

Information Manual

ON-CALL PAYMENT PROGRAM

Alternate Billing System (ABS) Arrangement

**Department of Health & Community Services
Government of Newfoundland and Labrador**

DECEMBER 30, 2021

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A. PREAMBLE

GENERAL DEFINITION

- On-call physicians will be available to respond to urgent or emergent requests to attend a facility for the purpose of examining, or treating or providing diagnostic services to discharged or unattached patients:
 - who present from the community via the emergency department
 - or who are referred by physicians from other facilities
 - or who are in-patients admitted to physicians in another specialty
- Approved on-call rotas must follow a defined call schedule which provides for coverage 24 hours per day, 365 days a year. This can involve locum coverage or cross coverage with another group, with the exception of salaried physician locum coverage.
- The on-call services will be based from designated facilities.
- **Being on-call for one's own patients or being on-call for patients admitted to other physicians in the same specialty on-call rota is not sufficient to qualify for an on-call payment under this program.** However, physicians may continue to see their own and their specialty group's patients during the period they are on-call for unattached patients.
- Only call rotas recommended by a Regional Health Authority's (RHA) Medical Director, and approved by the Department of Health and Community Services (DHCS) are eligible to receive on-call payments.

PAYMENT LEVELS

Call Rotas Providing Continuous Coverage

As of **December 30, 2021** the rates identified in **Sections D-H** can be claimed by physicians who participate in call rotas that provide continuous coverage.

Multi-Regional Call Groups

If physicians in a region are unable to provide continuous coverage for an essential service in their region, they may form rotas made up of physicians from two or more regions and provide continuous coverage for those regions. Multi-Regional rotas are eligible to claim at the rates identified in **Schedules D-H**. Approved Multi-Regional call rotas are as follows:

Ophthalmology - Central Regional Health Authority

Ophthalmologists at the Regional Hospitals in Grand Falls-Windsor and Gander will participate in a daily on-call rota covering these facilities. The on-call physician will perform necessary work referred in from the other facility. **The new fee code will be 653400.**

Urology – Western Regional Health Authority/Central Regional Health Authority

Urologists at Western Health and Central Health will participate in a daily call schedule covering the facilities in Corner Brook and Grand Falls-Windsor. The on-call physician will perform all necessary work referred from either of the Health Authorities. This coverage will be supplemented by the urologists at Eastern Health as needed.

Medical Officers of Health - St. John's/Eastern/Central/Western/Labrador-Grenfell

Medical Officers of Health will participate in a daily call rota covering the entire province. The on-call physician will respond to matters arising in their own region and the other regions of the Province upon request.

Call Back Groups

It is recognized that there are physician groups which provide some services to patients as described in the general definition but are not able or not required to provide coverage 24 hours per day, 365 days per year, or are called very infrequently. They have been designated as 'Call Back Groups'.

Physicians in these groups are not required to maintain a defined 365 day per annum call schedule, but may be asked to urgently attend to an unattached patient on a very Infrequent basis. On days when physicians in such groups do respond to one or more such requests, they are eligible to claim a call back fee of **\$378**. The call back fee may only be claimed once on any calendar day.

Where a designated call-back group is comprised of a single physician, the following policy will apply:

- Solo specialists/sub-specialists will submit call-back claims according to the rules stated above.
- Eligible physicians whose total call back claim payments in any one year (October 1st to September 30th) were less than **\$29,000** will paid the difference between **\$29,000** and the amount of their total call back payments for the year.
- The maximum amount payable to eligible physicians for call back claims in any one year will be capped at **\$117,936** per annum.
- The **\$29,000** minimum and **\$117,936** cap will be pro-rated for physicians who were in practice for less than a full year.
- The **\$29,000** minimum payment and **\$117,936** cap will be subject to annual review by the DHCS, RHAs, and the NLMA.

The new solo specialist/sub-specialist policy will apply to the following solo call-back physicians:

CODE	DESCRIPTION	INSTITUTION NAME	INSTITUTION #
650418	HCC Retinal Surgery	Health Care Corporation of St. John's	0558
652214	Carbonear ENT	Carbonear General Hospital	0230
653344	Grand Falls Neurology	Central Newfoundland Regional Health Centre	0213
653726	Corner Brook Physiatry	Western Memorial Regional Hospital	0175
654670	St. Anthony Pathology	Charles S. Curtis Memorial Hospital	0141

PAYMENT

Each call rota and each call-back group has been assigned a fee code number by MCP. The applicable payments may be billed to MCP either on paper claims or electronically using TeleClaim and MCP Transmission Support Software provided free of charge by MCP.

Detailed billing instructions, which will explain the proper completion of the paper claim and use of the software, are included in this manual.

