

## Sample Billing Sheet: Patient-Specific Direct and Indirect Care

<b>Service Date:</b>	<b>Physician:</b>
Patient Information / Label:	Diagnostic Code:
ULI:	1.
Name:	2.
DOB:	3.

<b>Direct Care</b>	
Regular Visit	Geriatric Visit
<input type="checkbox"/> <b>03.03A</b> Visit not requiring complete history & evaluation <input type="checkbox"/> <b>03.03B</b> Prenatal visit <input type="checkbox"/> <b>03.03C</b> Routine post-natal office examination <input type="checkbox"/> <b>03.03N</b> Home Visit <input type="checkbox"/> <b>03.07A</b> Minor Consultation <input type="checkbox"/> <b>03.07B</b> Repeat Consultation <input type="checkbox"/> <b>CMGP</b> Complex patient visit <input type="checkbox"/> 01 (15 mins) <input type="checkbox"/> 05 (55 mins) <input type="checkbox"/> 09 (95 mins) <input type="checkbox"/> 02 (25 mins) <input type="checkbox"/> 06 (65 mins) <input type="checkbox"/> 10 (105 mins) <input type="checkbox"/> 03 (35 mins) <input type="checkbox"/> 07 (75 mins) <input type="checkbox"/> 04 (45 mins) <input type="checkbox"/> 08 (85 mins) <input type="checkbox"/> <b>TELE</b> Telehealth service	<input type="checkbox"/> <b>03.03NA</b> Visit to DAL, group home, lodge <input type="checkbox"/> <b>03.03NB</b> 2 <sup>nd</sup> patient seen at DAL, group home, lodge <input type="checkbox"/> <b>03.04K</b> Comprehensive geriatric assessment, first full 90 mins <input type="checkbox"/> <b>COMGER</b> Comprehensive geriatric assessment <input type="checkbox"/> 02 (105 mins) <input type="checkbox"/> 05 (150 mins) <input type="checkbox"/> 03 (120 mins) <input type="checkbox"/> 06 (165 mins) <input type="checkbox"/> 04 (135 mins) <input type="checkbox"/> 07 (180 mins) <input type="checkbox"/> <b>03.04N</b> Comprehensive evaluation to determine capacity <input type="checkbox"/> <b>03.05H</b> Medical examination (Driver's license) <input type="checkbox"/> <b>TELE</b> Telehealth service
Comprehensive Visit	Other Visits, per 15 min
<input type="checkbox"/> <b>03.04A</b> Comprehensive visit <input type="checkbox"/> <b>03.04B</b> Initial pre-natal visit <input type="checkbox"/> <b>03.04J</b> Comprehensive care plan <input type="checkbox"/> <b>03.08A</b> Comprehensive consultation <input type="checkbox"/> <b>CMXC30</b> Complex patient visit (30 mins or more) <input type="checkbox"/> <b>TELE</b> Telehealth service	___ <b>3.05I</b> Palliative visit ___ <b>03.05O</b> Chronic pain visit ___ <b>08.19G</b> Psychiatric visit ___ <b>03.05LA</b> Groups session (per patient) ___ <b>03.05LB</b> Groups session (45 mins) [ <b>Chronic Pain</b> ] <input type="checkbox"/> <b>TELE</b> Telehealth service ___ <b>S002</b> Unattended appointment, per 5 min
<b>SOMB Procedures (claim with office visit or consult)</b>	
<input type="checkbox"/> <b>03.52A</b> EKG, technical <input type="checkbox"/> <b>07.57A</b> Dressing application - initial treatment, minor burn <input type="checkbox"/> <b>07.57B</b> Dressing application - subsequent, minor burn <input type="checkbox"/> <b>11.71A</b> IUD removal* <input type="checkbox"/> <b>13.59A</b> IM injection* <input type="checkbox"/> <b>13.99BA</b> Periodic PAP smear (age 21-69)* <input type="checkbox"/> <b>13.99BD</b> Anal PAP smear. 2/year (Apr-Mar)* <input type="checkbox"/> <b>13.99BE</b> Pelvic exam using speculum*	<input type="checkbox"/> <b>98.03A</b> Incision and drainage - abscess or hematoma* <input type="checkbox"/> <b>98.03C</b> Aspiration hematoma <input type="checkbox"/> <b>98.04B</b> Foreign body removal, skin <input type="checkbox"/> <b>98.11A</b> Wound debridement, non-functional area <32 cm <input type="checkbox"/> <b>98.11B</b> Wound debridement, non-functional area >32 cm <input type="checkbox"/> <b>98.11D</b> Wound debridement, functional area <32 cm <input type="checkbox"/> <b>98.11E</b> Wound debridement, functional area >32 cm ___ <b>98.12A</b> Excisional biopsy, skin. Max 3 calls

