Special Care Home Management Fee Codes

Family Practice Webinar for Physicians & Staff

Dr. Stan Oleksinski
Family Practice Board President
June 2, 2021

Welcome!
Your microphone is muted.
We will begin shortly…

Participation and Tech Support

Participants microphone**s will be muted during the presentation.**

Questions & Answers will occur at the end of the presentation and we will provide instructions on how to participate.

If you have any technical questions, please contact:

Lise LeBlanc, email: lise.leblanc@sma.sk.ca, or

Call/text 306-371-0893 during the presentation.

Special Care Home Management Fee Codes
Outline

- Context
- Special Care Home Management (SCHM) Fee Codes
- Virtual Care Pilot Codes
- (FAQ's) Frequently Asked Questions
- Questions and Answers with Dr. Oleksinski
- Close

Context

- The new fee codes for Special Care Home Management were introduced in the April 2020 Payment Schedule.
- The fee codes were to be reviewed after a year.
- Due to the impact of COVID-19, the FP Board and the Ministry of Health have agreed to delay the review for another 6 -12 months, pending the status of the pandemic.
- This informational update is being provided to answer questions/inquiries the SMA has received over the past several months.

Special Care Home Management (SCHM)

Overview

SCHM Overview

Special Care Home Management (SCHM) fees

- For continuous management of all non-urgent care for patients in Special Care Homes during regular business hours.

- The fees have two components:
  1) Indirect patient care, and
  2) Direct patient care.

SCHM: Indirect Care (627A)

Indirect Care: $24

- Paid bi-weekly for continuous management of **non-urgent** indirect patient care.
- To start billing, the physician must identify as the most responsible physician.
- A facility site visit is not required for billing.
- For services provided during **regular business hours,** including:
  - Medication refills;
  - Routine ordering and/or reviewing test results;
  - All discussions with the facility staff;
  - Routine advice to family members/caregivers;
  - Monitoring anticoagulant therapy (763A);
  - All telephone calls related to the patient's routine care.

SCHM: Direct Care (628A)

Direct Care: $60

- This fee is for **non-urgent medically required care** 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.
- A face-to-face patient/physician encounter must be made and the medical requirement for this visit must be fully documented.
- Direct patient care also **includes Indirect patient care and may be paid bi-weekly.**
- A minimum of one Direct patient care visit is required per patient per calendar year.

SCHM Urgent/Emergent Care

- There is no change to processes and applicable fee codes if residents require medically urgent or emergent care.

- The SCH Management fee codes are for non-urgent medical care performed during regular business hours.

Virtual Care Pilot Codes

Virtual Care Pilot Codes

On January 1, 2021, the new Virtual Care Pilot service codes replaced the temporary Pandemic codes (510A/515A) for Family Physicians. Virtual Care Pilot codes resemble the in-person visit codes but are for medically required virtual care.

805B: Virtual partial assessment or subsequent virtual visit provided via telephone or secure videoconference $31.85 (decreased from $35.00 on June 1)

- Payable when direct physician-to-patient contact in real time via telephone or secure video conferencing for urgent or medically required care (e.g., a change in medical condition requiring reassessment) and you are unable to visit the patient in person due to pandemic restrictions.
- May be initiated by either the physician or the patient/caregiver (for Special Care Homes, the caregiver includes the SCH nursing staff).
- 805B is payable once per day per patient.
- **Include a comment on the 805B claim indicating "additional visit medically required" when billing 805B in the same two-week period as SCHM.**

Summary: Commonly used Fee Codes in SCH

627A $24 every 2 weeks for Indirect care for non-urgent continuous management for phone, fax, email, med refills, etc.

628A $60 for Direct care, non-urgent medically required care during regular business hours, up to a max of every 2 weeks. Bill when you visit and document the need for the visit.

5B $39.80 (increased from $37.50) for Partial Assessment for urgent or medically required care.

805B $31.85 (decreased from $35.00) Virtual Partial Assessment for urgent or medically required care provided by telephone or secure videoconference when a 5B visit isn't possible due to pandemic restrictions.

796A $20.00 (increased from $14.60) for Telephone calls from Allied Healthcare professionals for urgent care after-hours/stats, in rare

Summary: Commonly used Fee Codes in SCH

793A $20.00 For telephone calls/fax/email on behalf of palliative patients: Can be billed a maximum 3 times per day per patient (in addition to 627A/628A and 5B/805B).

