Government of Newfoundland and Labrador
Department of Health and Community Services

mcp newsletter

August 2013 **13-08**

TO: FEE FOR SERVICE PSYCHIATRISTS

RE: 1) INCREASE TO CONSULTATION RATES
2) NEW FEE CODES

INTRODUCTION

The Department of Health and Community Services consulted with the NLMA regarding the allocation of Clinical Stabilization Funding (CSF) to fee-for-service Psychiatry under the *2009-13 Memorandum of Agreement*. It was jointly proposed that CSF be utilized to increase MCP rates for Psychiatry Consultations and to implement new MCP fee codes for Psychiatry. The Minister of Health and Community Services approved the increased rates and the new fee codes which will come into effect on September 1, 2013 at 00:01 a.m. In addition, the Department has also instituted two other initiatives (Consultation Bonus and traveling clinic funding) related to FFS Psychiatry. As these initiatives do not directly impact billing through MCP, they will be communicated in subsequent newsletters.

1) INCREASED CONSULTATION RATES

The rates for Psychiatry Office (fee code 101), Home (fee code 201), In-patient (fee code 301) and Out-patient Clinic (fee code 401) Consultations will increase to $250.00.

2) NEW FEE CODES – DOCUMENTATION AND BILLING PROCEDURES

The new fee codes, rates, terms and conditions for billing are as follows:

2 (a) New Transfer of Care Surcharge Fee Code

160 Transfer of care surcharge – after a minimum of 6 follow up visits **85.00**

7.33.1 Transfer of Care Surcharge

Fee code 160 may only be claimed by Psychiatrists who provide office-based care. It is payable for patients who are discharged from the psychiatrist's practice to their family physician with a written treatment plan for the ongoing management of the patient's mental health. The written treatment plan fulfills the documentation requirement for this service. A minimum of six separate follow up visits must occur before code 160 may be billed.

The transfer of care code is intended to assist in the safe transition of appropriate patients, whose medical needs can be managed within primary care, from the

psychiatrist to the primary care physician. The billing psychiatrist must meet the established visit requirements for this fee code and must provide a transition of care treatment plan to the family physician or designate that will provide guidance on bio-psycho-social recommendations for the patient. This plan must include the following elements:

- **psychiatric diagnosis;**
- **medical diagnosis;**
- **medication recommendations including:**
  - **list of medication trials including reasons for discontinuing (i.e. intolerances, allergies, etc);**
  - **current medications including recommendations for dosage adjustment and duration of treatment;**
  - **monitoring that will be required while taking specific medications; and**
  - **any cautions regarding medications.**
- **relevant risk management recommendations (i.e. suicide, psychosis, driving, urine drug screening, etc); and**
- **relevant information from other mental health services to include:**
  - **interventions utilized;**
  - **ongoing psycho-social needs; and**
  - **follow-up required with mental health services.**

2 (b) New In-patient Per Diem Surcharge Fee Codes

	In-patient surcharge	
352	**- day 1 to 14, per day**	**25.00**
353	**- days 15 to 28, per day**	**15.00**

7.15.4 Fee codes 352 and 353 may be claimed by Psychiatrists providing continuing care of hospital in-patients as the attending physician. Fee code 352 is payable during days 1 to 14 of an admission on a per diem basis. It can be billed in addition to the admission assessment code, or codes 356 and 359. Fee code 353 is payable during days 15 to 28 on a per diem basis and can be billed in addition to codes 356 and 359.

2 (c) New In-patient Surcharge, Day of Discharge Fee Code

359	**In-patient surcharge, day of discharge**	**100.00**

7.15.5 Fee code 359 may only be claimed by Psychiatrists providing continuing care of hospital in-patients as the attending physician. It is payable once during a period of admission on the day the patient is discharged from hospital. It can be billed in addition to the applicable SHV code. It can be billed in addition to fee code 352 or 353 if applicable. The billing physician is responsible for:

- **preparing the discharge summary at the time of discharge and forwarding a copy to the patient's family physician. The discharge summary must include:**
  - **psychiatric diagnosis;**
  - **medical diagnosis;**
  - **medication recommendations including:**
    - **list of medication trials including reasons for discontinuing (i.e. intolerances, allergies, etc);**

- current medications including recommendations for dosage adjustment and duration of treatment;
- monitoring that will be required while taking specific medications; and
- any cautions regarding medications.

o relevant risk management recommendations (i.e. suicide, psychosis, driving, urine drug screening, etc); and

o relevant information from other mental health services to include:
- interventions utilized;
- ongoing psycho-social needs; and
- follow-up required with mental health services.

- providing information and advice to the patient or patient's representative on matters related to the patient's diagnosis/care; and
- arranging follow up care as necessary.

2 (d) New Emergency Department Consultation Fee Code

402 Emergency Department Consultation..... 325.00

6.13 Psychiatry Emergency Department Consultation: This service may only be claimed by Psychiatrists and consists of unscheduled evaluation and management of a patient with an acute mental health crisis. This fee code can only be claimed when a patient is assessed in a hospital emergency department on an urgent basis.

Note: As part of this change, fee code 401 has been redefined as Out-patient Clinic Consultation.

Psychiatrists should advise their billing staff of these changes. Users of TeleClaim software should update the fee schedule within TeleClaim manually to include the new fee codes.

Questions regarding MCP billing should be directed to MCP by calling the 1-800-440-4405 toll free number. Other questions regarding the content of this Newsletter should be directed to the Assistant Medical Director by email: blairfleming@gov.nl.ca.