

24-03

mcp newsletter

April 11, 2024

TO: FEE-FOR-SERVICE PEDIATRICIANS AND INTERNISTS

RE: PROVOCATIVE TESTING

In consultation with the Newfoundland and Labrador Medical Association, the Department of Health and Community Services is making the following changes in bold to the MCP Medical Payment Schedule. These changes include two new fee codes to recognize the transition of low-risk provocative testing from the hospital to office setting. These fee code changes are effective **February 16, 2024**. Provocative testing fee codes can only be billed by physicians certified by the Royal College of Physicians and Surgeons of Canada (RCPSC) in Clinical Immunology and Allergy, or who otherwise are approved to perform these services in a hospital setting.

For all those physicians who are eligible to bill provocative testing, fee codes 54028 and 54029 should be used for low-risk provocative tests regardless of where the testing occurs (i.e. hospital or office). Physicians **without** RCPSC certification in Clinical Immunology and Allergy but who have approval to provide these services in a hospital setting are restricted to billing provocative testing in the hospital setting only.

Provocative testing

54026	High-risk provocative testing (must be done in a hospital)	213.25
54027	- after the first hour, per quarter hour or major part thereof, add	30.00
54028	Low-risk provocative testing (may be done in a hospital or office)	139.78
54029	- after the first hour, per quarter hour or major part thereof, add	19.11

Notes:

1. No visit or consultation fees for the patient can be charged in addition to fee codes 54026, 54027, or 54029. **Consultation fee codes 101 and 401 may be billed with fee code 54028 as long as all applicable General Preamble Section 6 criteria for billing are met.**
2. **Fee code 54000 cannot be billed with any of the fee codes for provocative testing (54026 through 54029).**
3. **Billing of provocative testing (codes 54026 to 54029)** is restricted to only those physicians certified by the Royal College of Physicians and Surgeons of Canada in Clinical Immunology and Allergy. Other physicians providing this service in a hospital may be considered **for billing these fee codes** upon request to the Assistant Medical Director.

4. Fee code 54027 can be billed to a maximum of three hours or twelve units. **54029 can be billed to a maximum of two hours or eight units.**
5. Start and end times for fee codes **54026, 54027, 54028, and 54029** must be documented in the record of service.

Questions relating to the content of this Newsletter should be directed to the Assistant Medical Director at (709) 758-1557 or by email at AssistantMedicalDirector@gov.nl.ca