

MEMO



**Department of Health
Medicare and Physician Services**
P.O. Box 5100
Fredericton, NB E3B 5G8

Date : March 27, 2026

Ref.:

To: All Physicians
Horizon Health Network
Vitalité Health Network

Subject: 2025-2027 Fee-For-Service Distribution Changes

The enclosed Attachments A and B outline the agreed-upon changes associated with the allocation of the applicable resource adjustments for Medical and Surgical Specialists and Family Medicine Specialists. The changes also encompass the **2.5%** increase negotiated for year 1 (**2025-2026**) and **3.5%** for year 2 (**2026-2027**) as part of the 2025-2029 Physician Services Agreement (PSA) between the Province of New Brunswick and the New Brunswick Medical Society. Some of the changes are not part of the 2025-2027 FFS Fee Distribution but are negotiated changes from the PSA that are taking place at the same time and are noted as such.

The new rates resulting from the 2025-2027 Fee Distribution will be effective **April 1, 2026**, unless otherwise indicated.

Physicians shall not submit billings between 12:00 a.m. and 6:00 a.m. on April 1, 2026. Claims submitted during this period will be paid at the prior rates, and no retroactive adjustments will be made.

Your billing software must be updated by 6 AM on April 1, 2026. Prior to submitting any claims on April 1, 2026, please ensure that your software has been updated accordingly. All third party EMR vendors have received communications regarding the updates and have been advised that the changes must be in place for April 1, 2026. After this date, you are responsible for billing the new rates. **No retroactive payments/adjustments will be made for services after this date.**

Should your billing software not be updated by this date, please contact your third-party billing software vendor or the Medicare Claims Entry (MCE). MCE users can contact User Support at (506) 453-8274.

Information regarding retroactive payments for the year 2025-2026 will be communicated in a separate memo at a later date.

Communication regarding the new **Medical Pay Plan** and Addendum will follow in a separate memo.

Retain this memo and its attachments until the updates have been incorporated into the Physicians's Manual and published online.

Please provide your billing staff with a copy of the Attachments A and B.

If you have any questions concerning these changes, please do not hesitate to contact the New Brunswick Medical Society at (506) 458-8860 or by email at info@nbms.nb.ca, Practitioner Enquiries at PELS.DRPL@gnb.ca, (506) 444-5860 (English), (506) 457-7572 (Bilingual), (506) 444-5876 (Bilingual) or (506) 261-0415 (English).



Michelle Losier
Executive Director - Medicare and Physician Services

cc: New Brunswick Medical Society
Medicare and Physician Services

ATTACHMENT A

2025-2027 MANUAL PAYMENTS ALLOCATION

1. SESSIONAL RATES

Effective April 1, 2026, the following changes will apply:

a) General Sessional Rate

The General Sessional Rate will increase from **\$148.11/hr** to **\$175.00/hr**.

b) Hospitalist – PSA Change

The Regional Hospital Hospitalist Program rates will change from the current sessional rates to a daily rate of \$1,800 which includes on-call responsibilities.

Existing sessional arrangements for Non-Regional hospitalist services that are remunerated at the general sessional rate of **\$148.11/hr** will be increased to **\$187.50/hr**, which will be known as the Hospitalist Sessional rate. This new rate will apply to the following hospitals:

- The Moncton Hospital (Internal Medicine)
- Upper River Valley Hospital
- Enfant-Jésus Hospital
- Grand Falls General Hospital
- Tracadie Hospital
- Hôtel-Dieu Saint-Joseph de Saint-Quentin
- Stella-Maris-de-Kent Hospital
- Sackville Memorial Hospital
- Charlotte County Hospital

c) Emergency Department (ED) Sessional Rates:

The ED sessional rates currently paid at **\$247.27/hr** for Regional Hospitals and **\$231.20/hr** for Non-Regional Hospitals will increase to **\$293.80/hr** for both Regional and Non-Regional Hospital Emergency Departments including the Saint John Regional Hospital AFP.

d) Psychiatry Sessional Rate

The Psychiatry Sessional Rate will increase from **\$158.50/hr** to **\$250.00/hr**

e) Dedicated OBS/Anesthesia Sessional Rate:

The sessional rate for Dedicated OBS/Anesthesia currently paid at **\$195.60/hr** will increase to **\$224.10/hr**.

2. ALTERNATE FUNDING PLANS (AFP):

AFP lead physicians will receive a letter with the new AFP funding amounts. Updated Practice Plans will be required to initiate payment of new funding.

3. MANDATED ON-CALL (MOC) – PSA Change

Effective April 1, 2026, all Mandated On-call rotations will be billed using the generic unit value of \$1.00 (previously \$1.01).

The following changes will apply to the MOC rates effective April 1, 2026:

- a) The MOC rate for **Regular and Second** On-call currently paid at \$272.70, increases to **\$300.00** (300 units at \$1.00) for all rotations.
- b) The MOC rate for **Provincial Correctional Centres** currently paid at \$272.70, increases to **\$300.00** (300 units at \$1.00) for all rotations.
- c) The MOC rate for **Nursing Homes** currently paid at \$212.10 will increase to **\$215.00** (215 units at \$1.00) for all rotations.
- d) The MOC rate for **Provincial** On-call rotations currently paid at \$500.00 will increase to **\$600.00** (600 units at \$1.00).

ATTACHMENT B

2025-2027 FEE-FOR-SERVICE ALLOCATION

1. IMMUNIZATIONS

Effective **April 1, 2026**, immunization service codes payable with visit which is paid at 15 units will be payable at a (**Maximum of 4 @100%** per service date).

Effective **April 1, 2026**, immunization service codes not payable with procedure or visit which is paid at 20 units will be payable at a (**Maximum of 4 @100%** per service date).

2. ELECTRONIC CONSULTATION (eConsult) – PSA Change

Effective **April 1, 2026**, a **NEW** asynchronous “**eConsult Referring Provider**” service code has been implemented.

Effective **April 1, 2026**, **enhancements** to existing service code 1842 “**eConsult Consulting Provider**” have been implemented.

