

Fee Code Update

INTERIM FEE MADE PERMANENT

Effective November 1, 2021 the Health Service Code 03.04I will be made permanent. Physicians are asked to hold claims with service dates November 1, 2021 onward until the anticipated MSI system update in November. An update will be provided in a future bulletin to advise when physicians can submit their claims. Physicians are reminded of the description for this service:

| Category | Code | Description | Base Units |
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| VIST | 03.04I | PSP Mental Health Comprehensive Visit to establish the PSP Mental Health Plan (PSP=Practice Support Program) | 50 MSU +MU |
| | | Description This code is for the complete assessment of the patient with a confirmed mental illness meeting the diagnostic criteria in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of sufficient severity and acuity to cause clinically significant distress or impairment in social, occupational, or other important areas of functioning and warrant the development of a Mental Health care plan. This is not intended for patients with self-limited or short-lived mental health symptoms. The assessment is to be performed by the PSP trained family physician most responsible for the patient's mental health care. The Mental Health Plan and start and stop times must be documented in the health record. This complete assessment is to include all of the following elements and be documented in the health record: <ul style="list-style-type: none">• The patient's DSM diagnosis, psychiatric history and current mental state including suicide risk assessment as appropriate• Obtaining collateral history and information from caregivers as required• Performance of a complete medication review to include collateral information from pharmacy and assisted living facility as appropriate• Reviewing and documenting results of relevant validated assessment tools, laboratory, and other test results• Documentation of a clinical plan for the patient's care over the next year. Includes advanced care planning where appropriate | |

- Outline of expected outcomes as a result of the treatment plan
- Outline of linkages with other health care providers and community resources who will be involved in the patient's care.
- Confirmation that the plan has been created jointly and shared with the patient or their medical representative. The plan is to be shared with other care providers as appropriate
- A documented care plan must be in place before access to additional counselling hours is provided

It is recognized that the required elements may require more than one visit to complete. This health service code may be claimed at the final visit only when all of the information is complete and documented in the health record; other visits may be reported at the usual rate.

All elements must be documented in the health record before reporting this PSP MHP visit service.

Billing Guidelines

- Reportable by the patient's PSP trained physician only
- Not reportable with any other visit fee for the same physician, same patient, same day
- Not reportable for services provided at walk-in clinics
- Not to be used for patients living in nursing homes, residential care facilities or hospices
- Reportable only once per patient per year
- 50 MSU for first 30 minutes, 25 MSU for each additional 15 minutes, up to a maximum of 1 hour (5 multiples)
- Start and stop times must be reported in the text field of the claim to MSI, as well as in the health record

Specialty Restriction:

SP=GENP with PSP training

May be claimed by physicians in episodic care clinics (walk-in) if the patient is unattached (must be noted on the health record and text on the claim)

Location:

LO=OFFC, LO=HOME