

Frequently asked questions: new description of services in healthcare facilities

Following the implementation of the new description of services this past October and changes to the description of services in perinatal and intensive care, a number of you had questions or problems applying the new changes. Here is a list of frequently asked questions and their corresponding answers.

If you have any other questions that are not answered here or which you can't agree on answers in your milieu, please do not hesitate to send them to entente@fmoq.org and we will add them on a continual basis. Don't forget to consult the Médecin du Québec in the column En fin... la facturation noir sur blanc.

Q. Why do I have the impression that I don't see an increase in pay for short-term hospital visits compared to what I received on a fee-for-service basis before?

A. Rates for examinations and bonuses for short-term patients admitted were temporarily increased by 20% on January 1, 2013, to compensate doctors for the delay in implementing the new description of services. If your overall remuneration is comparable to what you received before October 1, this is because the new description of services is producing the expected 20% increase. If it decreased by 5%, this is because your increase adjusted to the new description of services is rather 15%.

Q. Sometimes a visit lasts longer and the remuneration for the visit seems inadequate. Can I charge something else?

A. In all settings, insofar as you exceed the minimum time limit and respect the conditions therein, you can claim the "clinical intervention" procedure code for the duration of the visit. Another possible solution: when you provide a service under special circumstances, you can ask the RAMQ to pay you in "special consideration" in accordance with paragraph 1.1.2 of the *Préambule général* (these must be exceptional, and not monthly, situations).

Q. Can I claim a clinical intervention more than once a day?

A. Yes, on two conditions: if it is for two different visits AND if for each intervention you meet the minimum length of twenty-five (25) minutes.

Q. I work in a setting where there are no specialist consultants, so we have to communicate with them by telephone. Can I be paid for these exchanges?

A. In a healthcare facility, no remuneration is provided for these exchanges. In an office, exchanges with a "*psychiatre répondant*" for a vulnerable patient or a patient with a mental health problem can be paid through the case discussion (code 15153), even if the doctor participates by telephone. In general, however, this service does not apply to telephone exchanges with consulting physicians.

Exchanges with residents

Q. Can I claim the interdisciplinary exchange code when I discuss with my resident the patients he/she has seen?

A. Discussions with a resident are part of the necessary supervision to be able to claim remuneration for services provided with his/her participation. Therefore, these exchanges are excluded from this code.

Doctors working as “consultants”

Q. I work as a “consultant” and ensure the joint follow-up of certain patients. What do I bill when I evaluate a newly admitted patient?

A. During the first assessment requested by another doctor, you claim the assessment visit with a view to a joint follow-up or to give an opinion. You can claim neither the case management visit (*visite de prise en charge*) nor the transfer of care visit since you are not the doctor who has primary responsibility for the patient. Subsequently, like any other doctor, you claim the follow-up visit (initial or subsequent, depending on whether you carried out an examination or a visit with the patient the same day).

Q. As a “consultant”, I am replaced from one week to the next by another member of our team. What should the doctor who is replacing me bill when he/she sees these patients for the first time?

A. The doctor can claim neither the transfer of care visit (because he/she is not the doctor who has primary responsibility for the patient) nor the assessment visit with a view to a joint follow-up or to give an opinion. Therefore, you have to make do with claiming the follow-up visit (*visite de suivi*).

Transfers

Q. When a transfer of care visit takes place on a legal holiday, the doctor who takes the transfer cannot claim the transfer of care visit. Does he/she “lose” this pay?

A. No. The physician can claim the transfer of care visit instead of a follow-up visit for the first case management visit with a patient on the following non-holiday day. In doing so, he/she cannot take advantage of the bonus for services provided during unfavorable hours on the transfer of care visit. If the patient is discharged before the next non-holiday day, yes, this remuneration is then “lost”.

Q. Sometimes, I have to be replaced two or three days during a week of rounds to attend a conference, for example. What can the doctor who is replacing me claim?

A. Insofar as the doctor takes primary responsibility for the patient, he/she can claim the transfer of care visit the first day and follow-up visits after that.

Q. I sometimes inherit patients who were originally admitted by a specialist or who have gone through intensive care. What should I claim when I assess these patients for the first time?

A. You cannot claim the case management visit (*visite de prise en charge*) because the patient is not newly admitted, even if a specialist was caring for the patient when he/she was first admitted. As for the transfer of care visit, insofar as you did not participate in treating the patient immediately before taking on the case, you can claim the transfer of care visit when you see him/her for the first time. If you, or a doctor in your team, participated in monitoring a patient before he/she was “transferred” to you, you

cannot claim the transfer of care visit. Therefore, you must fall back on the follow-up or clinical intervention code.

Q. We are two doctors who share responsibility for rounds. One day, I do admissions, the next day, my partner doctor sees these patients. What examinations can I claim?

