

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

EMERGENCY DEPARTMENT PHYSICIAN

Note:

See General Preamble GP50 for definitions and conditions for Emergency Department Physician.

In-patient interim admission orders

In-patient interim admission orders is payable to an Emergency Department Physician who is on-call or on duty in the emergency department or Hospital Urgent Care Clinic for writing in-patient interim admission orders pending admission of a “non-elective” patient by a different *most responsible physician* (see General Preamble GP4).

Comprehensive assessment and care

Comprehensive assessment and care is a service rendered in an emergency department or Hospital Urgent Care Clinic that requires a full history (including systems review, past history, medication review and social/domestic evaluation), a full physical examination, concomitant treatment, and intermittent attendance on the patient over many hours as warranted by the patient’s condition and ongoing evaluation of response to treatment.

It also includes the following as indicated:

- a. interpretation of any laboratory and/or radiological investigation; and
- b. any necessary liaison with the following: the family physician, family, other institution (e.g. nursing *home*), and other agencies (e.g. *Home Care*, VON, CAS, police, or detoxification centre).

[Commentary:

Re-assessments, where required, are payable in addition to this service if the criteria described in the *Schedule* are met.]

Multiple systems assessment

A multiple systems assessment is an assessment rendered in an emergency department or Hospital Urgent Care Clinic that includes a detailed history and examination of more than one system, part or region.

Re-assessment

A re-assessment is an assessment rendered in an emergency department or Hospital Urgent Care Clinic at least two hours after the original assessment or re-assessment (including appropriate investigation and treatment), which indicates that further care and/or investigation is required and performed.

Payment rules:

1. This service is *not eligible for payment* under any of the following circumstances:
 - a. for discharge assessments;
 - b. when the patient is admitted by the Emergency Department Physician; or
 - c. when the reassessment leads directly to a *referral* for consultation.
2. This service is limited to three per patient per *day* and two per physician per patient per day. Services in excess of these limits are *not eligible for payment*.