



MEMORANDUM

DATE: 20 April 2026
TO: Bermuda Medical Council, Bermuda Dental Board and Health Insurers
FROM: Bermuda Health Council
RE: Medical and Dental Charges Schedule: Updates and Application Rules

This memo is being shared as part of the Health Council’s continued effort to give adequate notice of anticipated system changes and ensure clarity of expectations regarding application of those changes.

A. Schedule Changes

Changes to the Medical and Dental Charges Schedule (Schedule) are made as per the following timeline:

Notice provided by	Effective date of changes
31 st August	1 st January
28 th February	1 st June

Please note, the above timeline only applies to the published [Schedule](#), it does not apply to legislative updates to the Medical and Dental Charges Order. Legislative amendments will be communicated separately.

B. Dental Charges

Dental charges are based on the Ontario Dental Association Fee Guides. The details of the applicable version can be found on the published [Schedule](#).

C. Medical Charges

Medical charges are calculated as the product of the conversion factor (CF)¹, which is currently 130, and the Relative Value Units (RVUs)² assigned to the relevant procedure code. For example, if procedure A has 1.5 RVUs, the calculated amount is $1.5 \times 130CF = \$195$.

D. Application Rules (Medical Charges)

Depending on the circumstances under which a procedure is performed, there may be additional factors to consider as part of the calculation of the allowable medical charge.

The table below provides details of application rules that must be taken into consideration when charging for medical procedures. Additional details are provided on the “Application Rules” tab within the [Schedule](#).

¹ The current MDCO conversion factor was established by reviewing historic reimbursement levels, conducting international RVU fee schedule comparisons, and consulting with local providers to determine a reasonable baseline for transitioning the schedule to an RVU framework. The factor will be reviewed and adjusted over time as utilization and cost data become available.

² RVUs are calculated by the Centers for Medicare & Medicaid Services (CMS)

Application Rule	Description
Global Period	Indicates the number of days after a procedure that related services are already included in the original chargeable amount. During the global period, you cannot bill separately for follow-up care related to the procedure.
Multiple Procedure	Indicates when the allowable charges are to be adjusted when more than one procedure is performed during the same session. Where applicable, procedures are ranked by fee schedule amount (highest to lowest), and adjustments are applied based on the multiple procedure code.
Bilateral Procedures	Indicates when the allowable charges are to be adjusted where a procedure is performed on both sides of the body are paid.
Assistant Surgeon	Indicates whether a second surgeon can be paid for assisting with a procedure.
Co-Surgery	Indicates whether two surgeons can be paid to perform distinct parts of the same procedure, both as primary surgeons.
Team Surgery	Indicates whether there is an adjustment to the chargeable amount where multiple surgeons work together as a team for a specific procedure or group of procedures.
Physician Standby / On-Call Services 3	CPT 99027 may only be billed for approved Emergency & Complex Surgical Coverage (ECSC) on-call coverage periods, where a designated surgeon is required to remain available to provide emergency or complex surgical intervention outside of routine surgical service coverage.

The current updates are as listed:

Change Description	Notice provided by	Effective date of changes
1. Updated relevant chargeable amount for Anaesthesia, Surgery, Medicine/Evaluation & Management, Obstetrics and Dentistry.	20 April 2026	June 1 st
2. Added relevant codes and chargeable amounts for medicine codes to the Medicine/Evaluation & Management tabs.	20 April 2026	Immediately
3. Updated relevant definitions to the Application Rules	20 April 2026	Immediately
4. Adoption of CPT code 99027 (Physician Standby / On-Call Services) within the MDCO schedule to support the Emergency & Complex Surgical Coverage (ECSC) Programme, enhancing Bermuda’s capacity to manage extraordinary emergency and complex surgical cases locally that may otherwise require overseas referral.	20 April 2026	June 1 st

³ CPT 99027 under the ECSC programme applies only to designated coverage arrangements established to address extraordinary gaps in Bermuda’s surgical service capacity and should not be interpreted as a general standby or on-call reimbursement mechanism for routine specialty coverage. CPT 99027 does not apply to routine surgical call coverage, scheduled procedures, or the performance of surgical procedures themselves. Reimbursement under this code reflects system readiness during an approved ECSC coverage period and is separate from reimbursement for any procedures subsequently performed.