

New Fee Code for Enhanced Care of Patients with COPD

September 16, 2021

Dear Colleagues:

A new fee code is now available to fee-for-service family physicians for enhanced care of patients with Chronic Obstructive Pulmonary Disease (COPD). Physicians already registered with the Family Practice Renewal Program (FPRP) Fee Code Program are immediately eligible to bill the new COPD code. If you are not already registered, please do so [here](#) – registration is a simple, online process. Note that certain eligibility criteria need to be met for registration.

The FPRP Fee Code Program recognizes the time and effort required to provide comprehensive care to patients with complex needs, as well as collaboration with other providers. It is our hope that this new COPD code will result in enhanced comprehensive care and improved health outcomes including fewer hospital stays, fewer admissions, readmissions and shorter lengths of hospital stays for patients.

COPD Code (522)

The new COPD code is an add-on to an office or hospital outpatient partial assessment or to a chronic disease management visit. This code is also payable as an add-on to the following visits which occur in a home or DHCS long term care facility: 210, 246a, 252, 285, 286a, 292. It is payable to the family physician who is most responsible for the majority of the patient's longitudinal care.

Documentation of service is based on the COPD Patient Care Visit Template for documenting guideline-informed care, which is available in your Electronic Medical Record (EMR). Please note the **specific title** of the template as **“*eDOCSNL NL COPD Visit Template”**. If you do not have an EMR, click [here](#) for a paper copy.

Please note the supportive [resources](#) available on the FPRP website. These include:

- A [COPD code one-pager](#) for easy access by you and your billing staff;
- A set of [frequently asked questions](#) on code conditions and usage;
- An [instructional user guide](#) to support the COPD visit template; and
- An instructional video ([Introduction to the COPD Visit Template](#)) on use and features of the COPD Visit Template in your EMR, developed in collaboration by Dr. Roxanne Cooper, family physician, and the eDOCSNL program.

FPRP will also offer a new group learning program for enhanced care of patients with COPD this fall — developed and delivered in collaboration between Dr. Roxanne Cooper, Family Physician, and Dr. Gokul Vidyasankar, Respiriologist.

Requirements for Billing

- Minimum requirements for the type of visit billed above in association with fee code 522 as set out in the General Preamble must be met. For example, if you are billing chronic disease management with fee code 522, please refer to preamble section 7.6 for billing requirements.
- The diagnostic code submitted on the claim for the applicable visit as well as for fee code 522 must be one of the “Chronic Obstructive Lung Disease” ICD-9 diagnostic codes 491, 492, 494, or 496.
- Fee code 522 can be billed to a **maximum of two billings per patient for a maximum of eighty patients per physician per billing year**.
- Minimum medical record requirements for all billings include date, patient name, and MCP number; as well as completion of the “Spirometry” and Exacerbations sections of the COPD Visit Template.

Please reference the accompanying [MCP newsletter](#) for further, detailed information on billing, including medical record requirements.

To learn more about the FPRP, and for updates on the Fee Code Program, please visit our [website](#).

Regards,

Wendy Graham, MD, CCFP, FCFP, FRRMS, FPRP Co-Chair

Tina Follett, Assistant Deputy Minister, Department of Health and Community Services, FPRP Co-Chair