ASSESSING RULES

1. In order to be eligible, physicians must be registered with the College of Physicians and Surgeons of Newfoundland and Labrador and MCP.
2. The claim submission deadlines and payment dates will be those published annually in MCP Newsletters and posted on the MCP website at www.gov.nl.ca/mcp.
3. All claims **must** be submitted within 90 days of the date of service.
4. Every claim must include the name and MCP number of patients as defined above, who were actually attended to on a given day. This applies both to on-call payments made on a daily basis and to call-back fees.
5. If no patients as defined above are seen during an on-call day then “**None Seen**” must be entered on the claim. Call back groups require at least one patient to be seen.
6. Claims which overlap with those of another physician for the same on-call rota and the same date of service will be rejected by the claims processing system.
7. **Only one on-call payment is payable to a physician for the same time period.** If two services are covered, then the higher fee can be claimed.
8. The on-call fee may be billed in addition to applicable fee-for-service or salaried payments. The exception to this is FFS physicians claiming Category ‘B’ Emergency Department Coverage (code 611010 and 611020) who are paid for call by another mechanism and cannot claim the on-call per diem in addition.
9. **There can only be a single Family Medicine on-call payment for a given facility.** Where there is more than one group, the physicians may decide to divide the on-call fee.

B. INSTRUCTIONS FOR ELECTRONIC BILLING, TeleClaim 6.x

GETTING STARTED

1. If you have not already done so, install TeleClaim 6.x and MCP transmission software according to the to the installation instructions provided.
2. Open TeleClaim.
3. Select the provider (physician) for whom the on-call payment is being billed.
4. To set up On-Call fee code(s) in your Fee Schedule, click on '**Information**' then on '**Fee Schedule**' and then click on '**Add**'.
5. Refer to the table in this manual that lists Call Groups for your region. For each Call Group that you participate in, set up the corresponding Fee Code in the TeleClaim Fee Schedule by entering the applicable information in the following fields:
 - **Fee code** - enter the Fee Code for your group from the table
 - **ABS Fee** - click on this box, a check mark will appear
 - **Fee Amount** - enter the Rate from the table
 - **Fee Description** - enter the Call Group Name from the table

Click on '**Save**'. A blank Add screen will be displayed. Add any additional fee codes as necessary. When finished, click '**Close**'. Your Fee Schedule will be displayed. Click '**Close**' to return to the main TeleClaim screen.

Note that each physician has his/her own Fee Schedule. If there is more than one physician (provider) set up in your TeleClaim software, the applicable fee codes must be set up for each physician in their individual Fee Schedule.

6. To set up Institution Names and Numbers in TeleClaim, click on '**Information**' and then '**Hospitals**' and then click '**Add**'.

7. Again, refer to the table in this manual that lists call groups for your region. For each call group that you participate in, enter the applicable information in the following fields:

- **Hospital Number:** Enter the 'Institution No.' from the table.
- **Hospital Name:** Enter the 'Institution Name' from the table.

Click on '**Save**'. A blank 'Add' screen will be displayed. Add any more Institution Numbers as necessary. When finished, click '**Close**'. The Hospital list will be displayed. Click '**Close**' to return to the main TeleClaim screen.

ELECTRONIC BILLING (TELECLAIM)

1. Open TeleClaim.
2. Select the provider (physician) for whom the on-call payment is being billed.
3. Click on '**ABS Claims**', then on '**Maintain**', and then on '**Add**'.
4. On the Alternate Billing Claim screen, enter the applicable information in the following fields:
 - **ABS Fee Code:** Enter the fee code for your call group.
 - **Institution Number:** Enter the appropriate institution number.
 - **Payee Number:** This may either be your billing number or the number for the institution or physician to whom you have assigned payment.
 - **Start Date:** Enter the date the period of call began using the YYYY/MM/DD format.
 - **End Date:** Enter the date the period of call ended using the YYYY/MM/DD format.

- **Actual Start Time:** Enter the time the period of call began using 24-hour clock. Call back groups **must** enter start time as 0000.
- **Actual End Time:** Enter the time the period of call ended. Members of call back groups must enter a time 24 hours after the 'start time'. Call back groups **must** enter end time as 2359.
- **Units:** Members of daily on-call **must** enter the actual number of consecutive hours covered in this field. For call back groups '1' **must** be entered. When you tab from the 'Units' field to the 'Fee Claimed' field, the dollar amount will be calculated and entered into the 'Fee Claimed' field based on the data in your Fee Schedule for that fee code.
- Do not enter data in the premium fields.
- Note that the **Comments** box on the claim screen can be used to enter additional information which will support, or aid in the assessment of a claim, although comments are not normally required.
- Click on '**Save**' to save the Claim. You will be asked if you wish to add a Patient Log. Unattached MCP beneficiaries who were seen or to whom diagnostic services were provided must be entered on the Patient Log. Call back groups require at least one patient to be seen. Click '**Yes**' and then click '**Add**' (in the patient log area of the claim screen). The Add Alternate Billing Patient screen will be displayed.
- Enter a patient's MCP number in the Patient ID field, and the Surname and Given Name(s) in the appropriate fields. Click the box next to the **New Patient** indicator. A tick mark will appear in the box. Click '**Save**'. A blank '**Add**' screen will be displayed. Enter the next patient's information and click '**Save**'. Repeat until all the unattached patients have been entered and then click '**Close**' to close the Add Alternate Billing Patient screen. Click '**Close**' on the Alternate Billing Claim screen to exit the claim.

