

mcp newsletter

June 26, 2025

25-08

TO: FEE-FOR-SERVICE FAMILY PHYSICIANS

RE: CHANGES TO DESIGNATED TARGET POPULATIONS AND NEW FEE CODES FOR ADULT IMMUNIZATIONS AGAINST MEASLES, MUMPS AND RUBELLA; TETANUS, DIPHTHERIA, AND PERTUSSIS; PNEUMOCOCCAL DISEASE; AND SHINGLES

In consultation with the Newfoundland and Labrador Medical Association, the Department of Health and Community Services (HCS) is adding two new fee codes to the MCP Medical Payment Schedule to compensate family physicians offering eligible adult immunizations. As a result of these two new fee codes, changes will be made to Appendix D, the General Preamble section 9.4, as well as the Diagnostic and Therapeutic Services: Injections or Infusions sections of the Payment Schedule. All changes are described below. The fee codes can be billed for services provided on or after today.

Appendix D: Immunization of Designated Target Populations of the MCP Medical Payment Schedule sets out which immunizations are considered insured services. Appendix D will be updated to include the following immunizations and eligible target populations as insured services:

IMMUNIZATION AGAINST MEASLES, MUMPS AND RUBELLA (MMR)

The target population designated by HCS for immunization against measles, mumps, and rubella is limited to the categories of adult beneficiaries outlined in Recommendations for Immunization with MMR for Adults (p. 10) as well as Measles Vaccination for Travelers (p. 13) of [Measles: Information for Healthcare Providers](#). Please note that children and those requiring MMR for post-exposure prophylaxis are not included in the designated target population.

IMMUNIZATION AGAINST TETANUS, DIPHTHERIA, AND PERTUSSIS

The target population designated by HCS for immunization against pertussis is limited to the following categories of beneficiaries:

- Those MCP beneficiaries for whom ten years have passed since receiving a pertussis-containing vaccine in adolescence. One booster dose is payable for each adult requiring it.

The target population designated by HCS for immunization against tetanus is limited to the following categories of beneficiaries:

- Those adults greater than 18 years of age for whom ten years have passed since receiving vaccination against tetanus. Immunization is recommended every ten years.
- Those adults greater than 18 years of age requiring active immunization with a tetanus-containing vaccine for wound management. Please see the following document for recommendations for tetanus immunization in wound management: [Immunization Programs for High Risk Groups](#).

IMMUNIZATION AGAINST PNEUMOCOCCAL DISEASE WITH 20-VALENT (PNEU-C-20) CONJUGATE VACCINE

The target population designated by HCS for immunization against pneumococcal disease with Pneu-C-20 is limited to the following categories of beneficiaries:

- All adults 65 years of age and older are eligible for one dose of Pneu-C-20.
- Adults 18 years of age and older with medical or environmental risk factors resulting in an increased risk of invasive pneumococcal disease (IPD) are eligible for one dose of Pneu-C-20. For further information on conditions resulting in increased risk of IPD, please see [Provincial-Immunization-Manual-pneumococcal-conjugate-vaccine-section.pdf](#).
- Adults who have received a hematopoietic stem cell transplant should be immunized with Pneu-C-20 following completion of the transplant and upon agreement with their transplant specialist.

IMMUNIZATION AGAINST SHINGLES

The target population designated by HCS for immunization against shingles is limited to the following categories of beneficiaries:

- Adults 65 years of age and older are eligible for two doses of shingles vaccine.
- Adults 50-64 years of age considered high-risk for severe disease are eligible for two doses of shingles vaccine. Please consult [CDC Information for Health Professionals - Health and Community Services](#) for a list of those conditions included as high-risk.
- Commencing September 1, 2025, all adults 50 years of age and older are eligible for two doses of shingles vaccine.

All other immunizations offered at this time to any other target populations (with the exception of temporary COVID-19 and influenza fee codes) are non-insured. For further clarity, immunizations against measles, mumps, rubella, tetanus, diphtheria, pertussis, pneumococcal disease and shingles to individuals not part of the designated target populations outlined above are non-insured services. Please note that 13-valent pneumococcal conjugate vaccine (Pneu-C-13) and 23-valent pneumococcal polysaccharide vaccine (Pneu-P-23) are no longer available. 15-valent (Pneu-C-15) is administered by NLHS Public Health.

Fee codes 54656 and 54658 for intradermal, intramuscular or subcutaneous injections will appear unchanged in the Diagnostic and Therapeutic Services: Injections or Infusions section. However, 54658 (“first injection”) will no longer be eligible for billing for immunizations.

