PHYSICIANS MANUAL UPDATES

Page CLMST-6

The following amendment has been added.

4. In addition to the amount set out in the Schedule, the Minister shall pay the following percentage corresponding to the location of the physician and location of the patient for each virtual service provided.

   The associated alpha-codes should be submitted along with a virtual claim in the rural fee differential field.

		Patient Location			
		Winnipeg	Brandon/Rural	Northern	Remote
Physician Location	Winnipeg	0%	M=2.5%	P=12.5%	Q=17.5%
	Brandon/Rural	S=2.5%	T=5%	U=15%	V=20%
	Northern	H=12.5%	X=15%	Y=25%	Z=30%
	Remote	D=17.5%	F=20%	G=30%	A=35%

Page A-119

The following language was added to the General Practice Visit Page:

These benefits cannot be correctly interpreted without reference to the Rules of Application.
10% will automatically be applied to tariffs 8540, 8510, 8442, 8321, ~8640 or ~8350 for patients between the ages of 65 to 69 years.
20% will automatically be applied to tariffs 8540, 8510, 8442, 8321, ~8640 or ~8350 for patients 70 years of age or older.

Page A-120

Note 2 under tariff ~8640 has been updated effective February 15, 2024.

~8640 Extended Visit.....70.00

Notes: *1) An extended visit is to assess two or more distinct complaints or problems from the patient, and shall be comprised of:*

A history of the presenting two or more complaints;

An examination of the parts or systems related to the presenting complaints;

A review of all pertinent investigations;

A complete written record and advice to the patient;

The visit shall be a minimum of twenty (20) minutes of physician time.

2) If applicable, an age premium will automaticallybe applied to tariff ~8640.

Page A-121

Note 2 under tariff ~8350 has been updated effective February 15, 2024.

~8350 Extended virtual visit by video 70.00

Notes: *1) An extended visit is to assess two or more distinct complaints or problems from the patient, and shall be compromised of:*

A history of the presenting two or more complaints;

An examination of the parts or systems related to the presenting complaints;

A review of all pertinent investigations;

A complete written record and advice to the patient;

The visit shall be a minimum of twenty (20) minutes of physician time.

Start and stop times must be included on the claim.

2) *If applicable, an age premium will automatically be applied to tariff ~8350.*

3) *When 8345, or 8321 is provided by telephone the service must be part of a continuing patient relationship as described in Rule of Application 62.*

4) *8442 may only be provided as part of a Continuing Patient Relationship as described in Rule of Application 62.*

5) *8340 shall be limited to patients with no known history with the physician.*

Page A-121

Care of the Elderly tariffs 8656, 8657 and 8658 have been added effective April 1, 2024.

CARE OF THE ELDERLY (COE)

8656 Interpretation of comprehensive cognitive assessment results (minimum ½ hour of physician time) and reporting to referring physician. May be claimed in addition to a visit tariff 104.05

8657 Care of the Elderly (COE) Geriatric Specialty Support- initiated by an allied health professional or another physician requesting advice regarding a complex or comorbid geriatric condition, which is provided by the COE physician on a priority basis within twelve (12) hours by telephone for a patient under geriatric care, per fifteen (15) minutes or major portion thereof, maximum of thirty (30) minutes 36.88

Notes: 1) *The Care of the Elderly physician must document the service, including the time when the advice was requested, and the time the call was made.*

2) *A maximum of seventy-five (75) minutes are claimable per patient per week.*

3) *Tariffs 8000 and 8001 may not be claimed for the same patient during the same day as tariff 8657.*

8658 Extended Care of the Elderly (COE) Consultation- (including requests by Geriatric Program Assessment Team GPAT) – See Rules 7 to 10 – minimum of forty-five (45) minutes of patient/physician contact time..... 271.09

Note: *Patient/physician contact time must be documented with start and stop times on the patient's record. Patient/physician contact time is defined as time the physician spends directly in the presence of the patient for the purposes of examination, discussion and/or explanation. It does not include time spent reviewing records or tests, or arranging for further services or communication with others, either in writing or by telephone. Time spent performing procedures for which another tariff is claimable may not be counted towards contact time for the purposes of an extended visit.*

Note: *Tariffs 8656, 8657, and 8658 shall be limited to physicians with a certificate in Care of the Elderly or physicians approved by the Provincial CMO or Designate.*

Page A-122

Family Medicine Plus tariffs 8180, 8181, 8182, 8183, 8184, 8185, 8186, 8187, 8188, 819, 8190 and 8191 have been added effective April 1, 2024.

