- interpretation		44.25
72117	- procedure (IC)		23.22
Foreign body localization			
72118	- interpretation		IC
72119	- procedure (IC)		23.22
Echography - neck (e.g., thyroid, neck mass or other pathology including A and/or B scans)			
72130	- interpretation		24.17
72131	- procedure (IC)		23.22
72132	- Doppler evaluation of neck pathology, one or more, uni- or bilateral ... add to 72130		16.33
Neonatal/paediatric cranial scan - complete			
72140	- interpretation		40.29
72141	- procedure (IC)		23.22

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Code		Spec.	Anaes.
	Neonatal/paediatric spinal scan - complete		
72150	- interpretation		40.29
72151	- procedure (IC)		23.22
	Heart/Major Blood Vessel		
	Echography, pericardial effusion, M-mode		
72200	- interpretation		26.84
72201	- procedure (IC)		23.22
	Ultrasound pericardiocentesis		
72210	- procedure and interpretation		50.51
	Echocardiography		
	Complete study - 1 dimension		
72220	- interpretation		45.06
72221	- procedure (IC)		17.92
	Heart/Major Blood Vessel		
	Complete study - 2 dimensions		
72222	- interpretation		83.64
72223	- procedure (IC)		21.08
	1 and 2 dimension study on same patient visit		
72224	- interpretation		92.13
72225	- procedure (IC)		26.00
	Limited study 1 or 2 dimensions for follow-up studies		
72226	- interpretation		20.71
72227	- procedure (IC)		15.46
	Doppler echocardiography		
72228	- interpretation		51.05
72229	- procedure (IC)		20.21
	Aorta only		
72230	- interpretation		57.61
72231	- procedure (IC)		23.22
	Vena cava only		
72232	- interpretation		57.61
72233	- procedure (IC)		23.22
	Peripheral Vascular System		
	Extra-cranial vessel assessment above the aortic arch (bilateral, carotid and/or subclavian and/or vertebral arteries only)		
72240	- Doppler scan or B scan		25.32
72241	- frequency/ spectral analysis		25.32
72242	- frequency/ spectral analysis with Doppler scan		34.54
72243	- duplex scan, i.e. simultaneous real time, B-mode imaging and frequency /spectral analysis		62.22
	Note:		
	Only one of fee codes 72240, 72241, 72242 and 72243 can be billed per patient per day.		
	Duplex Doppler assessment of hepatic and portal venous systems		
72244	- interpretation		16.33
72245	- procedure		19.72

Note: Fee code 72244 should only be billed in cases where hepatic and portal vessels are analyzed and should include a colour study of both systems and duplex study of at least one of the two systems.

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Code		Spec.	Anaes.
	Post-operative organ transplant arterial and/or venous Doppler assessment (assessment of the vascularity to the organ transplant rather than the ultrasound examination of the organ itself)		
72246	- interpretation		16.33
72247	- procedure.....		19.72
	Transcranial Doppler assessment		
72248	- interpretation		21.50
72249	- procedure.....		26.06
	Peripheral artery evaluation distal to inguinal ligament or axilla (<u>not</u> to be billed routinely with 72241, 72242 or 72243)		
72250	- Doppler scan or B-scan.....		20.95
72252	- frequency/ spectral analysis with Doppler scan		28.79
72253	- duplex scan, i.e. simultaneous real time, B-mode imaging and frequency/spectral analysis		33.60
	Notes:		
	The following fee code combinations are not billable: 72250 with 72252 and 72253 with either of 72250 or 72252.		
	Venous evaluation - duplex scan i.e. simultaneous real time, B-mode imaging		
72254	- interpretation		20.40
72255	- procedure.....		31.43
	Duplex Doppler assessment of post-operative shunts		
72256	- interpretation		16.33
72257	- procedure.....		19.72
	Doppler assessment of one or more intra-abdominal and pelvic vessels, uni- or bilateral		
72258	- interpretation		25.76
72259	- procedure.....		22.36

Notes:

