

Billing Education Article By Dr. Rhonda Church

CASE CONFERENCE MANAGEMENT CODE – COMMONLY MISBILLED MAY 2012

The case conference management health service code (03.03D) is one of the most common inappropriately billed codes.

This code was introduced several years ago as a means of compensating physicians on occasions when they are requested by non-physician staff of district health authorities and long-term care facilities to attend multidisciplinary meetings to discuss specific medical issues that have arisen with their patients. Requirements for billing this health service code have been outlined in MSI Bulletins as well as the Preamble to the MSI Physicians' Manual.

At the time of audit, it's common to find that every service billed using this code by a physician was incorrectly billed. The case of Dr. Z outlines a typical audit scenario.

Dr. Z is a physician in a regional centre. As part of her practice, she provides care to 40 nursing home residents. Twice yearly, nursing home staff schedule resident case conferences. At these multidisciplinary conferences, the plan of care for the resident is discussed. Notes are kept by a member of the nursing home staff. A physician colleague told Dr. Z she was able to bill the case conference management health service code for attending these conferences.

At the time of audit, it was determined that all services Dr. Z had billed over a two-year period using this health service code were incorrect. MSI Bulletin entries have clearly stated this code can't be used for regularly scheduled rounds or case conferences. This includes grand rounds, teaching rounds, stroke rounds, tumour rounds, sign-out rounds or resident care conferences at long-term care facilities.

This code may only be used when a specific medical issue has arisen that requires the physician to attend a multidisciplinary meeting. For example, it would be appropriate to use this code in a hospital if an issue has arisen in regard to discharge planning of a frail elderly patient who requires medical input, or to address escalating behavioural issues in a long-term care facility.

Additionally, as with all timed codes, start and finish times of the meeting for that specific patient must be recorded on the clinical record. This was missing from all of the entries for the conferences Dr. Z had attended. While it's acceptable for MSI purposes for a physician to bill this code when another health-care worker has kept meeting notes, it's the physician's responsibility to confirm that all required documentation, including start and finish times of the meeting, is completed before the service is billed.

In Dr. Z's case, it was found she had also provided an institutional visit service to the patient that met Preamble requirements on some of the days she had attended the conference. As she hadn't previously billed MSI for some of these visits, payment was permitted for them. However, a recovery to MSI of \$1,800 was required.

A summary of the requirements for billing the case conference management health service code is in the March 2011 MSI Bulletin. It's on doctorsNS.com in the 'physician payment > fee-for-service' section.

**Rhonda Church, MD,
Medical Consultant, MSI Programs, Medavie Blue Cross**

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