Calgary Zone Surgical Contracts Procedure Report Manual

Document History

1.0	Date	Name	Changes/Details
1.1	2014-05-08	C. Humble/J. Epp	New format; updated with new NHSF Procedure Report Form; removal of all references to vestibular procedures; updated NHSF facility abbreviations
1.2	2014-11-20	C. Humble	Edits and formatting
1.3	2015-07-08	C. Humble	Updated NHSF Procedure Report Data Fields and Appendix A to reflect change from Disabled (Dental Only) to Private (Dental Only).
1.4	2017-05-02	C. Humble	Update to new nomenclature (NHSF to Surgical Contracts)

Distribution

1.0	Date	Name	Distributed to Whom
1.1	2014-05-08	C. Humble	External Web
1.2	2014-11-20	C. Humble	External Web
1.3	2015-09-28	C. Humble	External Web
1.4	2015-12-24	S. Tomlinson	External Web
1.5	2017-05-02	C. Humble	External Web

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Surgical Contracts Procedure Report Overview

All Alberta Calgary Zone residents, excluding WCB claimants, having insured surgery performed in a private facility, must have a Surgical Contracts Procedure Report completed and submitted to the Surgical Contracts desk. All completed reports to be submitted to the Surgical Contracts Desk within 24 hours of surgery date.

Completion of the Surgical Contracts Procedure Report is in accordance with Surgical Contracts and AHS reporting and invoicing requirements. Procedure Reports must be completed on the date and time that the insured surgery/procedure was performed.

The Surgical Contracts Facilities Procedure Report manual is intended for Physicians & office staff and contains information regarding the completion and submission of the Surgical Contracts Procedure Report.

Electronic link to Surgical Contracts Procedure Report Manual:

http://www.albertahealthservices.ca/info/Page4896.aspx

Surgical Contracts Procedure Report Completion

- Procedure Reports must be completed on the date and time that the insured surgery/procedure was performed
- All Procedure Reports must have a BURN for invoicing
- **All fields are mandatory unless otherwise noted**
- Please type or print legibly
- All date fields are entered in YYYY/MM/DD format
- All name fields are entered Last Name, comma, First name or First name initial

Electronic link to Surgical Contracts Procedure Report:

http://www.albertahealthservices.ca/info/Page4896.aspx

Surgical Contracts Procedure Report Data Fields

Step	Action
1.	**Patient Information and Booking Information Sections:** Fields A through G are OR Manager System generated and are pre-populated on **all** procedure reports.

2. Procedure Information Section:

A. **Procedure 1 Code: Enter** the OR Manger Procedure mnemonic code, if known.

B. **Procedure 1 Description: Enter** the Surgeon's description of the procedure, include body site.

C. **Procedure 1 Laterality: Check** the appropriate box if the surgery involved a paired organ, limb or structure. If no laterality involved, **leave** blank.

   Note: A procedure is considered bilateral only if surgery was performed on *both the left and right* sides on the *same* patient on the *same* day

D. **Procedure 1 Surgeon: Enter** the name of the Surgeon who performed the procedure.

E. Fields required for multiple surgical procedures

   Note: For boxes in field E, if the <u>same</u> surgeon performed additional procedure(s) on the same patient on the same day, **complete** according to corresponding Procedure 1 guidelines. (Fields A-D)

F. **Procedure Date: Enter** the date that the procedure was done.

G. **Anesthesia Administered by (Name): Enter** the first name (or first name initial) and last name of the person who adminstered the anesthesia.

H. **Role: Check** the box beside the role of the individual who administered the anaesthetic. Choose one.

I. **Type of Anesthesia**: **Check** the type(s) of anesthesia given.

J. **Total Billable Minutes**: Service specific field applicable to Dental, Oral Maxillofacial, Podiatry services, and Ophthalmology procedures performed under General Anesthesia. **Enter** the total billable minutes.

K. **Supplies Attached: Check** the box if you have attached a list of supplies/items used.

L. **Private (Dental Only):** Service specific field applicable to Dental service only. **Check** the box if applicable.

M. **Patient In Room: Enter** the time that the patient enters the procedure room.

N. **Procedure Start:**

   - For single procedures: **Enter** the time the skin incision is made or if no incision, the time of surgeon's "hands on" the patient, e.g. Examination Under Anaesthetic.

   - For multiple procedures: **Enter** the time the skin incision is made or if no incision,

the time of surgeon's "hands on" the patient of the *first* procedure.