- If no unattached MCP beneficiaries are seen during the period of call, click '**No**' when you are asked if you wish to add a Patient Log. Click '**Close**' on the Alternate Billing Claim screen to exit the claim.
- Click '**Add**' to enter another claim, or click '**Close**' to return to the main TeleClaim screen.

CLAIM SUBMISSION

Batching

Claims must be batched into a submission file for transmission to MCP. Before you run the batch option, check the claims entered for accuracy. Once they have been batched, they cannot be changed.

To batch claims into a submission file, click '**ABS Claims**', and then click '**Batch ABS Claims and TADs**'. Click '**Yes**' to confirm that you wish to batch. When TeleClaim has created the submission file, the message "**Batch completed**" will be displayed, as well as the number of claims in the file, the total dollar amount of the claims in the file and the submission file name.

As part of the batching process, TeleClaim assigns a claim and item number to each new claim and moves the claim information into ABS Claims History.

Note that only **one** ABS submission file can be batched per physician, per day.

Transmission

TeleClaim must be used in conjunction with MCP's Secure File Transfer (SFT) website. All new TeleClaim users must use SFT or another submission method. Further information is available online at: <https://www.gov.nl.ca/hcs/mcp/providers/commsoft/>

When your transmission has finished, check the transmission messages to ensure your submission files were received by MCP. There should be a message for each submission file sent, that states the name of the submission file, and that the file was "successfully transmitted" or "received at MCP". **If you do not see a message, the file was not received at MCP.**

Rejected Claims

Each claim submitted will be assessed to ensure that it is valid. Data on the claim that does not meet the rules established for on-call payments will cause the claim to be rejected by the MCP Claims Processing System and will require correction or clarification before being paid.

It is your responsibility to make corrections and/or provide missing information or clarification. Claims that are rejected will be returned to you in the form of an electronic turnaround document (TAD). TAD files created for you by MCP will be automatically transmitted to your computer as part of the same transmission process you use to submit files to MCP. These files will be listed in your transmission messages. ABS TAD files start with the letter 'S'. You have 7 days to download from the SFT website into your C:\MCP folder.

In order for you to access the TADs in a TAD file, those TADs must be 'retrieved', that is, extracted from the TAD file and put into your database. Click '**TADS**', point at '**Maintain**' and then click '**Retrieve**'. A list of TAD files will be displayed. Highlight the TAD file to be retrieved. Click '**Retrieve**'. A message will be displayed when the data has been retrieved. Click '**OK**'. Retrieve any additional files, if necessary, then click '**Close**' to return to the main TeleClaim screen.

To access the retrieved ABS TADs, click **'TADS'**, point at **'Maintain'** and then click **'ABS TADs'**. The Alternate Billing TADs screen will be displayed. Click a TAD to highlight it and click **'View'**. The TAD will be displayed. It will look similar to the claim entry screen, but with additional information identifying the reason for returning the claim, and a contact name and phone number at MCP if you have questions about the TAD. Please note: TAD's indicating "001-Request for Information" can be resubmitted to MCP with necessary changes or comments to claim Information, however, TAD's indicating "003-Cancellation" cannot be resubmitted, a new claim must be created and submitted for processing, as the originally submitted claim has been cancelled.

Make any necessary changes to the claim Information and/or add Comments to provide additional information for clarification. Click **'Save'**. The message "Is this TAD ready to Batch?" will be displayed.

- If the TAD is ready to be returned to MCP for processing, click **'Yes'**, you will be asked if you wish to add/modify a Patient Log. If you click **'No'**, you will be returned to your list of TADs. If you click **'Yes'**, make any changes necessary, then click **'Close'** to return to your list of TADs.

The TAD will have a Ready to Batch status of **'Yes'**.

- If the TAD is not ready to be returned to MCP, click **'No'**, you will be asked if you wish to add/modify a Patient Log. If you click **'No'**, you will be returned to your list of TADs. If you click **'Yes'**, make any necessary changes to the Patient Log records, then click **'Close'** to return to your list of TADs.

The TAD will have a Ready to Batch status of **'No'**.

If you have received a TAD for a claim that was submitted in error and cannot, or should not, be corrected and returned to MCP, the TAD should be deleted from the list of TADs and the original claim should be deleted from ABS Claims History.

TADs with a Ready to Batch status of **'Yes'** should be batched using the **'Batch ABS Claims and TADs'** option on the **'ABS Claims'** menu. This option will batch the TADs as well as any new ABS claims you have entered into one submission file, which can

then be transmitted to MCP. As part of the batching process, TeleClaim moves the batched TAD information from the Alternate Billing TADs screen into Alternate Billing TADs History.

TELECLAIM & MCP TRANSMISSION SOFTWARE SUPPORT

If you encounter problems when using the software provided by MCP, you can obtain assistance by clicking on **'Help'** or by calling:

- MCP Electronic Billing Software Support for IT and connection concerns at (709) 729-4357;
- MCP Medical Affairs & Training for help on how to use the TeleClaim program for claim creation and submission, TAD's, reconciliation, remittance, outstanding claims, etc. at (709) 292-4023 or (709) 292-4049.

