Government of Newfoundland and Labrador
Department of Health and Community Services

mcp newsletter

September 16, 2021 **21-07**

TO: ALL FEE-FOR-SERVICE FAMILY PHYSICIANS

RE: NEW FAMILY PRACTICE RENEWAL PROGRAM FEE CODE 522

A new few code is now available to fee-for-service (FFS) family physicians registered with the Family Practice Renewal Program (FPRP) Fee Code Program. Chronic Obstructive Pulmonary Disease (COPD) Management code 522 is intended for billing for enhanced care of patients with COPD. 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 hoped 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 Management fee code 522 is available for billing effective today, September 16, 2021.

Physicians already registered with the FPRP Fee Code Program are immediately eligible to bill this new fee code. If you are not already registered, please do so **here.** Please visit Fee Code Program - Family Practice Renewal Program Resources Page for more information and resources, including an educational video and user guide supporting the COPD visit template, FAQs, and useful links for COPD care.

522 COPD Management……add $50.00

This 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 this service is based on the COPD Patient Care Visit Template for documenting guideline-informed care, which is available in the Med Access EMR. Physicians who do not have access to Med Access EMR and require a downloadable version for printing can obtain it here.

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NOTES

1. Minimum requirements for the type of visit billed above 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.
2. 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.
3. Fee code 522 can only be billed to a maximum of two billings per patient for a maximum of eighty patients per physician per billing year.
4. Minimum medical record requirements:
    a. Completion of the date, name, and MCP number on the Patient Care Visit Template.
    b. Completion of the "Spirometry" section of the Patient Care Visit Template indicating:
        - the COPD diagnosis has been confirmed by a post-bronchodilator FEV_1/FVC ratio of <0.7; OR
        - a medical reason why the patient is unable to perform spirometry. For example, acceptable medical reasons why a patient may not be able to perform spirometry include anxiety or active tuberculosis, etc.; OR
        - spirometry has been ordered. Please note that if this option is chosen, it is only valid for the first two billings of fee code 522. For the third billing, one of a) or b) above must be satisfied for billing to proceed.
    c. Completion of the "Exacerbations" section of the Patient Care Visit Template.

Questions relating to the FPRP Fee Code Program should be directed to Glenda Nash, Program Director at (709) 702-3701 or gnash@nlma.nl.ca.