**** The applicable billing rules and guidelines are outlined in the attached Addendum 1, located at the end of this document.****

3. UNIT VALUE INCREASES

Unit value increases effective **April 1, 2026**

Certified / Uncertified Specialties

Specialty	Old Unit Value	New Unit Value
Family Medicine – FM Anaesthesia	\$1.57 \$19.56	\$1.67 \$22.41
Anaesthesia – General Units Anaesthesia	\$1.64 \$19.56	\$1.66 \$22.41
Cardiac Surgery	\$1.14	\$1.14
Dermatology	\$1.50	\$1.60
Diagnostic Radiology - Uncertified	\$1.34 \$1.01	\$1.50 \$1.13
Emergency Medicine	\$1.54	\$1.67
General Internal Medicine	\$1.26	\$1.59
General Surgery	\$1.31	\$1.31
Cardiology, Interventional Cardiology and Cardiac Electrophysiology	\$1.15	\$1.35
Clinical Allergy and Immunology	\$1.15	\$1.32
Critical Care Medicine	\$1.15	\$1.32
Endocrinology & Metabolism	\$1.15	\$1.32
Gastroenterology	\$1.15	\$1.34
Geriatrics	\$1.15	\$1.32
Hematology	\$1.15	\$1.32
Medical Microbiology and Infectious Disease	\$1.15	\$1.32
Medical Oncology	\$1.15	\$1.15
Nephrology	\$1.15	\$1.33
Radiation Oncology	\$1.15	\$1.32
Maternal Fetal Medicine	\$1.38	\$1.38
Neurology	\$1.53	\$1.86
Nuclear Medicine - Uncertified	\$1.41 \$1.06	\$1.58 \$1.19
Neurosurgery	\$2.37	\$2.89
Obstetrics & Gynaecology	\$1.44	\$1.66
Ophthalmology	\$1.19	\$1.20
Orthopaedic Surgery	\$1.37	\$1.58
Otolaryngology	\$1.25	\$1.44

Specialty	Old Unit Value	New Unit Value
Paediatrics	\$1.47	\$1.70
Physical Medicine and Rehabilitation	\$1.89	\$2.06
Plastic Surgery	\$1.58	\$1.93
Psychiatry	\$1.37	\$1.70
Respirology	\$1.61	\$1.84
Rheumatology	\$1.38	\$1.45
Standard Surgical Assist	\$1.58	\$1.93
Thoracic Surgery	\$1.31	\$1.31
Urology	\$1.28	\$1.49
Vascular Surgery	\$1.31	\$1.55
Walk-in Clinic	\$1.05	\$1.05

4. UNIT INCREASES

Effective April 1, 2026, unless otherwise specified

ITEMS COMMON TO ALL PRACTITIONERS			
Service Code	Specialty/Description	Old Units	New Units
2	Therapeutic injections	17	20
2	Therapeutic injections - Nurse	8	9
4	Home Visit	47	95
5	Home visit - Additional Patient	32	37
8	Emergency Home Visit	67	137
9	NH - Each additional patient	25	37
21	Initial assessment - Non-specialist	181	199
22	Daily Rate - Non-specialist	31	34
23	Intensive care requiring detention - Non-Specialist	40	44
45	Transfer of Care - Hospital Care	31	35
193	Patient Counseling	28	37
195	Visit to a physician's office by EMP 1 patient	21	37
196	Visit to a physician's office by EMP 2 or more patients	27	45
199	Supportive Care	39	43
200	Detention	28	37
200	Detention - Nurse	13	17
204	EMP Home visit - With admission to the program	157	168

205	EMP Home visit - To a previously admitted patient	131	142
206	EMP Home visit - Emergency visit	157	168
208	EMP Palliative Home Visit - Additional patient	30	40
209	EMP Visit (other than home visit) with admission	41	55
210	Communication	16	17
210	Communication - Nurse	7	8
216	Family Counseling	28	37
847	EMP Palliative Home Visit	131	141
848	EMP Palliative Home Visit - Emergency visit	157	166
1752	NH Emergency visit, night time and weekends,	56	63
1819	ICU care	31	35
1894	Hyposensitization	13	17
2000	NH - Pre-admission complete examination	45	58
2001	NH - First patient seen during visit	40	52
2020	Day - First patient, when called to attend	91	120
2021	Day - Additional patient	27	37
2831	Night - First patient attended - With Coverage	43	120
2832	Night - Additional patient, any hospital	32	37
2854	Night - First patient attended - Without Coverage	99	130
2855	Daytime emergency visit	56	105
2856	Night time and weekends emergency visit	82	130
2858	Additional patient, office emergency visit	31	37
2859	Additional patient, other location emergency visit	24	37
2861	Additional patient emergency visit	43	85
2925	Day - First patient, special visit from on-site office	27	38
2926	Night - Practitioner coming from on-site office	43	130

FAMILY MEDICINE

Service Code	Specialty/Description	Old Units	New Units
1	Office Visit	33	37
1	Office Visit - Nurse	15	17
10	Major or regional consultation	62	90
12	Repeat, within 30 days	49	77
14	Delivery	446	480
15	Prenatal Complete Exam	59	68
16	Pre & Post Natal Visit	32	40
17	Newborn infant care	79	94
18	Premature - Up to 3 weeks	65	81
19	Well Baby Care	34	40

20	Psychotherapy	28	37
20	Psychotherapy - Nurse	13	17
30	Premature - Next Three weeks	65	78
214	In Harbor	50	56
386	At Wharf	45	51
1404	Caesarean section	471	525
1406	Assisted vaginal delivery	450	500
1413	Multiple Births , add	226	276
8101	Seniors Office Visit, add	9	10
8101	Seniors Office Visit, add - Nurse	4	5
8104	NP/FM Collaborative	25	37
8105	Patient Transfer from NP to FM	25	37
8106	Review for Referral	32	37
8108	First Visit by attending - Hospital	30	37
8110	In-Patient Consultation	38	68
8116	Opiate Addiction – Office Visit	32	37
8161	MAID per 15 Mins/part there of	60	66
8715	Attendance at Labour	366	415
8720	OPD Visit	31	33
8985	Complex Patient Care Visit, add	9	10
8986	Complex Medical Care - Group	32	37
9142	Medical Termination of Pregnancy	88	96
9143	Cannabis – Office Visit	32	37