1. Doppler evaluation of intra-abdominal and pelvic vessels should not be performed routinely; it should be limited to investigation of problems where the result will influence management. Examples of acceptable uses for MCP billing purposes include:

- a) placement of colour Doppler upon kidneys to assess for twinkle artifact if the presence of small stones is suspected;
 - b) assessment for ureteric jets if reduced or obstructed flow is suspected;
 - c) evaluation of a solid lesion which may be malignant;
 - d) evaluation of a septated cyst which may be malignant;
 - e) evaluation of vessels where stenosis or occlusion is suspected;
2. The use of Doppler to distinguish the common bile duct from a vessel is not billable.
 3. Fee code 72258 and 72259 are not to be billed for screening purposes; they should be billed for problem solving purposes.
 4. A maximum of one unit of fee code 72258 is payable per patient session.
 5. A maximum of one unit of fee code 72259 is payable per patient session.

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Code		Spec.	Anaes.
Thorax			
	Chest masses, pleural effusion - A and B-mode		
72340	- interpretation		40.29
72341	- procedure (IC)		23.22
	Ultrasonic thoracentesis		
72350	- procedure and interpretation		32.45
	Breast masses - scan B-mode (per breast)		
72360	- interpretation		36.04
72361	- procedure (IC)		33.96
72362	- Doppler evaluation of breast masses, one or more, uni- or bilateral.....add 72360		16.33
Abdomen and Retroperitoneum			
	Abdominal scan, major (includes multiple organs and/or spaces)		
72400	- interpretation		57.11
72401	- procedure (IC)		60.83
	Abdominal scan, limited (e.g. single organ or follow-up study)		
72403	- interpretation		41.16
72404	- procedure (IC)		23.22
Scrotum/Penis (includes Doppler examination)			
	Testicular (1 or both) penile and scrotal scanning		
72450	- interpretation		47.57
72451	- procedure (IC)		23.22
72452	Doppler evaluation of testicular flow when indicated, uni-or bilateral and/or evaluation of testicular/scrotal masses, one or more, uni-or bilateral.....add to 72450		16.33
Obstetrics, Gynecology and Pelvis			
	Echography - Scan B-mode		
	Early pregnancy diagnosis		
72500	- interpretation		46.22
72501	- procedure (IC)		33.36
	Foetal age determination		
72510	- interpretation		28.43
72511	- procedure (IC)		21.44
	Placenta localization		
72520	- interpretation		28.43
72521	- procedure (IC)		22.36
	IUCD localization		
72530	- interpretation		28.43
72531	- procedure (IC)		22.36
	Pregnancy, complete		
72540	- interpretation		37.20
72541	- procedure (IC)		75.00
	Foetal assessment in - utero for physical condition of the fetus (requested by the specialist)		
72545	- interpretation and procedure		41.31
	Pelvic mass		
72570	- interpretation		46.21
72571	- procedure (IC)		22.36
	Endocavitary Scan		
72575	- interpretation		81.61
72576	- procedure		22.36
72578	Transvaginal sonohysterography, includes procedure, interpretation and introduction of saline or other intracavitary contrast media		123.65
	Ultrasonic amniocentesis		
72580	- interpretation and procedure		36.85

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Code		Spec.	Anaes.
	Doppler assessment of one or more fetal vessels including umbilical artery and vein		
72590	-interpretation.....		25.76
72591	-procedure.....		22.36
	Extremities, including Doppler examination of soft tissue mass		
	Extremities, per limb (excluding vascular study)		
72610	- interpretation		17.37
72611	- procedure (IC)		23.22
	Scan of popliteal space		
72620	- interpretation		24.17
72621	- procedure (IC)		23.22
	Soft tissue mass, other than neck or limb (with or without Doppler examination)		
72630	- Interpretation - single mass.....		17.37
72631	- Interpretation – each additional mass (maximum of 2 units payable); add.....		12.08
72632	- Procedure – per patient session, any number of masses (IC).....		23.22
	THERAPEUTIC ULTRASOUND		
72650	Occlusion of femoral or brachial pseudo-aneurysm under colour Doppler ultrasound guidance		136.55