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FEE INCREASES

Effective February 1, 2010 the following fee adjustments are now available for billing:

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Adjustment MSU's</u>
VIST	03.04	First Examination – Newborn Care Healthy Infant LO=HOSP, FN=INPT, RO=NBCR, RP=INTL (RF=REFD), SP=PEDI	Increase to 16
VIST	03.03	Subsequent Care – Newborn Healthy Infant LO=HOSP, FN=INPT, RO=NBCR, RP=SUBS (RF=REFD), SP=PEDI	Increase to 16

Claims for these codes with a service date from February 01, 2010 to October 01, 2010 will be identified and reconciliation will occur in the winter of 2011. The reconciliation will be calculated after the 90-day waiting period for the submission of claims.

NEW FEES

Effective December 01, 2009 the following fee is now available for billing by gynecology oncologists:

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
VIST	03.04	RO=CAPT RP=SUBS	Comprehensive reassessment of a cancer patient	25

This code is billable when a comprehensive visit is made by a medical, hematology, gynecology, or radiation oncologist with a cancer patient who is currently undergoing cytotoxic antineoplastic chemotherapy or radiation treatments. It may be claimed once every 21 days during the active treatment cycles. It may not be claimed for hormonal therapy, immunotherapy or when using other biological modifiers. Text is required to indicate the start date and duration of the current treatment cycle.

Physicians with eligible services must submit their claims within 90 days of the date for this bulletin. Please include text referring to this bulletin for any service over the 90 day time frame.

DIAGNOSTIC CODES

The following diagnostic code has been added to the list of acceptable codes for billing optometric CCDX visits:

- 36800 (amblyopia)

INFLUENZA IMMUNIZATION

For the 2010-2011 season, the influenza immunization is not restricted to certain age groups or risk categories. Please refer to the attached schedule of provincial immunizations for the revised diagnostic codes to be used when billing for the influenza immunization.

REMINDERS: BILLING GUIDELINES FOR PROVINCIAL IMMUNIZATIONS

Please see the attached Schedule of Provincial Immunizations for billing purposes.

1. If one vaccine is administered but no associated office visit is billed (i.e. the sole purpose for the visit is the immunization), claim the immunization at a full fee.
2. If two vaccines are administered at the same visit but no associated office visit is billed (i.e. the sole purpose for the visit is the immunization), claim for each immunization at a full fee.
3. If one vaccine is administered in conjunction with a billed office visit, claim both the office visit and the immunization at full fee.
4. If two vaccines are administered in conjunction with a billed office visit, the office visit and the first injection can be claimed at full fee. All subsequent injections will be paid at 50 percent.
5. For children under 18 months of age, if a vaccine is administered in conjunction with a well baby care visit, claim the well baby care visit and the immunization.

UPDATED FILES – AVAILABILITY

Updated files reflecting changes are available for download on Friday, October 1, 2010. The files to download are health service (SERVICES.DAT).

SCHEDULE OF PROVINCIAL IMMUNIZATIONS

Refer to the following fee schedule when claiming for individual immunization(s) not billed in conjunction with an office visit or a single immunization billed in conjunction with an office visit:

IMMUNIZATION	HEALTH SERVICE CODE	MODIFIER	MSUs	DIAGNOSTIC CODE
PENTA (DaPTP, Hib)	13.59L	RO=PENT	6.0	V069
MMR	13.59L	RO=MMAR	6.0	V069
QUAD (DaPTP)	13.59L	RO=QUAD	6.0	V069
Td	13.59L	RO=TEDI	6.0	V069
Influenza - Pregnant	13.59L	RO=INFL	6.0	V221
Influenza - Males and non-pregnant females	13.59L	RO=INFL	6.0	V048
Varicella	13.59L	RO=VARI	6.0	V069
Adacel	13.59L	RO=ADAC	6.0	V069
Menjugate	13.59L	RO=MENC	6.0	V069
Pneumococcal Polysaccharide	13.59L	RO=PNEU	6.0	V069
Pneumococcal Polysaccharide In addition to Influenza	13.59L	RO=PNEU	6.0	V066
Boostrix®	13.59L	RO=BOTR	6.0	V069
Pneumococcal Conjugate	13.59L	RO=PNEC	6.0	V069

When claiming immunization with a visit, the visit will be paid in full at 100%. The first inoculation will be in full at 6.0 MSU and all subsequent inoculations will be paid at 3.0 MSU or 50%. If the purpose of the visit is for immunization only, then the first two inoculations will be paid at 100% and all subsequent inoculations at 50% of the specified MSU.

Refer to the following table when claiming for a provincial immunization tray fee:

HEALTH SERVICE CODE	DESCRIPTION	MSUs
13.59M	Provincial Immunization Tray Fee	1.5 per multiple (Max 4)

Refer to the following diagnostic code table, when claiming for pneumococcal and varicella immunizations:

PATIENT'S CONDITION	DIAGNOSTIC CODE
At risk irrespective of age	Diagnostic code applicable to condition, e.g. 25000 diabetes mellitus
Close contact of at risk individual	V018
Well Senior	V069