ANAESTHESIA

Service Code	Specialty/Description	Old Units	New Units
40	Directive Care	39	43
201	Assessment re fitness for anaesthesia	56	59
313	Initial assessment and institution of care	221	243
314	Daily rate, per day	39	43
315	Intensive care, requiring detention	50	55
2927	Hospital Care - Admission	81	85
2928	Hospital Care - 2nd day to 30th day, per day	39	43
2929	Hospital Care - after 30 days, per day	24	28
8327	Hospital Care - Date of Discharge	42	46

DERMATOLOGY			
Service Code	Specialty/Description	Old Units	New Units
46	Directive Care	39	43
119	Office visit - Non referred first visit	61	71
121	Office visit - Follow-up	40	49
125	Major or regional consultation	84	91
126	Repeat, within 30 days	70	78
134	Diagnostic skin biopsy	34	38
154	PUVA therapy	23	27
2255	Hospital Care - Admission	81	85
2256	Hospital Care - 2nd day to 30th day, per day	39	43
2258	Hospital Care - after 30 days, per day	24	28
2257	Hospital Care - Date of Discharge	42	46
8121	Narrow Band Ultraviolet Therapy	23	27
8350	Mohs - Initial	254	262
8351	Mohs - One or more additional levels	218	226
8352	Mohs - Single tissue shift	150	158
8353	Mohs - Multiple tissue shift	240	248
8354	Mohs - Single tissue shift	180	188
8355	Mohs - Multiple tissue shift	240	248
8356	Mohs - Full thickness skin grafts	173	181
8357	Mohs - partial thickness skin graft	116	124
8723	OPD Visit	31	32
9012	Elliptical excision and suture repair - carcinoma of skin	84	90
CARDIOLOGY			
Service Code	Specialty/Description	Old Units	New Units
198	Directive Care - Intensive Care	22	26
853	Cardiac morphology	116	130
856	Cardiac functional assessment and quantification	116	130
857	Cardiac viability	116	130
9515	Major or regional consultation	133	136
9516	Repeat, within 30 days	115	120
9518	Office visit - Follow-up	56	59
9547	Initial assessment and institution of care	226	249
9548	Daily Rate	81	89
9549	Intensive care, requiring detention	50	55
9560	ICU - Transfer	62	68
9519	Hospital Care - Admission	95	99



9541	Hospital Care - 2nd day to 30th day, per day	39	43
9542	Hospital Care - after 30 days, per day	26	30
9543	Hospital Care - Date of Discharge	42	46
9545	Directive Care	39	43
9546	OPD Visit	34	35

GASTROENTEROLOGY

Service Code	Specialty/Description	Old Units	New Units
9610	Office visit - Follow-up	56	57
197	Directive Care	39	43
198	Directive Care - Intensive Care	22	26
9619	Initial assessment and institution of care	226	249
9620	Daily Rate	81	89
9621	Intensive care, requiring detention	50	55
9611	Hospital Care - Admission	95	99
9612	Hospital Care - 2nd day to 30th day, per day	39	43
9613	Hospital Care - after 30 days, per day	26	30
9614	Hospital Care - Date of Discharge	42	46
9617	OPD Visit	34	36

GENERAL INTERNAL MEDICINE

Service Code	Specialty/Description	Old Units	New Units
198	Directive Care - Intensive Care	22	26
220	Initial assessment and institution of care	226	249
221	Daily Rate	81	89
222	Intensive care, requiring detention	50	55
1821	ICU Care - Transfer	62	68
8740	OPD Visit	46	56
8760	Office visit - Non referred first visit	89	94
8763	Office visit - Follow-up	66	75
8764	Major or regional consultation	147	150
8765	Repeat, within 30 days	120	124
8766	Hospital Care - Admission	95	99
8767	Hospital Care - 2nd day to 30th day, per day	39	43
8768	Hospital Care - after 30 days, per day	26	30
8769	Hospital Care - Date of Discharge	42	46
8770	Directive Care	39	43

GENERAL SURGERY			
(Refer to section 7 of the memo for details on unit increases from Chapters 7, 11 & 12)			
Service Code	Specialty/Description	Old Units	New Units
26	Office visit - Non referred first visit	72	106
29	Office visit - Follow-up	53	83
31	Major or regional consultation	90	124
33	Repeat, within 30 days	73	108
34	Home Visit	47	80
47	Directive Care	39	43
2381	Hospital Care - Admission	58	62
2382	Hospital Care - 2nd day to 30th day, per day	39	43
2384	Hospital Care - after 30 days, per day	25	29
2383	Hospital Care - Date of Discharge	42	46
2833	Initial assessment and institution of care	221	243
2834	Daily rate, per day	39	43
2835	Intensive care, requiring detention	50	55
8724	OPD Visit	34	54
NEPHROLOGY			
Service Code	Specialty/Description	Old Units	New Units
197	Directive Care	39	43
198	Directive Care - Intensive Care	22	26
9698	Daily Rate	81	89
9689	Office visit - Follow-up	56	60
9690	Hospital Care - Admission	95	99
9691	Hospital Care - 2nd day to 30th day, per day	39	43
9692	Hospital Care - after 30 days, per day	26	30
9693	Hospital Care - Date of Discharge	42	46
9696	OPD Visit	34	37
NEUROLOGY			
Service Code	Specialty/Description	Old Units	New Units
61	Directive Care	39	43
156	Office visit - Non referred first visit	94	95
159	Office visit - Follow-up	73	81
161	Major or regional Consultation	105	115
162	Repeat, within 30 days	89	101
168	Electroencephalography - interpretation only	25	30

177	Lumbar puncture	38	40
198	Directive Care- Intensive Care	22	26
224	Initial assessment and institution of care	221	243
225	Daily rate per day	35	39
226	Intensive care, requiring detention	50	55
2501	Hospital Care - Admission	81	85
2502	Hospital Care - 2nd day to 30th day, per day	39	43
2504	Hospital Care - after 30 days, per day	24	28
2503	Hospital Care - Date of Discharge	42	46
2646	Visual evoked potential	15	17
9141	Care for complex patients in OPD	73	80

