

Education and Prevention Committee

Interpretive Bulletin

Volume 2, No. 1

Sole Delivery Premium – E411

INTRODUCTION

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care (MOHLTC) and 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 Ministry and the OMA. The purpose of these Bulletins will be to provide general advice and guidance to physicians on specific billing matters.

The EPC will maintain an index of these Bulletins to assist physicians in referring to previously discussed topics.

Sole Delivery Premium – E411

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with specific information on the Sole Delivery Premium (E411). This fee code has specific requirements and limits which have resulted in billing errors.

Common Problems

- Billing in excess of 25 claims between April 1 and March 31 of the following year.
- Billing E411 more than once per day.

General Principles

The Sole Delivery Premium has a fee code designation as E411. The specific definition is the following:

Sole Delivery Premium — payable in addition to labour and delivery fees P006A, P009A, E414, P018A, P020A, P038A or P041A if sole delivery in calendar day, to maximum of 25 sole delivery premiums per physician per 12-month period.

E411 is payable when the physician performs only one of

the listed obstetric services in a calendar day. For example, if the physician attends two deliveries in a given day and bills P006A twice, then E411 is not payable to the physician.

E411 is payable under the following circumstances:

- When P006A, P009A, E414A, P018A, P020A, P038A or P041A is claimed by the physician.
- Only one claim of any of the above listed fees is billed in a calendar day.
- Only 25 claims are paid per 12-month period (April 1 – March 31).
- It is the physician's responsibility to keep track of the number of E411s that they have submitted during the 12-month period. If a physician receives payment for more than the 25 claims, the excess payment will be recovered from the physician.

E411 is not eligible for payment for surgical assists or anesthesia services.

For this service, the 12-month period is the Ministry fiscal year, from April 1 to March 31 of the following year.

Typically, time period limitations on services are based on the dates services were rendered to the patient. In this case, the limitation is based on the number of sole deliveries that the individual physician bills in the 12-month period.

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 contact:

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