FAMILY MEDICINE PLUS

Preamble

Family Medicine Plus recognizes the skill, expertise, and continuity of care provided by family medicine physicians providing ongoing care to their patients. Family physicians working within teams and within a patient's medical Home Clinic ensures high quality primary care is provided to Manitoba patients. Family Medicine Plus is composed of four elements:

1. **Primary Care Enrolled Panel Management** provides support to physicians who manage a panel of enrolled patients, for whom the physician is responsible for their ongoing primary care.
2. **Comprehensive Chronic Disease Care** provides ongoing support to physicians who care for enrolled patients with specified Chronic Diseases.
3. **Newborn and Infant Enrolment** provides support and incentive for physicians to bring young Manitobans into their enrolled panel to provide primary care.
4. **Indirect Clinical Services** provides support for physicians who support the delivery of care to their enrolled panel of patients outside of conventional fee for service visits.

Family Medicine Plus tariffs may only be claimed for enrolled patients on the claiming physician's Home Clinic panel. "Enrolled patient" means a patient whom the family physician has reached an understanding to be the patient's most responsible provider and is responsible for their ongoing primary care.

Home Clinic Enrolment must be denoted in the EMR and communicated to Manitoba Health in a format compatible with Manitoba Health's information system and delivered securely through: (a) web based enrolment portal (Home Clinic Portal), or (b) via data extracts compatible with Manitoba Health's information system and delivered securely, through a secure electronic interface from the EMR on a monthly basis.

Family Medicine Plus tariffs may only be claimed by physicians who provide ongoing, comprehensive primary care to enrolled patients and have provided Manitoba Health the location of the clinic (address and contact information), and number and type of practitioners providing services at that location.

Newborn and Infant Enrolment

8180 Newborn and infant acceptance of ongoing care, under age 2 ..... 100.00

Notes: *1) Tariff 8180 may only be claimed once per patient (lifetime maximum), upon enrolment into the physician's panel.*

2) To claim tariff 8180, the physician must provide a medical service to the patient in the preceding twenty-four (24) months.

3) Tariff 8180 may be claimed in addition to a visit.

Primary Care Enrolled Panel Management

8181 Patient age, 0 - 16 years 7.50

8182 Patient age, 17 - 49 years 3.75

8183 Patient age, 50 - 64 years 12.50

8184 Patient age, 65 - 74 years 18.75

8185 Patient age, 75 years or greater 25.00

Notes: *1) Tariffs 8181 – 8185 are claimable once per three-month time period for a patient enrolled on the physician's panel. The three-month time periods are defined as: April 1 to June 30, July 1 to September 30, October 1 to December 31 and January 1 to March 31.*

2) A physician may claim one of the following tariffs: 8181, 8182, 8183, 8184, or 8185 per enrolled patient.

Comprehensive Chronic Disease Care

Primary care for an enrolled patient with:

8186 One chronic disease in the Medical Cluster Group 32.50

8187 Two chronic diseases in separate clusters within the Medical Cluster Group 43.75

8188 Three chronic diseases in separate clusters within the Medical Cluster Group 51.25

8189 Four or more chronic diseases in separate clusters within the Medical Cluster Group 56.25

8190 A chronic disease in the Mental Health Cluster 30.00

Notes: *1) Tariffs 8186 – 8190 are claimable once per three-month time period for a patient enrolled on the physician's panel. The three-month time periods are defined as: April 1 to June 30, July 1 to September 30, October 1 to December 31 and January 1 to March 31.*

2) A physician may claim one of the following tariffs: 8186, 8187, 8188, or 8189 where applicable and additionally may claim tariff 8190 where applicable.

3) For the purpose of claiming tariffs 8186, 8187, 8188, 8189 or 8190, the chronic disease clusters and disease groupings are included in the Chronic Disease Clusters table, below. Applicable ICD codes for the Chronic Diseases are available for review here.

4) In order to claim tariff 8186, 8187, 8188, 8189 or 8190 the physician, an allied health member of their clinic, or another physician providing coverage to the physician must provide a medical service to the patient in the preceding twenty-four (24) months.

5) The physician or member of their team must provide:

i) Medical services consistent with the applicable indicators in the Manitoba Primary Care Quality Indicators Guide (version 4.0 or such other version(s) as agreed to by the parties). https://www.gov.mb.ca/health/primarycare/providers/pin/docs/mpcqig.pdf

ii) Ongoing coordination with other health care providers respecting management of patient condition(s) and patient care plan; and

iii) Ongoing communication with patient, monitoring of patient condition(s) and patient care plan.