A. When the patient is admitted, you can claim the case management visit. The next day, while you are following up on the patient admitted by your partner, you can claim the follow-up visit.

Fee-for-service physicians on call

Q. In my short-term care hospital centre, a doctor is on site from 6 p.m. to 8 a.m. during the week to limit calls to the attending doctor, who nevertheless remains on call. How should this on site doctor be paid?

A. He/she cannot take advantage of transfer of care visits in this context, given that he/she does not have primary responsibility for the patient. He can claim the follow-up visit when he/she provides ad hoc care to patients needing it.

Perinatal care and deliveries

Q. I am called on to assess patients in the delivery room. What can I claim when I do not admit these patients?

A. The delivery room is an outpatient clinic, at least as long as patients are not admitted. Therefore, billing must be carried according to the rules applicable to outpatient clinics. If you have to travel to carry out these assessments, you can claim the appropriate exam at emergency visit rates. When a visit of this nature is required between 12 a.m. and 7 a.m., the doctor has another choice: that is, the comprehensive amount of paragraph 1.5 of the *Préambule général*. This comprehensive amount is not limited only to hospitalized patients.

Q. I have an obstetrics practice and I sometimes admit patients who are not in labour. What can I claim in these circumstances?

A. During or after admission, you can claim the case management visit (*visite de prise en charge*). After, if the patient is not in labour, you can generally claim the follow-up or clinical intervention fee code. When the follow-up visit is in addition to another assessment carried out on the same day by the same doctor (whether it is an examination, a visit or an intervention), a new exam must be required because of a change in the patient's state of health in order to be billable.

Outpatient clinics

Q. I work in the day clinic of a short-term hospital as part of my activities with patients admitted on a short-term basis. How am I paid?

A. In an outpatient clinic, doctors are paid on a fee-for-service basis, at the enrolled patient rate (patient inscrite). Therefore, you must claim the applicable exams or consultations. However, when the clinic is part of a hospital program whose services are remunerated according to the Level B scale or the activities of a CHSLD or a rehabilitation centre, the doctor can claim certain services within the new description of services for in-patients. At the time of billing, you must use the institution code with the pertinent "admitted" suffix.

Hourly fees and flat-rate fees

-Weekend rounds

Q. How are services paid during weekend rounds?

A. Doctors paid on an hourly fee or flat-rate fee for activities must bill according to this same method during regular rounds on Saturdays or Sundays. He/She is only paid on a fee-for-service basis after he has left the centre and is called on to provide unforeseen services.

-On-call availability

Q. Why am I now obliged to bill on a fee-for-service basis while on call?

A. The rules of the agreement have not changed in this regard. The rule in force is that which has prevailed for many years now. That said, the negotiating parties have already had the chance to discuss an unconventional but common practice, which is that some doctors bill for services during on-call availability at an hourly rate. As long as three conditions are respected, the negotiating parties tolerate this practice. The three conditions are:

- be paid exclusively according to the hourly rate or flat-rate fee (in all work settings)
- bill at an hourly rate to streamline billing and not to gain an economic advantage
- the result of an hourly rate be generally equivalent to that what the doctor would make during on-call availability.

A doctor who works in an hourly-rate sector and a fee-for-service basis in an office must bill on a fee-for-service basis for services provided while on call.

Q. What counts as "on-call availability"?

A. Any period during which the doctor is not present to provide services is an on-call period, whether the doctor is paid for his/her duty or not. Consequently, it can just as easily be a weekday afternoon as the middle of the night.

Medical administrative activities

Q. I am currently paid at an hourly rate. If I change to the fee-for-service method, how will I be paid for medical administrative activities?

A. On a fee-for-service basis, no remuneration is provided for medical administrative activities, aside from CSST services. Remuneration is provided for long-term care and in settings remunerated according to the description of services for rehabilitation for developing protocols or collective prescriptions (interdisciplinary exchanges for all patients), but without remunerating medical administrative activities.

CHSLD

Q. I work in a CSSS. The CHSLD, the hospital and the CLSC are located on the same physical site. Can I claim emergency visit bonuses when I go from one sector to the next?

A. No, because paragraph 2.4.7.5 of the *Préambule général* stipulates that travel must originate from outside the site on which a healthcare facility is located, in order to be considered travel according to the agreement.

Q. I work in a CSSS. The CHSLD, the hospital and the CLSC are on the same physical site. When I am not at the CHSLD, I am frequently at the CLSC. Can I use the code for call-backs to CHSLD staff during the weekday?

A. The agreement is not explicit in this regard. The measure aims to compensate the doctor who is busy carrying out other paid activities in another sector of activity. In this light, he/she could use this code despite being present in a healthcare facility in the broad sense, since he/she is working in another CSSS mission. Moreover, if he/she is paid at an hourly rate at the CLSC, according to the logic of the agreement, one would expect the call-back time paid on a fee-for-service basis to be excluded from the time counted for hourly remuneration.

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