NEUROSURGERY

Service Code	Specialty/Description	Old Units	New Units
62	Directive Care	18	26
198	Directive Care- Intensive Care	22	26
1508	Initial assessment and institution of care	221	225
1513	Daily rate, per day	39	43
2391	Hospital Care - Admission	75	79
2392	Hospital Care - 2nd day to 30th day, per day	18	22
2394	Hospital Care - after 30 days, per day	12	16
2393	Hospital Care - Date of Discharge	28	32

OBSTETRICS & GYNAECOLOGY

Service Code	Specialty/Description	Old Units	New Units
48	Office visit - Non referred first visit	59	75
50	Office visit - Follow-up	41	56
54	Major or regional Consultation	71	98
56	Repeat, within 30 days	56	81
58	Obstetrical delivery (complicated or uncomplicated)	516	590
166	Directive Care	39	43
835	Laparoscopic assisted vaginal	500	560
1400	D & C for incomplete or missed abortion	100	125
1413	Multiple births, add	226	276
1419	Abscess of vulva, Bartholin or Skene's gland. Incision and drainage	38	50
1420	Marsupialization	100	130
1458	Hysterectomy Subtotal	304	355
2411	Hospital Care - Admission	58	62
2412	Hospital Care - 2nd day to 30th day, per day	39	43

2414	Hospital Care - after 30 days, per day	25	29
2413	Hospital Care - Date of Discharge	42	46
2977	Endoscopy Hysteroscopy – Diagnostic	100	130
8182	Active co-management of labour	261	300
8183	Standby for labour	170	250
8701	Caesarean section	598	725
8702	Caesarean hysterectomy, subtotal or total	690	900
8703	Assisted vaginal delivery	582	650
8706	Gynecology Procedures	113	115
8728	OPD Clinic Visit	35	49
9017	Hysterectomy - Total Laparoscopic	500	550
9029	Standby for delivery	99	250
9408	Pregnancy OPD Scheduled Visit	35	49

OPHTHALMOLOGY

Service Code	Specialty/Description	Old Units	New Units
57	Directive Care	39	43
64	Office visit - Non referred first visit	61	79
66	Office visit - Follow-up	32	57
69	Major or regional Consultation	84	99
71	Repeat, within 30 days	60	81
198	Directive Care - Intensive Care	22	26
282	Other Referral - Complete Ophthalmological Exam	83	99
1603	Excision pterygium	102	204
1613	Penetrating wounds to the cornea	500	750
1615	Superficial keratectomy	231	330
1616 (Desc. change)	Lamellar keratoplasty (auto or cadaveric) <i>Medicare note: Limbal stem cell transplant (LSCT) should be billed under service code 1616.</i>	385	673
1617 (Desc. change)	Penetrating keratoplasty (cadaveric)	619	792
1621	Penetrating wounds to the sclera	500	750
1624	Trichiasis Epilation	8	20
1643	Enucleation of eyeball - Without implant	192	600
1644	Enucleation of eyeball - With implant +/- attachment of muscles	231	600
1646	Evisceration of ocular contents - Without implant	192	600
1647	Evisceration of ocular contents - With implant +/- attachment of muscles	231	600
1655	Strabismus Surgery (one of more muscles)	600	750

1657	Orbital Abscess I&D	154	600
1658	Orbital Exploration	385	600
1659	Removal of Orbital Tumour/Lesion	385	600
1662	Orbitotomy for foreign body	231	600
2415	Chalazion/Tarsal Cyst (General)	38	125
2195	Tarsorrhaphy	115	150
2196	Repair Full Thickness Eyelid Injury	154	308
2227	Repair Lid Laceration	46	92
2266	Ptosis, Levator resection or suspension, unilateral	225	320
2268	Full Thickness Horizontal Shortening for Ectropion/Entropion	150	200
2421	Hospital Care - Admission	59	63
2422	Hospital Care - 2nd day to 30th day, per day	39	43
2424	Hospital Care - after 30 days, per day	25	29
2423	Hospital Care - Date of Discharge	42	46
8729	OPD Visit	32	43
9437	Ptosis, bilateral	450	640
2389	Penetrating graft combined with cataract extraction (Service code removed)	600	N/A

ORTHOPAEDIC SURGERY

(Refer to the section 7 of the memo for details on unit increases in Chapter 8)

Service Code	Specialty/Description	Old Units	New Units
63	Directive Care	39	43
76	Office visit - Non referred first visit	69	92
78	Office visit - Follow-up	53	75
81	Major or regional consultation	88	104
83	Repeat, within 30 days	75	95
2431	Hospital Care - Admission	59	63
2432	Hospital Care - 2nd day to 30th day, per day	39	43
2434	Hospital Care - after 30 days, per day	25	29
2433	Hospital Care - Date of Discharge	42	46
8730	OPD Visit	35	44

OTOLARYNGOLOGY

Service Code	Specialty/Description	Old Units	New Units
52	Directive Care	39	43
102	Office visit - Non referred first visit	56	60
104	Office visit - Follow-up	39	43
107	Major or regional consultation	86	90

109	Repeat, within 30 days	70	76
198	Directive Care - Intensive Care	22	26
240	Tonsillectomy	138	206
697	Tracheostomy	250	375
1678	Myringotomy - Unilateral	44	66
1679	Myringotomy - Bilateral	88	132
1728	Microlaryngoscopy	36	54
2441	Hospital Care - Admission	63	67
2442	Hospital Care - 2nd day to 30th day, per day	39	43
2444	Hospital Care - after 30 days, per day	27	31
2443	Hospital Care - Date of Discharge	42	46
2877	Daily rate - Specialist	39	43
8731	OPD Visit	30	36

PAEDIATRICS

Service Code	Specialty/Description	Old Units	New Units
68	Directive Care	39	43
85	Office visit - Non referred first visit	84	125
87	Office visit - Follow-up	62	96
90	Office visit - Major Chronic Health Problems	105	139
91	Neurodevelopmental Exam	237	320
93	Major or regional consultation	164	220
94	Repeat, within 30 days	132	188
198	Directive Care - Intensive Care	22	26
237	Intensive care requiring detention	50	55
247	Initial assessment and institution of care	230	253
248	Daily Rate	45	50
1830	ICU Care - Transfer	87	96
2451	Hospital Care - Admission	165	169
2453	Hospital Care - 2nd day to 30th day, per day	39	43
2455	Hospital Care - after 30 days, per day	27	31
8214	Hospital Care - Date of Discharge	42	46
8732	OPD Visit	105	139