6) Family Medicine Plus tariffs may not be claimed in combination with Chronic Disease Management Tariffs: 8431, 8432, 8433, 8434, or 8435.

7) *Claims for additional services rendered to a patient on the physician's enrolled panel (e.g., visits) may be made in addition.*

8) *The services must be documented in the EMR and communicated to Manitoba Health via data extracts compatible with Manitoba Health's information system and delivered securely, either (a) through a secure electronic interface (EMR extract) on a monthly basis, or (b) on an encrypted electronic device (e.g. CD or flash drive), on a quarterly basis (commencing on April 1 of each year), within 15 calendar days of the end of each quarter.*

9) *The physician shall provide care based on current standards and shall maintain competency to manage these patients, or shall be practicing in a multi-disciplinary team based care environment that develops common care plans and collectively cares for a patient population in a primary care setting.*

10) *In addition to medication management, the physician, or a member of their team, where required, must:*

i) Provide ongoing screening and monitoring of the patient's condition using validated screening/diagnostic tools including identifying risk status.
ii) Make brief interventions, as required, helping patient identify goals and treatment readiness, and identify risky behaviours. Such interventions may require additional visit or services as applicable.
iii) Develop, review and manage patient care plans including management of co-morbidities, on an on-going basis.
iv) Make appropriate referrals/consultations.

Indirect Clinical Services

8191 Indirect Clinical Services provided to the physician's enrolled panel of patients, per full 15 minutes, to a maximum of 12 units per week, subject to the below maximum.....42.76

Notes: *1) The physician may claim up to 30 minutes per calendar week, for each 250 patients on their panel. A calendar week is defined as Sunday to Saturday. Example, a physician with an enrolled panel of 1,300 patients shall be eligible for: 1,300 / 250 = 5.2 = 5 30-minute blocks, or 10 units of 8191 per calendar week.*

2) The physician shall be limited to maximum of three (3) hours (or 12 units) of Indirect Clinical service per calendar week.

3) The physician shall have provided primary care services to their enrolled panel of patients during the calendar week that they are claiming Indirect Clinical services.

4) The physician may claim for time spent on Indirect Clinical Services, which are patient-specific services provided when the patient is not present. This includes:

i) Documentation of patient interactions and charting.
ii) Review of results: labs, imaging, consultations, and other reports.
iii) Preparing referrals and requisitions, excluding-consultation.
iv) Chart review.
v) Care coordination, and care planning.
vi) Clinical teaching arising from direct patient care for the following learners: medical students, residents, nurses/nursing students, nurse practitioners/nurse practitioner students and midwives/midwifery students.
vii) Reviewing and analyzing clinically related information/research directly related to the needs of a particular patient (e.g. investigating particular diagnostic and therapeutic interventions).

viii) Completion of clinically required forms, reports and medical certificates of death. This excludes services requested or required by a third party for other than medical requirements, such as insurance forms and reports, medical-legal letters and reports, insurance/industrial examinations, and physical fitness examinations for school/camp.

Chronic Disease Clusters

Medical Cluster Group	Included Diseases
Cardiac Disease Cluster	Hypertension Coronary Artery Disease Chronic Heart Failure
Endocrine Disease Cluster	Diabetes
Respiratory Disease Cluster	Asthma Chronic Obstructive Pulmonary Disorder
Sexually Transmitted and Blood Borne Infections (STBBI) Cluster	HIV (active management) HIV (prevention, including PrEP) Hepatitis (active management) Syphilis (active management)
Substance Use Disorder Cluster	Excludes SUD diagnosis associated with caffeine or tobacco
Mental Health Cluster	**Included Diseases**
Mental Health Cluster	Depression Anxiety ADHD/ ADD Bipolar Disorder Borderline Personality Disorder Schizophrenia

Pages A-2, A-7, A-14, A-19, A-24, A-29, A-34, A-39, A-43, A-48, A-53, A-58, A-112 & A-139

Continuing Patient Care Management by Medical Specialists tariff 8700 has been added effective April 1, 2024

8700 Continuing patient care management, supplement add to visit fee.....30.00

Notes: *1) May be claimed in addition to an in-person visit tariff excluding consultations.*

2) Maximum of four (4) supplements may be claimed per patient per 12-month period.