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<input type="checkbox"/> <b>61.37A</b> Hemorrhoid (thrombosed external) in/excision <input type="checkbox"/> <b>80.83B</b> Endometrial biopsy <input type="checkbox"/> <b>81.8</b> IUD insertion* <input type="checkbox"/> <b>93.91A</b> Joint injection/aspiration – hip* <input type="checkbox"/> <b>93.91B</b> Joint aspiration/injection* <input type="checkbox"/> <b>95.96A</b> Aspiration/injection, bursa/tendon/ganglia.	<input type="checkbox"/> <b>98.12B</b> Excisional biopsy, face. Max 3 calls <input type="checkbox"/> <b>98.12C</b> Removal of subcutaneous cyst <input type="checkbox"/> <b>98.12J</b> Removal, skin lesion. Max 4 calls.* <input type="checkbox"/> <b>98.12L</b> Warts or keratoses treatment (cryotherapy, chemotherapy), Max 4 calls.* <input type="checkbox"/> <b>98.22A</b> Laceration repair (5 cm body/2.5 cm face) <input type="checkbox"/> <b>98.22B</b> Laceration repair (>5 cm body/>2.5 cm face)
<b>SOMB Procedures (claim with office visit or consult)</b>	
<input type="checkbox"/> <b>98.81B</b> Punch biopsy <input type="checkbox"/> <b>98.96A</b> Wedge excision, toenail <input type="checkbox"/> <b>98.96B</b> Complete toenail excision	<input type="checkbox"/> <b>98.96C</b> Wedge excision, toenail, with plastic repair, one side of nail <input type="checkbox"/> <b>98.96D</b> Wedge excision, toenail, with plastic repair, two sides of nail. <input type="checkbox"/> <b>OTHER (specify)</b> _____
<b>Indirect Care</b>	
<b>Team Conference, per 15 min</b>	<b>Family Conference, per 15 min</b>
<input type="checkbox"/> <b>03.05JA</b> Formal team conference <input type="checkbox"/> <b>03.05T</b> Formal with other physician(s) [Palliative] <input type="checkbox"/> <b>03.05U</b> Second and subsequent physician [Palliative] <input type="checkbox"/> <b>03.05V</b> Formal with other physician(s) [Chronic Pain] <input type="checkbox"/> <b>03.05W</b> Second and subsequent [Chronic Pain] <input type="checkbox"/> <b>08.19F</b> Formal with other physician(s) [Psychiatric] <input type="checkbox"/> <b>08.19H</b> Second and subsequent [Psychiatric]	<input type="checkbox"/> <b>03.05JB</b> Formal family conference <input type="checkbox"/> <b>03.05X</b> Formal interview on behalf of a specific patient [Chronic Pain] <input type="checkbox"/> <b>08.19D</b> Professional interview with relative(s) [Psychiatric]
<b>SOMB Telephone Contact-Team</b>	<b>Telephone/Video Contact-Patient and Family</b>
<input type="checkbox"/> <b>03.01NG</b> weekdays 0700 to 1700 hours <input type="checkbox"/> <b>03.01NH</b> W/D 1700 to 2200, W/E and stats 0700 to 2200 <input type="checkbox"/> <b>03.01NI</b> any day 2200 to 0700 hours <input type="checkbox"/> <b>03.01NM</b> Advice to pharmacist	<input type="checkbox"/> <b>03.05JR</b> Phone call with patients, per 15 min <input type="checkbox"/> <b>03.01S</b> Secure email with patient <input type="checkbox"/> <b>03.01T</b> Secure video conference with patient <input type="checkbox"/> <b>03.05JH</b> Call with relatives, per 15 min <input type="checkbox"/> <b>03.05JQ</b> Call with relatives, per 15 min [Psychiatric]
<b>SOMB Telephone/Video Contact-Physicians [Referring]</b>	<b>SOMB Telephone/Video Contact-Physicians [Consulting]</b>
<input type="checkbox"/> <b>03.01LG</b> weekdays 0700 to 1700 hours <input type="checkbox"/> <b>03.01LH</b> W/D 1700 to 2200, W/E and stats 0700 to 2200 <input type="checkbox"/> <b>03.01LI</b> any day 2200 to 0700 hours <input type="checkbox"/> <b>03.01R</b> Secure E-Consultation	<input type="checkbox"/> <b>03.01LJ</b> weekdays 0700 to 1700 hours <input type="checkbox"/> <b>03.01LK</b> W/D 1700 to 2200, W/E and stats 0700 to 2200 <input type="checkbox"/> <b>03.01LL</b> any day 2200 to 0700 hours <input type="checkbox"/> <b>03.01O</b> Secure E-Consultation
<b>ARP Code Any Conference or Telephone, per 5 min</b>	

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\_\_\_ **S004** Any communication, including but not limited to, informal, non-scheduled discussions, meetings, interviews, and conferences, with a Physician, Allied Health Professional, schools, agencies, boards, committees, or relatives, regarding advice or care of a Patient, per 5 min

### SOMB Paperwork

**Note: If paperwork is done on the same day that the patient was seen, add paperwork time onto the visit using the appropriate CMGP modifier.**

### ARP Paperwork, per 5 min

\_\_\_ **S001** Time spent in preparation/research related to the care of a complex Patient (E.g. a Patient with co-morbidities which complicate or increase the care required by the claiming physician)

\_\_\_ **S009** Report writing and other clinical documentation related to the care and treatment of a Patient.

\_\_\_ **S010** Review of Patient lab results, consultant reports, or other care reports.

## Sample Billing Sheet: Bulk Billing and Non-Patient-Specific Work

**Service Date:**

**Physician:**

All non-patient specific ARP codes are per 5 min.	
<b>Unregistered Patient Visit</b>	___ <b>S007</b> Time spent delivering program services to a Patient who is a resident of Alberta that would be eligible for the Alberta Health Care insurance Plan (AHCIP) but is not enrolled in the AHCIP
<b>Bulk Billing Paperwork</b>	___ <b>S011</b> Review of Patient lab results, consultant reports, or other care reports for multiple Patients.
<b>Conferences and Telephone</b>	___ <b>S005</b> Any communication, including but not limited to, informal, non-scheduled discussions, meetings, interviews, and conferences, with a Physician, Allied Health Professional, schools, agencies, boards, committees, or relatives, regarding advice or care of a Patient.
<b>Teaching</b>	___ <b>S008</b> Group health education session
<b>Administration</b>	___ <b>S012</b> Time spent for work related to ARP business, including but not limited to reporting, completing Letters of Participation, Letters of Termination, Clinical ARP Applications, meeting with Alberta Health, Alberta Health Services, or the ARP Physician Support Services, and development specifically related to the ARP.