C. INSTRUCTIONS FOR PAPER CLAIM COMPLETION

1. **Claim Number:** Each on-call claim has a pre-printed serial number which is used as part of the claim identification. Please quote the claim number in any correspondence with MCP.
2. **ABS Fee Code:** Refer to the table in this manual that lists the on-call fee code specific to your region. Enter the correct fee code for your group from the table.
3. **Provider Number:** Enter the billing number of the physician who provided on-call coverage.
4. **Provider Name:** Enter the full surname and first name of the physician who provided on-call coverage.
5. **Institution Number:** Enter the appropriate institution number from the table.
6. **Payee Number:** This field is to be used to indicate to whom payment will be made for the service provided. If payment is assigned to another provider or institution, please ensure the payee field is completed to appropriately reflect the payee number. If the payee field is omitted payment will be automatically assigned to the provider's name and number indicated in the provider number and name field.
7. **Start Date:** Enter the year, month and day on which the on-call period started using the YYYY MM DD format (e.g. August 2, 2015 must be shown as 2015/08/02).
8. **Start Time:** Enter the time of day when the on-call period started using the 24-hour clock. Call back groups **must** enter start time as 0000.
9. **End Date:** Enter the year, month and day on which the on-call period ended using the YYYY MM DD format (e.g. August 2, 2015 must be shown as 2015/08/02).

10. **End Time:** Enter the time of day when the on-call period ended using the 24-hour clock. Call back groups should enter end time as 2359.
11. **Total Hours/Units:** Members of daily on-call rotas should enter the actual number of consecutive hours covered in this field. Members of call back groups **must** enter units as '1'.
12. **Fee Claimed:** Enter the amount claimed.
13. **Patient MCP Number and Name:** Enter the MCP number and name of patients who are seen or to whom diagnostic services are provided during the on-call period. If no patients are seen enter, "None Seen". Call back groups require at least one patient to be seen.
14. **Physician's Signature:** This form must be signed by the physician who rendered the service or by his/her authorized designate or by the payee.
15. **Date:** Enter the date the claim form was completed and signed (no required format for this date field).

All of the fields, with the exception of Numbers 8 and 9 for all groups, and 15 for call-back groups, are **mandatory**. Should the on-call claim form be sent to MCP without **ALL** the mandatory fields completed, the claim will be returned. It is important that the forms be completed in an accurate and timely manner so that payment to the physician is not delayed.

D. EASTERN REGIONAL HEALTH AUTHORITY

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. NO.	TIER	RATE
Ferryland Family Medicine	650000	Shamrock Medical Clinic	0866	2	\$16.43/hr
Miller Centre Family Medicine	650010	Leonard A. Miller Centre	0370	2	\$16.43/hr
Miller Centre Palliative Care	650012	Leonard A. Miller Centre	0370	2	\$16.43/hr
Mental Health and Addictions Centre Family Medicine	650015	Mental Health and Addictions Centre	0361	2	\$16.43/hr
General Hospital FP Obstetrics	650020	Health Sciences Centre	0256	2	\$16.43/hr
Janeway Paediatric Surgery Clinical Associates	650055	Janeway Children's Health & Rehab	0281	3	\$14.35/hr
Janeway Neonatology Clinical Associates	650060	Janeway Children's Health & Rehab	0281	4	\$12.28/hr
HCC ICU Clinical Associates	650065	Health Care Corporation of St. John's	0558	4	\$12.28/hr
General Hospital Neurosurgery Clinical Associates	650070	Health Care Corporation of St. John's	0558	4	\$12.28/hr
General Hospital Anaesthesia	650302	Health Sciences Centre	0256	2	\$16.43/hr
General Hospital Anaesthesia (2nd)	650303	Health Sciences Centre	0256	3	\$14.35/hr
General Hospital General Surgery	650304	Health Sciences Centre	0256	1	\$18.50/hr
General Hospital Internal Medicine	650306	Health Sciences Centre	0256	1	\$18.50/hr
General Hospital Ophthalmology	650308	Health Sciences Centre	0256	2	\$16.43/hr
General Hospital Radiology	650310	Health Sciences Centre	0256	1	\$18.50/hr
General Hospital Interventional Radiology	650312	Health Sciences Centre	0256	2	\$16.43/hr

