SASKATCHEWAN MEDICAL ASSOCIATION

# Section of Family Practice
# Quick Reference for Special Care Home Management Fee Codes
# June 2021

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| **627A Indirect Care**: **$24** Payable bi-weekly for each Special Care Home (SCH) patient for provision of non-urgent, continuous management of Indirect patient care, including medication refills, routine ordering and/or reviewing test results, monitoring anticoagulant therapy (763A), routine advice to family members/caregivers and all telephone calls to/from SCH staff and/or family members related to the patient's routine care. |
| **628A Direct Care**: **$60** Payable bi-weekly for a non-urgent, medically required, in-person visit to evaluate the patient's condition and provide advice as necessary to the patient and/or the nursing /facility staff concerning the routine management of the patient, during regular business hours. The medical necessity must be documented. One Direct care visit is required per patient per year. |
| **5B Partial Assessment: $39.80** For urgent, medically required care (e.g., a change in the patient's medical condition requiring reassessment) when a physician visits the patient in-person to evaluate the patient's condition as required. Appropriate surcharges and premiums are payable. |
| **805B Virtual Partial Assessment (or subsequent virtual visit): $31.85** When billed in the same two-week period as a SCHM service code, this code is payable when direct physician-to-patient contact in real time via telephone or secure video conferencing for urgent or medically required care (i.e. a change in medical condition requiring reassessment), and you are unable to visit the patient in person due to pandemic restrictions. It may be initiated by either the physician or the patient/caregiver. For SCH, the caregiver includes the SCH nursing staff. 805B can only be billed once per day per patient. The reason for the medically required care must be documented. |
| **796A: $20.00** For urgent medically required care when a condition, occurring after-hours, is of such a nature that it is considered urgent and requires advice in a timely manner (i.e. cannot wait until business hours of the next day), telephone calls from an Allied healthcare professional, in rare circumstances, are payable by report. This code is not intended to cover after-hour calls regarding the routine management of a patient. |
| **793A Telephone calls/fax/email on behalf of palliative patient: $20.00** Can be billed a maximum 3 times per day per patient (in addition to 627A/628A and 5B/805B). |
| **42B/44B Case Conference: $80.00 for first 30 minutes and $40.00 for next 15 minutes** A case conference must be a formally scheduled session and can be billed twice per year per patient. |
| **40B/41B Counselling: $43.60 for first 15 minutes and $39.30 for next 15 minutes**<br>**840B/841B: Virtual Counselling $33.75 per 15 minutes** Payable when a family member is counselled (either in person or via telephone or secure videoconference) because of the patient's serious and complex problem (not for routine briefing or advice). It must be provided at a booked separate appointment. The counselling codes are subject to a maximum of 30 minutes and should be submitted in the counselled individual's name. The diagnosis must be confirmed, or the diagnostic code Z84 must be used. |
| **3B Complete Assessment: $75.70** Is only billable for admission to the facility when all components of the code have been performed and documented, as per the *Payment Schedule for Insured Services* requirements. |