LFM Service Encounters (LFM SE)

LFM Service Encounters are adapted from Service Encounters outlined in the Physician Manual preamble and tracked by MSI. Their purpose is to measure patient throughput using billing data. You should continue to use existing billing rules to ensure you are compensated for all delivered services even if those services do not count as a LFM SE. For example, if you bill an office visit in which you administer an immunization, you should bill the visit and the immunization to be remunerated for both services. The visit will count as 1 LFM SE, the Immunization is not a LFM SE when given during an office visit.

LFM Service Encounters are new and will continue to evolve as we respond to data and the input of physicians. It is important to remember that LFM Service Encounters for the purposes of contract performance monitoring are averaged over a quarter.

Basic Principles:

- LFM Service Encounter ("LFM SE"): Individual patient appointments plus select extra services and special circumstances.

- Physicians will always get credit for seeing a patient. Every physician is **guaranteed** a minimum of 1 LFM SE per billed patient appointment. Interactions that do not involve a patient will not qualify as LFM Service Encounters.

- Many "Visit Allowed" (VADT) services such as injections qualify as LFM SEs when billed standalone but do not qualify as additional LFM SEs when performed with a visit. Some VADT services such as pap smears do qualify as additional LFM SEs when performed with a visit.

- "Add On" (ADON) codes such as immunizations qualify as LFM SEs when billed standalone but do not qualify as additional LFM SEs when billed during an office visit.

- Services with time-based multiples (Prolonged office visits, counselling, psychotherapy, palliative care support) will qualify as multiple LFM SEs.

- Incentive fees such as the Chronic Disease Management incentive program (CDM) program do not qualify as an LFM SEs but visits with a patient that qualify for the CDM fee will count toward LFM SEs.

- "Visit Excluded" (VEDT) services qualify as LFM SEs.

- Surgical and Fracture services (MASG, MISG, MAFR, MIFR) qualify as LFM SEs.

- Most "Default" (DEFT) codes do not qualify as LFM SEs when billed during an office visit.

- Workers Compensation Board (WCB) services do not qualify as they are billed outside LFM hours.

- All 03.04 ("Comprehensive Visit" – this includes the GAC code) and 03.08 ("Comprehensive Consultation") are 2 SEs.

- Reproductive Health visits including well baby, prenatal and post-natal visits are 2 SEs.

Cheat Sheet: LFM Service Encounter Example Scenarios

- The following table illustrates common examples of how certain fee codes and combinations of codes are treated under the LFM funding model and how many LFM Service Encounters they qualify for.
- Physicians are guaranteed a minimum of one (1) LFM Service Encounter for any appointment with a patient.
    - Additional LFM Service Encounters are predominantly derived from the length of the visit (i.e., prolonged visits billed with additional multiples in 15-minute increments= multiple service encounters), however some procedures may also qualify as additional LFM Service Encounters.

Category	Code(s)	Health Service	LFM SE Value
VIST	03.03	Office / Telephone Visit (15 minutes)	1
DEFT	TPR1	Telephone prescription renewal	1
VIST	03.03 RO=WBCR + 13.59L + 13.59M	Well-Baby Visit + Immunizations (15 minutes)	2
VADT	93.92A, B	Injection of Therapeutic Substance into Joint or Ligament Only	1
VIST + VADT	03.03 + 93.92A, B	Office Visit (15 minutes) + Injection of Therapeutic Substance into Joint or Ligament	1
VADT	13.59L / 03.26A	Immunization / Pap Only	1
VIST + ADON	03.03 + 13.59L	Office Visit + Immunization	1
MISG	98.12U	Cryotherapy Only	1
VIST + MISG	03.03 + 98.22	Office Visit + Suture (15 minutes)	2
VIST + VADT	03.03 + 03.26A	Office Visit + Pap Smear (15 minutes)	2
VIST	03.03	Prolonged Office Visit (30 minutes)	2
VIST	03.03	Prolonged Office Visit (45 minutes)	3
PSYC	08.49A, B, C	Counselling / Psychotherapy / Lifestyle Counselling (45 minutes)	3
VIST	03.04 RO=ANTL	Comprehensive Pregnancy Exam	2
VIST	03.03J	Initial Opioid Use Disorder Assessment for Initiation of OAT	2
VIST	03.03C	Palliative Care Support Visit (30 minutes)	2
COCR	81.8	IUD Insertion	3
VIST	03.03 + LO=HOME	Home Visit to rostered patient	2
VIST	03.03 + LO=HOME + RO=DETE	Home Visit to rostered patient with +1 MU billed for detention	3
VIST	03.04K	Gender Transition Readiness Assessment	2
DEFT	NPIV1	New Patient Intake Visit (30 minutes) Interim Fee	2
CONS	03.08	GP Consult (30 minutes)	2
VIST	03.03M	MAiD First Physician Assessor (1 SE per Multiple used)	1
DEFT	NHTA1	Nursing Home Telephone Patient Assessment with Regulated Nursing Professional (Virtual Assessment) **Interim Fee**	1