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. No.	TIER	RATE
General Hospital Neurointerventional Radiology	650313	Health Sciences Centre	0256	2	\$16.43/hr
General Hospital Urology	650314	Health Sciences Centre	0256	2	\$16.43/hr
General Hospital Plastic Surgery	650316	Health Sciences Centre	0256	3	\$14.35/hr
General Hospital Cardiac Surgery	650318	Health Sciences Centre	0256	3	\$14.35/hr
General Hospital Neurosurgery	650320	Health Sciences Centre	0256	3	\$14.35/hr
General Hospital Cardiology	650322	Health Sciences Centre	0256	1	\$18.50/hr
General Hospital Neurology	650324	Health Sciences Centre	0256	4	\$12.28/hr
General Hospital Nuclear Medicine	650326	Health Sciences Centre	0256	4	\$12.28/hr
General Hospital Infectious Diseases (Exp. 2025-06-29)	650328	Health Sciences Centre	0256	4	\$10.33/hr
General Hospital Haematology	650330	Health Sciences Centre	0256	3	\$14.35/hr
General Hospital Nephrology	650332	Health Sciences Centre	0256	1	\$18.50/hr
General Hospital Maternal Fetal Medicine	650334	Health Sciences Centre	0256	2	\$16.43/hr
General Hospital Psychiatry	650336	Health Sciences Centre	0256	2	\$16.43/hr
General Hospital OBS/GYN Non- Elective Services	650338	Health Sciences Centre	0256	2	\$16.43/hr
General Hospital Obstetrical Anaesthesia	650340	Health Sciences Centre	0256	2	\$16.43/hr
General Hospital Endocrinology	650344	Health Sciences Centre	0256	1	\$18.50/hr
General Hospital Anaesthesia	650348	Health Sciences Centre	0256		\$514.34/day
General Hospital Pathology	650350	Health Sciences Centre	0256	4	\$12.28/hr
General Hospital Gynecological Oncology	650352	Health Sciences Centre	0256	3	\$14.35/hr
General Hospital Obs/Gyn (2nd)	650355	Health Sciences Centre	0256		\$514.34/day

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. No.	TIER	RATE
General Hospital Hyperbaric Medicine	650356	Health Sciences Centre	0256	4	\$12.28/hr
HCC Orthopaedic Surgery	650400	Health Care Corporation of St. John's	0558	1	\$18.50/hr
HCC Respiriology	650402	Health Care Corporation of St. John's	0558	1	\$18.50/hr
HCC Gastroenterology	650404	Health Care Corporation of St. John's	0558	1	\$18.50/hr
HCC Thoracic Surgery	650406	Health Care Corporation of St. John's	0558	3	\$14.35/hr
HCC Dermatology	650408	Health Care Corporation of St. John's	0558		\$514.34/day
HCC Rheumatology	650410	Health Care Corporation of St. John's	0558	4	\$12.28/hr
HCC Neuropathology	650412	Health Care Corporation of St. John's	0558	4	\$12.28/hr
HCC Pathology	650414	Health Care Corporation of St. John's	0558	4	\$12.28/hr
HCC Retinal Surgery	650418	Health Care Corporation of St. John's	0558		\$514.34/day
HCC Interventional Cardiology	650420	Health Care Corporation of St. John's	0558	2	\$16.43/hr
Janeway Anaesthesia	650500	Janeway Children's Health & Rehab	0281	2	\$16.43/hr
Janeway Neonatology	650502	Janeway Children's Health & Rehab	0281	4	\$12.28/hr
Janeway Paediatrics	650504	Janeway Children's Health & Rehab	0281	3	\$14.35/hr
Janeway Psychiatry	650506	Janeway Children's Health & Rehab	0281	2	\$16.43/hr
Janeway Radiology	650510	Janeway Children's Health & Rehab	0281	1	\$18.50/hr
Janeway Child Protection	650520	Janeway Children's Health & Rehab	0281	4	\$12.28/hr
Janeway Endocrinology	650522	Janeway Children's Health & Rehab	0281	4	\$12.28/hr
Janeway Haematology/Oncology	650524	Janeway Children's Health & Rehab	0281	3	\$14.35/hr

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. NO.	TIER	RATE
Janeway Cardiology	650526	Janeway Children's Health & Rehab	0281	2	\$16.43/hr
Janeway Infectious Diseases (Exp. 2025-06-29)	650530	Janeway Children's Health & Rehab	0281		\$422.44/day
Janeway Paediatric General Surgery	650532	Janeway Children's Health & Rehab	0281	1	\$18.50/hr
Janeway Paediatric Orthopedic Surgery	650534	Janeway Children's Health & Rehab	0281	1	\$18.50/hr
Janeway Pathology	650536	Janeway Children's Health & Rehab	0281	4	\$12.28/hr
Janeway Neurology	650538	Janeway Children's Health & Rehab	0281		\$514.34/day
Janeway Paediatric Ophthalmology	650540	Janeway Children's Health & Rehab	0281	2	\$16.43/hr
St. Clare's Anaesthesia	650600	St. Clare's Mercy Hospital	0264	2	\$16.43/hr
St. Clare's General Surgery	650602	St. Clare's Mercy Hospital	0264	1	\$18.50/hr
St. Clare's Vascular Surgery	650604	St. Clare's Mercy Hospital	0264	3	\$14.35/hr
St. Clare's Internal Medicine	650606	St. Clare's Mercy Hospital	0264	1	\$18.50/hr
St. Clare's Radiology	650608	St. Clare's Mercy Hospital	0264	1	\$18.50/hr
St. Clare's E.N.T.	650612	St. Clare's Mercy Hospital	0264	3	\$14.35/hr
St. Clare's E.N.T. – Remote Coverage	650613	St. Clare's Mercy Hospital	0264	1	\$18.50/hr
St. Clare's Pathology	650614	St. Clare's Mercy Hospital	0264	4	\$12.28/hr
Medical Oncology	650990	NLCTRF	0124	3	\$14.35/hr
Radiation Oncology	650995	NLCTRF	0124	3	\$14.35/hr
Carbonear Family Medicine	652106	Carbonear General Hospital	0230	2	\$16.43/hr
Carbonear Anaesthesia	652200	Carbonear General Hospital	0230	2	\$16.43/hr
Carbonear General Surgery	652202	Carbonear General Hospital	0230	1	\$18.50/hr
Carbonear Internal Medicine	652204	Carbonear General Hospital	0230	1	\$18.50/hr
Carbonear OBS/GYN	652206	Carbonear General Hospital	0230	2	\$16.43/hr
Carbonear Pathology	652208	Carbonear General Hospital	0230		\$514.34/day
Carbonear Radiology	652210	Carbonear General Hospital	0230	1	\$18.50/hr
Carbonear Psychiatry (Exp. 2025-01-31)	652212	Carbonear General Hospital	0230		\$422.44/day
Carbonear ENT	652214	Carbonear General Hospital	0230		\$514.34/day

