



Education and Prevention Committee

Interpretive Bulletin

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New Subsequent Visit Codes and Changes to Post-Operative Care by the Surgeon

INTRODUCTION

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC's primary goal is to educate physicians about submitting OHIP claims that accurately reflect the service provided so that the need for recovery of inappropriately submitted claims is reduced.

What is an Interpretive Bulletin?

In order to achieve this goal, the EPC is developing a number of educational initiatives that are intended to help physicians submit accurate OHIP claims. One of these initiatives is the provision of regular "Interpretive Bulletins." Interpretive Bulletins will be jointly prepared by the MOHLTC and the OMA. The purpose of these Bulletins will be to provide general advice and guidance to physicians on specific billing matters.

Interpretive Bulletins are provided for education and information purposes only, and express the MOHLTC's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the October 2005 Schedule of Benefits – Physician Services (Schedule). While the OMA and MOHLTC make every effort to ensure that this Bulletin is accurate, the Health Insurance Act (HIA) and Regulations are the only authority in this regard and should be referred to by physicians. Changes in the statutes, regulations or case law may affect the accuracy or currency of the information provided in this Bulletin. In the event of a discrepancy between this Bulletin and the HIA or its Regulations and/or Schedule under the regulations, the text of the HIA, Regulations and/or Schedule prevail.

New Subsequent Visit Codes and Changes to Post-Operative Care by the Surgeon

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with information specific to:

- The introduction of three new codes for subsequent visits by the Most Responsible Physician in an acute care facility; and

- Changes to the rules for post-operative care and visits by the surgeon.

Both of these changes were introduced to the Schedule of Benefits effective October 1, 2005.

Subsequent visit by the Most Responsible Physician (MRP) - C122, C123, C124

On October 1, 2005, three new codes were introduced to the Schedule of Benefits pertaining to subsequent visits provided to acute care hospital in-patients:

- C122 – subsequent visit by the MRP - day following the hospital admission assessment.
- C123 – subsequent visit by the MRP - second day following the hospital assessment.
- C124 – subsequent visit by the MRP - day of discharge.

Recognizing that patients admitted to hospital require more time for evaluation and stabilization in the first days following admission, these codes pay at a higher rate than the usual subsequent visit fees.

These fees are payable to the Most Responsible Physician (MRP) for patient services on the first two days following the hospital admission assessment and the day of discharge from hospital. The Schedule of Benefits defines the MRP as the attending physician who is primarily responsible for the day-to-day care of a hospital in-patient.

These fee codes have specific requirements and limits described in the General Preamble, Hospital and Institutional Consultations and Assessments - Section C in the October 2005 Schedule (pages GP31-GP32). The fee is to be claimed by the MRP instead of, not in addition to, the usual subsequent visit code (e.g., C002), providing the requirements of the Schedule are met.

For each of these three codes, the MRP:

- Must render a subsequent visit to the patient,
- Must document the service provided in a medical record; and
- Is entitled to payment only once per code per patient per hospital admission.

Subsequent visits rendered by the patient's MRP are payable to the MRP when the visit is rendered to the patient on the:

- Day following the hospital admission assessment (C122); and,
- Second day following the hospital admission assessment (C123).

When are C122 and C123 eligible for payment?

- C122 and C123 are only payable to the MRP on the applicable days, and are limited to one of each of these services per patient hospital admission. This limit applies to transfers to other physicians within the same acute care hospital.

When are C122 and C123 not eligible for payment?

- If the patient was admitted for obstetrical delivery or newborn care,
- If critical care per diem team fees are billed for the patient on the same day; or
- For surgeons:
 - If the visit was during the two days prior to non-Z prefix surgery,
 - If the visit was to a hospital in-patient following surgery.

What about transfer of patient care to other physicians?

- Within the same hospital – C122 or C123 are only eligible for payment once per patient admission. If the day of patient transfer falls on either the day following, or second day following the hospital admission assessment, C122 or C123 are only payable to the physician who was the MRP for the majority of the day. For transfers within the same hospital, the date of admission does not change.
- To a different hospital – The day of transfer to another hospital is considered the day of admission, and C122 or C123 may then be payable to the new MRP on the applicable days.

