

Health PEI

One Island Health System

Physician Bulletin

Medical Affairs & Diagnostic Imaging Division
February, 2015

Dr. Nadeem Dada
Executive Director

This Physician Bulletin is a revitalized effort to inform physicians concerning the Tariff Fee codes, electronic billings, etc. This Bulletin will be issued several times a year and we urge all physicians and staff to review it carefully as it contains valuable information pertaining to the Medicare Program. **Please ensure that your office/billing staff receive a copy.**

Medical Consultant's Message

*In a 2012 IPSOS poll, 75% of Canadians polled scored Medical Doctors as "highly trusted" behind only firefighters and nurses. Among the six pillars of character, trustworthiness was defined as an individual having honesty, integrity, reliability and loyalty. In addition, respect, responsibility, fairness, caring and citizenship make up the pillars of good character⁸. Health PEI's goals of quality, access and efficiency in health care services are founded on good character and ethical behavior within the administrative and professional communities. It is with the broad intent of advancing trust and ethical behavior that Physician Bulletins are prepared and distributed. We are all responsible for the provision of health care services that meet quality, access and efficiency goals. We can be proud of doing the right thing and building a 'right' culture for our patients and citizens.**

As we move forward with our claims monitoring process, you will be asked to participate by providing documentation for certain claims.

**Taken from: Building and Ethical Culture, Karen Wensley, CPA Magazine.*

Dr. David Hambly; Health PEI Medical Consultant

Claims Monitoring and Education

Accurate health service coding of physician claims and in shadow billing is critical for timely and efficient payment of claims. As well, billing data is used in making health care services decisions and future projections. Consequently, accurate coding is of key importance in profiling the high quality health care services provided to Islanders.

Health PEI has an ongoing program for monitoring physician claims. Claims and shadow billing made to Medicare are compared with the Patient Record (provided by the physician, on request) for validation of the claims billed. To follow up in cases where claims were not validated by the patient record, information will be provided to the individual physician and their billing staff and future claims monitored. Information on 'correct' billing will be provided to all physicians through this bulletin and other educational forums in development.

Health PEI also monitors service codes that more often require manual assessment. In this way we are able to identify service codes where additional clarification of the code is needed in order to improve claims processing and speed for payments.

Your cooperation in monitoring and suggestions for billing-related information that needs to be provided are greatly appreciated as we continually strive for high quality, accessible and efficient healthcare.

Dr. Nadeem Dada, DABPN, FRCPC, CCPE

Out of Province: Travel Support Program

The Out of Province Travel Support Program was introduced in June, 2014. The Program provides travel assistance to eligible PEI residents who are required to travel out of province for medical service. To access this program patients are required to have prior approval from Health PEI for their out of province medical services. If you have any questions regarding the Out of Province Travel Support program please visit the website at www.healthpei.ca/ooptravelsupportprogram or call 1-902-368-5918.

Out of Province: **Referral Program**

As per the current master agreement at Tariff - 44 and as outlined at tariff - 60 Preamble Appendix E, it is essential that all physicians referring patients out of province for services make a referral request to Health PEI via their claims billing system. The request will be reviewed and the patient and physician will receive a letter indicating whether the request was approved or denied. If you have any questions regarding the out of province referral program please contact Arlene Powers, Out of Province Coordinator by email at arpowers@ihis.org, telephone at 902-368-6516, and fax: 902-569-0581 or contact Eileen Larkin, Manager Physician Services by email ealarkin@gov.pe.ca or telephone at 902-368-6736.

De-coding the tariff

Much deliberation goes into claims for office visits, both at the physician's office and in the Medicare office. In order to clarify these codes, and speed up the payment process by reducing the need for claims assessment, we provide the following segments from the 2010-2015 Master Agreement. For the full PEI Physicians Master Agreement descriptor visit: http://www.gov.pe.ca/photos/original/doh_masteragree.pdf

9.D. Comprehensive Office Visit (fee codes xx10)

A comprehensive office visit is an **in-depth evaluation of a patient** necessitated by the seriousness, complexity, or obscurity of the patient's complaint(s) or medical condition. A comprehensive office visit shall comprise of a **full history**, which includes a history of the presenting complaint as well as past medical history, a full functional inquiry, a **detailed examination** of relevant body systems, a **recommendation for treatment** and **all the relevant advice** related to the presenting complaint. A **detailed record** of the findings and advice to the patient shall be considered part of the examination.

With regard to specialists,

- (i) fee codes xx10 shall be billed where the patient has been initially referred for consultation and a subsequent visit relates to the same diagnosis, and
- (ii) these visits can be billed to a maximum of four times within a twelve-month period. If additional such visits are required, a comment on the claim shall be required.

9.E. Limited Office Visit (fee codes xx13)

A limited office visit is a service rendered to a patient who presents with **one or more complaints** that require the physician to take a **history of the presenting complaint(s)**, **examine the affected part, region, or system, and provide a corresponding diagnosis and recommendation for treatment and/or care**. The limited office visit is less involved than the comprehensive visit in terms of the functional inquiry, physical examination and documentation of the prior history, but shall require a **minimum of 10 minutes** of physician time.

A limited office visit may be claimed when the physician performs a limited assessment for a new condition or when monitoring or providing treatment of an established condition. Generally, payment shall be limited to no more than one office visit per patient per physician per day, except in cases where it is medically necessary in the physician's opinion to render a repeat office visit on the same day, and such medical necessity is documented both on the patient's chart, and as a comment on the electronic claims submission. Office visit codes may not be claimed by a physician who has performed a major surgical procedure in the previous 30 days where the visit is related to the surgery performed. In the case of fractures and/or dislocations, the stated fee shall cover treatment including that related to the care of the fracture for a period of 45 days following the procedure.

9.F. Basic Office Visit (fee code 0123) - Family Physicians

A basic office visit is a service rendered by a family physician to a patient who presents with a **relatively minor condition** which requires only a **brief problem-focused assessment**, little or no physical examination, and **less than 10 minutes** of physician time.

For billing claims clarification or assistance please contact Bernie Jordan, Claims Education and Monitoring Specialist by email mbjordan@ihis.org or by telephone at 902-838-0908; or Eileen Larkin, Manager Physician Services by email ealarkin@gov.pe.ca or telephone at 902-368-6736.

Medicare Office News

Mark Kickham is the new Medicare Manager. Mark has worked with Health PEI for 13 years, initially as a Business Analyst and for the last 7 years as a Health Information Specialist. You can reach Mark via email at mekickham@ihis.org, by phone at (902)838-0931 or 1-800-321-5492 or by fax at (902)838-0940.