O. Procedure End:

- For single procedures: **Enter** the time of last suture or skin staple, or completion of casting, or if no incision when surgeon's "hand's off" patient e.g.) EUA.
- For multiple procedures: **Enter** the time of last suture or skin staple, or completion of casting or, if no incision, when surgeon's "hands off" patient of the *last* procedure.

P. Patient Out of Room: Enter the time the patient leaves the procedure room.

Q. Patient In Recovery Room: Enter the time the patient enters Recovery Room

R. Patient Out of Recovery Room: Enter the time the patient leaves Recovery Room.

S. Facility Fee Code: Service specific field applicable to Ophthalmology only. **Enter** one Surgical Contract facility fee code. **Select** the Facility Fee Code that captures the procedure, level of teaching participation and if procedure is uni or bilateral.

T. Designate Signature: **Enter** the Signature/Designation of the person verifying the Operative Procedure section. Electronic signatures are acceptable.

U. Date: Enter the date the Operative Procedure section completed.

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3. | **Ophthalmology Only Section:**

A. Teaching Case: Check Yes or No. If Yes, Participant Name, Participant Type, Level of Participation *must* be completed. **Do not mark** as a teaching case if participant type is a Fellow.

B. Participant Name: Enter the Participant's Name.

C. Participant Type: Check Resident or Medical Student.

D. Level of Participation: Check Level of Participation.

E. Cataract: Check type of lens inserted. If lens checked, lens sticker/information must be provided in Field F.

F. If applicable, place implant sticker(s): Implant information required for Surgical Contracts procedures applies to cataract lenses **only**.

Note: Affix implant sticker(s) or **document** the following information: quantity of each implant, size of the implant, manufacturer's description or type of implant, manufacturer's product code or reference number, serial number, and lot number.

Surgical Contracts Supply Lists

Supply lists are only completed if items from list are opened for the case. Write BURN in top right corner, BURN must match procedure report. Mark the actual number of packages/items used. Submit supply list with matching procedure report.

Surgical Contracts Procedure Report Submission

- All completed reports must be submitted to the Surgical Contracts Desk within 24 hours of surgery date
- Form submission: by Secure e-mail to surgical.contracts@ahs.ca
- For Downtime only Fax form(s) to 403.944.4010

Surgical Contracts Procedure Report Returns

- Report(s) will be returned to the facility if incorrect patient information or mandatory fields are left blank
- **Complete** and/or **correct** the report and **re-submit** to Surgical Contracts Desk

Surgical Contracts Desk

The Surgical Contracts desk receives all Surgical Contracts Booking/Waitlist Request forms, initiates AHS waitlist data entry and enters Surgical Contracts procedure report data.

Surgical Contracts Contact Information:
FMC – South Tower, 9th Floor, Room 904
3031 Hospital Drive NW
Calgary, Alberta T2N 2T8
Phone: 403.944.4410
Fax: 403.944.4010
E-mail: surgical.contracts@ahs.ca

Surgical Contracts Team Lead:
FMC – South Tower, 9th Floor, Room 904
3031 Hospital Drive NW
Calgary, Alberta T2N 2T8
Phone: 403-944-2473
Fax: 403-944-4010

FAQs

1. **What do I do if the procedure performed is different than what was booked?**
   Chart the actual procedure performed on the Surgical Contracts Procedure Report and submit to Surgical Contracts Desk.

2. **What do I do if the facility has changed from what is on the procedure report?**
   Correct the facility on the Surgical Contracts Procedure Report and submit to Surgical Contracts Desk.

3. **Who do I call for information about completing the procedure report?**
   Contact the Surgical Contracts Desk surgical.contracts@ahs.ca or visit the website:
   http://www.albertahealthservices.ca/info/Page4896.aspx

4. **My procedure report was sent back. Why?**
   Returned procedure reports are due to incomplete or incorrect information on the report. Complete and/or correct the report and re-submit. Contact Surgical Contracts Desk if you have any questions.

5. **Where can I get blank Surgical Contracts Procedure Report forms?**
   Visit the Website http://www.albertahealthservices.ca/info/Page4896.aspx

6. **Where can I get a Surgical Contracts Procedure Code Table?**
   Contact the Surgical Contracts Desk.