42B Case Conference: $80.00 (increased from $69.10) for first 30 minutes and
44B $40.00 (increased from $31.50) for next 15 minutes A case conference must be a formally scheduled session and can be billed twice per year per patient.

40B Counselling: $43.60 (increased from $41.00) for first 15 minutes and
41B $39.30 (increased from $39.00) for next 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.

840B Virtual Counselling: $33.75 per 15 minutes
841B

Summary: Commonly used Fee Codes in SCH

3B $75.70 (increased from $72.00) Complete assessment is 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.

Medication Review:

- Without the patient and without a multi-disciplinary team, the service is included in Indirect care (627A).
- Without the patient but with a multi-disciplinary team, bill a Case Conference (42B/44B, maximum of 2 per patient per year).
- If the medication review is done in the presence of the patient, and all other Direct care criteria have been met, Direct care (628A) may be billed.

SCHM

Frequently Asked Questions

FAQ's: TOPICS

- Getting Started: How to Bill
- Understanding the Codes
- Covering for a Physician
- Documentation
- Medical Necessity for Direct Care
- Urgent/Emergent Care
- What Else is Included/Excluded?
- Facilities
- Operational Considerations

Resource: *FAQ handout on SMA Website (Payment Schedule Modernization)*

FAQ's: Getting Started: How to Bill

1. **How do I start billing as the Most Responsible Physician (MRP)?**

   - Must include the comment: "will be providing continuous care", identifying yourself as the MRP.
   - Bill every 2 weeks, no further comments are required.
   - Either Indirect or Direct care code can initiate billing.

***Resource**: FAQ handout*

FAQ's: Understanding the Codes

2. Can I bill both (627A) Indirect care and (628A) Direct care for a patient in a two-week time period?

- Yes. If you bill Indirect care (627A), and then visit the patient in the same 14-day billing period and bill the Direct care code (628A), the system automatically converts the fee to the Direct care fee (higher amount) for those 2wks (629A)
- In the above scenario, your paylist will not show 628A as being paid because it converts to 629A. You should expect 627A and 629A to be paid.

***Resource**: FAQ handout*

FAQ's: Understanding the Codes

3. What can I bill if there is a sudden change in a patient's condition and a face-to- face in-person visit is medically required for an urgent matter?

- You would bill a 5B, and appropriate premiums and surcharges are payable (provided 5B criteria is met) or 805B (no premiums/surcharges) for a virtual visit if you are unable to visit the patient in person due to pandemic restrictions.

***Resource**: FAQ handout*

FAQ's: Understanding the Codes

4. Can I bill the Virtual Care Pilot Code 805B in the same two-week time period as Indirect or Direct care?

- Yes, if it is for urgent or medically required care, not routine care (627A/628A), you are unable to visit the patient in person due to pandemic restrictions, and it occurs at a different time of patient contact as any other service billed. The reason for billing the additional service must be documented.

***Resource**: FAQ handout*

FAQ's: Understanding the Codes

5. I have a palliative care patient in a SCH and their condition is worsening. How do I bill in this situation?

- Continue to bill an Indirect care or a Direct care service code every 2 weeks as usual.

- If you need to see that patient more frequently because of their condition, the extra visits should be billed as partial assessment (5B) or Pilot Virtual Code 805B if you are unable to visit the patient in person due to pandemic restrictions.

***Resource**: FAQ handout*

FAQ's: Understanding the Codes

6. I have a palliative care patient in a SCH and am getting very frequent phone calls and faxes about their worsening condition. How do I bill in this situation?

- Telephone calls/facsimile/email for palliative care patients are not included in Indirect/Direct care service codes.

- 793A may be billed separately up to a maximum of three times a day per patient if needed.

***Resource**: FAQ handout*

FAQ's: Understanding the Codes

7. Can I bill phone calls (796A) to give urgent/emergent advice for my SCH patients?

- If you are the most responsible physician, telephone calls (796A) from an Allied Healthcare professional are payable by report, providing the condition 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).
- This code is not intended to cover after-hour calls regarding the routine management of a patient.