PHYSICAL MEDICINE

Service Code	Specialty/Description	Old Units	New Units
98	Directive Care	39	43
202	Major or regional consultation	120	134
287	Repeat, within 30 days	99	111

288	Office visit - Non referred first visit	90	105
290	Office visit - Follow-up	69	90
302	Electromyography Major	60	72
303	Electromyography Minor	30	42
2491	Hospital Care - Admission	81	85
2492	Hospital Care - 2nd day to 30th day, per day	39	43
2494	Hospital Care - after 30 days, per day	27	31
2493	Hospital Care - Date of Discharge	42	46
8733	OPD Visit	62	70

PLASTIC SURGERY

Service Code	Specialty/Description	Old Units	New Units
80	Directive Care	39	43
305	Major or regional consultation	74	75
2461	Hospital Care - Admission	54	58
2462	Hospital Care - 2nd day to 30th day, per day	39	43
2464	Hospital Care - after 30 days, per day	24	28
2463	Hospital Care - Date of Discharge	42	46
2876	Initial assessment - Specialist	221	243
2877	Daily Rate - Specialist	39	43
2846	Breast mound creation by prosthesis and/or soft tissue Unilateral	392	396
9439	Breast mound creation by prosthesis and/or soft tissue Bilateral	784	792

PSYCHIATRY

Service Code	Specialty/Description	Old Units	New Units
59	Directive Care	109	113
321	Major or regional consultation	220	252
322	Repeat, within 30 days	136	179
324	Office visit - Non referred first visit	135	230
325	Office visit - Follow-up	68	120
331	Psychiatric care	46	53
333	Electroconvulsive therapy	70	109
340	Diagnostic and/or therapeutic interview	53	62
2471	Hospital Care - Admission	214	218
2472	Hospital Care - 2nd day to 30th day, per day	39	43
2474	Hospital Care - after 30 days, per day	26	30
2473	Hospital Care - Date of Discharge	42	46
8301	Transfer Code Hospital care	80	219

9145	Child consult, add	50	73
9146	Senior consult, add	50	73
9354	Court Attendance/Travel, per 15 minutes or part there of	47	75
RESPIROLOGY			
Service Code	Specialty/Description	Old Units	New Units
8241	Directive Care	39	43
8242	Office visit - Non-referred first visit	87	89
8245	Office visit - Follow-up	58	64
8312	Hospital Care - Admission	90	94
8313	Hospital Care - 2nd day to 30th day, per day	39	43
8314	Hospital Care - after 30 days, per day	25	29
8246	Hospital Care - Date of Discharge	42	46
RHEUMATOLOGY			
Service Code	Specialty/Description	Old Units	New Units
8315	Major or regional consultation	132	140
8316	Repeat, within 30 days	101	109
8344	Office visit - Non referred first visit	100	117
8347	Office visit - Follow up	85	106
8317	Hospital Care - Admission	91	95
8318	Hospital Care - 2nd day to 30th day, per day	39	43
8319	Hospital Care - after 30 days, per day	26	30
8342	Directive Care	39	43
8343	Hospital Care - Date of Discharge	42	46
THORACIC SURGERY			
9399	Hospital Care - Admission	54	62
9400	Hospital Care - 2nd day to 30th day, per day	35	43
9401	Hospital Care - after 30 days, per day	21	29
9402	Hospital Care - Date of Discharge	38	46
UROLOGY			
Service Code	Specialty/Description	Old Units	New Units
97	Directive Care	39	43
343	Major or regional consultation	73	74
345	Repeat, within 30 days	60	61
346	Office visit - Non referred first visit	62	64
349	Office visit - Follow-up	42	44
2481	Hospital Care - Admission	56	60
2482	Hospital Care - 2nd day to 30th day, per day	39	43

2484	Hospital Care - after 30 days, per day	24	28
2483	Hospital Care - Date of Discharge	42	46
2877	Daily Rate - Specialist	39	43
VASCULAR SURGERY			
Service Code	Specialty/Description	Old Units	New Units
2833	Initial assessment and institution of care	221	243
2834	Daily Rate	39	43
9369	Directive Care	39	43
9374	Hospital Care - Admission	58	62
9375	Hospital Care - 2nd day to 30th day, per day	39	43
9376	Hospital Care - after 30 days, per day	25	29
9377	Hospital Care - Date of Discharge	42	46
MEDICAL ONCOLOGY			
Service Code	Specialty/Description	Old Units	New Units
9675	Hospital Care - Admission	95	99
9676	Hospital Care - 2nd day to 30th day, per day	39	43
9677	Hospital Care - after 30 days, per day	26	30
9678	Hospital Care - Date of Discharge	42	46
DIAGNOSTIC RADIOLOGY			
Service Code	Specialty/Description	Old Units	New Units
4102	Directive Care	39	43
NUCLEAR MEDICINE			
Service Code	Specialty/Description	Old Units	New Units
4102	Directive Care	39	43

7. SIGNIFICANT CHANGES, SERVICE CODE DESCRIPTIONS AND OTHER CHANGES TO EXISTING SERVICE CODES

a) Chapter 7

Effective April 1, 2026, the following service codes and units have been revised and/or updated:

CHAPTER 7 – INTEGUMENTARY SYSTEM			
Service Code	Specialty/Description	Old Units	New Units
355	Abscess - Subcutaneous - Local anaesthetic	20	26
356	Abscess - Subcutaneous - General anaesthetic	31	40
357	Abscess - Perianal or pilonidal - local anaesthetic	20	26
358	Abscess - Perianal or pilonid - General anaesthetic	109	142
359	Abscess - Ischiorectal – simple incision, local anaesthetic	20	26
360	Abscess - Ischiorectal – Unroofing - complete care	133	173
372	Pilonidal disease - simple excision and/or marsupialization	182	237
376	Resection of portion of nail, nailbed or matrix	77	100
377	Removal of nail, incl. destruction of nailbed & shortening of phalanx	77	100
378	lipoma - simple removal	52	85
404	Breast abscess	99	129
407	Lumpectomy or partial mastectomy	218	355
408	Mastectomy simple or subcutaneous	285	400
409	Mastectomy modified radical with axillary dissection	502	665
410	Gynecomastia correction	187	243
1900	Aspiration of cyst of breast	15	20
2450	Biopsy of breast including FNA	35	46
2924	Lumpectomy with Axillary dissection	513	580
9462	Post op bleed after mastectomy	250	325

b) Chapter 8

Effective April 1, 2026, the following service codes and units have been revised and/or updated:

CHAPTER 8 – MUSCULOSKELETAL SYSTEM			
Service Code	Specialty/Description	Old Units	New Units
618	Repair of tendon - Achilles	269	420
620	Repair of tendon - Quadriceps	313	420
1840	IM locking nails	460	640
1998 (Desc. change)	Extosis of small or large bone	198	212
2068	Extosis of large bone (Service code removed)	212	N/A
2608	Osteotomy - Radius & Ulna	497	760
2613	Osteotomy - Femur	528	703
2678	Open reduction internal fixation to include flexible nails	410	630
2708	Clavicle Open reduction internal fixation	286	370
2825	Repair of tendon - Patellar	313	420
8169	Osteotomy - Fibula	198	271
8170	Osteotomy - Hip (Petrochanteric)	552	760
8184	Lengthening of long bone (single operative procedure)	561	800
8208	Heterotopic Bone excision for joint ankylosis	506	674
8239	Bi-malleolar with open reduction internal fixation of posterior malleolus	490	757
8391	Tarso-metatarsal (Lisfranc) Closed	62	150
8691	Removal of internal fixation appliances in conjunction with arthroplasty, add	115	150
8697	Removal of internal fixation appliances in conjunction with arthroplasty, add	115	150
8712	Excision of fascia for plantar fibromatosis	259	462
8713	Excision of fascia for plantar fibromatosis and skin graft or revision	336	550
8748 (Desc. change)	Lengthening of achilles tendon open or closed	154	210
8757 (Desc. change)	Abductor tendon avulsion repair, hip (1-2 suture anchors or tunneling) (Isolated procedure)	353	682
8758	Rotator cuff repair - with 3 or more suture anchors	556	682
8775	Removal of internal fixation appliances in conjunction with arthroplasty, add	115	150
8792	Osteotomy - Calcaneus	383	461

8903	Bunionectomy with soft tissue correction, tenotomy and distal osteotomy of first metatarsal all inclusive	273	300
8905	Arthroplasty first metatarsal phalangeal joint (interpositional "Cartiva - like" device or hemiarthroplasty)	259	300
9233	Open reduction internal fixation Monteggia with ORIF of radial head	450	700
9730 (New service code)	Abductor tendon avulsion repair, hip (Greater than 3 suture anchors or tunneling)	New	808

c) Chapter 9

Effective April 1 2026, the following service codes and units have been revised and/or updated:

CHAPTER 9 - RESPIRATORY SYSTEM			
Service Code	Specialty/Description	Old Units	New Units
724	Tube thoracostomy with water seal for pneumothorax or effusion	38	200

d) Chapter 11

Effective April 1 2026, the following service codes and units have been revised and/or updated:

CHAPTER 11 - HAEMIC AND LYMPHATIC SYSTEMS			
Service Code	Specialty/Description	Old Units	New Units
843	Sentinel node solo procedure	374	486
844	Sentinel node Biopsy in conjunction with another procedure - add on	214	320
865	Splenectomy	500	650
875	Dissection of inguinal glands	273	355
876	Radical dissection of axillary glands	412	536
877	Radical dissection of inguinal glands including iliac glands	400	520
878	Radical dissection of inguinal and iliac glands, bilateral	600	780
879	Lymph node Biopsy - cervical, axillary, inguinal Scalene	83	100

e) Chapter 12

Effective April 1 2026, the following service codes and units have been revised and/or updated:

CHAPTER 12 – DIGESTIVE SYSTEM			
Service Code	Specialty/Description	Old Units	New Units
802	Proctectomy/Pelvic Pouch procedure	1,108	1440
955	Heller Procedure	462	950
970	Oesophageal hiatus hernia - abdominal approach	385	900
971	Hiatus hernia plus cholecystectomy	555	1200
972	Hiatal hernia Transthoracic approach	500	1200
977	Transabdominal repair of diaphragmatic rupture	500	780
989	Gastrotomy with removal of tumor or foreign body	254	330
991	Simple tube gastrostomy	300	390
996	Gastrectomy – wedge resection for ulcer	360	468
997	Gastrectomy Partial or subtotal	679	883
998	Gastrectomy Plus repair of hiatus hernia	593	1300
999	Gastrectomy After previous gastroenterostomy or partial gastrectomy	700	910
1001	Total gastrectomy	800	1040
1002	Excision of gastroduodenal lesion (recurrent ulcer)	593	771
1004	Excision of gastrojejunal lesion (recurrent ulcer)	593	771
1008	Sleeve Gastrectomy	834	1084
1009	Pyloroplasty	360	468
1010	Plus vagotomy	501	651
1011	Gastroduodenostomy, gastrojejunostomy, or gastrogastrostomy	360	468
1012	Gastroduodenostomy, gastrojejunostomy, or gastrogastrostomy plus vagotomy	501	651
1013	Pyloroplasty or gastroenterostomy with vagotomy and hiatal hernia	508	660
1015	Closure of gastrostomy of other external fistula of stomach	204	265
1016	Closure of perforated ulcer or wound of stomach	450	585
1017	Closure of gastrocolic or gastrojejunocolic fistula One stage	593	771
1021	Ileostomy or jejunostomy (with tube)	419	545
1023	Colostomy	419	545
1025	Caecostomy, as single procedure	355	462

