

The Short Version


Reassessment

- Further Care or Investigations 2 hours later\$15.00 - \$29.80

Why do we care?

2010 billing numbers - lowest was 109 re-assessments for FTE
- highest was 1050 re-assessments for FTE

Average re-assessment code is \$21
-lowest billed **\$2289** versus highest **\$22 050**
-difference of \approx **\$7000** in shadow billings



May be up to
11% of your
billings

10-fold difference in billings likely does not represent 10-fold difference in actual reassessments

WE DO THE WORK – LET’S DOCUMENT AND GET PAID FOR IT!!

Interpretation (Schedule of Benefits p A12)

1. **You can bill a re-assessment code 2 hours after initial assessment or your last re-assessment indicating further care or investigation required.** The word care is not specifically defined.
2. **Maximum 2 per MD per patient per day. If other doctors providing care (i.e. handover), maximum 3 per patient per day in total.**
3. **Cannot bill re-assessment at the time of decision to discharge or consult.** However, many re-assessments lead to discharge/consultation shortly after (ie. road tests, repeat ECG, tolerates fluids, etc.).

Documentation

- **On patient chart**
 - time of reassessment (put times for everything you do!)
 - clinical note is individual decision
- **Blue Sheet (Billing)**
 - H1X4 code on blue sheet at time of reassessment so it won't be missed

Example 1:

Case: Monday 1230 pm - 82 male, weak and dizzy. You assess and order tests.

ED Care: 3pm reassess vitals lab results and patient at bedside. Family member arrives and states patient has been at times unsteady. You order a CT head.

520pm CT head normal. You ask nurse to road test patient and see if tolerates fluids. If he does, discharge home with follow-up plan. Road test done at 545, discharged at 1800.

Document: Times of initial assessment and 2 re-assessments.

Blue Sheet Coding: **H102 (\$37.20)**
 H104 (\$15.00)
 H134 (\$18.70)

Example2:

Case: Friday 4 am - 32 female arrives with flank pain, and vomiting. You assess and order tests and symptomatic treatment.

ED Care: 630 am MD re-assesses patient and labs, plans morning U/S.
915 am MD re-assesses patient and response to treatment before handing over patient at 10am.
1115 am next MD re-assesses U/S results and determines pyelonephritis. Orders PO antibiotics and fluids to be attempted before discharge.
1140 patient tolerates treatment and discharged.

Document: **Doc 1 & 2** - Times of assessment and reassessment

Blue Sheet Coding: **Doc 1** H122 **(\$65.95)**
 H124X2 **(\$59.60)**
 Doc 2 H154 **(\$25.50)**