Added to the Diagnostic and Therapeutic Services: Injections or Infusions section is the following two fee codes to represent adult immunizations for the target populations specified above:

54648 Adult immunization for target populations as described in Appendix D	17.16
54649 Adult immunization for target populations as described in Appendix D add-on to office visit	10.00

The following billing rules (in bold) for immunization of beneficiaries who belong to target populations designated by HCS will replace the current Section 9.4 of the Diagnostic and Therapeutic Services section of the General Preamble as follows:

9.4 Billing rules for immunization of beneficiaries who belong to target populations designated by HCS are as follows:

9.4.1 Billing rules when a visit is for immunization only:

- (a) visit for one adult immunization for target population as described in Appendix D – claim one unit of 54648;**
- (b) visit for more than one adult immunization for target population as described in Appendix D – claim the applicable units of 54648 for every eligible vaccine provided. For example, if Pneu-C-20 is provided at the same time as MMR, bill two units of 54648.**

9.4.2 Billing rules for a visit for assessment and immunization(s):

- (a) visit for assessment and one adult immunization for target population as described in Appendix D – when a patient presents to a physician’s office for a visit unrelated to an insured immunization and also receives an adult immunization listed in Appendix D during the same office visit, the appropriate office visit code may be billed as long as**

all preamble requirements for that visit are met. In this case, fee code 54649 is also payable for the administration of the vaccine at \$10.00.

(b) visit for assessment and more than one adult immunization for target population as described in Appendix D – claim the applicable visit fee code as above in (a) and the applicable units of fee code 54649. For example, if Pneu-C-20 is provided at the same time as MMR to designated target populations and a visit for assessment also occurs, bill two units of 54649 in addition to the applicable visit fee code.

(c) If a visit for assessment is billed with an immunization(s), the record of service for that visit must meet the minimum requirements for the applicable visit billed as stated in the MCP Medical Payment Schedule preamble. Appropriate documentation of the immunization(s) is also required.

9.4.3 If more than one immunization is provided in the same visit, each immunization must be documented separately.

9.4.4 Fee code 54000 is not billable in addition to fee codes 54648 or 54649.

9.4.5 Premiums cannot be billed with immunization fee codes. However, fee code 139 (“Add on fee for patients seen in scheduled after hours clinics”) remains billable with the applicable fee codes.

As per MCP Medical Payment Schedule Preamble sections 5.2 and 5.6, the billing physician must be physically present at the site where the immunization(s) is administered.

Billing guidance when COVID-19 and influenza immunization fee codes are active and administered at the same time as one or more adult immunizations for target populations as described in Appendix D:

- When a visit is for **immunization(s) only and COVID-19 and/or influenza immunization and one of the above adult immunizations** for a designated target population as described in Appendix D is administered, physicians should bill **one unit of fee code 54648** for the “adult immunization” as per Appendix D and **the applicable units of 54656** (“each additional injection”) for each of COVID-19 and/or influenza.
- When a visit is for **immunization(s) only and COVID-19 and/or influenza immunization and more than one of the above adult immunizations** for a designated target population as described in Appendix D is administered, physicians should bill **the applicable units of 54648** as well as **the applicable units of 54656**. For example, if a physician administers Pneu-C-20, influenza, and MMR in the same encounter, the physician should bill two units of **54648** and one unit of **54656**.

- When a patient presents to a physician's office for a visit unrelated to an insured immunization and also receives a COVID-19 and/or influenza immunization with an adult immunization listed in Appendix D, the applicable visit code can be claimed along with the following:
 - Visit + COVID-19 immunization + 1 designated adult immunization: bill **visit + 54649**.
 - Visit + influenza immunization + 1 designated adult immunization: bill **visit + 54649**.
 - Visit + COVID + influenza immunizations + 1 designated adult immunization: bill **visit + 54649**.
 - Visit + COVID or influenza + 2 designated adult immunizations: bill **visit + 2 units of 54649**.

All preamble requirements for billing the applicable visit must be met and each immunization administered must be documented appropriately.

Documentation Requirements for Physicians Providing Adult Immunizations

Each time one of the above vaccinations is administered, it **must** be documented.

For Med Access users: Immunization specific templates are available within Med Access. This is the **only** acceptable method of documenting adult immunizations for the above vaccines.

For non-Med Access users: if a physician is unable to use Med Access, paper documentation can be used. Adult Immunization Consent Forms can be found at <https://www.gov.nl.ca/hcs/files/DOC-72570-Adult-Immunization-Consent-Form.pdf>.

Completed paper Immunization Consent Forms should be batched and submitted monthly to:

Public Health Division
1st floor West Block, Confederation Building
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700
100 Prince Philip Drive
St. John's, NL A1B 4J6

Batches of completed forms should be transferred to the Public Health Division via courier service. To arrange courier service at no cost to the physician, please contact Robyn McMaster at robynmcmaster@gov.nl.ca.

The custodian of personal health information must ensure that this transfer of information is in compliance with the **Personal Health Information Act**.

Contacting patients to remind them of the availability of immunizations for designated target populations is not viewed by MCP as solicitation.

Patients belonging to the target populations above and eligible for MCP coverage of MMR, pertussis, tetanus, diphtheria, pneumococcal, or shingles immunization should not be charged for any part of the physician cost of injecting these vaccines.

For further clinical resources on immunizations, physicians can visit [CDC Information for Health Professionals - Health and Community Services](#).

Questions relating to this newsletter should be directed to
AssistantMedicalDirector@gov.nl.ca or (709) 758-1557.