***Resource**: FAQ handout*

FAQ's: Covering for a Physician

8. Can I bill phone calls (796A) to give urgent/emergent advice for SCH patients when I'm covering for a physician ?

- If you're a colleague from a different clinic covering for a few days (i.e. 1 week), and the most responsible physician has already billed the Indirect care code, it is acceptable to bill the phone calls for urgent/emergent advice providing the condition requires advice in a timely manner (i.e. cannot wait until business hours the next day)

9. If a physician from another clinic is covering my patients while I'm away, how will we navigate indirect billing?

- The covering physician can bill Indirect care (627A), stating: "Covering for Dr. first name; last name". If coverage is for less than 14 days, it may be easier for the usual physician to bill and then directly compensate the covering physician per agreement between the two physicians.

FAQ's: Covering for a Physician

10. If a physician <u>from my clinic</u> is covering my patients while I'm away, how will we navigate indirect billing?

- The covering physician can bill Indirect Care (627A). No comments required.

11. We have a large group of physicians, and we rotate coverage for SCH patients. How do we bill in this situation?

- It will be left to the group of physicians to determine how the income generated should be divided.

***Resource**: FAQ handout*

FAQ's: Documentation

12. Do I need to document every time I bill Indirect care (627A)?

- There may be instances when no indirect care services are provided in a 2-week period, therefore no documentation is required.
- The physician must demonstrate that they are the most responsible physician when providing Indirect care services to the patient to support the billing and for medical/legal purposes. i.e. Ordering lab/tests, script renewals, anticoagulation changes.

13. Do I need to document every time I bill Direct care (628A)?

- Yes, a record of service is required, and the physician needs to be able to verify that the in-person patient visit occurred, including the need for medically required care.

***Resource**: FAQ handout*

FAQ's: Medical Requirement for Direct Care

14. Direct care visits require a medically necessary requirement in order to bill that code. How is medical necessity determined?

- The medically necessary requirement for a Direct care visit is based on the professional judgement of the physician and documented such that the reason for the direct care visit would be clear to medical peers, should an audit or review be conducted down the road.

15. If I see a patient, provide treatment, and there is a medical need to (re) assess the patient in person 2 weeks later, can I bill Direct care?

- Yes, Direct Care can be billed up to every 2 weeks.

***Resource**: FAQ handout*

FAQ's: Medical Requirement for Direct Care

16. If I visit a patient in a SCH, is it automatically a Direct care visit?

- No, only if there is a medically required reason for the patient to be seen and all elements of the direct care code, including documentation, are fulfilled.

17. If I'm at the facility and am asked to see a patient, can I bill a Direct care code?

- Yes, if it is medically required, and documented.

***Resource**: FAQ handout*

FAQ's: Medical Requirement for Direct Care

18. If I visit the staff in a SCH, is it considered a Direct care visit?

- No, it is included as Indirect care for the patient.

19. Some patients have relatives who want to be frequently updated on their relative's status. How do I get compensated for that?

- Routine briefing to relatives is part of the Indirect/Direct care service.
- If requests are too frequent, you can set up a Case Conference (42B/44B), formally scheduled, max 2/yr./patient.

***Resource**: FAQ handout*

FAQ's: Urgent/Emergent Care

20. Are Special Calls excluded in SCHM?

- Yes, Special Calls are excluded for urgent/emergent circumstances and are billed in addition.

21. What is considered urgent/emergent?

- A condition requires care in a timely manner, i.e. the same day.
- The physician may likely have been requested to make a special trip to see the patient on a day the physician is not scheduled for a regular visit to the facility.

***Resource**: FAQ handout*

FAQ's: What Else is included/Excluded

22. Are premiums and surcharges included?

- No time-of-day or age premiums or surcharges are payable for 627A/628A as these are prescheduled services.

***Resource**: FAQ handout*

FAQ's: What Else is included/Excluded

23. Are admissions included in SCHM?

- It depends on the services provided:
    - If the admission is done indirectly, bill Indirect care (627A);
    - If the admission is done and include only a history and an in-person physical, Direct care (628A) may be billed;
    - Indirect/Direct care can't be billed in addition to any type of visit service (3B, 5B, 805B) on the same patient, on the same day, at the same patient contact;
    - If all components of a complete assessment are performed and documented, (3B) may be billed. Note: If a (3B) is billed upon admission, begin billing Indirect/Direct care the next day.

