

Consultations

Billing Information Sheet

Insured Services, Medical Services Branch

1.	MAJOR CONSULTATIONS (9B – T)
a.	Must be referred by an eligible referring practitioner . This includes: <ul style="list-style-type: none">✓ Other physicians✓ Nurse practitioners (only to specialists, not GPs)✓ Optometrists (only to specialists, not GPs)✓ Chiropractors (only to specialists, not GPs)
b.	See Physician Payment Schedule (PPS) ASSESSMENT RULES – CONSULTATIONS for full details. <ul style="list-style-type: none">• This service applies where a physician, having examined the patient, formally requests the opinion and advice of another physician because of the complexity, obscurity or seriousness of the current condition or conditions involved.• The consultation includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the consultant's opinion and recommendations to the referring physician.• A consultant may take more than one visit to make a proper diagnosis, but only one payment is made.
c.	A second major consultation is never payable within 90 days for any reason. See rules for repeat consultation (11B-T) in the PPS. <ul style="list-style-type: none">• FORMALLY RE-REFERRED -- RELATED CONDITION: Within 90 days, if the patient was formally referred back to you for the same/related condition, you bill a repeat consultation (11B-T).• FORMALLY RE-REFERRED -- NEW/UNRELATED CONDITION: Within 90 days, if the patient was formally referred back to for a different/nonrelated condition, you bill a complete/initial assessment.
d.	If you are recalling a patient for a follow-up visit after 90 days, this is billable as a partial/follow-up visit, and not a new consultation.
2.	REPEAT CONSULTATIONS (11B – T)
	<u>Within 90 days</u> , a repeat consultation is ONLY payable if the patient was formally re-referred by the referring practitioner. <ul style="list-style-type: none">• NOT FORMALLY RE-REFERRED -- RELATED CONDITION: If no formal re-referral request was received, you must bill for a follow-up/partial assessment.• FORMALLY RE-REFERRED - RELATED CONDITION: It would be appropriate to bill for a repeat consultation (11B-T).• FORMALLY RE-REFERRED - UNRELATED CONDITION: If the patient was formally re-referred for a condition NOT related to the originally condition, you can bill for a complete/initial assessment, rather than a repeat consultation.