

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

PHYSICIAN TO PHYSICIAN E-CONSULTATION

Physician to physician e-consultation is a service where the referring physician, in light of his/her professional knowledge of the patient, requests the opinion of another physician (the "consultant physician") who is competent to give advice in the particular field because of the complexity, seriousness, or obscurity of the case and where both the request and opinion are sent by electronic means through a secure server.

This service is *only eligible for payment* if the consultant physician has provided an opinion and/or recommendations for patient treatment and/or management within thirty (30) days from the date of the e-consultation request.

For the purpose of this service, "relevant data" includes family/patient history, history of the presenting complaint, laboratory and diagnostic tests, where indicated.

Note:

The Definition/Required elements of service and payment rules for consultations in the General Preamble are not applicable to physician to physician e-consultations.

Definition/Required elements of service – Referring physician

The referring physician initiates the e-consultation with the intention of continuing the care, treatment and management of the patient.

In addition to the Constituent and Common Elements of Insured Services described in the General Preamble of this Schedule, this service includes the transmission of relevant data to the consultant physician and all other services rendered by the referring physician to obtain the advice of the consultant physician.

Note:

This service is eligible for payment in addition to visits or other services provided to the same patient on the same day by the same referring physician.

Definition/Required elements of service – Consultant physician

This service includes all services rendered by the consultant physician to provide opinion/advice/recommendations on patient care, treatment and management to the referring physician. The consultant physician is required to review all relevant data provided by the referring physician.

K738	Physician to physician e-consultation – Referring physician.....	16.00
K739	Physician to physician e-consultation – Consultant physician ..	20.50

Payment rules:

1. K738 and K739 are each limited to a maximum of one (1) service per patient per *day*.
2. K738 and K739 are each limited to a maximum of six (6) services per patient, any physician, per **12 month period**.
3. K738 and K739 are each limited to a maximum of four hundred (400) services per physician, per **12 month period**.
4. This service is *not eligible for payment* to the referring or consultant physicians in the following circumstances:
 - a. when the purpose of the electronic communication is to arrange for transfer of the patient's care to any physician;
 - b. when rendered in whole or in part to arrange for a consultation, assessment, visit, or K-prefix time-based services, procedure(s), or diagnostic investigation(s);
 - c. when rendered primarily to discuss results of diagnostic investigation(s); or
 - d. when a consultant physician renders a consultation, assessment, visit, or K-prefix time-based service, on the same day or next day following the physician to physician e-consultation for the same patient.

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5. In circumstances where a physician receives compensation, other than by fee-for service under this Schedule, for participation in the e-consultation, this service is not eligible for payment to that physician.
6. K739 is *not eligible for payment to specialists* in Dermatology(02) or Ophthalmology(23).
7. K738 is eligible for payment to the primary care physician when this physician is required to collect additional data (for example dermatology or ophthalmology images not present in the primary care physician's records) to support a specialist's initial, repeat, follow-up or minor e-assessment (see page GP31). K738 is not eligible for payment where existing data is already available in the primary care physician's records for submission to the specialist.

Medical record requirements:

Physician to physician e-consultation is *only eligible for payment* if all of the following elements are included in the medical record of the patient for a physician who submits a claim for the service:

1. patient's name and health number;
2. name of the referring and consultant physicians;
3. reason for the consultation; and
4. the opinion and recommendations of the consultant physician.

Claims submission instructions:

K739 is *only eligible for payment* if the consultant physician includes the referring physician's billing number with the claim.

[Commentary:

1. Payment, other than by fee-for-service includes compensation where the physician receives remuneration under a salary, primary care, stipend, APP or AFP model.
2. Physicians who receive compensation other than by fee-for-service under this *Schedule* should consult their contract for guidance on shadow-billing.]