1026	Enterotomy or colostomy	305	397
1030	Local excision of lesion of small intestine	305	397
1031	Enterectomy – small intestine	472	614
1034	Terminal ileum, caecum and ascending colon	600	780
1035	Partial colectomy	564	733
1036	Right hemi	600	780
1037	Total colectomy With ileostomy or anastomosis	1,003	1304
1038	Total colectomy with APR, single team	1062	1800
1039	Total colectomy with APR, two team, first surgeon	1003	1500
1040	Total colectomy with APR, two team, second surgeon	354	500
1042	obstruction Without resection	454	590
1043	obstruction With resection	590	767
1045	Enteroenterostomy	339	441
1047	Faecal fistula, radical with resection	465	605
1048	Revision of ileostomy or colostomy	109	142
1049	Closure of perforation	349	454
1051	In conjunction with abdominal surgery, add 1051	75	98
1053	Closure of loop stoma/colostomy +/- resection	413	537
1058	Meckel's diverticulum	360	468
1059	Local excision of mesentery lesion	360	468
1060	Resection of mesentery	360	468
1061	Appendix Drainage of abscess, complete care	354	460
1062	Appendectomy	363	472
1064	Proctotomy – with exploration	92	120
1065	With decompression (imperforate anus)	92	120
1066	With drainage (perirectal abscess)	92	120
1067	Pelvic abscess – drainage	150	195
1068	Anterior resection	848	1102
1070	APR Single team	1,003	1304
1071	APR two team 1st surgeon	944	1227
1072	APR two team 2nd surgeon	354	460
1074	Hartmann procedure	590	767
1078	Diagnostic laparotomy with the finding of non-resectable cancer	162	211
1079	Proctosigmoidectomy for prolapse	600	780
1082	Biopsy of rectosigmoid for Hirschsprung's disease	62	81
1085	Excision of mucous membrane	154	200
1086	Repair rectum Perineal approach	360	468
1087	Repair rectum Abdominal approach	620	806
1089	Suture rectum External approach	241	313
1090	Suture rectum Intraperitoneal approach	400	520

1091	Slosure of rectovaginal fistula	339	441
1092	Closure of Rectovesical fistula	339	441
1093	Thrombosed haemorrhoid Local anaesthetic	23	30
1095	Local excision of anal lesion or malignancy (including sphincterotomy)	109	142
1096	Haemorrhoidectomy	182	237
1097	Anal polyp, haemorrhoidectomy tags	46	60
1098	Fistula – Low Level	182	237
1099	Fistula-in-ano high level	327	425
1100	Anal Biopsy – general anaesthesia	92	120
1105	Anoplasty for stenosis	185	241
1107	Plus repair of anorectal ring	300	390
1110	Abdominoperineal repair	508	660
1119	Electrodesiccation of condylomata	91	118
1122	Liver Drainage of abscess or cyst	360	468
1123	Liver Removal of foreign body	360	468
1124	Incision and packing of wound	360	468
1128	Marsupialization of cyst or abscess	360	468
1129	Rupture or wound	360	468
1130	Cholecystostomy	300	390
1131	Cholecystoenterostomy, including enteroenterostomy	400	520
1133	Cholecystogastrostomy	305	397
1134	Choledochoduodenostomy or choledochoenterostomy	508	660
1135	Common bile duct exploration	480	624
1136	With duodenotomy, sphincterotomy	600	780
1137	Excision Lesion of hepatic ducts	465	605
1138	Choledochoscopy in addition to bile duct surgery, add	60	78
1140	Cholecystectomy (by laparoscopy or laparotomy)	400	520
1141	With operative cholangiogram	480	624
1142	Cholecystectomy and exploration of bile duct	496	645
1144	Cholecystectomy and exploration of bile duct, plus duodenotomy	619	805
1145	Surgical reconstruction of common bile duct	800	1040
1146	Closure of fistula	423	550
1147	Pancreatotomy	425	553
1148	Pancreatic abscess or cyst	500	650
1149	Pancreatectomy – total	2,000	2600
1150	Local excision of lesion	407	529
1151	Distal or segmental pancreatectomy +/- splenectomy	900	1170
1152	Pancreaticoduodenal resection (Whipple type operation)	2,000	2600
1153	Excision pancreatic cyst	407	529

1155	Pancreatic cystoduodenostomy (by laparotomy)	750	975
1156	Pancreatic cystojejunostomy Side to side	510	663
1157	Marsupialization of cyst	425	553
1158	Laparotomy +/- biopsy	227	295
1159	Peritoneal abscess – drainage of subphrenic abscess	305	397
1160	Intraabdominal abscess, other	300	390
1161	Drainage of abdominal wall abscess, general anaesthetic	46	60
1166	Retroperitoneal tumor	437	568
1167	Mesenteric cyst	231	300
1169	Peritoneoscopy (laparoscopy)	177	230
1178	Umbilical hernia — Adult	300	390
1179	Umbilical hernia — Under 16	200	260
1182	Diaphragmatic hernia	424	551
1183	Diaphragmatic hernia — With prosthesis	465	605
1184	Incisional or ventral hernia — Repair by suture	327	425
1185	Incisional or ventral hernia — Repair by prosthesis	364	473
1186	Epigastric hernia	218	283
1187	Strangulated or incarcerated hernia — Without resection	400	520
1188	Strangulated or incarcerated hernia — With resection	590	767
1189	Secondary closure for evisceration	408	530
1953	Biopsy – needle	38	49
1980	Band ligation	50	53
2181	Parietal cell vagotomy for peptic ulcer	508	660
2182	Revision of gastrectomy plus Roux-en-y anastomosis, interposition of jejunal loop or reverse jejunal loop	700	910
2185	Full thickness Revision of ileostomy or colostomy	349	454
2186	Colonic reconstruction – following end stoma	708	920
2188	Removal of deep infected sutures (not applicable to operating surgeon during postoperative period)	92	120
2342	Recurrent hiatus hernia abdominal or transthoracic	539	1400
2416	Initial Management of Multiple Systems Trauma	120	156
2456	Multiple system trauma – laparotomy for acute trauma	400	520
2547	Transhorary approach with gastropasty or fundal plaction	515	1300
2548	Recurrent hiatus hernia thoracoabdominal approach	639	1800
2553	Any of the above plus vagotomy	127	165
2556	Left hemicolectomy	682	887
2558	Revision of intestinal bypass	462	601
2560	Transrectal excision of advanced adenoma or malignancy of rectum	313	407
2561	Posterior approach for excision of rectal lesion with resection of sacrococcygeal segment	313	407

