

FIRST PATIENT VISIT OF THE DAY CHANGES

BILLING QUICK REFERENCE

NOVEMBER 1, 2010

***The last effective date for the use of the “First visit of the day” fee codes 13108, 13128, 13127, 13114, 13228 and 13148 is October 31, 2010. As of November 1, 2010, the first patient visit of the day will be billed by using a new “First visit of the day Bonus” fee in addition to the actual patient visit fee. Additionally, as of November 1, 2010, the Sub-acute care fee 12148 will be deleted. Visits to patients in sub-acute care are to be billed using the Community GP Hospital visit fee code 13008 (or 00108 for sub-acute care provided by hospitalists).**

Community Based GP Hospital Visits

The following eligibility rules apply to all “community based GP” hospital visit fees:

Physician Eligibility:

- *Payable only to the GP or practice group that accepts the role of being Most Responsible Physician (MRP) for the longitudinal coordinated care of his/her/their patient.*
- *Not payable to physicians who have been paid for any specialty consultation fee in the previous 12 months.*
- *Not payable to physicians who are employed by, or who are under contract, whose duties would otherwise include provision of this care.*
- *Not payable to physicians working under salary, service contract or sessional arrangements and whose duties would otherwise include provision of this care.*

FEE CODE	FEE DESCRIPTION	ADDITIONAL INFORMATION
P13338	Community based GP, first facility visit of the day bonus, extra (active hospital privileges for routine, supportive or terminal care)	Payable in addition to 13008 or 13028 or 00127 on first patient seen any calendar day regardless of the number of institutions attended.
13008	Community based GP: hospital visit (active hospital privilege)	Payable when providing MRP care daily up to 30 days. For admissions over 30 days, payable twice weekly. This fee is payable for patients in acute hospital care or sub-acute care beds whether located in hospital or long term care facility.
13028	Community based GP: supportive care hospital visit (active hospital privileges)	Payable when providing supportive care daily up to 10 days. For admissions over 10 days, payable once weekly.
00127	Terminal care facility visit	Payable for visits for patients suffering from malignant disease or AIDS or end-stage medical condition with life expectancy up to 6 months. Payable whether in hospital, LTC or Hospice regardless if in formal palliative designated bed. Billable up to daily on ongoing basis for up to 180 days. (Under extenuating circumstances, visits exceeding 180 days submit with E-note)

P13339	Community based GP, first hospital visit of the day bonus, extra, (GP with courtesy/associate privileges)	Payable in addition to 13228 on first patient seen any calendar day regardless of the number of institutions attended.
13228	Community based GP: hospital visit (GP with courtesy/associate privileges)	Payable once per calendar week per patient up to the first four weeks. Thereafter, payable once per two weeks up to a maximum of 90 days. For visits over 90 days submit note record. Payable for patients in acute, sub-acute care or palliative care. Payable if hospitalist or specialist is providing active care.
P13334	Long term care facility visit - first visit of the day bonus, extra (community based GP)	Payable in addition to 00114 on same patient. Payable only for the first patient seen on any calendar day regardless of the number of institutions attended.
00114	Long term care institution visit –one or multiple patients, per patient	Payable for routine long term care visits once every two (2) weeks.

**Do not include “P” when billing new first visit bonuses P13334, P13338 or P13339.

Examples:

1. You have 3 patients in acute care. The first patient you see for MRP care daily and patients B & C you are providing supportive care. Your billings are:
 Patient A bill both 13008 and 13338 for the first patient of the day bonus
 Patients B & C bill 13028 for each

2. You have 3 patients in acute care. The first patient seen on your rounds is a palliative patient, then an “MRP” patient followed by a supportive care patient. Your billings are:
 Patient A bill both 00127 and 13338 for the first patient of the day bonus
 Patient B bill 13008
 Patient C bill 13028

3. You are a GP with courtesy privileges, and you have 2 patients in the hospital you are seeing once a week to support the continuity of their care from community to hospital and back to community. Your billings are:
 Patient A bill both 13228 and 13339 for the first patient of the day bonus
 Patient B bill 13228

4. You attend the local sub-acute care unit twice a week for 2 weeks (Nov 1 – 14) and have 2 patients recovering from orthopaedic surgery (total of 4 visits each). Your billings are:
 Patient A Start day Nov 1/End Day Nov 14 bill both 4 X 13338 & 4 X 13008
 Patient B Start day Nov 1/End Day Nov 14 bill 4 X 13008

5. You attend the local long term care facility and see 4 patients. Your billings are:
 Patient A bill both 00114 and 13334 for the first patient of the day bonus
 Patients B, C & D bill 00114 each