

Telephone fees: SSC fee items 10001, 10002, 10003, and 10004

It has come to the attention of the Patterns of Practice Committee that specialists may be billing fee items 10001, 10002, 10003, or 10004 and not documenting correctly, or misinterpreting how to apply a particular fee item.

Lack of documentation

If you are a specialist billing the Specialist Services Committee (SSC) telephone fees (10001, 10002, 10003, or 10004), you are required to create an adequate medical record for each patient encounter as defined in the Preamble to the *Doctors of BC Guide to Fees*. This involves documenting

This article is the opinion of the Patterns of Practice Committee and has not been peer reviewed by the BCMJ Editorial Board.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.

all of the requirements in the respective fee notes, including the time of the initiating request and the time of response, as well as the advice given and to whom it was given.

Section A. 2. Introduction to the General Preamble vii) requires “Making and maintaining an adequate medical record of the encounter that appropriately supports the service being claimed. A service for which an adequate medical record has not been recorded and retained is considered not to be complete and is not a benefit under the Plan.”

Misinterpretation of fee item 10003

The purpose of fee item 10003 (specialist patient management) is for the specialist to provide real-time advice when the intent of communication is to replace the need for the specialist to see the patient in person. The consulting specialist is responsible for

ensuring that an appropriate communication modality is used to meet the medical needs of the patient.

This fee applies to telephone and video technology communication (including other forms of electronic verbal communication) between the specialist physician and patient, or a patient’s representative. It is not payable for written communication (i.e., fax, letter, or e-mail).

If you receive a normal test result and would not normally book an appointment with the patient to inform them of the result, then the fee should not be billed for relaying the result over the phone.

For fee items G10001, G10002, G10003, and G10004, please refer to section D. 1. (Telehealth Services) of the General Preamble.

— Keith J. White, MD
Chair, Patterns of Practice Committee

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over time they may lose the ability to create a protein known as interleukin-33 (IL-33). When IL-33 disappears in the tumor, the body’s immune system has no way of recognizing the cancer cells and they can begin to metastasize.

Researchers found that the loss of IL-33 occurs in epithelial carcinomas, including prostate, kidney, breast, lung, uterine, cervical, pancreatic, skin, and many others.

Professor Wilfred Jefferies is a senior author of the study, working in the Michael Smith Laboratories and as a professor in the Departments of Medical Genetics and Microbiology

and Immunology at UBC. Working with researchers at the Vancouver Prostate Centre to study several hundred patients, study authors found that patients with prostate or renal cancers whose tumors have lost IL-33 had more rapid recurrence of their cancer over a 5-year period. They will now begin studying whether testing for IL-33 is an effective way to monitor the progression of certain cancers.

The study, “Discovery of a metastatic immune escape mechanism initiated by the loss of expression of the tumour biomarker interleukin-33,” was published in the journal *Scientific Reports*.

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