Diabetes Management



OSCAR PRO



K030 - Diabetes Management Assessment

The Diabetes Management Assessment fee code is an all-inclusive service payable to the most responsible physicians for continuing managing and support of a diabetic patient.

1. When you bill K030 for the patient on the same day as any other consultation the K030 is paid at \$0.

- 2. Bill the diagnostic code 250.
- 3. Complete a diabetes flow sheet.

Fee Value:
\$40.55
Limit:
x every 12-month period

Dx	Dx: 250	Practitioner	Test,	Test (None	- Test)	
Search	n and Select Service Code		Super	Code: Sea	rch and Se	elect 🔻 🗘
K030A	Diabetic management assess (D	MA)				
	Dx: 250	\$ 41.70 X	1	X %	=	\$41.70

OSCAR PRO TIP!

Add a notification reminder for recalling patients in the EMR.

Manage your patient recalls by creating a tickler after the appointment with the patient. The tickler can be set to a future date and your staff can reach out to book a follow up appointment.

🗑 Sche	dule Casel	oad Search Report	Billing	Inbox * Msg I	PrescribelT Msgs C	onsultations ConReport	Preference	es eDoc Tickler	Administr	ation Dashl	board	🧉 Help Log Out
	WELL EMP	Group Searc	h: Ente	er Health Card #	or Demographic Nam	e GO			API	PS HEL	P PORTAL	TEAMVIEWER
K Tue, HCV	2024-05-2	1 🕨 Calendar A	ll Tod	ay Month		HELLO BUI MELISSA demo.kai-oscar.co	om 🔒		Ent	ter Lastnam	GOall clin	c 🗘 C Group:
8:00	Print	Tickler										<u>Help</u> <u>About</u>
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8:45 9:00	All Pro	viders 📀	ne	Creator	Service Date	Creation Date	<u>Priority</u>	Task Assig	ned to	Status	Message	Create Report
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Watch our video on how to create and utilize a tickler.

OSCAR PRO TIP!

Create a flow sheet or measurement group in the EMR.

To manage diabetic patients, you can either create a flow sheet or measurement group.

Create a Flow Sheet

1. Navigate to Administration > System Management > Create a New Flowsheet.

2. Enter a name and ICD-9 trigger code.

3. Once created, the flowsheet can be assigned measurements to track. The ICD-9 trigger code such as the 250 would need to be entered in the patient's disease registry part of their eChart (this will also come into play for the reporting).

Create a Measurement Group

A measurement group can be created and assigned to a flowsheet, or you may just use the measurement group.

Watch our video on how to create measurements and graph them.

OSCAR PRO TIP!

Generate a report for diabetes recall patients.

To generate a report, patients would need to be registered with the ICD-9 code in the Disease Registry of the eChart.

... 05-Jun-2024

Disease Registry

DIABETES MELLITUS*

Create a custom Report by Template (Administration > Reports > Report by Template) to pull up a list of these patients at any time.

Here is an example of a report called Disease Registry Look Up. This could be modified for instance to include last appointment, or last billed a specific service code. The query will search for diabetic patients and ones that would need to be called back for a follow up appointment.





cyparam id="<u>searchtext</u>" type="text" description="ICD g code description"> </param>
</report>

Administration Panel		Cre
User Management	>	010
Billing	>	Name Trigg
Labs/Inbox	>	Warn
Forms/eForms	>	Creat
Reports	>	<u>Chiro</u>
eChart	>	<u>INR 2</u>
Schedule Management	>	Diabe
System Management	>	vitals

Create a new Flowsheet

<u>_</u>	Name:	
	Trigger:	(eg icd9:250)
>	Warning Colour:	(eg red or #E00000)
	Recommendation Colour:	(eg yellow)
>	Create	
>	Chiropod	
>	Chiropod2 INR 2 CHE Elevenheet	
>	Diabetes	
>	Smoking Cessation	

Measuren	nents +
CDM Indicat	tors
ASTHMA	
Heart Failur	e Flowsheet
Hypertensio	n Flowsheet
Diabetes Flo	owsheet
HT	178 15-May-2024 -

Need Help?
DoctorCare can
generate a recall list of
diabetic patients from
your billing history.

DIABETES MANAGEMENT QUICK REFERENCE GUIDE

Q040 – Diabetes Management Incentive

The Diabetes Management Incentive fee code is payable to physicians who provide ongoing management using a planned care approach, consistent with Diabetes Canada's clinical practice guideline.

1. Recommended to be billed along with the third K030 for the same patient within 365 days.

2. May be submitted separately or in combination with other fee codes.

K029 – Insulin Therapy Support

The Insulin Therapy Support fee code is payable to physicians who provide support and counselling on intensive insulin therapy requiring at least 3 injections per day or using an infusion pump, or training on insulin for patients who use glucose meters, insulin pumps or insulin pens.

1. Time-based all-inclusive visit fee per patient per day and four units per patient, per physician, per year.

2. Must be billed for diabetic patient receiving at least three insulin injections per day or using an infusion pump.

3. Calculated and payable per 20-minute increments and major part thereof.

Virtual Billing Requirements

K030, K029, and Q040 can be billed virtually.

Tips:

- A virtual K030 is only eligible for payment once a K030 involving a direct physical patient encounter has been billed previously.
- Q040 must be billed on a separate claim for a virtual diabetic visit.

Fee Value: \$60 Limit: 1x every 12-month period

Fee Value: \$70.10 Limit: 6x per calendar year

Need Help? DoctorCare can create a list of patients who are eligible to be recalled for the K030+Q040 visit.

DIABETES MANAGEMENT QUICK REFERENCE GUIDE

OSCAR PRO TIP!

Create a Super Code to bill the K030 with the Q040.

1. Click the Gear icon next to Super Code.

2. Click ADD NEW.

LISA, LISA 🗹 🛕 HIN: DOB: 2016-12-01	(7 y.) Sex: F Enro	ollment: MRP: May, Lisa			
Choose	Referring			Edit Super Code	•
Dx: Search	Practitioner	Search by #, Name, Specialty			
Search and Select Service Code		Super Code: Search and Select 🔻	ά.		
Start by adding an item from the Service C	ode/Super Code a	have or short codes on the right			

3. Fill in a name for the Super Code and add codes K030A and Q040A. Hit SAVE.

Servic	e Code				
K030A	Diabetic management assess (DMA)	1	@	1	0
Q040A	Annual diabetic flow sheet completion	1	@	1	9
Dx : 25	0				
Visit Ty	pe: 00 Clinic Visit				-
Site: 00	000 Not Applicable				•
SLLCor	de: 0000 Not Applicable				•

4. The Super Code should now show up in the drop down and ready for immediate use.

Super Code:
OB visit
PAP
Phone Virtual K083A
pronounce
Smoking Cessation K039+Q042
SuperCode
Telephone call
Test 1
Test 1
Test Training Code
Test Virtual
Testing Training Phone
Virtual
Virtual K080A Phone
Virtual K083
Diabetes Management K030+Q040

Common Error & Explanation Codes

M1 - Max fee allowed for these services has been reached

The codes can be billed a limited number of times per year. If you bill more than the specified amount of a previously processed fee code, it will be processed at \$0.

MR - Minimum service requirements have not been met

Some codes have prerequisite codes that need to be processed for the same patient within 365 days. In this case, you must bill three K030's for the same patient before you can bill a Q040.

QUESTIONS?

Don't hesitate to contact us at <u>help@oscarprodesk.ca</u> today!



help@oscarprodesk.ca