AMA Billing Information

PARA Transition to Practice
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Land Acknowledgement

- *The Alberta Medical Association acknowledges that we are located on Treaty 6, 7, and 8 territories; traditional lands of diverse Indigenous peoples including the Cree, Métis, Nakoda Sioux, Iroquois, Dene, Inuit, Blackfoot Confederacy, the Tsuut'ina First Nation, the Stoney Nakoda and many others whose histories, languages and cultures continue to influence our vibrant community. We respect the histories, languages and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.*

Session Overview

- Intro to the Alberta Medical Association
- Things to think about as you start billing
  - Keeping Track of your billings and other services
  - Schedule Philosophy
- Consultations and Visits
- Getting more information
- Questions and Wrap-Up

What About the AMA?

- **Our Mission**
  - Advance patient-centered, quality care by advocating for and supporting physician leadership and wellness
- **Our Vision**
  - Powered individually and collectively by physician leadership and stewardship in a high-performing health system
- **Our Values**
  - Act with integrity, honesty, and openness
  - Maintain relationships of mutual trust and respect
  - Treat others – and each other – fairly and equitably
  - Remain unified through belief in quality care, collective engagement, and professionalism

What About the AMA?

- Physician representation
  - Advocacy
  - Negotiations with Alberta Health, WCB, AHS
    - Financial
    - Benefits (CMPA Reimbursement, Parental Leave, other)
  - Alternative payment arrangement support (clinical ARPs, blended capitation and academic medicine)
  - Practice management support
  - PARA negotiations support
  - Health and clinical care policy

What About the AMA?

- Benefit Programs, including:
  - Rural/Remote/Northern Payments
  - Physician on-call programs
  - Parental leave
  - Physician and family support
- Member Insurance Programs
  - Home/Car
  - Office, Practice Interruption
  - Disability

What About the AMA?

- Billing/other practice support
  - Schedule of Medical Benefits education, support
  - Fee schedule modernization
  - AMA Fee Navigator™
- Accelerating Change Transformation Team (ACTT)
  - Patient’s Medical Home
  - Health Neighborhood
  - Care Innovation
    - Specialty Care Alliance (e.g. transitions of care)
    - Strategic Clinical Network (SCN) linkage

Things to think about as you start practice

- Apply for your Alberta Health PRACID (billing number) as soon you have your license
  - Contact Alberta Health to register as a new physician
  - See this link (https://www.alberta.ca/health-professional-business-forms.aspx?utm_source=redirector) for
    - Practitioner request form (PRACID)
    - Facility registration form (new office)
    - Business Arrangement and Relationships (new or add a physician)
    - Direct Deposit
  - You'll need to complete some or all of these forms to get a billing number and appropriately direct payments

Things to think about as you start practice

- Keep track of what you do, where, and when
  - Write it down
- Know when you started and ended your day
  - There’s a rule (2.3.6)
- Do your billings frequently so you don’t forget what you did
- Use the AMA Fee Navigator to understand the requirements
- Pay attention to your reconciliations and rejections – ask if you don’t understand
- Know what’s being claimed on your behalf!

Starting Practice and Billing

Things to think about:

- Will you be in independent practice or join a group?
- If existing, what is their payment model?
  - Fee-for-service
  - Alternative compensation model
- Why is this important?
  - Payment schedule/certainty
  - FFS or Shadow Billing
  - Alternative payment arrangements are still required to submit billing codes to reflect services provided

Starting Practice and Billing

- Start billing and tracking your Statements of Assessment against what was claimed.
  - Are you being paid in full for your claims?
  - If not, what adjustments are required and made?
  - Do you understand why a claim hasn't been paid as submitted?
  - What does the explanatory code tell you?
  - Does it fit with the description, rules and notes related to the code?
  - If not – ask!

Things to Think About…

- What happens when you see a patient:
  - From outside Alberta?
  - Who can't produce an AHCIP card?
  - Who doesn't have Alberta insurance?
    - Opted out
    - Didn't register
    - Has relocated or had a change in living situation
  - Who needs a form completed or other uninsured service?

Things to Think About…

- Understand your role in billing vs. that of your billing team
- You're responsible for determining what code to claim
  - Your billing team isn't in the room with you when you provide the service
- Your billing team is responsible for entering the claim, flagging any concerns

Things to Think About…

- Be certain you know what your billing team is claiming on your behalf – how?
  - You decide what code, modifiers
- Know what's happening with reconciliations and resubmissions
  - Are they being done?
  - What's your resubmission rate – why?
  - Are invalid health insurance numbers being followed up?

Remember: physicians are responsible for claims submitted on their behalf; if there is a problem, the physician is held to be responsible.

Things to Think About…

Uninsured Services:

- What will you charge for uninsured services?
- How will you let patients know?
- Do your partners have an existing rate guide?
- If not, are they willing to create one?

