

NEW INTERIM FEES (2015-2019 MASTER AGREEMENT)

New Health Service Codes for Non-Face to Face Services

In the coming weeks, a number of new Health Service Codes will be available to physicians for select non-face to face services rendered on or after April 1, 2017. Physicians are asked to hold these claims until notified that they may be submitted for payment. An update regarding submission dates will be published in the next MSI Physician's Bulletin on May 18, 2017.

Physicians and their billing clerks are asked to carefully review the requirements for these new Health Service codes before submitting them.

The new non face-to-face HSCs will replace HSCs 03.03F, 03.03I, 03.09D, 03.09E and 03.09F and therefore physicians should, effective March 31, 2017, cease using them. Services that would have been submitted using these discontinued HSCs should be held and claimed using the new HSCs.

Category	Code	Description	Base Units
VIST	03.09K	Specialist Telephone Advice – Consultant Physician – Providing Advice	25 MSU
VIST	03.09L	Specialist Telephone Advice – Referring Physician – Requesting Advice	11.5 MSU
<p>This health service code may be reported for a two-way telephone (or other synchronous electronic verbal communication) regarding the assessment and management of the patient but without the consulting physician seeing the patient.</p> <p>The referring physician may be a family physician or other specialist seeking an expert opinion from the consulting physician due to the complexity and severity of the case and with the intent of continuing to provide the patient's care closer to home. The consultant specialist may also receive requests for advice from a nurse practitioner.</p> <p>The referring physician (or NP) must submit a written request for an elective consultation to the specialist. The specialist will schedule a 15 minute telephone call with the referring provider. There must be by a two-way verbal communication discussing the clinical situation followed by a management decision and a written report from the specialist to the referring provider.</p> <p>For urgent consultations that do not result in transfer of the patient, the telephone call and the written request to the specialist may occur on the same day.</p> <p>The written referral and the formal consultation report must be available in the patient's medical record; both the referring physician (or NP) and the specialist must maintain copies of both documents. Both medical records must include the date and time of the service and any contemporaneous notes, in addition to the written documents.</p> <p>The service is reportable by the specialist for a new patient or an established patient with a new condition or an exacerbation of an existing condition.</p> <p>Billing Guidelines</p> <p>The HSC includes a review of the patient's history, family history and history of present complaint, and a review of any laboratory data, PACS images, medical records or other data as needed to provide advice.</p> <p>The health service includes a discussion of the physical findings as reported by the referring provider.</p> <p>If subsequent phone calls are necessary within 14 days to complete the consultation they are considered included in the HSC for the telephone consultation.</p> <p>The Consultant Physician HSC is not reportable in addition to any other service for the same patient by the same physician on the same day.</p>			

The Referring Physician HSC may be reported when the telephone call for an urgent consultation occurs on the same day as the patient visit that generated the consultation.

The HSC is not reportable when the purpose of the communication is to:

- Arrange transfer
- Arrange a hospital bed for the patient
- Arrange a telemedicine consultation
- Arrange an expedited face to face consultation
- Arrange a laboratory, other diagnostic test or procedure
- Inform the referring physician of the results of diagnostic investigations
- Decline the request for a consultation or transfer the request to another physician

The service is not reportable for other forms of communication such as:

- Written, e-mail or fax communication
- Electronic verbal forms of communication that are not PHIA compliant

The service is reportable only when the communication is rendered personally by the physician reporting the service and is not reportable if the service is delegated to another health professional such as:

- Nurse practitioner
- Resident in training
- Clinical fellow
- Medical student

The service is not reportable by the consulting physician if the patient has had a face to face visit with the consultant or any member of his/her call group within the previous 14 days for the same condition or if the telephone consultation results in a face to face service within the next 14 days or the next available appointment of the consultant.

The service is not reportable for telephone calls of less than 5 minutes of two way medical discussion.

The service is not reportable for calls between a referring provider and specialist in the same institution or practice location.

Documentation Requirements

- A written referral must be sent to the specialist and be available in the patient's medical record.
- Both the specialist consultant and the referring provider must document the patient name, identifying data and date and start and stop time of the call in their respective charts or EMRs.
- The names of the referring physician (or NP) and the consultant physician must be documented by both physicians.
- The diagnosis, reason for referral, elements of the history and physical as relayed by the referring provider, the opinion of the consultant physician and the plan for future management must be documented.
- A written report must be sent to the referring provider by the specialist consultant.
- The referring physician's billing number must be noted on the electronic MSI service Report (claim).
- The specialist must enter the date of the receipt of the referral in the text field on the MSI service report (claim).
- Both physicians must submit the start and stop time of the call in the text field on the MSI service report (claim).
- There must be text on the MSI service report (claim) to indicate whether or not this service replaced a face to face service.

Location

LO=OFFC

Note

As these codes replace HSCs 03.09E, 03.09F, 03.09D these three codes will be termed on implementation of these health services codes.



Category	Code	Description	Base Units
VIST	03.03Q	<p>Scheduled Specialist Telephone Management/Follow-up with Patient</p> <p>This health service code may be reported for a scheduled 15 minute telephone communication between the specialist physician and an established patient (or the patient's parent, guardian or proxy as established by written consent) who has previously had a face to face consultation, visit or procedure by the same physician within the last 9 months and has not been seen within the last 7 days.</p> <p>This service is not reported if the outcome of the scheduled call is to see the patient at the next available appointment in the office. This communication is intended to take the place of an office follow up visit that would have otherwise been scheduled, when a physical examination of the patient is not required.</p> <p>Billing Guidelines This health service is reportable for a scheduled telephone (or synchronous electronic verbal communication) between the specialist physician and the patient (or the patient's parent, guardian or proxy as established by written consent). Telephone management requires communication between the patient and physician on a clinical level; the HSC is not reportable for administrative tasks. The call must include a discussion of the clinical problem and a management decision. The HSC is reportable for scheduled telephone appointments only. The specialist physician must have seen and examined the patient within the preceding 9 months. The HSC is reportable a maximum of 4 times per patient per physician per year. The HSC is not reportable for facility based patients. The HSC is not reportable in addition to any other service for the same patient by the same physician on the same day. The service is not reportable when the purpose of the communication is to:</p> <ul style="list-style-type: none"> • Arrange a face to face appointment • Notify the patient of an appointment • Provide a prescription renewal • Arrange a laboratory, other diagnostic test or procedure • Inform the patient of the results of diagnostic investigations with no change in management plan. <p>The service is not reportable for other forms of communication such as:</p> <ul style="list-style-type: none"> • Written, e-mail or fax communication • Electronic verbal forms of communication that are not PHIA compliant <p>The service is reportable only when the communication is rendered personally by the physician reporting the service and is not reportable if the service is delegated to another professional such as:</p> <ul style="list-style-type: none"> • Nurse practitioner • Resident in training • Clinical fellow • Medical student • Clerical staff <p>The service is not reportable for telephone calls of less than 5 minutes of medical discussion.</p> <p>Documentation requirements</p> <ul style="list-style-type: none"> • The date, start and stop times of the conversation must be noted in the medical record. • The medical record must indicate the content of the discussion, the management plan and that the patient understands and acknowledges the information provided. • A written report must be sent to the referring physician or family physician by the specialist consultant. • The start and stop time of the call must be included in the text field on the MSI service report (claim). • There must be text on the MSI service report (claim) to indicate whether or not this service replaced a face to face service. <p>Location LO=OFFC</p> <p>Note As this HSC replaces HSCs 03.03F and 03.03I these will be termed on implementation of this health service code.</p>	11.5 MSU