***Resource**: FAQ handout*

FAQ's: What Else is included/Excluded

25. How do I bill a Case Conference?

- A Case Conference (42B/44B) is not included in SCHM fee codes and is payable in addition when the service provided meets the Payment Schedule criteria:
  - Must be a formally scheduled session;
  - A single conference fee billed in the name of one patient covers all the patients reviewed at that conference;
  - A maximum of 2 case conferences/year/patient is billable;
  - The physician must document start/stop times and place for purposes of billing.

***Resource**: FAQ handout*

FAQ's: Medication Review

24. How do I bill a Medication Review?

- Without the patient and without a multi-disciplinary team, the service is included in Indirect care (627A).

- Without the patient but with a multi-disciplinary team, bill a Case Conference (42B/44B, maximum of 2 per patient per year).

- If the medication review is done in the presence of the patient, and all other Direct care criteria have been met, Direct care (628A) may be billed.

***Resource**: FAQ handout*

FAQ's: What Else is included/Excluded

26. How do the counselling fee codes (40B/41B or 840B/841B apply to SCHM?

- These fee codes are payable on a third-party basis when a family or family member is counselled either in person (40B/41B) or via telephone/videoconferencing (840B/841B) because of the patient's serious and complex problem (not for routine briefing or advice).
- Counselling must be provided at a booked separate appointment.
- Must be submitted in the counselled individual's name.
- Maximum of 30 minutes.
- The diagnosis must be confirmed, or the diagnosis Z84 must be used.

***Resource**: FAQ handout*

FAQ's: Facilities

27. What facilities are included in Special Care Home Management?

Special Care Homes include:

a) Convalescent care
b) Long-term care or long-stay care
c) Palliative care
d) Respite Care

Hospitals* include:

e) Convalescent care
f) Long-term care or long-stay care
g) Palliative care
h) Respite Care
i) Level 4 care

**Community, northern, regional, provincial, rehabilitation or district as defined by The Facility Designation Regulations.*

FAQ's: Facilities

28. I look after patients who live in Personal Care Homes. Can I use these codes to bill for them?

- No. These patients remain excluded as defined in *The Personal Care Homes Act.*

29. How do I bill for patients who are in a hospital but who no longer need ongoing hospital care and are waiting for a special care home placement?

- Once a patient is no longer deemed to be an acute care hospital inpatient, begin using the SCHM codes.

***Resource**: FAQ handout*

FAQ's: Operational Considerations

30. Are there things I can do help this change go more smoothly with facilities?

- It is recommended to have a conversation with SCH facility staff about the following:
  - Vacation/Time Off
    - Plan for continuous care while away.
  - Establishing a system of communication for Indirect care
    - Create a time for non-urgent phone calls during regular business hours at least disruptive times.
    - Explore if emails/faxes can be batched with highest priority first.

***Resource**: FAQ handout*

Operational Considerations

- Arranging Direct care visits
  - Plan a time when you would like to conduct medically necessary visits.
  - Could a list of people who need visits be prepared in advance?
  - Plan to do Medication reviews during the direct visits.

- Coordinating Case conferences
  - Formally scheduled, multi-disciplinary conference (2x/yr.)

Operational Considerations
Learning from Physicians

- ✓ Choose a day/time in week to phone SCH staff (Indirect care).
- ✓ Reorganize days for Direct care. i.e. alternating weeks.
- ✓ A day before the visit, request SCH staff to inform of issues.
- ✓ Conduct regular med reviews at the facility, with nursing staff/pharmacy. Several patients done at a time.
- ✓ Request SCH staff to report in a consistent style. I.e. documentation in faxes using 'SBAR' form.
- ✓ Faxes sent for non-urgent, routine care needs.
- ✓ SCH notify office staff that the fax will be sent.
- ✓ Phone calls used for urgent matters.
- ✓ Ask SCH staff for a consensus to avoid multiple calls with varying opinions.

