



# Education and Prevention Committee Interpretive Bulletin

*Volume 4, No. 4*

## ***Referrals for Consultation***

### **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 are jointly prepared by the MOHLTC and the OMA. The purpose of these Bulletins is 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 July 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.

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

### **Referrals for Consultation**

#### **Purpose**

The purpose of this Interpretive Bulletin is to provide consulting physicians with information on when a written referral request is required by the referring physician, and the circumstances, with regard to the written

request, under which a consultation is or is not payable. This Bulletin has been compiled as a result of inquiries to the Ministry and the OMA regarding requests for referral. There have been cases where it is clear that the consulting physician has indicated to the referring physician and the patient that a review should take place within a specific

interval but the consulting physician has refused an appointment in the absence of a written request.

**When is a written request for referral required in order for the service provided to be eligible for payment of a consultation service?**

A written request is required for a consultation, a limited consultation, and a repeat consultation.

- A consultation is eligible for payment only once for a patient within a 12-month period, unless that patient is referred to the same consultant again, in writing, in the same 12-month period for a clearly defined unrelated diagnosis. In such a case, a maximum of one additional consultation is eligible for payment for that patient.
- A repeat consultation is eligible for payment when a physician is referring the patient back to the same consultant for the same presenting problem providing a physician (other than the consulting physician) provides care to the patient after the initial consultation and prior to the repeat consultation.

See pages GP16 and GP17 of the July 2006 Schedule for all requirements of consultations.

**When is a consultation or repeat consultation not eligible for payment?**

When the consulting physician has seen a patient as a result of a consultation or repeat consultation service, and there continues to be ongoing or follow-up care by the consultant, the visits for ongoing or follow-up care are not consultations (or repeat consultations) for payment purposes and are not eligible for payment as such regardless of whether:

- 12 months have elapsed; or
- the consulting physician requests a written update on continuing care or health of the patient from the referring physician.

Medically necessary follow-up visits are payable using the appropriate assessment fee code that describes the service provided. A referral letter is not required to claim for the assessments for ongoing or follow-up care.

*Examples*

*Example 1\* — Consultation and Follow-up Care*

Joe sees Dr. Family, a GP. Dr. Family refers Joe to Dr. Eye, an ophthalmologist, as the patient has a painful red eye and provides a written letter requesting the referral and describing the reason for the consultation.

Assuming Dr. Eye fulfills all the payment requirements for claiming a consultation, a consultation (A235) is eligible for payment.

At the consultation, Joe is diagnosed as having glaucoma and advised to return for follow-up care every 12 to 18 months to monitor and, if necessary, treat the condition.

For payment purposes, a written letter is not required from Dr. Family in order for Joe to see Dr. Eye for the follow-up visits for this condition. Dr. Eye may, as part of his own practice standards, request a written update or request from Dr. Family for this continuing care; however, Dr. Family providing this letter does not make the service associated with the follow-up visits eligible for payment as a consultation or a repeat consultation.

*Example 2\* — Repeat Consultation and Ongoing Care*

Joe also had a consultation 10 months ago with Dr. Heart, a cardiologist. He has received interval care by Dr. Family (or another physician), with respect to the heart concern, since the consultation with Dr. Heart. Dr. Family (or the other physician) still has some concerns, so he refers Joe back to Dr. Heart with a written request for a repeat consultation.

After Joe's second visit, and assuming Dr. Heart fulfills all the payment requirements for a repeat consultation, a repeat consultation (A606) is eligible for payment. Dr. Heart indicates to Joe that he should return at six-month intervals.

For the third and subsequent appointments that Joe attends with Dr. Heart, the appropriate medically necessary assessment is eligible for payment.

For payment purposes, a written letter is not required from Dr. Family for these third and subsequent visits. Dr. Heart may, as part of his own practice standards, request a written update or request from Dr. Family for these subsequent vis-

its; however, Dr. Family providing this letter does not make the subsequent visit provided eligible for payment as a consultation or repeat consultation.

*Example 3\* — New Consultation*

Dr. Family refers Joe to Dr. Legarm, an orthopedic surgeon, for Joe's right knee. Assuming Dr. Legarm fulfills all the required elements of the service, a consultation (A065) is eligible for payment.

Ten months later, Dr. Family refers Joe to Dr. Legarm again for his left shoulder. Assuming all the required elements of the service are fulfilled, Dr. Legarm is again eligible for payment of the appropriate consultation fee (A065) as the new diagnosis is unrelated to the previous diagnosis.

*\*All examples assume the requirements for a consultation, as stated in the Schedule, are met.*

**Summary**

- A written request is required for a consultation, limited consultation, and a repeat consultation.
- The referring physician must provide a written request to

the consulting physician that meets the requirements as stated in the General Preamble.

- The consulting physician must render the appropriate assessment for the type of consultation claimed in accordance with the Schedule and communicate his or her findings to the referring physician in writing.
- For billing purposes, a referral or written request is not required from a physician to a consulting physician for ongoing or follow-up care.

See pages GP16 and GP17 of the July 2006 Schedule for the requirements of consultations, including:

- Consultations provided by family/general practitioners and specialists outside of their specialty;
- Emergency Room physician consultations;
- Special surgical consultations;
- Requests by residents or interns.

See page A40 for additional requirements for comprehensive geriatric consultations.

**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 submit them in writing to:

Physician Services Committee Secretariat  
525 University Avenue, 4th Floor  
Toronto, Ontario M5G 2K7  
Fax: (416) 340-2933  
E-mail: [secretariat@physician-services-committee.ca](mailto:secretariat@physician-services-committee.ca)

Dr. Garry Salisbury, Co-Chair  
Dr. Larry Patrick, Co-Chair  
Education and Prevention Committee

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

**For specific inquiries regarding claims submission, please submit your questions IN WRITING to:**

Provider Services Branch  
Physician Schedule Inquiries  
370 Select Drive  
P.O. Box 168  
Kingston, ON K7M 8T4