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THE UNIVERSITY OF BRITISH COLUMBIA
FACULTY OF MEDICINE | DEPARTMENT OF PEDIATRICS



DEPARTMENT OF PEDIATRICS PEDIATRIC PRACTICE PLAN INITIATIVE

The enclosed package contains the following resources for your information:

1. Overview of the Pediatric Practice Plan Initiative
2. Pediatrics Billing Code Reference
3. Hours Reporting Guide – Using the 'ME.Pediatrics' Online System
4. Inpatient Pocket Card Reference – Encounter Reporting
5. Revised Infectious Diseases Encounter Form
6. Infectious Diseases ICD9 Code Reference



The following is a summary outline of the Department of Pediatrics' current strategic initiative to establish a progressive funding model and foundation for advancement - the Pediatric Practice Plan.

A major priority of the Department of Pediatrics' 2015-2020 Strategic Plan is to improve outcomes and develop programs across our domains of research, education, and clinical care. In order to approach a far-reaching objective of this nature, the last year has been dedicated to truly understanding our current state by evaluating our activities, systems, processes, as well as our core mandates and relationships with stakeholders. Our overarching goal is not only to meet our responsibilities and accountabilities as a Department, but also ensure we remain true to our promise of excellence as a provincially focused, and multi-dimensional, academic health science organization.

Similar to many of our partners, we face the growing challenge of enhancing our services within a climate of fiscal austerity, while demand for healthcare continues to increase and our supply of resources remains relatively constant. Although we know that this puts an additional burden on an already strained system, we must fundamentally improve our ability to empirically demonstrate our needs and pressure, while developing a business model that can sustain and grow our Department in the coming years. Our commitment to this strategy has guided the current initiative to reform our financial structure, with the goal of stabilizing our revenue streams, reducing unnecessary complexity, and mitigating risks to sustainability and compliance through enhanced performance measurement and reporting.

The purpose of the Pediatric Practice Plan is to establish a consistent and secure financial structure for each division within the Department, by eliminating inefficient mixed-model funding agreements with the Ministry of Health. The term 'mixed-model' funding refers to designated clinical resources within a single division that are financed through a combination of assigned fee-for-service (FFS) revenue from the Medical Services Plan (MSP), fixed allotments from the Alternative Payment Program (APP), and/or legacy arrangements that allow direct-to-pocket FFS billing by some physicians. By consolidating these disparate models, we increase the stability of our funding, as compared to variable FFS billings, and are provided the flexibility to ration our funding in a more economical manner. Furthermore, the transition significantly advances our position to negotiate with the Ministry through the implementation of a mutually agreed upon and standardized measurement framework; that is, appraising output through an 'encounter reporting' process (also known as "shadow-billing"), and measuring resource utilization through hours and activity reporting processes.

Although these mandated requirements are not without their challenges and may *appear* cumbersome, they are common practice in many health care organizations, and significant effort has been made to minimize disruption to regular workflow and clinical activities. Over time, these systems and processes will increase operational efficiency, and support our Faculty in improving their practice across various dimensions - an intended benefit that has already been demonstrated in several of our phase one pilot groups. Most importantly, the data provided by these processes equips the Department with key metrics that promote continuous quality improvement and excellence by enabling data-driven decision-making.

Practically, this transition will take time, and will mature each year with growing confidence through the value it will bring to our organization and the provincial healthcare system. Although it may remain impossible for us to measure every contribution and impact we make to pediatric health, we have begun taking the incremental steps in the right direction, and are preparing ourselves with the foundation to support our plan for growth and sustainability in alignment with our vision - to foster, discover, advance knowledge, and transform pediatric health.

DEPARTMENT OF PEDIATRICS
PEDIATRIC PRACTICE PLAN INITIATIVE
ENCOUNTER REPORTING | QUICK-REFERENCE GUIDE

GENERAL PEDIATRIC BILLING CODES:

510 Consultation (Full Consultation) - \$204.52

- A consultation requiring a physical exam, review of history and results and additional visits necessary to render a written report. Billable only if a visit for the same diagnosis was not made within the previous 6 months.
- **Example 1:** A Specialist sees a patient for the first time on the referral of a General Practitioner.
- **Example 2:** A Specialist sees a patient within 6 months of their last visit, but for a different diagnosis.