Questions and Answers with Dr. Stan Oleksinski

Special Care Home Management

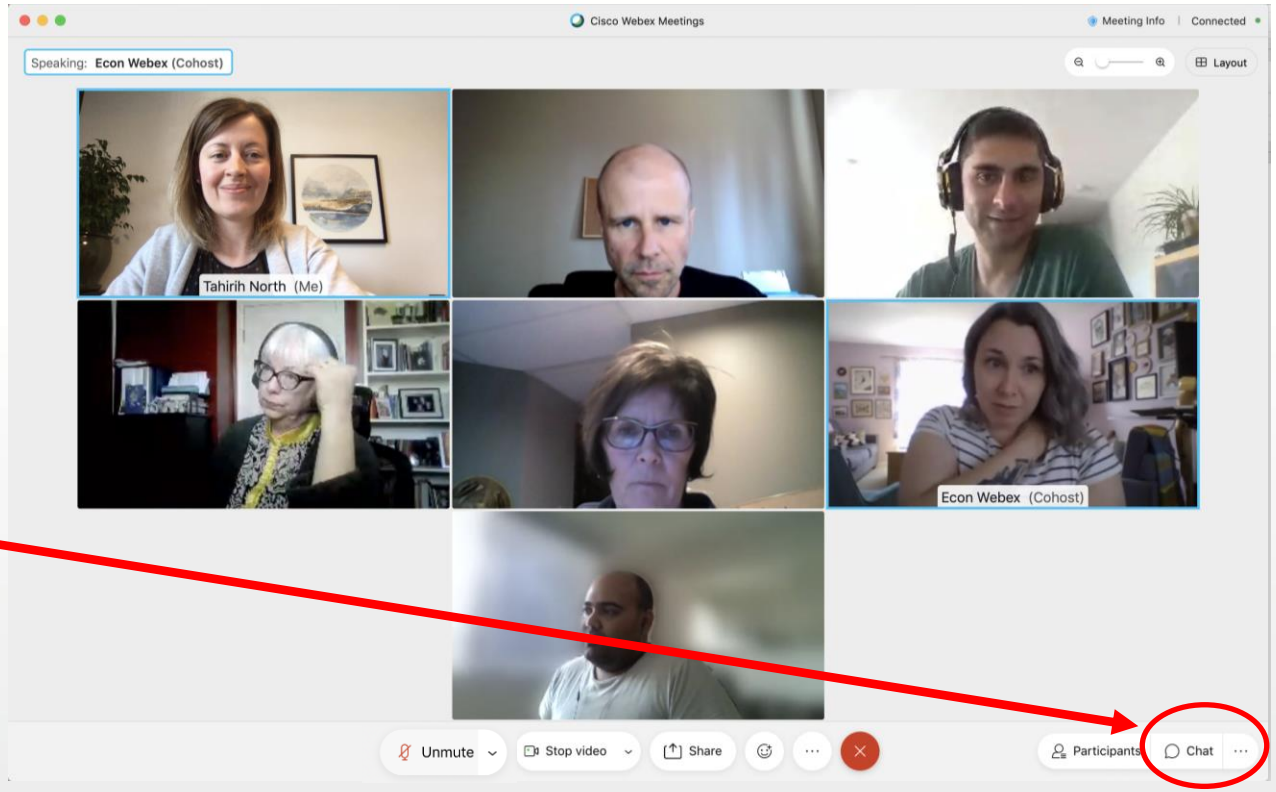
How to Participate?

ALL participant microphones are muted.

Question? Please use the chat box.

CLICK '**Chat'**

There will be a **Questions & Answers** period at the end.

