

Specialist Services Committee
2010 Initiative FAQs



Physician-To-Physician Telephone Fees (G 10001 and G 10002)

The Physician-To-Physician telephone fees are expected to prevent unnecessary referrals or visits to the Emergency Department through improved communication between physicians to benefit patient care. These fees provide compensation for Specialist expertise via the telephone that previously required a face-to-face visit or went unpaid.

1. Q: Can I bill these phone fees if a colleague phoned to request an urgent referral for their patient?

A: These fees are not payable where the purpose of the call is to expedite a consultation. The phone call fee may only be billed if the requested advice includes a clinical discussion including pertinent family/patient history, history of presenting complaint, and discussion of the patient's condition and management after reviewing diagnostic and other data where indicated to determine the necessity of a referral.

2. Q: Can I bill the telephone fees to discuss the transfer of a patient?

A: No, these fees are not payable where the sole purpose of the call is to arrange for transfer of care. However, if the purpose of the call is to request advice regarding management of the patient, potentially avoiding a transfer, it would be appropriate to bill the telephone fee.

3. Q: Can I bill the telephone fee when the referral from the GP is incomplete and I need more information before I see the patient?

A: No. These fees are only payable when another physician initiates the call. The intent of these fees is to provide your specialist expertise and advice to GPs or other Specialist colleagues. These fees are not payable for administrative tasks such as arranging referrals.

4. Q: Can I bill these phone fees when a colleague requests a discussion about whether or not further investigation would benefit a specific patient?

A: Yes, provided there is a clinical discussion and advice provided including pertinent family/patient history, history of presenting complaint, and discussion of the patient's condition and management.

5. Q: Can I bill the telephone fee if the referral letter asks me to contact the physician before seeing the patient?

A: Yes, provided there is a clinical discussion including pertinent family/patient history, history of presenting complaint, and discussion of the patient's condition and management. These fee codes are not payable when the purpose of the call is to book an appointment, arrange the transfer of care, or expedite a consultation.

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6. Q: What diagnostic code do I use when billing this fee?

A: You would record the same diagnostic code that you would use had the patient been referred to you rather than discussed over the telephone.

7. Q: When I am on call for the hospital under a MOCAP agreement can I bill the telephone fees?

A: Yes. The two are separate. MOCAP is payment for availability and services rendered are paid in addition.

8. Q: After discussion with the GP, I advised that if the patient begins to present certain symptoms they will need to be referred. Does the patient need to be referred to me?

A: No. The patient does not need to be referred to the specialist who provided the telephone advice.

9. Q: Can I bill the telephone fees for email correspondence?

A: No. At this time these fees are not payable for written communication (i.e. fax, letter, e-mail). The SSC is considering payment for email and written communication, however, these forms of communication are fundamentally different from telephone conversations and would require different fee codes.

10. Q: Can I bill these telephone fees when nurses, midwives, optometrists or other allied health providers request advice?

A: No. At this time these fees are only payable for communication with a MSP registered physician.

11. Q: Do I need to create a complete medical record if I provide advice for a patient who does not have an existing record?

A: No, however the conversation must be documented sufficiently to verify the advice given and be auditable for billing purposes.

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Physician-to-Patient Telephone Fee (G 10003)

This fee is to compensate Specialists to provide scheduled follow-up care via the telephone to an existing patient without the necessity of a face-to-face visit, where clinically appropriate.

12. Q: Why does the follow-up by telephone need to be scheduled?

A: The telephone follow-up fee is to substitute for a scheduled in-office follow-up visit when medically required. It is not intended to be used to follow-up with every patient, only those who would previously have needed to return to your office. The same policies which apply to in-office visits should also apply to telephone follow-up visits.

13. Q: Can I bill the telephone follow-up fee if my MOA provides the follow-up call?

A: No, the fee is only payable for a medically necessary clinical follow-up provided by a physician.

14. Q: I will be covering for a colleague and providing follow-up care for patients I have not previously seen. Can I schedule follow-up telephone visits?

A: No. Patients must have a pre-existing relationship with you in order to bill a telephone follow-up visit.

Pre- and Post- Operative Billing Rule Changes

These changes are being made to update the fee guide and reflect current operative practices, encourage timely discharge from hospital, ensure patients receive care at the most clinically appropriate time, and minimize financial barriers with regards to peri-operative care.

15. Q: What fee code do I bill for the pre-operative and post-operative visit?

A: No new fee codes were created. Each Section has existing office and hospital visit fee codes for follow-up and subsequent visits. For your specific Section please see the BCMA Guide to Fees located online at:

<https://www.bcma.org/member-publications/bcma-guide-fees>

Or the MSP Website for the MSC payment schedule:

<http://www.health.gov.bc.ca/msp/infoprac/physbilling/index.html>

16. Q: Do these new rules mean I must provide the post-operative care?

A: No. The decision regarding who should provide the post-operative care remains a clinical decision. In many cases it might be more appropriate for the family physician to provide post-operative care.

17. Q: Why is in-hospital follow-up care up to 14 days still included with the procedural fee?

A: The current funding for the Specialist Services Committee does not allow for complete removal of the post-operative period.

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18. Q: Can I bill a pre-operative or post-operative visit on the day of the procedure?

A: No.

Monitoring

19. Q: What happens if the expenditures exceed the budget set for these initiatives?

A: These new fee codes will be monitored to ensure that the overall expenditures do not exceed the funds available. In addition, these initiatives will be assessed against their objectives. Changes will be made to the fees and / or initiatives to ensure financial accountability and effectiveness.

Further details of the SSC fees and initiatives can be found in the SSC Initiatives 2010 Guide. The Guide is also available online at:

<https://www.bcma.org/committee/specialist-services-committee-ssc>