3) Patient must have an established diagnosis of one or more of the following diseases. The applicable ICD codes are available for review here.

i. Advanced HIV
ii. HIV with opportunistic infection
iii. HIV in pregnancy
iv. Diabetes mellitus, including complications
v. Coagulation defects (e.g., haemophillia, other deficiencies)
vi. Purpura, thrombocytopenia, other haemorrhagic conditions

vii. *Senile dementia, presenile dementia*
viii. *Child psychoses or autism*
ix. *Parkinson's Disease*
x. *Multiple Sclerosis*
xi. *Cerebral Palsy*
xii. *Epilepsy*
xiii. *Chronic Bronchitis*
xiv. *Emphysema*
xv. *Asthma, Allergic Bronchitis*
xvi. *Pulmonary Fibrosis*
xvii. *Regional Enteritis; Crohn's Disease*
xviii. *Ulcerative Colitis*
xix. *Cirrhosis of the Liver*
xx. *Chronic Renal Failure, Uremia*
xxi. *Systemic Lupus Erythematosus*
xxii. *Inflammatory Myositis*
xxiii. *Complex Psoriasis*
xxiv. *Vasculitis*
xxv. *Scleroderma*
xxvi. *Sarcoidosis*
xxvii. *Rheumatoid Arthritis*
xxviii. *Adult Onset Still's Disease*
xxix. *Systemic Juvenile Inflammatory Arthritis*
xxx. *Ankylosing Spondylitis*
xxxi. *Psoriatic Arthritis*
xxxii. *Reactive Arthritis*
xxxiii. *Enteropathic Arthritis*

Page A-120 & A-128

Tariffs 8462 and 8463 have been deleted effective February 15, 2024.

8462 Age Premium, age 65-69, add..... 10%

8463 Age Premium, age 70+, add..... 20%

Note: *Tariff 8462 and 8463 may be claimed in addition to tariffs 8540, 8529,* ***8442, 8321, ~8640 or ~8350***

Pages A-3, A-8, A-15, A-20, A-25, A-30, A-35, A-40, A-44, A-49, A-54, A-59, A-81, A-89, A-92, A-95, A-97, A-100, A-103, A-106, A-109, A-113, A-114, A-116, A-118, A-140, A-143, A-145, A-148 & A-150

The following language has been added effective February 15, 2024.

Hospital Care Premium

A 15% premium will automatically be applied to the following tariffs, 8300, 8301, 8302, 8303, 8304, 8305, 8306, 8307, 8308, 8409, 8410, 8411, 8412, 8413, 8444, 8446, 8452, 8466, 8467, 8468, 8477, 8490, 8502, 8503, 8504, 8508, 8510, 8512, 8520, 8524, 8526, 8536, 8540, 8543, 8544, 8550, 8551, 8553, 8554, 8556, 8557, 8581, 8584, 8594, 8595, 8596, 8599, 8614, 8615, 8617, 8620, 8622, 8623, 8624, 8625, 8626, 8635, 8645, 8646, 8647, 8660, 8662, 8663, 8664, 8667, 8704, 8706, 8707, 8708, 8732 and 8733 when rendered for services provided in a hospital in-patient setting or an Emergency Department.

Pages A-67 & A-127

The following language has been added effective February 15, 2024.

Hospital Care Premium

A 15% premium will automatically be applied to the following tariffs, 8300, 8301, 8302, 8303, 8304, 8305, 8306, 8307, 8308, 8409, 8410, 8411, 8412, 8413, 8444, 8446, 8452, 8466, 8467, 8468, 8477, 8490, 8502, 8503, 8504, 8508, 8510, 8512, 8520, 8524, 8526, 8536, 8540, 8543, 8544, 8550, 8551, 8553, 8554, 8556, 8557, 8581, 8584, 8594, 8595, 8596, 8599, 8614, 8615, 8617, 8620, 8622, 8623, 8624, 8625, 8626, 8635, 8645, 8646, 8647, 8660, 8662, 8663, 8664, 8667, 8704, 8706, 8707, 8708, 8732 and 8733 when rendered for services provided in a hospital in-patient setting or an Emergency Department.

The Hospital Care Premium also applies to tariffs 8529 and 8509 for urgent/emergent services provided in the Emergency Department.

Page B-3

Tariff 5515 has been deleted effective February 15, 2024.