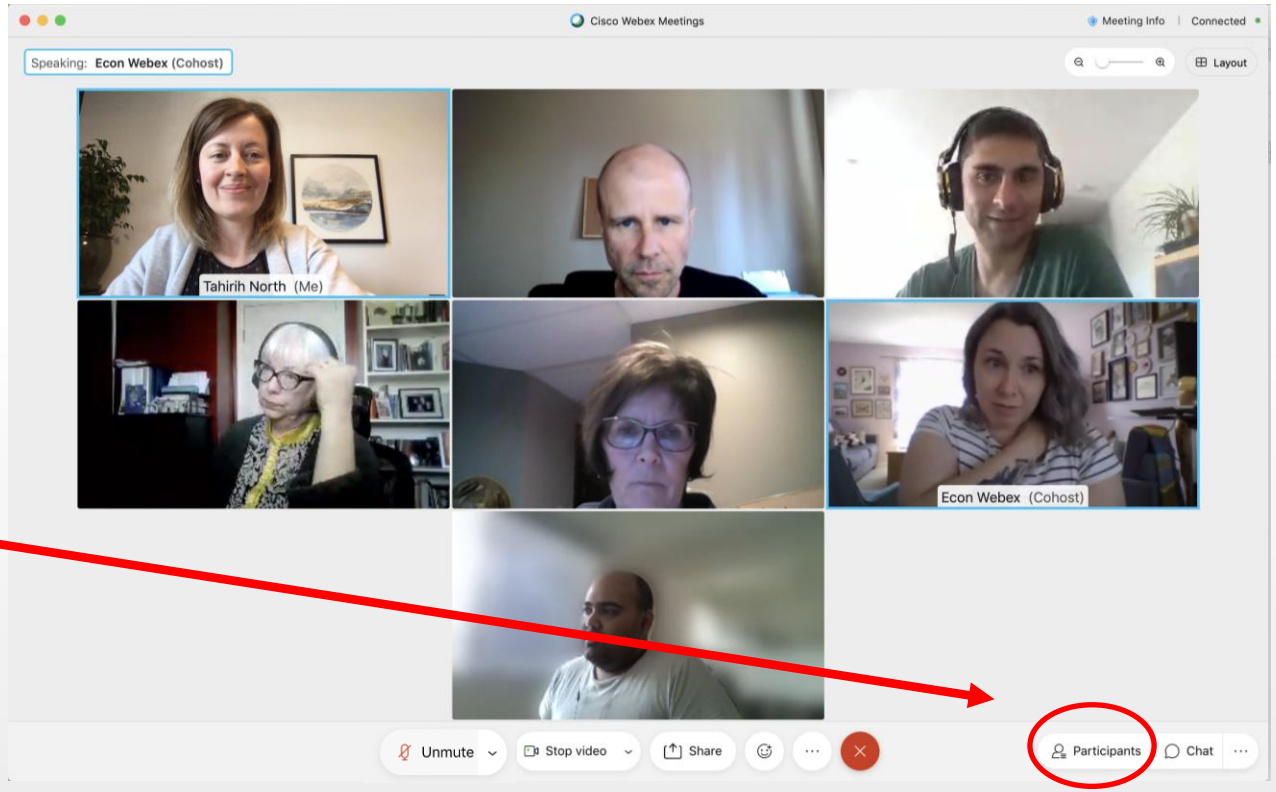


How to Participate?

ALL participant microphones are muted.

If you would like to speak, please raise your hand.

CLICK '**PARTICIPANTS**'

