

ADTI RESEARCH PROGRAM

FEE ITEM AUDIT RULES

Please note: Pharmaceutical Services has a finite budget for ADTI research payments. Payment for individual fee items is dependent on the availability of funds and research recruitment requirements. Physicians will be advised in advance through MSP remittance statements if payments are to be terminated.

Fee Item	To be eligible for payment, the following billing rules must be met:	Amount
All ADTI Fee Items	<p><u>Basic requirements:</u></p> <ul style="list-style-type: none"> • patient must be approved for ADTI coverage through the Special Authority (SA) approval process • claims must be submitted through MSP claims processing system and follow MSP guidelines for payment 	
G97001 (Initial Coverage)	<ul style="list-style-type: none"> • physician must inform patient/caregiver of research • physician must submit initial ADTI SA request form (HL5369) with all fields of optional section completed • initial SA request must be approved • payable once per patient 	\$15
G97002 (6-month Renewal)	<ul style="list-style-type: none"> • physician must submit ADTI SA renewal request form (HL5370) with Overall Patient Assessment Rating (OPAR) and all fields of optional section completed • fee item must be submitted a minimum of 135 days (4½ months) from date of initial coverage approval (renewal within 7 months is recommended but not required) • eligible only once in above time period • payable a maximum of 4 times over 2 years <p><i>Note: PSD policy grants 30-day approvals for incomplete renewal forms to prevent patients from losing coverage while the form is returned to the physician for completion. This fee item can only be billed once in the prescribed period even if there are two approvals in place.</i></p> <ul style="list-style-type: none"> • renewal request must be completed and approved 	\$15
G97003 (Termination of Coverage)	<p>This fee item compensates physicians for noting the reason the patient is discontinuing ChEI treatment on the renewal form (HL5370) at the 6-, 12-, 18-, or 24-month reassessment visit.</p> <ul style="list-style-type: none"> • this fee replaces G97002 • payable on submission of ADTI SA renewal form (HL5370) with OPAR and all fields of the optional section completed, and reason for termination noted • payable once per patient • payable 135 days (4½ months) after date of initial coverage approval or 135 days after payment for G97002 <p><i>Note: This fee does not apply to patients who discontinue medication within 135 days (4½ months) of initial coverage due to intolerance.</i></p>	\$15

Fee Item	To be eligible for payment, the following billing rules must be met:	Amount
<p>FEES FOR PARTICIPATING IN THE UNIVERSITY OF VICTORIA RESEARCH STUDY</p> <p>To be eligible to participate in the University-led Seniors' Medication Study (SMS), the patient must be accompanied by a caregiver at all related medical appointments. This is an ethics requirement of the University of Victoria. Therefore, the Referral Fax, Allocation Fax, and Clock-Drawing Test should only be completed with both the caregiver and patient present. These requirements must be met for the following fee items to be eligible.</p> <p><i>Note: Patients in Extended Care hospitals are ineligible to participate in the study.</i></p>		
<p>G97004 Referral Fax</p>	<p>This fee compensates physicians for informing patients and caregivers about the ADTI research, asking if they are interested in being referred to UVic and, if so, completing and submitting the Referral Fax.</p> <ul style="list-style-type: none"> • patient and caregiver must agree to the referral • physician must submit the completed Referral fax to UVic (if necessary, UVic can provide assistance to complete form) • payable once per patient at either 0 months (initial coverage assessment) or 6 months (1st renewal reassessment). • Referral fax must be submitted within 330 days (11 months) of the initial coverage approval date • only eligible for payment when: <ul style="list-style-type: none"> ○ patient is approved for ADTI coverage ○ all fields of the optional section of the SA form for initial coverage (HL5369) or renewal (HL5370) are completed • must be submitted before July 2010 to allow sufficient time for data to be collected before the SMS ends in March 2012. 	<p>\$50</p>
<p>G97005 Allocation Fax</p>	<p>Purpose of the fee is to remunerate physicians for filing the patient/caregiver consent form, reconfirming that patient and caregiver are willing to participate in the study, and if indeterminate responder, allocating the patient to one of three treatment categories (continue current medication, switch medication or stop medication), and completing/submitting the Allocation Fax.</p> <ul style="list-style-type: none"> • must submit a fully completed Allocation Fax to UVic (if required, UVic will provide assistance with completing form) • patient and caregiver must have signed UVic study consent form—a copy for the patient's file will be sent to the physician • fee is payable only once per patient • patient must be an indeterminate responder – as determined through completion of the Overall Patient Assessment Rating (OPAR) on the SA renewal form (HL5370) • physician should submit fee item after SA renewal has been approved to ensure patient continues to meet the ADTI eligibility requirements (SA renewal requests are normally processed and returned to physician within 48 hours) • claim must be submitted in conjunction with the following: <ul style="list-style-type: none"> ○ approval of the ADTI SA renewal request form (HL5370) with OPAR and all fields of optional section completed, and noting on Page 2 that the patient is participating in the SMS 	<p>\$50</p>

Fee Item	To be eligible for payment, the following billing rules must be met:	Amount
	<ul style="list-style-type: none"> ○ Clock-Drawing Test – submit to UVic (bill with G97006 for submitting Clock-Drawing Test) ○ Faxes must be received by UVic before billing <p><i>Note: Once the Allocation Fax is received by the UVic Study Office, UVic will confirm patient eligibility by issuing a Patient-Specific Information Package to the physician which includes copies of UVic forms with non-changing fields completed.</i></p>	
<p>G97006 Clock Drawing Test</p>	<p>The purpose of this fee is to remunerate physicians for administering the Clock-Drawing Test and faxing the results to UVic. Physicians are not required to score the test.</p> <ul style="list-style-type: none"> • Payable in addition to G97005 (initial SMS registration) and at 6-month intervals as long as patient is participating in SMS • for this fee to be eligible for billing initially in conjunction with G97005, patient must be eligible to participate in the SMS (indeterminate responder) • patient and caregiver must have signed UVic study consent form – UVic will send a copy for the physician’s patient file • completed Clock-Drawing Test must be received by UVic • must be submitted after ADTI SA renewal request with OPAR and all fields of optional section completed is approved • can be billed a maximum of 4 times 	<p>\$50</p>
<p>G97007 Medication Stop fax</p>	<p>The purpose of this fee is to inform the UVic Study Office when a patient stops treatment while participating in the SMS</p> <ul style="list-style-type: none"> • only applicable when patients are registered in SMS • patient must have been allocated to switch or continue medication (if patient was selected to stop medication at the 1st visit after referral , no Medication Stop fax is required) • Medication Stop fax must be received by UVic • can be billed with G97003 and G97006 • cannot be billed within 60 days of G97005 (Allocation Fax) or G97002 (SA renewal form). 	<p>\$15</p>