5515 Hospital Care Premium, add ..... 15% to payable fee

Notes: 1) May be claimed in addition to tariffs, 8300, 8301, 8302, 8303, 8304, 8305, 8306, 8307, 8308, 8409, 8410, 8411, 8412, 8413, 8444, 8446, 8452, 8466, 8467, 8468, 8477, 8490, 8495, 8502, 8503, 8504, 8508, 8510, 8512, 8520, 8524, 8526, 8536, 8540, 8543, 8544, 8550, 8551, 8553, 8554, 8556, 8557, 8581, 8584, 8594, 8595, 8596, 8599, 8614, 8615, 8617, 8620, 8622, 8623, 8624, 8625, 8626, 8635, 8645, 8646, 8647, 8660, 8662, 8663, 8664, 8667, 8704, 8706, 8707, 8708, 8732 and 8733 when rendered for services provided in a hospital in-patient setting or an Emergency Department.

2) May be claimed in addition to tariffs 8529 and 8509 for urgent/emergent services provided in the Emergency Department.

Page B-21

Notes under tariff 8380 have been amended effective October 1, 2023.

8380* Community-Based Practice Supplement.....3.57

***Note:** 1) 8380 may be claimed in addition to an office/home visit where practice expenses are directly incurred by the physician.*

2) 8380 may not be claimed in relation to services performed at a hospital or other publicly funded facility or a facility on contract with a Health Authority to perform insured services.

3) A maximum of 50 claims for tariff 8380 may be claimed in any twenty-four (24) hour period.

4) After Hours Premiums may not be claimed in addition to a Community Based Practice Supplement.

5) Community Based Practice Supplements are not payable in addition to virtual visit tariffs.

6) Extended Clinic Hours Premiums are not payable on the Community Based Practice Supplement.

7) 8380 may be claimed for all PCH visits where the physician maintains a community based practice.

8) Tariff 8380 may be claimed in addition to tariff 8511.

Page B-23

Notes under tariff 0050 have been amended effective February 1, 2024.

0050 BMI Premium, add to anesthetic procedure only 25%

Notes: *1) Tariff 0050 may be claimed where the patient has a BMI of greater than forty (40) or, where pregnant, the patient has a BMI of greater than forty-five (45) or, where the patient is under eighteen (18) years of age and is above the 97th percentile for BMI on an approved pediatric growth curve.*

2) The patient's BMI, height and weight must be recorded in the operative report or anesthetic record and in the claim submission.

3) 0050 is only payable in addition to:

1. Anesthetic Procedural Services listed in Appendix A.

2. Special Invasive Anesthetic services.

3. The following tariffs listed in Appendix B: 5311, 5319, 4877.

4) 0050 is not payable in addition to: Visits including consultations, pre-anesthetic evaluations, and post-operative care, tariffs listed in Appendix B except where specifically referenced above, Chronic Pain management, and Acute Pain Services.

Page Q-4

Note 2 under tariffs 9731, 9733 & 9735 has been amended effective April 1, 2024.

9731 A series of botulinum toxin injections for axillary hyperhidrosis (bilateral) 226.34

9733 A series of botulinum toxin injections for palmar hyperhidrosis (bilateral) 332.91

9735 A series of botulinum toxin injections for plantar hyperhidrosis (bilateral) 499.34

Note: *1) Botulinum toxin injections are indicated in those cases of hyperhidrosis where conservative measures (e.g. aluminum chloride, iontophoresis, or systemic medications) fail to resolve the problem or where the symptoms of hyperhidrosis are severe enough to give rise to emotional and social, as well as functional problems that impact the patient's quality of life.*

2) The treatment shall be administered by a specialist in Dermatology, Plastic Surgery or Neurology, or physician with appropriate experience/training in the use of botulinum toxin for these indications, as determined by the Shared Health Chief Medical Officer (CMO).

3) The treatment includes pre-injection assessment, nerve blocs/local anesthetic, subsequent visits and any further injections within 12 (twelve) weeks.

The following tariffs have been deleted from the Therapeutic Injections and Immunizations section of the Physicians Manual:

Td–IPV–Tetanus, Diphtheria, Inactivated Polio Virus–adult

8805 single dose 11.80

Inf pH1N1(adj)–Influenza pandemic H1N1–adjuvanted

8893 ..... 10.65

Inf pH1N1 (unadj)–Influenza pandemic H1N1–unadjuvanted

8894 ..... 10.65

DTaP–IPV–Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus –paediatric

8924 single dose 10.65

Men–P–ACWY–Meningococcal–Polysaccharide ACWY

8981 single dose 10.65