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. No.	TIER	RATE
Carbonear Paediatrics	652216	Carbonear General Hospital	0230	3	\$14.35/hr
Carbonear FP Support to Travelling Orthopedics (Exp. 2026-03-31)	652220	Carbonear General Hospital	0230	2	\$16.43/hr
Carbonear Orthopedics	652221	Carbonear General Hospital	0230	1	\$18.50/hr
Rural Eastern Psychiatry	652224	Carbonear General Hospital Dr. G.B. Cross Memorial Hospital Burin Peninsula Health Care Centre	0230 0248 0302	2	\$16.43/hr
Rural Eastern Psychiatry	652224	Dr. G. B. Cross Memorial Hospital Burin Peninsula Health Care Centre Carbonear General Hospital	0248 0302 0230	2	\$16.43/hr
Clareville Family Medicine	652404	Dr. G. B. Cross Memorial Hospital	0248	2	\$16.43/hr
Clareville Anaesthesia	652452	Dr. G. B. Cross Memorial Hospital	0248	2	\$16.43/hr
Clareville General Surgery	652454	Dr. G. B. Cross Memorial Hospital	0248	1	\$18.50/hr
Clareville Internal Medicine	652456	Dr. G. B. Cross Memorial Hospital	0248	1	\$18.50/hr
Clareville OBS/GYN	652458	Dr. G. B. Cross Memorial Hospital	0248	2	\$16.43/hr
Clareville Paediatrics	652460	Dr. G. B. Cross Memorial Hospital	0248	3	\$14.35/hr
Clareville Psychiatry (Exp. 2025-01-31)	652462	Dr. G. B. Cross Memorial Hospital	0248	2	\$13.62/hr
Clareville Radiology	652464	Dr. G. B. Cross Memorial Hospital	0248	1	\$18.50/hr
Clareville Pathology	652466	Dr. G. B. Cross Memorial Hospital	0248	4	\$12.28/hr
Rural Eastern Psychiatry	652224	Burin Peninsula Health Care Centre Carbonear General Hospital Dr. G. B. Cross Memorial Hospital	0302 0230 0248	2	\$16.43/hr
Burin Family Medicine	652406	Burin Peninsula Health Care Centre	0302	2	\$16.43/hr

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. NO.	TIER	RATE
Burin Anaesthesia	652542	Burin Peninsula Health Care Centre	0302	2	\$16.43/hr
Burin General Surgery	652544	Burin Peninsula Health Care Centre	0302	1	\$18.50/hr
Burin Internal Medicine	652546	Burin Peninsula Health Care Centre	0302	1	\$18.50/hr
Burin OBS/GYN	652548	Burin Peninsula Health Care Centre	0302	2	\$16.43/hr
Burin Paediatrics	652550	Burin Peninsula Health Care Centre	0302	3	\$14.35/hr
Burin Psychiatry (Exp. 2025-01-31)	652552	Burin Peninsula Health Care Centre	0302	2	\$13.62/hr
Burin Radiology	652556	Burin Peninsula Health Care Centre	0302	1	\$18.50/hr

