

Clinical and Physician Assistant Billing Considerations

The Health Services Insurance Act (HSIA) and the Manitoba Physician's Manual set out clear expectations surrounding claims for insured medical services. CPSM's understanding about these expectations when Clinical Assistants (C.I.A.s) or Physician Assistants (P.A.s) are involved in care follows. Registrants are advised to seek any further clarification or guidance they require about the proper use and interpretation of the Physician's Manual directly from Manitoba Health (MH) or Doctors Manitoba (DM).

1. MH provides coverage for insured medical and hospital services to Manitoba residents in accordance with the HSIA and its regulations. Coverage for medical services insured under the provincial health services insurance plan is provided on the basis that the services are provided by a medical practitioner (physician). *The Medical Services Insurance Regulation* defines insured medical services as follows:

... all personal health care services provided to an insured person by a medical practitioner that are medically required and are not excluded under the Excluded Services Regulation made under the [HSIA].

2. Payments for insured medical services are made in accordance with the rules of application and subject to the terms and conditions set out in the Physician's Manual. CPSM understands that MH expects claimants (medical practitioners/physicians):
 - a. to be aware of and comply with the rules of application and terms and conditions set out in the Physician's Manual, which are published on MH's website,
 - b. to conduct themselves honourably and in good faith when deciding whether criteria are met for the tariffs they claim, and
 - c. are making appropriate clinical decisions relating to the medical services underlying each of the tariffs they claim.

Physicians are not to cause or permit bills to be submitted to MH if applicable terms and conditions are not met.

3. Claimants are expected to be able to provide information for the assessment of claims under the HSIA. CPSM understands that this is interpreted by MH to require sufficient information in the patient record based on the terms and conditions of the tariff as described in the Physician's Manual. In addition, section 2.12 of the Documentation in Patient Records Standard of Practice provides:

Registrants must take care to ensure that any documentation made in the patient record used for the purpose of remuneration faithfully represents the care provided. ...

4. Claimants cannot submit claims under the HSIA relating to medical services with which they had no personal involvement. MH has stated that it will pay for services only if the services are actually provided by a physician. It is noted that page CLMST-1, under Claims

Submission and Payment Procedures, under Part I of Billing and Provision of Services in the Physician's Manual, states that, "*Insured service claims may only be made for services rendered personally by the physician.*" Furthermore, various tariffs have specific "*patient/physician contact*" time requirements (e.g., 8734, 8529).

5. Clinical Assistants (Cl.A.s) and Physician Assistants (P.A.s) are not medical practitioners (physicians), and therefore they do not provide insured medical services. Per section 17 of *The Interpretation Act*:

... "physician" or "duly qualified medical practitioner" or a similar expression indicating legal recognition of an individual as a member of the medical profession means a physician who holds a valid certificate of practice issued by the College of Physicians and Surgeons of Manitoba under The Regulated Health Professions Act.

6. Medical practitioners (physicians) may use a Cl. A. or P.A. to assist with care of patients, but they remain responsible in fulfilling the expectations and boundaries of the Physician Manual in making claims for insured services. Where Cl. A.s or P.A.s participate in care the billing medical practitioner would remain responsible for the care to the individual patient and would be expected to have seen the patient and assessed their needs in accordance with the tariff billed. In certain appropriate circumstances, this may be accomplished through attending to a patient in order to review and validate the work of the Cl. A. or P.A..

While registrants should confirm the following with MH or DM, it is CPSM's understanding that a responsible supervising physician/medical practitioner would not be entitled to submit claims under the HSIA in the following example scenarios:

1. A Cl. A. or P.A. sees a patient (e.g., history and physical examination) with no direct involvement of the responsible supervising physician. The visit is in the nature of a Regional Basic Visit (8509). The responsible supervising physician does not personally see the patient, virtually or in-person. However, the supervising physician does subsequently review the patient record to satisfy themselves that good care was provided. As services were not provided personally by the physician, they cannot claim the tariff.
2. A Cl.A. or P.A. authorizes the refill of a patient prescription. The responsible supervising physician is not directly involved with the refill. The responsible supervising physician cannot properly submit a claim using the 8005 tariff. It is noted that the commentary includes, "*No claim may be made for communications in which only a physician proxy, e.g., nurse or clerk, participates*". This remains the case even if the responsible supervising physician subsequently reviews the refill that was authorized to ensure it was appropriate (i.e., after the communication occurs).