

mcp newsletter

March 3, 2025

25-02

TO: FEE FOR SERVICE FAMILY PHYSICIANS

RE: CHRONIC DISEASE MANAGEMENT (FEE CODE 127)

Following consultation with the Newfoundland and Labrador Medical Association, the Department of Health and Community Services is making changes to section 7.6 “Chronic Disease Management” of the MCP Medical Payment Schedule General Preamble. These changes are effective immediately. The words struck out below will be removed from the first paragraph of section 7.6 of the General Preamble:

~~Chronic Disease Management can be claimed when a family physician sees a patient under the age of 75 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.~~

All other billing criteria for Chronic Disease Management (fee code 127) remain unchanged. Section 7.6 will now appear in the General Preamble as below:

7.6 Chronic Disease Management

Chronic Disease Management can be claimed when a **family physician** sees a patient under the age of 75 years, in the office setting, for a minimum of 15 minutes where the principal reason for the visit is one or more documented chronic conditions. 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

Retroactive Adjustments

The Department will be providing payment to all physicians who submitted claims that were adjusted from fee code 127 to a lower paying fee code through the Claims Monitoring System (CMS) retroactive to November 1, 2013 (the initial date that the fee code was introduced). Physicians with claims for 127 reduced to a lower paying fee code through CMS will receive payment of the difference remaining between those two rates for each claim reduced by CMS. Payments will be issued as a financial adjustment on the **April 4, 2025 payment date**.

Questions relating to **payments of affected claims** should be directed to Gerard Power, Manager of Physician Relations at (709) 729-1011 or GerardPower@gov.nl.ca.

Questions relating to **preamble changes** should be directed to Dr. Colleen Crowther, Assistant Medical Director at (709) 758-1557 or AssistantMedicalDirector@gov.nl.ca.