SASKATCHEWAN MEDICAL ASSOCIATION

v. March 26, 2020

Family Practice: Special Care Home Management

Context

The Physician fee code, 626A (Routine Nursing Home Visits) was updated and approved by the (PSRC) Payment Schedule Review Committee and the Minister of Health. The changes will be implemented in the April 1, 2020 Payment Schedule.

This document is intended to inform you, as a member of the Section of Family Practice, of the changes to the code and where the savings were reinvested, as well as background information on the work of the FP Board and FP Working Group.

Additional resources include, webinars (online learning sessions with Q & A), (FAQ's) frequently asked questions for billing the new codes, and communication to Special Care Home Facilities.

Special Care Home Management (SCHM) Fees

The fee code, 626A, will be deleted as of April 1, 2020. There are two new codes as of April 1, 2020, under the heading, *Special Care Home Management* (SCHM).

These new codes are billable for continuous management of care for patients in special care homes. They include all non-urgent medical interventions performed during regular business hours.

Once a physician bills a SCHM fee code for a patient, that physician is acknowledging they are the most responsible physician for the continuous management of care for that patient. Either Indirect or Direct patient care is billable per patient, every 14 days, for non-urgent care. One Direct (face-to-face) visit is required once a year. Below is a summary of the new codes.

627A - Indirect Patient Care for Special Care Home Patients: $24

This fee is for the bi-weekly continuous management of non-urgent indirect patient care to evaluate the patient's condition and to provide advice as necessary to the nursing/facility staff concerning the routine management of the patient.

For the purposes of billing 627A, a facility visit is not required. The expectation is that Indirect patient care is provided during regular business hours (i.e. excluding evenings, weekends and statutory holidays).

1. This service includes all necessary non-acute indirect patient care:
   a) Medication refills;
   b) Routine ordering and/or reviewing test results;
   c) Routine advice to family members/caregivers;
   d) Monitoring Anticoagulant Therapy (763A);
   e) All discussions with the staff of the facility related to the patient's care; and
   f) All telephone calls to/from the staff of the facility, patient's relative(s) or patient's representative related to the patient's routine care.

   NOTE: Does not include Telephone Calls/Facsimile/Email on behalf of a Palliative Patient—793A billable in addition to 627A.

2. The fee is payable for continuous management of Indirect patient care (i.e., the physician is the most responsible physician), meaning the fee is still payable for weeks in which no provision of the non-acute indirect patient care items is necessary. Ongoing documentation is not required for billing.

628A- Direct Patient Care for Special Care Home Patients: $60
This fee is for a non-urgent medically necessary visit to evaluate the patient's condition and to provide advice as necessary to the patient and/or the nursing/facility staff concerning the routine management of the patient.

1. A face-to-face patient/physician encounter must be made and must include:
   a) Relevant functional enquiry;
   b) Assessment;
   c) Physical examination (if indicated);
   d) Necessary treatment;
   e) Advice to the nursing/facility staff; and
   f) Record of service provided.

2. This service also includes all necessary non-urgent indirect patient care:
   a) Medication refills;
   b) Routine ordering and/or reviewing test results;
   c) Routine advice to family members/caregivers;
   d) Monitoring Anticoagulant Therapy (763A);
   e) Medication reviews;
   f) All discussions with the staff of the facility related to the patient's care; and
   g) All telephone calls to/from the staff of the facility, patient's relative(s) or patient's representative.

      NOTE: Does not include Telephone Calls/Facsimile/Email on behalf of a Palliative Patient— 793A billable in addition to 628A).

3. The fee is only payable for weeks in which direct patient care has been provided.

What about Urgent Care?
There will be no change to current processes when patients require medically urgent/emergent care. Physicians would continue to use other codes to respond to the urgent needs of patients.

COVID-19 Pandemic Codes
Due to the COVID-19 pandemic, two virtual care temporary codes have been implemented and can be used by physicians for resident care in Special Care Homes. The codes are:

Pandemic Telephone Assessment (510A): $35.00
This service must be direct patient care by a physician via telephone in real time (i.e., not text). There is a maximum of two telephone assessments per patient per day by any physician, with documentation.

Pandemic Video Assessment (515A): **$35.00**
This service is for patient care by a physician via secure healthcare appropriate virtual visit technology (not FaceTime or WhatsApp). A maximum of two video assessments per patient per day by any physician, with documentation.

These codes are for providing direct patient care in real-time and are not restricted to diagnosis specific to COVID-19. The codes may be initiated by the physician or patient, and documentation is required. Either service is not eligible for any premiums or surcharges, and cannot be billed with any additional service codes. Services provided in person may be billed according to the Payment Schedule. For more information, please visit SMA's website.

Savings Reinvestment in the Family Practice Section

Through the modernization work of 626A, some savings were identified and will be reinvested in priorities of the Section. The FP Board recommended savings found to be reinvested in:

1) Increasing age premiums, and
2) Allocating remaining savings to 5B (See table to the right).

This was all approved at the (PSRC) Payment Schedule Modernization Committee meeting and will be **implemented as of April 1, 2020** in the new Payment Schedule.

Current Age Premiums	Proposed Age Premiums
55-64 15%	55-64 20%
65-74 25%	65-74 30%
75+ 35%	75-84 40%
	85+ 45%
5B Current Rate	5B Proposed Rate
$35.00	$35.40

Background Information

Why modernize the 626A code?

This was not a cost-savings initiative. In 2006, the fee code was flagged by the Ministry of Health's auditing process (JMPRC). The fee code description was broad and the services provided varied. In 2019, the Ministry of Health, the SMA, and the Section of Family Practice dedicated more time to work on modernizing the 626A fee code to bring it in line with current medical practices and alignment with three principles: Patient-Centered Care, Appropriateness, and Fairness.

There were many stakeholders identified in this change including, FP Physicians, Ministry of Health, Saskatchewan Health Authority (SHA), Provincial Affiliates Resource Group (PARG), and residents in Special Care Homes and their families.

Contact

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