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: ✓ 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. • 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. • **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)**
	Within 90 days, a repeat consultation is ONLY payable if the patient was formally re-referred by the referring practitioner. • **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.