E. CENTRAL REGIONAL HEALTH AUTHORITY

Call Group Name	Fee Code	Institution Name	Inst. No.	Tier	Rate
Gander Family Medicine	652702	James Paton Memorial Hospital	0205	2	\$16.43/hr
Gander FP Obstetrics	652710	James Paton Memorial Hospital	0205	2	\$16.43/hr
Gander Anaesthesia	652852	James Paton Memorial Hospital	0205	2	\$16.43/hr
Gander General Surgery	652854	James Paton Memorial Hospital	0205	1	\$18.50/hr
Gander Internal Medicine	652856	James Paton Memorial Hospital	0205	1	\$18.50/hr
Gander Orthopaedic Surgery	652858	James Paton Memorial Hospital	0205	1	\$18.50/hr
Gander OBS/GYN	652860	James Paton Memorial Hospital	0205	2	\$16.43/hr
Gander Paediatrics	652862	James Paton Memorial Hospital	0205	3	\$14.35/hr
Gander Psychiatry	652864	James Paton Memorial Hospital	0205	2	\$16.43/hr
Gander Radiology	652866	James Paton Memorial Hospital	0205	1	\$18.50/hr
Gander Pathology	652870	James Paton Memorial Hospital	0205	4	\$12.28/hr
Central Ophthalmology	653400	James Paton Memorial Hospital/ Central NL Regional Hospital	0205 0213	2	\$16.43/hr
St. Alban's Family Medicine	653112	Bay d' Esprit Medical Centre	0860	2	\$16.43/hr
Grand Falls Family Medicine	653114	Central NL Regional Health Centre	0213	2	\$16.43/hr
Grand Falls FP Obstetrics	653115	Central NL Regional Health Centre	0213	2	\$16.43/hr
Grand Falls Anaesthesia	653322	Central NL Regional Health Centre	0213	2	\$16.43/hr
Grand Falls/Corner Brook ENT	653324	Central NL Regional Health Centre Western Memorial Regional Hospital	0213 0175	4	\$12.28/hr
Grand Falls Surgical Assist	653325	Central NL Regional Health Centre	0213	4	\$12.28/hr

Call Group Name	Fee Code	Institution Name	Inst. No.	Tier	Rate
Grand Falls General Surgery	653326	Central NL Regional Health Centre	0213	1	\$18.50/hr
Grand Falls Internal Medicine	653328	Central NL Regional Health Centre	0213	1	\$18.50/hr
Grand Falls OBS/GYN	653330	Central NL Regional Health Centre	0213	2	\$16.43/hr
Grand Falls Paediatrics	653332	Central NL Regional Health Centre	0213	3	\$14.35/hr
Grand Falls Psychiatry	653334	Central NL Regional Health Centre	0213	2	\$16.43/hr
Grand Falls Radiology	653336	Central NL Regional Health Centre	0213	1	\$18.50/hr
Grand Falls Pathology	653338	Central NL Regional Health Centre	0213	4	\$12.28/hr
Grand Falls Neurology	653344	Central NL Regional Health Centre	0213		\$514.34/day
Grand Falls Dermatology	653346	Central NL Regional Health Centre	0213		\$514.34/day
Central Ophthalmology	653400	James Paton Memorial Hospital/ Central NL Regional Hospital	0205 0213	2	\$16.43/hr
Grand Falls-Windsor & Corner Brook Urology	653738	Western Memorial Regional Hospital Central NL Regional Health Centre Health Sciences Centre	0175 0213 0256	2	\$16.43/hr

F. WESTERN REGIONAL HEALTH AUTHORITY

Call Group Name	Fee Code	Institution Name	Inst. No.	Tier	Rate
Corner Brook / Grand Falls ENT	653324	Western Memorial Regional Hospital Central NL Regional Health Centre	0175 0213	4	\$12.28/hr
Corner Brook Family Medicine	653606	Western Memorial Regional Hospital	0175	2	\$16.43/hr
Corner Brook Palliative Care	653607	Western Memorial Regional Hospital	0175	2	\$16.43/hr
Stephenville Family Medicine	653608	Sir Thomas Roddick Hospital	0183	2	\$16.43/hr
Corner Brook Anaesthesia	653704	Western Memorial Regional Hospital	0175	2	\$16.43/hr
Corner Brook General Surgery	653706	Western Memorial Regional Hospital	0175	1	\$18.50/hr
Corner Brook Internal Medicine	653708	Western Memorial Regional Hospital	0175	1	\$18.50/hr
Corner Brook OBS/GYN	653710	Western Memorial Regional Hospital	0175	2	\$16.43/hr
Corner Brook Radiology	653712	Western Memorial Regional Hospital	0175	1	\$18.50/hr
Corner Brook Orthopaedic Surgery	653714	Western Memorial Regional Hospital	0175	1	\$18.50/hr
Corner Brook Paediatrics	653720	Western Memorial Regional Hospital	0175	3	\$14.35/hr
Corner Brook Psychiatry	653722	Western Memorial Regional Hospital	0175	2	\$16.43/hr
Corner Brook Pathology	653724	Western Memorial Regional Hospital	0175	4	\$12.28/hr
Corner Brook Psychiatry	653726	Western Memorial Regional Hospital	0175		\$514.34/day
Corner Brook Ophthalmology	653728	Western Memorial Regional Hospital	0175	2	\$16.43/hr
Corner Brook Dermatology	653732	Western Memorial Regional Hospital	0175		\$514.34/day
Corner Brook ENT	653734	Western Memorial Regional Hospital	0175		\$514.34/day
Corner Brook Neurology	653736	Western Memorial Regional Hospital	0175		\$514.34/day
Corner Brook & Grand Falls-Windsor Urology	653738	Western Memorial Regional Hospital Central NL Regional Health Centre Health Sciences Centre	0175 0213 0256	2	\$16.43/hr