2573	Excision of gallbladder remnant or cystic duct remnant	500	650
2575	With exploration of common bile duct and Cholangiogram	636	827
2577	Hepatojejunostomy	786	1022
2579	Bilateral – one primary, one recurrent	697	906
2583	Recurrent incisional or ventral	431	560
2584	Incisional or ventral hernia — With prosthesis	472	614
2585	Repair of ventral hernia at same session as a definitive intra-abdominal procedure, add	153	199
2850	Rectal disimpaction	23	30
2987	Nutritional jejunostomy, in conjunction with other abdominal surgery, add	75	98
2989	Biopsy with abdominal surgery	64	83
8090	Debridement of Wounds	58	75
8114	Oesophageal hiatus hernia - laparoscopic nissen fundoplication	385	900
8122	Gastric banding	569	740
8123	Bariatric Roux-en-Y	872	1134
8124	Bilio Pancreatic diversion	1,000	1300
8127	Component separation for complicated recurrent hernia repair with mesh	800	1040
9147	TEMS (Transanal Endoscopic Microsurgery)	615	800
9409	Post op bleed (stand alone procedure)	350	455
9500	Advancement flap or ligation of intersphincteric fistula tract for fistula-in-ano	327	425
9502	Laparoscopic or laparoscopic assisted	365	475
9503	Partial lobectomy (excision greater than 5 cm)	447	581
9504	Laparoscopic or laparoscopic assisted	559	727
9505	One or two liver segments	1,089	1416
9506	Laparoscopic or laparoscopic assisted	1,361	1769
9507	Three or four liver segments	1,261	1639
9508	Laparoscopic or laparoscopic assisted	1,576	2049
9509	Five or more liver segments	1,480	1924
9510	Laparoscopic or laparoscopic assisted	1,850	2405
9511	Inguinal or femoral (± mesh) — Single	306	398
9512	Inguinal or femoral (± mesh) — Bilateral	612	796
9513	Inguinal or femoral (± mesh) — Recurrent single	391	508
9514	Inguinal or femoral (± mesh) — Recurrent Bilateral	782	1017

Addendum 1

Electronic Consultation (eConsult) Program

The Electronic Consultation (eConsult) Program is a service administered by the Department of Health, which enables a referring healthcare provider to receive a consultant's opinion, advice or recommendation, through the digital asynchronous **eHealthNB platform**, reducing wait times for a major consultation, where appropriate. It is intended for situations that do not require a direct consultation between a physician and patient.

As part of the 2025-2029 Physician Services Agreement, and replacing the guidelines provided in the October 14, 2024, eConsult memo, the Department of Health and the New Brunswick Medical Society have agreed to the following:

- Referring provider - Implementation of a new asynchronous "**eConsult Referring Provider**" service code
- eConsult Consultant – enhancement to existing service code 1842

In order to be billed, the eConsult (consultation and referral) **must occur through the eHealthNB platform**. The required supporting medical documentation for the eConsult must be entered into the **eHealthNB platform**.

All other existing criteria outlined in the Physicians' Manual in **Chapter 3, Section 1.2.4**, must be met and documented.

Effective March 12, 2026, the following new **eConsult Referring Provider** service code is available to be billed:

- **Service Code:** 9720
- **Fee:** 25 units
- **Rate:** \$1.00 per unit
- **Locations :** 1 (Office), 0 (Other)
- **After-Hours Emergency Premium:** Not applicable.
- **Add-on service codes:** Not applicable

Effective March 12, 2026, the existing **eConsult Consulting Provider** fee and service description has been updated:

- **Service Code:** 1842
- **Fee:** 50 units per 15 minutes or part thereof
- **Rate:** \$1.00 per unit
- **Locations :** 1 (Office), 0 (Other)
- **After-Hours Emergency Premium:** Not applicable.
- **Add-on service codes:** Not applicable
- **Referring provider number,** referral type and referral date (date submitted) are required.
- **Start and end time are required** - The start time is when the specialist first opens the Consult, and the end time is when it is closed. The end time may fall on a different date due to ongoing communication. Only the specialist's actual time spent on the Consult is billable; the recorded open-to-close duration is not used for remuneration.

Medicare Note: The eConsult referral (service code 9720) does not apply when an electronic consultation (service code 1842) has been billed and leads to a referral. In these situations, the referral is already included in the electronic consulting fee.

Eligible specialties for eConsult Consulting Provider code:

Anaesthesia, Dermatology, Endocrinology, Gastroenterology, Geriatric Medicine, Hematology, Neurology, Obstetrics and Gynecology, Orthopedics, Pediatric Medicine, Psychiatry, General Internal Medicine, Cardiology, and Ophthalmology.

*** If your specialty is not listed but you wish to participate, please contact eConsult@gnb.ca**

An eConsult (consultation or referral) is **not applicable for payment** if:

- The purpose is to arrange transfer of care.
- The communication is to arrange another service (e.g., face-to-face consultation or procedure).
- A face-to-face non-urgent consultation, assessment, or procedure occurs on the same day or the following day.
- Multiple exchanges regarding the same issue that occur over several days are considered one consult/referral and only one consultation/referral may be billed.

Salaried Physicians:

- eConsults completed **during regular salaried hours must be shadow billed.**

- eConsults completed **after-hours** require completion of the **Written Declaration Form (WDF)**
 - Question 1(a): Indicate “after-hours eConsults”
 - Question 1(b): Provide details of regular working hours only

*** eConsult’s do not apply to patients as a result of a visit that occurred during regular salaried hours.**

All existing criteria outlined in the Physicians’ Manual in Chapter 3, Section 1.2.4 must be met and documented in order to bill the service codes.

For questions or clarification on the eConsult platform, please contact: eConsult@gnb.ca

For billing enquiries, please contact Medicare’s Practitioner Enquiries at PELS.DRPL@gnb.ca, (506) 457-7572 (B), (506) 444-5876 (B), (506) 444-5860 (E), 506-261-0415 (E) or the NBMS at (506) 458-8860.