Note: a subsequent visit is any routine assessment provided in hospital following the hospital admission assessment, and special visit premiums are not payable with subsequent visits, including C122, C123 and C124.

Example 1

A patient is admitted on October 1, 2005 from the emergency room by the MRP who is a GP. The hospital admission assessment is performed at the time of admission. The MRP renders a subsequent visit to the patient on October 2 and October 3.

What can the MRP bill?

- The appropriate fee code for the hospital admission assessment.
- C122 – for the subsequent visit on October 2.
- C123 – for the subsequent visit on October 3.

Example 2

A patient is electively admitted on October 1, 2005. The hospital admission assessment is performed on October 2, 2005. The MRP renders subsequent visits to the patient on October 3 and October 4.

What can the MRP bill?

- C122 – for the subsequent visit on October 3.
- C123 – for the subsequent visit on October 4.

A subsequent visit to a patient by the MRP on the day of discharge (C124) is only payable to the MRP for:

- Rendering a subsequent visit on the day of discharge.
- Completion of the discharge summary by the physician within 48 hours of discharge (Note - the written or dictated record for the discharge summary must include the reason for admission, procedures performed during the hospitalization, discharge diagnosis and medications on discharge).
- Arranging for follow-up of the patient (as appropriate).
- Prescription of discharge medications if any.

When is C124 eligible for payment?

- C124 is only eligible for payment to the MRP, once per hospital admission on the day of discharge, if the admission was for greater than 48 hours, and the requirements listed in the Schedule are met.

When is C124 not eligible for payment?

- If the admission was for less than 48 hours.
- If the admission was for obstetrical delivery, unless the mother required admission to an ICU, with subsequent

transfer and discharge from another unit within the hospital during the hospital stay.

- If the admission was for newborn care, unless the infant was admitted to a NICU, with subsequent transfer and discharge from another unit within the hospital during the hospital stay.
- For transfers within the same hospital.
- For discharges directly from a NICU or ICU where NICU or ICU critical per diem services were rendered the same day.

Example 3

A patient is admitted on October 1, 2005. The hospital admission assessment is performed on October 2, 2005. The MRP renders subsequent visits to the patient on October 3 and again on October 4, the day the patient is discharged. As part of the October 4 visit, the physician prepares (within 48 hours) the discharge summary.

What can the MRP bill?

- C122 – for the subsequent visit on October 3.
- C124 – for the subsequent visit and discharge on October 4 (if the hospital stay is greater than 48 hours), or C123 (for the subsequent visit on the second day following admission assessment, and if the hospital stay is less than 48 hours).

Team Care in Teaching Units for C122, C123 and C124

For Team Care in Teaching Units and the requirements for services performed by interns and residents supervised by attending physicians, please see GP50.

Summary

- C122, C123 or C124 are only payable to the MRP, regardless of the number of physicians providing multidisciplinary care.
- C122, C123 or C124 are limited to one of each code per patient per hospital admission on the applicable day.
- C122 or C123 may be billed if the day the service is rendered is also the day of discharge and the other requirements for C122 or C123 are met (i.e. day or second day following admission assessment and admission less than 48 hours).

Changes in Rules to Post-Operative Care and Visits by the Surgeon

Prior to October 1, 2005, the surgical fee for services not listed as “Z” codes included the first post-operative visit in hospital and the first post-operative follow-up visit after the patient was no longer a hospital in-patient. Effective October 1, 2005, the surgical fee for services not listed as a “Z” code no longer includes:

- The first post-operative visit in hospital; therefore, the surgeon may bill the specialty-specific subsequent visit fee code if the service is performed and medically necessary.
 - The first post-operative follow-up visit for a patient who is no longer a hospital in-patient; therefore, the surgeon may bill the specialty-specific partial assessment fee code if the service is performed and medically necessary.
- In addition, C124 may be billed by the surgeon if the surgeon is the MRP and all medically necessary services have been performed to meet the requirements of C124.

See page SP1 of the Schedule of Benefits for further information.

Your feedback is welcome and appreciated!

The Education and Prevention Committee welcomes your feedback on the Bulletins in order to help ensure that these are effective educational tools. If you have comments on this Bulletin, or suggestions for future Bulletin topics, etc., please contact:

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