

LFM Service Encounters (LFM SE)

LFM Service Encounters are adapted from Service Encounters outlined in the Physician Manual preamble and tracked by MSI. Their purpose is to measure patient throughput using billing data. You should continue to use existing billing rules to ensure you are compensated for all delivered services even if those services do not count as a LFM SE. For example, if you bill an office visit in which you deliver an injection, you should bill the visit and injection to be remunerated for both services. The visit will count as 1 LFM SE, the injection is not a LFM SE.

LFM Service Encounters are new and will continue to evolve as we respond to data and the input of physicians. It is important to remember that LFM Service Encounters for the purposes of contract performance monitoring are averaged over a quarter.

Basic Principles:

- LFM Service Encounter (“LFM SE”): Individual patient appointments plus select extra services and special circumstances.
- Physicians will always get credit for seeing a patient. Every physician is **guaranteed** a minimum of 1 LFM SE per billed patient appointment. Interactions that do not involve a patient will not qualify as LFM Service Encounters.
- Many “Visit Allowed” (VADT) services such as injections qualify as LFM SEs when billed standalone but do not qualify as additional LFM SEs when performed with a visit. Some VADT services such as pap smears do qualify as additional LFM SEs when performed with a visit.
- “Add On” (ADON) codes such as immunizations qualify as LFM SEs when billed standalone but do not qualify as additional LFM SEs when billed during an office visit.
- Services with time-based multiples (Prolonged office visits, counselling, psychotherapy, palliative care support) will qualify as multiple LFM SEs.
- Incentive fees such as the Chronic Disease Management incentive program (CDM) program do not qualify as an LFM SEs but visits with a patient that qualify for the CDM fee will count toward LFM SEs.
- “Visit Excluded” (VEDT) services qualify as LFM SEs.
- Surgical and Fracture services (MASG, MISG, MAFR, MIFR) qualify as LFM SEs.
- Most “Default” (DEFT) codes do not qualify as LFM SEs when billed during an office visit.
- Workers Compensation Board (WCB) services do not qualify as they are billed outside LFM hours.
- All 03.04 (“Comprehensive Visit” – this includes the GAC code) and 03.08 (“Comprehensive Consultation”) are treated as 2 SE

Cheat Sheet: LFM Service Encounter Example Scenarios

- The following table illustrates common examples of how certain fee codes and combinations of codes are treated under the LFM funding model and how many LFM Service Encounters they qualify for.
- Physicians are guaranteed a minimum of one (1) LFM Service Encounter for any appointment with a patient.
 - Additional LFM Service Encounters are predominantly derived from the length of the visit (i.e., prolonged visits billed with additional multiples in 15-minute increments= multiple service encounters), however some procedures may also qualify as additional LFM Service Encounters.

Category	Code(s)	Health Service	LFM SE Value
VIST	03.03	Office / Telephone Visit (15 minutes)	1
VIST	03.03 RO=WBCR + 13.59L + 13.59M	Well-Baby Visit + Immunizations (15 minutes)	1
VADT	93.92A, B	Injection of Therapeutic Substance into Joint or Ligament Only	1
VIST + VADT	03.03 + 93.92A, B	Office Visit (15 minutes) + Injection of Therapeutic Substance into Joint or Ligament	1
VADT	13.59L / 03.26A	Immunization / Pap Only	1
VIST + ADON	03.03 + 13.59L	Office Visit + Immunization	1
MISG	98.12U	Cryotherapy Only	1
VIST + MISG	03.03 + 98.22	Office Visit + Suture (15 minutes)	2
VIST + VADT	03.03 + 03.26A	Office Visit + Pap Smear (15 minutes)	2
VIST	03.03	Prolonged Office Visit (30 minutes)	2
VIST	03.03	Prolonged Office Visit (45 minutes)	3
PSYC	08.49A, B, C	Counselling / Psychotherapy / Lifestyle Counselling (45 minutes)	3
VIST	03.04 RO=ANTL	Comprehensive Pregnancy Exam	2
VIST	03.03J	Initial Opioid Use Disorder Assessment for Initiation of OAT	2
VIST	03.03C	Palliative Care Support Visit (30 minutes)	2
COCR	81.8	IUD Insertion	2
VIST	03.03 + LO=HOME	Home Visit to rostered patient	2
VIST	03.03 + LO=HOME + RO=DETE	Home Visit to rostered patient with +1 MU billed for detention	3
VIST	03.04K	Gender Transition Readiness Assessment	2
DEFT	NPIV1	New Patient Intake Visit (30 minutes)	2
CONS	03.08	GP Consult (30 minutes)	2

Codes Excluded from LFM Service Encounters

- The following health service codes do not involve a patient interaction/appointment and therefore **do not qualify** as LFM Service Encounters.
- These health service codes should still be billed, where applicable, to the LFM 30% FFS BA, unless otherwise noted below. See table below for notations.
- The list below is non-exhaustive but includes commonly used codes.

Category	Code	Excluded Service
ADON	03.26B, 13.59M	Tray Fees (Pap Smear and Provincial Immunizations). Payable at 100% via non-LFM FFS BA
DEFT	AHCP1	Allied Health Care Provider to Physician Discussion
DEFT	TPR1	Telephone Prescription Renewal
ADON	HOVM1	Blended Mileage and Travel Detention Time for Home Visits
ADON	03.02A	Hospital Discharge Fee
DEFT	CDM1	Chronic Disease Management Incentive Program
DEFT	ENH1	Long Term Care Medication Review Incentive
ADON	03.03P,S	First Visit after hospital discharge (Maternal / Newborn)
ADON	OFI1	Incentive for the use of an official interpreter
DEFT	TESP1,2	Teaching Stipend for Medical Student (Daily Rate). Payable at 100% via non-LFM FFS BA
DEFT	WCB	Workers Compensation Board services. Payable at 100% via non-LFM FFS BA