

## BROADCAST MESSAGES

EFFEC. DATE (CCYYMMDD):2018/06/01  
CANCEL DATE (CCYYMMDD): 2018/06/30 TARGET TYPE: SP  
TARGET KEY: 03 COPY MESSAGE FROM

BROADCAST TITLE: Preamble Update/FI 00650, 00651, 00652 Start and End Time  
Required

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

The Section Preamble under Time Units has been amended to add:

For all time-based Out-patient claims, start and end times must be entered in both the billing claims and the patient's chart. In recognition of the nature of In-patient or Institutional psychiatry, the start time of the first patient seen and the end time of the last patient seen each day must be entered in both the billing claims and the patient's chart. Physicians must ensure that the patient's chart contains enough information about time spent with the patient and how this time was billed to allow independent confirmation that there is no overlap in reimbursement received from different payment modalities (e.g.: FFS, APP).

For example:

If a patient was seen on five occasions for between five and ten minutes at 8:30 (10 min), 9:45 (5 min), 10:00 (5 min), 11:00 (10 min) and 11:30 (5 min), the claim could be appropriately submitted as 1 x 00650 as the total time was 35 minutes. However, any other claims from the same physician for services provided between the hours of 8:30 and 11:35 (all payment modalities) cannot exceed a total of the balance of time of 2 hours and 30 minutes.

Like other specialists with possible Alternative Payment Plan (APP) funding, there must not be any time overlap in fee items billed by psychiatrists under FFS and APP/sessional contract or arrangements (see also General Preamble C. 24.).

For the fee items listed below, start and end times must be included on the claim submission (billing) and documented in the patient chart for dates of service commencing July 1, 2018.

Psychiatric Treatment

Individual (hospital or institution in-patient or home):

00650 - per 1/2 hour  
00651 - per 3/4 hour  
00652 - per 1 hour

Note: Start and end times must be entered in both the  
billing claims and the patient's chart (See Psychiatry  
Preamble 1.).

Claims submitted without start and end times will be refused with explanatory  
code CF: Time service was rendered is missing or invalid.

INITIATED BY: MoH

Copy to BCMA yes

AUTHORIZED BY \_\_\_\_\_

IF TARGET TYPE IS

THEN TARGET KEY IS

PY-PAYEES	-----	PAYEE NO.
PR- PRACTITIONER	-----	PRACTITIONER NO.
SP-SPECIALTY	-----	SPECIALTY CODE
AI-ASSOCIATION IDENTIFIER	-----	MD - BC MEDICAL ASSOCIATION
A -ALL	-----	LEAVE TARGET KEY BLANK
PS-PAYEE STATUS	-----	C - VESTED INTEREST LAB
		F PRIMARY CARE
		H - HOSPITAL
		I - INACTIVE PAYEE
		L - LABORATORY
		M - ACTIVE PAYEE
		V - 3 <sup>RD</sup> PARTY- OUT OF PROVINCE
		Y - ALTERNATIVE PAYMENTS PROGRAM