550 Extended Consultation (>53 mins) - \$269.31

- Consists of the same requirements as a 510 Consultation, but exceeds 53 minutes in duration.
- **Example:** A patient is seen with a complex history of illness; additional time is required to review the patient's medical history.

551 Extended Consultation (> 68 mins) - \$333.77

- Consists of the same requirements as 510 or 550 Consultation, but exceeds 68 minutes in duration.
- **Example:** A patient is seen with complex needs and an extensive history of hereditary illness; additional time is required to review history and charts.

511 Complex Consultation - \$411.87

- A consultation for patients with complex behavioral, developmental or psychiatric condition: To consist of a physical and neurological examination, review of history and results. Consultation must be at least 90 minutes in duration.
- **Example:** A Specialist sees a patient with suspected intellectual developmental issues. In addition to the conditions of a "Full Consultation," the physician performs a neurological exam, as well as discussing the patient's history of development with the referring physician and parents. The duration of the encounter exceeds 90 minutes.

512 Limited Consultation - \$99.19

- A consultation that includes all components of a "Full Consultation," but is less demanding and requires less time. May be billed within 6 months of a "Full Consultation" if medically necessary (requires note).
- **Example:** A Dermatology Specialist sees a Patient about a skin irritation. Three months later, the same Patient is seen again for an outbreak of the same skin irritation. The Dermatologist performs a skin test and chart review. (A note about the reoccurring irritation is required for billing since the visit is within 6 months).

513 Group Counseling (first full hour, 2 or more patients) - \$120.30

- A group counseling session applies when 2 or more patients are provided with counseling recognized as a difficult by the pediatrician, and the session lasts for a minimum of 60 minutes. This fee code is NOT applicable when a caregiver, spouse, or relative is present (Bill for 514 Prolonged Visit for Counseling).
- **Example:** A pediatrician provides 2 patients diagnosed with juvenile diabetes counseling regarding their medical condition, lifestyle changes, and plan of treatment to help manage emotional distress.

514 Prolonged Visit for Counseling - \$76.71

- A discussion with a patient, caregiver, spouse, or relative about a medical condition that is recognized as difficult by the pediatrician or over which the patient is having significant emotional distress. Requires a minimum of 20 minutes and not to be delegated.
- **Example:** A pediatrician may have to use considerable professional skill counseling a patient (or parents of a patient) who has been newly diagnosed with juvenile diabetes, in order to understand, accept, and cope with the implications and emotional problems of the disease and its treatment.

506 Directive Care - \$69.46

- Directive care involves subsequent hospital visits rendered by a specialist who is not the MRP for the patient, and is billable for up to 2 visits per week. Face-to-face interaction is required.
- **Example:** An Infectious Diseases Specialist is asked to see a patient who has been hospitalized by an Allergy Specialist for a specific diagnosis. The ID Specialist would bill for directive care since they are not the MRP.

507 Subsequent Office Visit – \$69.13

- A general follow up visit that takes place in a facility office or community office. Involves little to no review of charts or history.
- **Example:** A Specialist sees a Patient for a Consultation in January, and then again in March to check the status of the Patient's health regarding the previous diagnosis.

508 Subsequent Visit - \$69.46

- A subsequent visit is applicable only to the Most Responsible Physician (MRP) for the Patient and will only be paid to one physician per day. To be billed only when medically required, as opposed to everyday the Patient is in hospital.
- **Example:** A Nephrology Specialist hospitalizes a Patient because of an acidosis diagnosis. The Specialist sees the patient for the following 3 days of hospitalization. The Specialist would bill for a Consultation (according to complexity and time) and 3 subsequent visits.

552 Complex Office Follow Up Visit (> 12 mins) - \$79.98

- Same as "507 Subsequent Office Visit," but exceeds 12 minutes (at least 10 mins with Patient).

553 Complex Office Follow Up Visit (> 23 mins) - \$138.46

- Same as "507 Subsequent Office Visit," but exceeds 20 minutes (at least 20 mins with Patient).