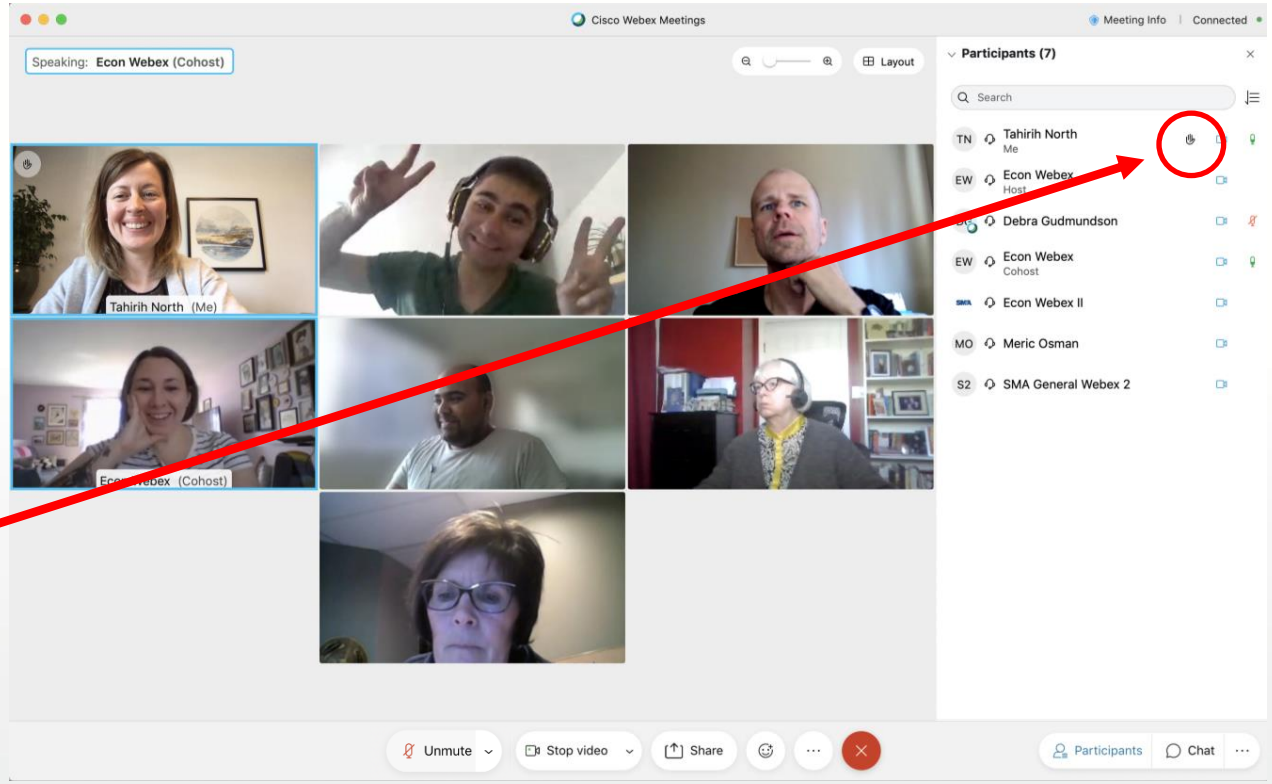


How to Participate?

ALL participant microphones are muted.

If you would like to speak, please raise your hand.

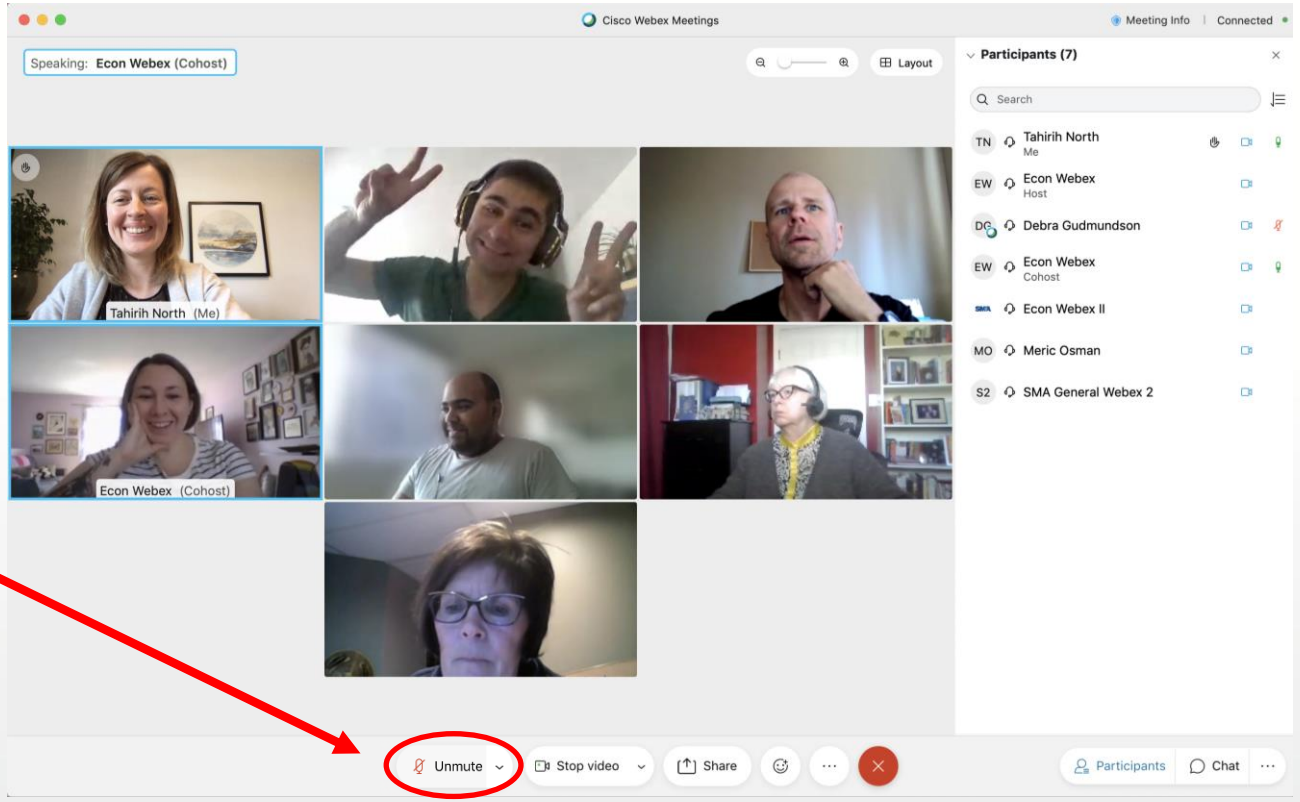
CLICK **‘HAND’**



How to Participate?