Admission and Discharges:

Category	Code	Health Service	LFM SE value
VIST	03.04 RP=INTL, FN=INPT, LO=HOSP, SP=GENP	Diagnostic interview and evaluation, described as comprehensive	3
VIST	03.04E FN=INPT, LO=HOSP, SP=GENP	Initial Geriatric Inpatient Medical Assessment	3
ADON	03.02A FN=INPT, LO=HOSP, SP=GENP	Hospital discharge Fee	1
VIST	03.04F FN=INPT, LO=HOSP, SP=GENP	Complex comprehensive acute care hospital discharge	4

Minor Procedures

MISG	98.03A **AN=GENL**	Incision abscess, subcutaneous – boil, carbuncle, infected cyst, superficial lymphadenitis, paronychia, felon, etc.	2
MISG	98.12B	Carcinoma of skin – Local excision, primary closure	3
MISG	98.12N	Excision of plantar warts or junctional nevi or molluscum contagiosum	2
MISG	98.12A	Removal of Fibroma	2
MISG	98.96D	Excision of toenail – simple, complete, partial or wedge	2
MISG	98.96A	Excision of fingernail – radical to include destruction of nail bed and shortening of phalanx if necessary	3
MISG	98.12W	Simple Excision of warts, including papillomata, keratoses, nevi, moles, pyogenic granulomata, etc for malignant or pre-malignant condition – includes clinical suspicion of malignancy	2
MISG	98.22D	Suture minor laceration or foreign body wound	2
MISG	98.22F	Suture extensive laceration or foreign body wound	3
MISG	98.81C	Biopsy of skin/mucosa-malignant or recognized pre-malignant condition or biopsy necessary for histological diagnosis for patient management	2
MISG	98.04	Incision with removal of foreign body of skin and subcutaneous tissue	2
MISG	98.02	Incision of pilonidal sinus or cyst	2
MISG	61.2C	Local excision for malignancy	2

Codes Excluded from LFM Service Encounters

- The following health service codes either do not involve a patient interaction/appointment **or** are only billable when added to a visit and therefore **do not qualify** as LFM Service Encounters.
- These health service codes should still be billed, where applicable, to the LFM 30% FFS BA, unless otherwise noted below. The list below is non-exhaustive but includes commonly used codes.

Category	Code	Excluded Service
ADON	03.26B, 13.59M	Tray Fees (Pap Smear and Provincial Immunizations). Payable at 100% via non-LFM FFS BA
DEFT	AHCP1	Allied Health Care Provider to Physician Discussion
ADON	HOVM1	Blended Mileage and Travel Detention Time for Home Visits. Payable at 100% via non-LFM FFS BA
DEFT	CDM1	Chronic Disease Management Incentive Program
DEFT	ENH1	Long Term Care Medication Review Incentive
ADON	03.03P, S	First Visit after hospital discharge (Maternal / Newborn)
ADON	OFI1	Incentive for the use of an official interpreter
DEFT	PREC1,2,3	Teaching Stipend for Medical Student (Daily Rate). Payable at 100% via non-LFM FFS BA
DEFT	WCB	Workers Compensation Board services. Payable at 100% via non-LFM FFS BA
PRVR	**CFP1/CFP1A**	**Collaborative Family Practice Work. Payable at 100% via non-LFM FFS BA**