554 Complex Office Follow Up Visit (> 38 mins) - \$166.51

- Same as "554 Subsequent Office Visit," but exceeds 38 minutes (at least 30 minutes with Patient).

545 Pediatric Case Conference - \$46.34 per 15-minute portion

- A pediatric case conference is a formal, scheduled session between the physician and community agent representative and/or health care provider for the management of patients with serious and complex problems (can be billed in 15 minute increments up to 1 hour per day)
- **Example:** A Development Pediatrics Specialist, Social Worker, and Psychiatrist discuss a management plan for a child with intellectual development problems. The case conference lasts 30 minutes. The Dev Peds Specialist would bill for the "545 Pediatric Case Conference" (duration will be noted in the start/end times).

TELEHEALTH CONSULTATIONS

50510 Telehealth Consultation - \$204.52

- A "510 Consultation" performed over an interactive video link with the Patient.

50511 Telehealth Complex Consultation - \$411.87

- A "511 Complex Consultation" performed over an interactive video link with the Patient for a duration of at least 90 minutes.

50512 Telehealth Limited Consultation - \$99.19

- A "512 Limited Consultation" performed over an interactive video link with the Patient.

50506 Telehealth Directive Care - \$69.46

- A "506 Directive Care" visit performed over an interactive video link with the Patient.

50507 Telehealth Subsequent Office Visit - \$63.13

- A "507 Subsequent Office Visit" performed over an interactive video link with the Patient.

50508 Telehealth Subsequent Hospital Visit - \$69.46

- A "508 Subsequent Hospital Visit" performed over an interactive video link with the Patient.

TELEPHONE CONSULTATIONS

G10001: Specialist telephone advice initiated by a specialist or GP - \$60.00

- **Example:** GP calls Infectious Diseases Specialist about initial dosage of acyclovir for a particular patient after explaining medical history.

G10002: Specialist telephone patient management initiated by a Specialist, GP, or Allied Care provider (billed in 15 minute increments). - \$40.00

- **Example:** A specialist is called by a social worker to discuss a patient they have previously consulted.

G10003: Specialist telephone patient management / follow-up with patient or patient representative (billed in 15 minute increments). - \$20.00

- **Example:** A Specialist schedules a call with a patient's parents after a consultation to discuss results that require complex care.

ME.PEDIATRICS "HOURS" REPORTING APP | QUICK-REFERENCE GUIDE

The HOURS application is used to report the distribution of your time between 'Clinical Services' and other 'Professional Activities & Administration'. Please note that the system is specifically intended to capture the hours for which you are compensated by PHSA/BCCH through the Department of Pediatrics. This system replaces the previous method of hours reporting that utilized the Microsoft Outlook calendar system; which is no longer required. The new system enables quick time-logging that can be completed at your convenience for the past 8 weeks – after this period, editing will be locked. It is very important to ensure these hours are completed in a timely manner, as the data entered is used to drive payment from the Ministry to the Department for physician compensation.



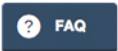

MENU BUTTONS

DATE INDICATION AND NAVIGATION

DAILY & WEEKLY TOTALS

INSTRUCTIONS TO REPORT HOURS:

1. Access the ME.PEDIATRICS platform by entering <http://me.pediatrics.ubc.ca> in your Internet browser.
2. Enter username and password.
3. Select the 'HOURS' application by clicking the clock icon on the left-hand 'My Apps' menu.
4. Navigate through the application using the icons below:

- 
- Click the arrows to go forward or back in one-week increments. Please note you will not be able to enter hours for weeks in the future.
- 
- Click the calendar menu button to select a specific date. To return to the current week, click the "Today" button. The current date will be highlighted.
- 
- Click the FAQ button to pull up this quick-reference guide and category descriptions.
- 
- Click the copy button to duplicate the previous weeks' entries into the current week.

5. Enter "Clinical Services" hours in the upper row the reporting field and "Administrative" hours in the lower row.
6. Data that has been entered is auto-saved (no need save manually).

