



Education and Prevention Committee

Interpretive Bulletin

Volume 1, No. 3

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, thereby reducing the need to recover payments for incorrect claims.

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.

Special Visit Premiums

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with specific information on special visit premiums. These premiums are often a cause for concern to OHIP and have resulted in recoveries or referrals to the Medical Review Committee. This Bulletin will review the general principles found in section B.22 of the General Preamble. In addition, the correct use of special visit premiums for patients seen in emergency rooms will be reviewed.

General Principles

For a service to be eligible for a special visit premium, the service must:

- be medically necessary;
- be initiated by the patient or his or her representative;
- require the physician to travel from one location to another, and;
- (except for elective home visits) be associated with a visit for an emergency or non-elective call.

A non-elective call does not require immediate attendance, but requires a visit with the patient on an urgent basis, typically within several hours of the request.

Elective home visits are pre-arranged a day or more in advance. While a special visit premium may apply, only B990 may be paid regardless of whether the visit is during the day, evening, night, weekends or holidays.

Special Visit Fee Codes

Locations

Services for which special visit premiums are payable may be rendered in different locations. To identify where the special visit takes place, the fee codes begin with a unique

alphabetic prefix indicator.

"A" Special Visit Premium where the patient is seen in the physician's office.

"B" Special Visit Premium where the patient is seen in the patient's home.

"C" