

Implicit Re-referral/Subsequent Consultation Process FAQs

Q1. Does the IRR/SC apply to referrals made and/or received prior to July 1, 2023?

The **consultation date** determines whether a referral made/received prior to July 1, 2023, can contain the Implicit Re-referral (IRR)/Subsequent Consultation (SC) option.

1. Consultations performed before July 1, 2023, cannot contain an IRR/SC.

Example: Patient A is referred to the Consulting Practitioner on March 1, 2023. The consultation was performed on June 1, 2023. This referral cannot contain the IRR/SC option as the consultation was performed before July 1, 2023.

2. Consultations not yet performed, for referrals made/received prior to July 1, 2023, can contain the IRR/SC option.

Example: Patient B is referred to the Consulting Practitioner on April 1, 2023. The consultation is scheduled for July 17, 2023. The IRR/SC option exists as the consultation will be performed after July 1, 2023.

3. Referrals received after July 1, 2023, contain the IRR/SC option unless it is specifically excluded in the referral.

Q2. My practice cannot book patient consultations more than 30 days in advance, what do I do?

The IRR/SC is an option. It has been carefully designed and approved with its current rules. If those rules do not fit within your practice's pattern, there is no requirement that you use the IRR/SC. You may wish to consider trying the IRR/SC on a case-by-case basis, slowly and gradually. There is no need to rapidly or substantially alter your practice.

Q3. What if I need to book a more urgent patient consultation due to their condition?

This suggests a significant **change** in the circumstances of the previous explicit referral and consultation. The implicit re-referral is based on the **same circumstances** as the preceding explicit referral. The IRR/SC is for **routine, planned re-referrals** for the **same problem** under the **same circumstances** of the preceding referral and consultation.

Unpredictable flares, changes, different problems, and any other unanticipated circumstances are outside the IRR/SC. A substantial change should be managed as you have always done so. The IRR/SC option does not apply.

Q4. What happens if there is a last-minute scheduling change (i.e., a patient calls and needs to change their Subsequent Consultation (SC) appointment date) but the Referring Practitioner (RP) has already been notified of the original SC date and time in the consultation letter?

Nothing needs to change. Continue to manage your practice as you always have. If you are not in the habit of informing Rs of last-minute scheduling changes for booked consultations, SC date changes should be managed in exactly the same manner.

Q5. Does the Implicit Re-Referral expire, or can it be repeated indefinitely?

Yes, the IRR/SC can be repeated indefinitely, as long as the rules of General Preamble D.2.3 Subsequent Consultation are met each time. There is no specific time beyond which an IRR, once invoked in the Consulting Practitioner’s (CP) original consultation letter, cannot be renewed. The real power of the IRR/SC is in repetition.

Each time the Consulting Practitioner (CP) performs a Subsequent Consultation (SC), if the Implicit Re-referral (IRR) requirements are fulfilled, the patient and the CP can, by mutual agreement, book and then perform another SC. Each following SC must obey the same rules as the first SC.

***Example:** Patient A is referred to the CP on May 1, 2023. The consultation is performed on August 1, 2023. The patient and the CP agree it is medically necessary to schedule another consultation for the same problem in 1 year. The CP’s consultation letter to the RP defines the problem with stated medical reasons and advises that the IRR/SC option is being activated. The consultation letter includes the date/time of the SC appointment for Aug 1, 2024, at 13:00. The RP agrees, no further action is required.*

The SC is performed on Aug 1, 2024. The patient and the CP agree it is medically necessary to schedule yet another SC for the same problem in another year’s time. The CP’s consultation letter to the RP defines the problem with stated medical reasons and again advises that the IRR/SC option is re-activated. The consultation letter includes the date/time of the SC appointment for Aug 1, 2025, at 15:00. The RP agrees, no further action is required, and so on.

Note: Should the RP choose to disallow the SC within 14 days of receiving notification of the scheduled date, the IRR/SC process will end. A new explicit referral would then be required for another consultation.

Q6. A patient has a Subsequent Consultation (SC) booked with a Consulting Practitioner (CP) for a specific problem. The patient has since phoned the CP’s office with a new and separate issue for which they are requesting a consultation, and for which they do not have a referral. Can the consultation for the new issue be provided based on the IRR for the original problem, or would the patient need a new referral?

The patient would need a new explicit referral for the new issue, as there can be only **one** IRR for any **one** problem or set of problems, which must be defined in the original explicit referral. The implicit re-referral is essentially a duplicate of the preceding explicit referral. A **different** problem/diagnosis would require a **new** explicit referral, as is currently the case for any consulting practice. The rules have not changed.

The IRR/SC applies to **routine planned re-referrals** for the **same problem(s)** and the **same circumstances** which existed for the preceding referral and consultation.

Q7. Does submission of a 03333 automatically include the IRR/SC?

No, it does not. To clarify, a 03333 submitted only to the MSP system is never seen by the Consulting Practitioner (CP).

Commented [JC1]: Cat: Is this also correct?
Commented [CI2R1]: Yep! Just added some wording for clarity.

The CP must first receive a preceding explicit referral to then subsequently invoke an IRR. If the Referring Practitioner (RP) sends an explicit referral to the CP when submitting the 03333 to MSP, then the CP may choose to invoke the IRR/SC option, if appropriate.

If no **explicit referral** was sent to the CP by the RP upon submitting the 03333 to MSP, no IRR can occur.

Q8. Does the Implicit Re-referral (IRR) and Subsequent Consultation (SC) apply to Repeat Consultations?

No, it does not. By definition, a Repeat Consultation may be payable **within** six months of the last date of service if another consultation for the same problem(s) has been specifically requested. SCs cannot be Repeat Consultations as the SC must occur **more** than six months after the last date of service for the same problem(s).

Within 6 months of the last date of service for the same problem no IRR/SC can be invoked. You may provide a follow-up visit or, if a new explicit referral is received, a Repeat Consultation.

Q9. If a consultation is performed on September 1, 2023 and the patient is seen by a technician three months later (i.e. December 1, 2023) for a diagnostic test, would this mean that the Subsequent Consultation (SC) cannot be performed until 6 months from the date of the technician's service (i.e. December 1, 2023)?

The SC by definition must meet the criteria for a consultation, not a Repeat Consultation. A consultation other than a Repeat Consultation can be billed if it is performed **more than six months** after the last date of the provision of **most** services for the same problem.

For any test or procedure, the existing rules have not changed. If, in your practice, certain services provided **within** 6 months prior to a consultation do not reduce that consultation to a Repeat Consultation, then those services will also not affect the use of the SC.

Q10. Does the IRR/SC process mean that Consulting Practitioners (CP) cannot discharge a patient?

No, nothing changes. The CP can continue to discharge the patient as appropriate at any time, and follow-up appointments can continue to be booked as always. The IRR/SC is an **option**.

Q11. Referring Practitioner and Consulting Practitioner eligibility questions:

A. Does the IRR/SC apply to Family Physician consultants?

The IRR/SC applies to any consultant who meets the criteria for providing a consultation. For FPs, requirements are found in D.2 General Preamble and FP Payment Schedule Consultations.

B. Do referrals from other health care practitioners qualify for the IRR/SC?

The IRR/SC includes all Referring Practitioners. Various practitioners can refer. Please see the General Preamble Section B-Definitions of the MSC Payment Schedule, including "Health Care Practitioners," "Referred to Practitioner," and "Referring Practitioner."

Q12. Have the requirements for a Consultation Report and/or Referral Letter changed?

No, the requirements for both a Consultation Report and a Referral Letter **remain the same**.

In the case of a Consultation Report, if the Consulting Practitioner (CP) wishes to invoke the IRR/SC based on medical necessity, and the patient agrees, then that information, including the date/time of the scheduled Subsequent Consultation (SC), should be communicated in the Consultation Report or shortly thereafter.

In the case of a Referral Letter, if the Referring Practitioner (RP) would like to rule out an IRR/SC in their Referral Letter, he/she can state that the referral is limited to one Consultation. Further consultation(s) would then require another **explicit referral**. This might be common practice for Emergency Department referrals, or for referrals from one consultant to another.