



**ALBERTA  
MEDICAL  
ASSOCIATION**

Section of  
Rural Medicine  
Section of  
General Practice

## **Introducing 03.04J COMPLEX CARE PLAN**

**A new health service code for family physicians  
who deal with complex patients**

### **WHAT?**

- **03.04J Development, documentation and administration of a comprehensive annual plan for a patient with complex needs** **\$206.70**
  - Claimed by one physician (most responsible primary care general practitioner)
  - Claimed **once per patient per year** (confirm patient has not signed a Complex Care Plan with another physician in the past 12 months)
  - Includes ongoing communication as required, re-evaluation and plan revision (within the year)
  - Implementation April 1, 2009

### **WHY?**

- Recognizes that you invest greater effort in caring for complex patients
- Seeks better care and outcomes by engaging your patients' values and personal health goals in the plans you make together
- Part of overall, ongoing strategy to make Alberta the best place to practise family medicine

### **HOW TO CLAIM?**

- It's easy!
  - Claim in addition to HSCs: 03.03A; 03.03N; 03.04A or 03.04K
  - Time spent on 03.04J does **not** count toward requirements for a complex modifier on the same visit
  - Keep a copy of the plan (see over) in the patient chart

**OVER**

## WHO?

- “Complex” patients
  - Multiple complex health needs including chronic disease and other complications
  - At least **two** diagnoses Group A or
  - At least **one** from Group A and **one** from Group B

### Group A

- Hypertensive disease
- Diabetes Mellitus
- Chronic Obstructive Pulmonary Disease
- Asthma
- Heart Failure
- Ischaemic Heart Disease

### Group B

- Mental health issues
- Obesity
- Addictions
- Tobacco

## WHAT GOES IN A PLAN?

- Use the [template developed by the Section of General Practice and Section of Rural Medicine in conjunction with the tripartite partners](#), or create your own. It should be a single document
  - Easy to complete
  - Easy to read
  - Easy for others in the team to understand
- Complete the plan directly with the patient (or agent), face-to-face, including:
  - Mutually agreed upon, specific goals
    - E.g., how much exercise, changes in diet, tobacco reduction, etc.
  - Chart review: Current therapies, problem list, medical history
  - Any other relevant information
    - E.g., language barriers, lifestyle behaviors, etc.
  - A statement from the patient
    - What are the patient’s goals? What things will he/she work on?
  - The outcomes you expect to see
  - Other health care professionals who will be significantly involved and their roles
  - Two signatures
    - Patient’s (confirm the plan has been communicated verbally and in writing)
    - Yours
- **Your plan document must contain all these elements for your 03.04 J claim to be valid**