Things to Think About…

Uninsured Services cont'd:

- AMA has resources for members
  - Uninsured Services Guide
  - Poster
- Determine what you'll charge
- Post your rates
- Educate your team
  - Remind patients at booking
  - You'll discuss questions/concerns with patients

Schedule of Medical Benefits and Billing Basics

Understanding the Schedule

- The Schedule pays for physicians' direct, in person, services to patients, except for:
  - Technical, delegated services (limited)
  - Some physician to physician, physician to other health provider communications (as described), and team or family conferences
  - Specified phone/other contact with patients, including virtual codes
- Determine the correct health service code – the EMR/billing software description is only part of the story – check the AMA Fee Navigator:
  - Full description
  - Modifiers
  - Rules

Not all services can be claimed or have a specific code

Physicians are

- Not every patient-related activity has a specific fee code and may be claimed; some are bundled into other services; others may be part of a service claimed on an earlier date, and no additional claim or time may be added
- For example
  - Speaking with psychologist by telephone
  - In-office pregnancy tests or urine dip/urinalysis interpretation
  - Impromptu meetings with members of your care team
- If they occur on the same day you see the patient, include the time in your visit modifier time, otherwise
- Remember that some codes have specific wording that requires certain time commitment or that the service be scheduled in advance.
- Be sure you're compliant; that's your protection in the event of an AH audit
- Don't forget there's a rule requiring you to document time on a day you'll claim a time-based service. Use a convenient method, and track it!

Billing Specifics

Visits and Consultations

Visits vs. Consultations

- Consultations may only be claimed when ALL of the following criteria have been met:
  - Patient is examined by referring provider (full list G.R. 4.4.1)
  - Referring provider specifically requests (verbal or written) opinion and or advice of consultant who has additional training in the required area of practice
- Consultant performs:
  - full history and patient assessment (comprehensive, according to specialty) or problem-focused history and assessment (problem-focused) and
  - may order lab or diagnostics
  - discusses treatment and advice with the patient and in some cases the referring provider
  - provides referring provider with written report about recommendations, treatment, opinion (time required may be included in in-person consultation time)
- Criteria not met? **It's not a consultation, but may be a visit**

Consultation Referrals

4.4.1

In this Schedule "consultation" means that situation where a physician, audiologist, midwife, chiropractor, podiatrist, dentist, optometrist, physical therapist or nurse practitioner after an appropriate examination of the patient, requests the opinion of a consultant physician, and the consultant does a history, an examination and a review of the diagnostic data and provides a written opinion with recommendations as to the treatment, to the referring physician, audiologist, midwife, chiropractor, podiatrist, dentist, optometrist, physical therapist or nurse practitioner. Consultations may not be claimed for the transfer of care alone.

Limited/Brief Visits

- The extent of examination of the patient and presenting problem guide which visit or consultation to claim:
  - **Limited Assessment/Consultation (03.03A, 03.03AZ)** – examination and history focused on the presenting problem
  - **Follow-up visit (03.03F/FZ)** – limited specialties (internal medicine and subspecialties, pediatrics and subspecialties, urology, vascular surgery)
  - **Prenatal Visit (03.03B, 03.03BZ)**
  - **Brief assessment (03.02A)** – minimal history, little or no physical examination (no modifiers).

Comprehensive Visits & Consultations

- **03.04A (Comprehensive Office Visit); 03.04AZ (Comprehensive Visit, outside of office)**
  - For family practice, internal medicine and subspecialties, this is complete head-to-toe, all systems (GR 4.1)
    - Document in the patient record
    - EMR macros can assist in recording
    - Note if patient refuses part of examination
  - Not payable more often than once every 365 days/ patient/physician (20-day buffer; includes 03.04A, AZ, CV, 03.08A,AZ, CV)
  - Must include a care plan (NEW March 31, 2020)
  - CMXC30 eligible when 30+ minutes)
    - Selected specialties have consultation extenders (internal medicine, pediatrics, and their subspecialties) or different time-based visits (psychiatry)

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Comprehensive Visits

Comprehensive Examination Requirement – Rule 4.1:

In the context of GR 4, complete physical examination shall include examination of each organ system of the body, except in psychiatry, dermatology and the surgical specialties. "Complete physical examination" shall encompass all those organ systems which customarily and usually are the standard complete examination prevailing within the practice of the respective specialty. What is customary and usual may be judged by peer review.

Getting more information

- The AMA offers specialty-specific billing seminars to resident physicians and physicians in all phases of practice.
- Contact Jocelynn Malinowski (jocelynn.malinowski@albertadoctors.org) or Norma Shipley (norma.shipley@albertadoctors.org) for more information and scheduling

- Use the AMA Fee Navigator (https://www.albertadoctors.org/fee-navigator) to understand:
  - Code requirements
  - Available modifiers (to adjust payment)
  - Additional context (Billing Tips)

Questions & Wrap-up