Audit tip: Billing for call-out charges

Audits reveal that physicians commonly bill fee codes 01200, 01201, and 01202 incorrectly.

As defined in the *Doctors of BC Guide to Fees,* call-out charges are applicable when a physician is called to render emergency or non-elective services and must travel from one location to another to attend the patient. All call-out fee items must state the time of call and time of service rendered.

If the physician remains at the same site to answer the call, such as being called from one location to another within the same hospital, the fee for call-out charges is not applicable.

This article is the opinion of the Patterns of Practice Committee and has not been peer reviewed by the BCMJ *Editorial Board. For further information contact Juanita Grant, audit and billing advisor, Physician and External Affairs, at 604 638-2829 or jgrant@doctorsofbc.ca.*

The following examples describe scenarios that do not qualify for call-out charges:

- A physician is called at 1 p.m. and arranges to see a patient after a clinic or OR shift, after 6 p.m. This is considered to be a booked appointment.

All call-out fee items must state the time of call and time of service rendered.

- A physician is located in the hospital or emergency department and is called after hours to see a patient in either the emergency department or elsewhere in the same hospital.
- Multiple patients are seen during the same call out. Billing for separate call-out charges is incorrect.
- A visit at 6:05 p.m. is billed to fee code 01200, with the call placed prior to 6 p.m. A call-out charge should not be billed when it appears the visit was timed to collect the fee.

Medical inspectors look for proper documentation in the patient's chart or dictation to support the criteria to bill a call-out fee code—time called and service rendered. Having little or no documentation in your clinical records to support your claim is interpreted as "you didn't do the work."

Always refer to the *Doctors of BC Guide to Fees* and its Preamble for interpretations of all fees.

—Keith J. White, MD
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hiring women as fellows because they so often used the year between residency and practice to get pregnant. It wreaked too much havoc on his school's training and call schedule and the workload planning for the fellowship. I can understand his perspective; however, for some women, even waiting 1 more year at that age might be too long.

I knew before I started residency that I wanted children; I just blithely assumed it would be easy to start having them in my mid-30s. The process didn't end up being that straightforward—and I had luck on my side. Some of my colleagues were not so fortunate. I now tell young women early in their training that, if they are sure they want to create families with their partners, they should plan to conceive when they are biologically best able regardless of how far along they are in their training. The process will throw a wrench into your life and the lives of your associates no matter when you do it—medical school, residency, early practice, or later practice. Planning children when it's easier to conceive at least decreases the chance of biology dictating whether you have children at all. I was heartened to see a baby born to a resident in my surgical program for the first time 3 years ago, and another two residents have become pregnant during training since then. It's my impression that surgery may be behind other more traditionally female-populated specialties, but I think we are getting there. Last year in our program, we drafted our first pregnancy/maternity policy for residents to officially clarify for women, their partners, and their co-residents the expectations and supports, training time requirements, and call considerations surrounding pregnancy within the surgical program.

We may live in an era of amazing advances in reproductive choices, but the biological clock still ticks. I'm not advocating that everyone should get pregnant tomorrow, or when they aren't otherwise ready, or at all, but we need to make it clear to our young female colleagues, especially those in longer training programs, that we support them in embracing their biological needs when the time is best for them.

—CV