7. **Who do I contact if I have a procedure coding question?**
   Contact the Surgical Contracts Desk or visit the website
   http://www.albertahealthservices.ca/info/Page4896.aspx

8. **Can I submit a Procedure Report without a BURN number?**
   No, a complete listing of all waitlisted and completed cases may be requested by each facility. IF the patient has not been waitlisted, they will not appear on the report and the facility is responsible for following up with the surgeon's office. ALL Waitlist requests must be sent from the surgeon office.

9. **Do I have to complete a supply list for every procedure?**
   No, Supply lists are only completed if items from the approved list are opened for the case

10. **How do I complete a supply list (for all services except Podiatry)?**
    Write BURN in top right corner, BURN must match procedure report. Mark the actual number of packages/items used. If item is not on supply list, it is not preapproved and will not be paid. Surgeon must sign supply list. Submit supply list with procedure report.

11. **Where do I get supply lists?**
    Contact the Surgical Contracts Desk or visit the website

12. **How do I complete a supply list for Podiatry?**
    Write BURN in top right corner, BURN must match procedure report. Mark invoice cost of the set used, calculate and write total cost in total column. Attach copy of Vendor Invoice for Supplies used. Surgeon must sign supply list. Submit supply list and vendor invoice for supplies used with the procedure report.

Appendix A
Surgical Contracts Procedure Report Form

Alberta Health Services

Surgical Contracts Procedure Report

	Site		Booking URN	

1 Patient Information

Surname	Given Name(s)	☐ Female ☐ Male	DOB (YYYY-MM-DD)	PHN#

2 Booking Information

Procedure 1 Code	Description	☐ Right ☐ Left ☐ Bil	Surgeon 1
Procedure 2 Code	Description	☐ Right ☐ Left ☐ Bil	Surgeon 2
Procedure 3 Code	Description	☐ Right ☐ Left ☐ Bil	Surgeon 3

3 Procedure Information

Procedure 1 Code	Description	☐ Right ☐ Left ☐ Bil	Surgeon 1
Procedure 2 Code	Description	☐ Right ☐ Left ☐ Bil	Surgeon 2
Procedure 3 Code	Description	☐ Right ☐ Left ☐ Bil	Surgeon 3

PROCEDURE DATE (YYYY-MM-DD)		Patient In Room	
Anesthesia Administered by (Name)	Role ☐ Anesthesiologist ☐ Surgeon ☐ Other	Procedure Start	
Type of Anesthesia ☐ None ☐ General	☐ IV Sedation ☐ Peribulbar / Retrobulbar	☐ Regional Block ☐ Topical / Local	Procedure End	
			Patient Out of Room	
Total Billable Minutes	☐ Supplies Attached	☐ Private (Dental Only)	Patient In Recovery Room	
Facility Fee Code	Designate Signature	Date (YYYY-MM-DD)	Patient Out of Recovery Room	

OPHTHALMOLOGY ONLY:

Teaching Case ☐ Yes ☐ No	Participant Name	Level of Participation ☐ Minor	Cataract ☐ Enhanced Lens
	Participant Type ☐ Resident ☐ Medical Student	☐ Intermediate ☐ Major	☐ Standard Foldable Lens ☐ Non AHS Chargeable Lens

If applicable, place implant sticker(s):

Instructions:
- The Surgical Contracts (formerly NHSF) Procedure Report must be completed for all insured surgery performed on Alberta residents in Calgary Contracted Facilities, excluding WCB claimants.
- Completed Surgical Contracts Procedure Reports must be submitted to Surgical Contracts Desk within 24 hours of surgery date.
- Form submission: (1) Secure E-mail NHSFCaseManagement@albertahealthservices.ca (Approved Sites), (2) or Fax (403) 944-4010.
- Questions/Concerns: Contact the Surgical Contracts Office FMC - ST, 9th Floor, Room 904, 3031 Hospital Drive NW Calgary, Alberta T2N 2T8, (403) 944-4410 or email NHSFCaseManagement@albertahealthservices.ca

Version: 2017/04/01   Disclaimer: This report is confidential. If received in error, notify Surg Svcs Office at 403.944.2433

Appendix B
Surgical Contracts Facility Abbreviations

DVD	Dr. Douglas Vincelli Prof Corp
HCS	Holy Cross Surgical Services
ICS	I Care Services
MBS	Marlborough Surgicentre
RMS	Rocky Mountain Surgery Centre
RVS	Royal View Surgical Centre
SAE	Southern Alberta Eye Center
SBO	Steve Bureau Oral & Maxillofacial Surgery
SCI	Surgical Centres Inc
SCO	South Calgary Oral & Maxillofacial Surgery