Ontario
Ministry of Health and Long-Term Care

OMA

Education and Prevention Committee Interpretive Bulletin

Volume 5, No. 2

Chronic Disease Assessment Premium: Code E078

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?

Interpretive Bulletins are prepared jointly by the MOHLTC and the OMA to provide general advice and guidance to physicians on specific billing matters. 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 January 2007 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.

EPC Interpretive Bulletins and all other MOHLTC bulletins are available on the Ministry website:
(http://www.health.gov. on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html).

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with information on the chronic disease assessment premium, fee code E078. This new premium was introduced with the October 1, 2005, Schedule of Benefits update. For more information, see pages GP21-22 of the January 1, 2007, Schedule of Benefits.

Which specialties can claim E078?

Only physicians registered with OHIP under the following specialty designations may claim code E078: Cardiology (60), Clinical Immunology (62), Gastroenterology (41), Geriatrics (07), Haematology (61), Internal Medicine (13), Neurology (18), Pathology (28), Paediatrics (26), Physical Medicine (31), Respirology (47), Rheumatology (48), Therapeutic Radiology (34).

To which services does E078 apply?

The premium is only eligible for payment when rendering:

• A medical specific assessment;

• A medical specific re-assessment;
• A complex medical specific re-assessment; or
• A partial assessment.

Where must the above service be rendered in order for E078 to be eligible for payment?

The premium is only eligible for payment when the assessment is provided in:
• An office setting (i.e. physician's private office, private clinic where a common medical record is maintained for the patient); or
• A hospital outpatient clinic (other than in the hospital emergency department).
Note: the premium is *not eligible for payment* for patients who are:
• Admitted inpatients;
• Admitted to a long-term care facility; or
• Registered in the emergency department.

When is E078 eligible for payment?

The premium is only eligible for payment:
• Once a chronic disease or condition listed below has been established and recorded in the patient's permanent medical record; and
• Where the assessment/re-assessment claim indicates one of the following diagnostic codes:

Diagnostic Code	Disease or Condition
042	AIDS
043	AIDS-related complex
044	Other human immunodeficiency viral infections
250	Diabetes mellitus, including complications
286	Coagulation defects (e.g., haemophilia, other factor deficiencies)
287	Purpura, thrombocytopenia, other haemorrhagic conditions
290	Senile dementia, presenile dementia
332	Parkinson's disease
340	Multiple sclerosis
343	Cerebral palsy
345	Epilepsy
402	Hypertensive heart disease (note: there must be objective evidence of cardiac damage, such as LVH, left atrial enlargement)
428	Congestive heart failure
491	Chronic bronchitis
492	Emphysema
493	Asthma, allergic bronchitis
515	Pulmonary fibrosis
555	Regional enteritis, Crohn's disease
556	Ulcerative colitis
571	Cirrhosis of the liver
585	Chronic renal failure, uremia
710	Disseminated lupus erythaematosis, generalized scleroderma, dermatomyositis
714	Rheumatoid arthritis, Still's disease
720	Ankylosing spondylitis
721	Other seronegative spondyloarthropathies
758	Chromosomal anomalies (note: this includes any condition or disease that has its basis in DNA, for example, Huntington's chorea)

(Continued, top right)

Note: The premium is not eligible for payment when assessing the risk of developing a condition or disease, or the presumptive diagnosis of a condition or disease.

Examples

Example 1

Dr. Kiddy, a pediatrician, has been seeing Jane for years. At visit #1, Jane presents with wheezing. Dr. Kiddy performs an assessment that is described by a medical specific assessment (A263) and concludes that, with a history of previous episodes of wheezing and some recent diagnostic tests, Jane is an asthmatic. At the next visit (visit #2), Dr. Kiddy assesses an exacerbation and reviews in detail results of an asthma diary. At a third visit (visit #3), Jane presents with fever, and a diagnosis of a urinary tract infection is made.

Is Dr. Kiddy eligible for payment of the chronic disease assessment premium?

• For visit #1: Yes, as a medical specific assessment was performed, the diagnosis for an eligible condition is made and recorded in Jane's medical record.
• For visit #2: Yes, as Jane is being assessed for an eligible condition that has already been established (provided an eligible assessment service is performed).
• For visit #3: No, as the diagnostic code for the service is not one of the eligible codes listed.

Example 2

Familial breast or ovarian cancer with a proven mutant gene is a disease arising from a chromosomal anomaly. Dr. Colle, an oncologist, has been following Mary who has a family history of breast cancer, and who has the BCRA-2 gene, but has not developed breast or ovarian cancer.

Is Dr. Colle eligible for payment of the chronic disease assessment premium?

• No. Even though she is at high risk, Mary has not yet been diagnosed with either disease.

Example 3

Dr. Heart, a cardiologist, sees John in consultation for existing congestive heart failure and admits him to hospital under his care.

Is Dr. Heart eligible for payment of the chronic disease assessment premium?

• No, neither consultations nor hospital visits are eligible for the premium.

After his release from hospital, John returns for routine visits to his regular cardiologist, Dr. Cardy. At these visits, Dr. Cardy performs a service described by medical specific re-assessment (A604).

Is Dr. Cardy eligible for payment of the chronic disease assessment premium?

• Yes, provided Dr. Heart's diagnosis of congestive heart failure is recorded on John's medical record.

Example 4

Dr. All, an internist, is covering for Dr. Gland, an endocrinologist. Dr. All examines Mike, who is a diabetic and requires adjustment of his insulin dosage.

Is Dr. All eligible for payment of the chronic disease assessment premium?

• Yes, provided that, in the medical record, the diagnosis has been established, and an eligible assessment service is performed at the visit.

Your feedback is welcomed 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 submit them in writing to:

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Note: The Physician Services Committee Secretariat will anonymously forward all comments/suggestions to the Co-Chairs of the EPC for review and consideration.

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

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