

# **Education and Prevention Committee** Interpretive Bulletin

Volume 4, No. 3

Billing Example

#### **INTRODUCTION**

#### What is the Education and Prevention Committee?

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 April 2006 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.

# **Billing Example**

#### **Purpose**

The purpose of this Interpretive Bulletin is to provide an example of how knowledge of the Schedule of Benefits -Physician Services, and keeping abreast of any changes to the Schedule of Benefits, will ensure that a physician is paid appropriately for all of the services that he or she has rendered.

### Billing Example

• You are a rural/small town physician. A male patient, age 28, calls you at home at 9:00 p.m. and says he sprained his ankle and cut his foot on a broken bottle and thinks he needs stitches. You arrange to meet him at your office, where you assess the ankle as a 1st degree sprain, and the wound as a laceration of some 4 cm, which has cut through a good sized vein.

• You prepare the site for repair – betadine, drape, etc. You prepare yourself – hand wash, gown, glove, etc. You inject a local anesthetic. You suture the wound after tying off a vein. You apply a dressing. You review his records and, noting that he is overdue for his tetanus booster, you give him a tetanus toxoid (Td) immunization. You advise him of signs of infection and what to do should they occur, and you make arrangements for him to see you in 10 days for suture removal. Finally, you complete the medical record of the service(s) provided.

## What is insured by OHIP?

Visit and Assessment

- Special Visit to the Office A994 (page GP48)
- Assessment either A001 or A007 (page A3). In this example, A007 seems appropriate. The patient's records should include the specifics of the assessment (i.e. ankle range of motion, presence of swelling, examination of the skin, vasculature, nerves, etc.).

#### Procedure(s)

- Suture of laceration up to 5 cm requiring tying off of bleeders – Z154 (page M8) plus E542 as procedure is performed outside of hospital (page M8).
- Non-elective procedure performed "after hours" are subject to additional premiums. In this case, E409 = 50 per cent of the surgical fee (#2b on page SP2).
- Administering the immunization Diagnostics and Therapeutics Section G538 (page J32).

# The following is included in the above fees (as part of the constituent elements of the services)

- Travel to the office
  - Travel to and from the office is a common element of insured services ("C" on page GP13), meaning it is included in the fee amount paid for the service provided.
- The cost of supplies required to administer the Td

  The cost of supplies is a specific element of the service and, therefore, included in the fee for the service ("F" on page SP1. The "Note" on page M8 also references the use of tetanus toxoid).
- Advice given to the patient
   Advice to the patient is a specific element of the insured assessment and, therefore, included in the fee for the assessment provided ("F" on page GP15).
- Preparing the patient
   Preparation of the patient is a specific element of the

- service and, therefore, included in the amount paid for the service provided ("A" on page SP1).
- Administering the anesthetic
   In this case, administering the local anesthetic is an insured service payable at nil (#20 on page SP5).
- Providing follow-up arrangements
   Making arrangements for follow-up care is a specific element of the surgical procedure and, therefore, included in the fee amount paid for the surgical service provided ("D" on page SP1).

Note: GP=General Preamble; SP=Surgical Preamble

## What the Physician Can Bill

Total	\$153.58
G538	\$ 3.83
E409	\$17.95
E542	\$11.15
Z154	\$35.90
A007	\$30.20
A994	\$54.55

Based on the April 1, 2006, Schedule of Benefits – Physician Services.

# 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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# For specific inquiries regarding claims submission,

please submit your questions IN WRITING to:
Provider Services Branch
Physician Schedule Inquiries

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