

Handover/Reassessments Guidelines from the Billing Review Committee

Handover and Reassessment Codes Schedule of Benefits Facts and Guidelines:

- You can only bill 2 reassessments per doc per patient
- You need 2 hours between assessment and any further reassessments
- For any patient there can only be 3 reassessments in a 24 hour period
- If an assessment is done on the next calendar day you can bill a full assessment H1_2/3
- You can not bill reassessments H1_4 on G codes – you can bill G codes
- You can not bill a reassessment after a consult code H0_5
- There will always be a small subset of patients where our billing codes will not represent their complexity

We are finding that the last doc (often the day doc) in a triple (overnight) hand over often has 'run out of codes' and does a fair bit of work. We would like to create an agreement so that a doc at the 'end' of the handover chain that does a fair bit of work and holds the medicolegal burden disposition decision making and D/C is remunerated.

Suggested guidelines:

- The doc leaving and giving handover can bill the CDU H105
- If you bill a consult and then hand the patient over (requiring reassessments) – don't bill the consult code; if a consult code is billed the later docs could adjust this in order to get paid
- If G codes are billed then reassessments are G codes
- If a patient decompensates requiring G codes – the latter doc can bill G codes and the earlier doc can have their codes adjusted to G codes
- If you are going to hand over a patient in the late evening that will need many reassessments bill your reassessment before midnight to free up the next calendar day for codes. If you do bill a reassessment after midnight and the next docs run out of codes – they may eliminate or move the reassess back to the calendar day before
- If you don't see or do anything on an overnight handed over patient – don't bill anything
- If you do – you can bill a full assessment if next calendar day – that leaves more reassessments for oncoming day physician
- If the last doc has run out of codes and feels the need to adjust some codes – they need to be able to do so- should they ? have the other docs 'approve the changes' or should we just trust each other.