Call Group Name	Fee Code	Institution Name	Inst. No.	Tier	Rate
Corner Brook Surgical Assist	653740	Western Memorial Regional Hospital	0175	4	\$12.28/hr
Corner Brook ICU – Adult Critical	653745	Western Memorial Regional Hospital	0175	4	\$12.28/hr
Stephenville Anaesthesia	653910	Sir Thomas Roddick Hospital	0183	2	\$16.43/hr
Stephenville General Surgery	653920	Sir Thomas Roddick Hospital	0183	1	\$18.50/hr
Stephenville Internal Medicine	653930	Sir Roddick Hospital	0183	1	\$18.50/hr
Stephenville OBS/GYN	653940	Sir Roddick Hospital	0183	2	\$16.43/hr
Stephenville Psychiatry	653944	Sir Roddick Hospital	0183		\$514.34/day
Stephenville Radiology	653946	Sir Roddick Hospital	0183		\$514.34/day

G. LABRADOR-GRENLELL HEALTH AUTHORITY

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. No.	TIER	RATE
St. Anthony Family Medicine	654610	Charles S. Curtis Memorial Hospital	0141	2	\$16.43/hr
Flower's Cove Family Medicine	654615	Strait of Bell Isle Health Centre	0864	2	\$16.43/hr
Roddickton Family Medicine	654620	White Bay Central Community Health Centre	0865	2	\$16.43/hr
Forteau Family Medicine	654625	Labrador South Health Centre	0834	2	\$16.43/hr
St. Anthony Anaesthesia	654630	Charles S. Curtis Memorial Hospital	0141	2	\$16.43/hr
St. Anthony General Surgery	654635	Charles S. Curtis Memorial Hospital	0141	1	\$18.50/hr
St. Anthony Internal Medicine	654640	Charles S. Curtis Memorial Hospital	0141	1	\$18.50/hr
St. Anthony OBS/GYN	654645	Charles S. Curtis Memorial Hospital	0141	2	\$16.43/hr
St. Anthony Psychiatry	654650	Charles S. Curtis Memorial Hospital	0141	2	\$16.43/hr
St. Anthony Paediatrics	654655	Charles S. Curtis Memorial Hospital	0141	3	\$14.35/hr
St. Anthony Ophthalmology	654660	Charles S. Curtis Memorial Hospital	0141		\$514.34/day
St. Anthony Radiology (Exp. 2025-07-23)	654665	Charles S. Curtis Memorial Hospital	0141		\$422.44/day
St. Anthony Pathology	654670	Charles S. Curtis Memorial Hospital	0141		\$514.34/day
Goose Bay Family Medicine	655005	Labrador Health Centre	0167	2	\$16.43/hr
Churchill Falls Family Medicine	655010	Churchill Falls Centre	0867	2	\$16.43/hr
Nain Family Medicine	655020	Labrador Health Corporation, Nain	0868	2	\$16.43/hr

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. No.	TIER	RATE
Goose Bay Anaesthesia	655025	Labrador Health Centre	0167	2	\$16.43/hr
Goose Bay General Surgery	655030	Labrador Health Centre	0167	1	\$18.50/hr
Goose Bay OBS/GYN	655035	Labrador Health Centre	0167	2	\$16.43/hr
Goose Bay Paediatrics	655036	Labrador Health Centre	0167	3	\$14.35/hr
Labrador City Family Medicine	655015	Labrador West Health Centre	0159	2	\$16.43/hr
Labrador City Anaesthesia	655040	Labrador West Health Centre	0159	2	\$16.43/hr
Labrador City General Surgery	655045	Labrador West Health Centre	0159	1	\$18.50/hr
Labrador City Paediatrics	655050	Labrador West Health Centre	0159	3	\$14.35
Labrador City OBS/GYN	655060	Labrador West Health Centre	0159	2	\$16.43/hr
Labrador Grenfell Zone Radiology (eff. 2025-07-24)	655080	Labrador Grenfell Zone	0106	1	\$18.50/hr

H. PROVINCE WIDE ON-CALL

CALL GROUP NAME	FEE CODE	INSTITUTION NAME	INST. No.	TIER	RATE
HCC Haematopathology	650416	Province Wide	0100	1	\$18.50/hr
Provincial Medical Officers of Health	655100	Province Wide	0100	1	\$18.50/hr
Provincial Cardiac Echographers Daily Call Back	655101	Province Wide	0100		\$514.34/day
Provincial Cardiac Electrophysiologists Daily Call Back	655102	Province Wide	0100		\$514.34/day
Microbiology and Provincial Public Health	655105	Province Wide	0100	1	\$18.50/hr
Medical Transport Physician Backup (eff. 2025-09-22)	655108	Province Wide	0100	1	\$18.50/hr
Provincial Geriatric Medicine	655110	Province Wide	0100	1	\$18.50/hr
Adult Infectious Diseases (eff. 2025-06-30)	655116	Province Wide	0100	1	\$18.50/hr
Paediatric Infectious Diseases (eff. 2025-06-30)	655118	Province Wide	0100	1	\$18.50/hr