ME.PEDIATRICS "HOURS" REPORTING | CATEGORY DESCRIPTIONS

One of the primary benefits of the new hours reporting system is that we have reduced the numbers of categories from greater than ten, to two; **Clinical Services** and **Professional Activities and Administration**. Below are the descriptions of these two, mutually exclusive, categories with examples of what types of activities fall into each category.

CATEGORY 1: CLINICAL SERVICES

Includes **direct** and **indirect** patient care, as well as **clinical teaching** and **clinical research** provided concurrently.

Examples:

1. **Direct Patient Care:** Services provided with direct interaction between the physician and the patient. This includes in-patient and out-patient consultation, follow-up, therapeutic intervention, phone consults, etc.
2. **Indirect Patient Care:** Services provided for patient care but do not require direct interaction between a physician and the patient. This includes labs ordering, charting, diagnostics review, case reviews, etc.
3. **Clinical Teaching:** Instruction that is provided concurrently with patient care. This includes 'bedside-teaching' with a medical student or trainee, and/or other clinically-related teaching within the clinical setting that you are not separately compensated for (Important Note: this does not include classroom-based teaching).
4. **Clinical Research:** Investigation or clinical service provided within a research context that is directly related to the needs of a particular patient, and is not funded by another means. This includes investigating the appropriateness of a particular diagnosis and/or therapeutic interventions, or the participation in a clinical trial for which are not separately compensated.

CATEGORY 2: PROFESSIONAL ACTIVITIES & ADMINISTRATION

Includes **professional services**, **scholarly activities** and **leadership and administrative duties** (clinical and non-clinical) that are not captured in the group above.

Examples:

1. **Professional Services:** Activities that are not funded by other means and not provided concurrently to patient care, but require the professional expertise of a physician. This includes, but is not limited to, the evaluations of efficiency, quality and delivery of service, medical audits, peer and interdisciplinary reviews.
2. **Scholarly Activities:** Includes the participation or attendance at academic lectures, presentations, continuing medical education courses, workshops, committees and conferences (non patient-specific). This may also include time spent contributing to, and/or reviewing, articles and other academic deliverables for publication.
3. **Leadership and Administration.** Includes, but is not limited to, the participation in departmental and divisional meetings or activities that are related to organizational goals, systems and processes but may not be directly related to patient care.

INPATIENT ENCOUNTER REPORTING | QUICK-REFERENCE GUIDE

The *in-patient encounter cards* have been created to enable and streamline encounter reporting for multi-day in-hospital stays where a physician interacts with the patient on a daily basis. Using this simple tracking card, physicians will be able to easily record their consultations and follow up visits on the ward. There are 2 sides to the in-patient tracking card. The front contains the patient and physician information, tracking calendar and diagnosis. The reverse side is for note taking, and to log start and end times for extended consultations. The calendar represents the current month, plus 18 day overlapping into the next month (differentiated with grey-shaded boxes), in the event a patient’s stay extends into the subsequent month.

FRONT

BACK

INSTRUCTIONS TO COMPLETE AN INPATIENT ENCOUNTER CARD:

1. Place patient sticker (or manually enter patient’s data) onto the top right hand corner of the card.
2. Complete all specified fields, including name, division and date – as well as referring physician, as applicable.
3. Record patient encounters for each day using the referenced in the legend on the bottom left of the card.

C	Consultation
Cx	Extended consultation (53 minutes)*
Cxx	Extended consultation (68 minutes)*
✓	Inpatient follow up
R	Repeat consultation – New Diagnosis
P	Procedural
*	Other Codes and Comments

- Initial consultations are marked with a “C”, “CX” or “CXX” depending on duration. Start and End times must be noted for all Extended Consults (i.e. CX and CXX). Subsequent daily visit are marked with a [✓] on each day the patient was seen.
- If an initial consultation has already been conducted, but the physician is then asked to see the patient again due to a new diagnosis, an “R” is marked on the day to denote a repeat consultation (this is because it can be rebilled as a consultation).

4. When the patient is discharged, review all information to ensure completion (including an appropriate ICD9 code), and deposit it in the designated area for your division. Quick-reference cards will be available for ICD9 codes.