When it is your turn to speak, the Chair will call on you.

CLICK '**UNMUTE**'

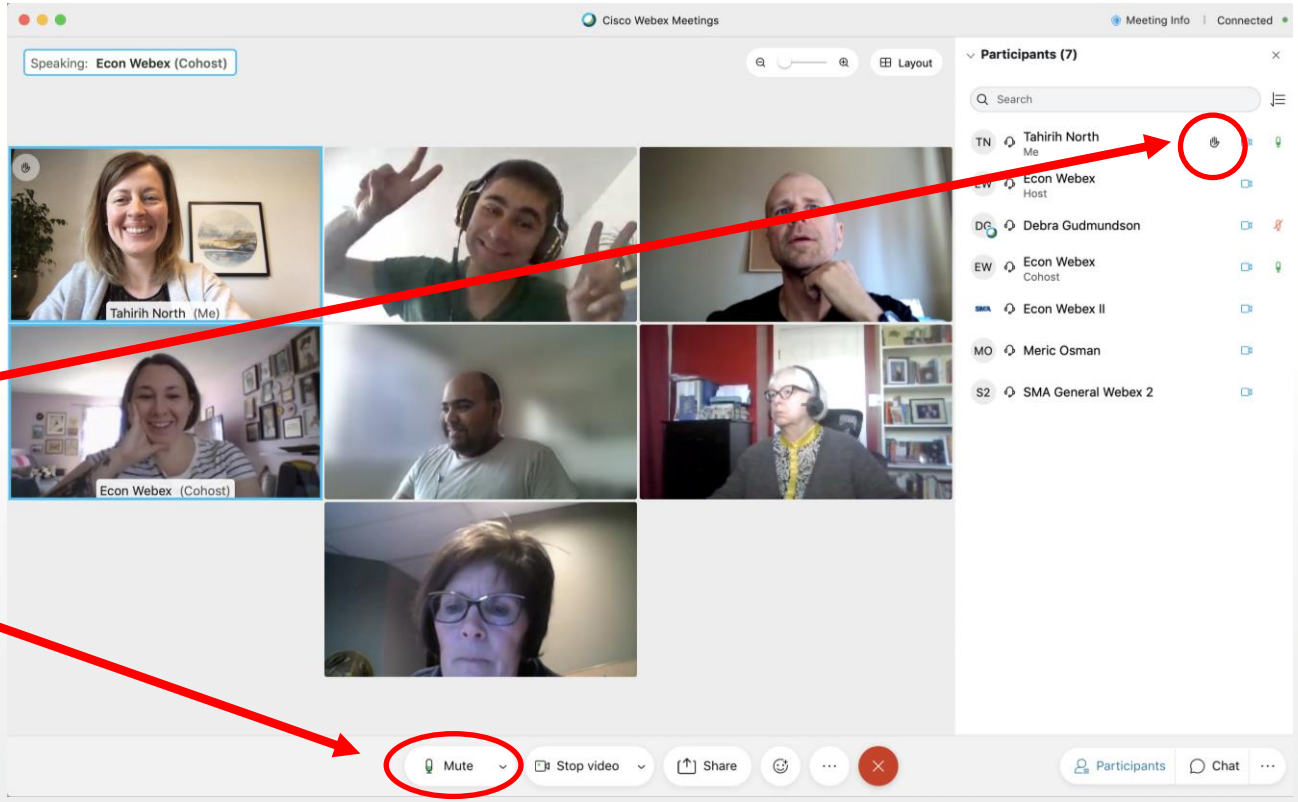


When you are finished speaking…

When you are finished speaking, lower your hand and mute yourself.

click **‘HAND’**

click **‘MUTE’**



If you have further questions or input, please contact:

Email: modernization@sma.sk.ca,

or contact Dr. Stan Oleksinski directly:

dr.oleksinski@westhillmedical.com


Thank you!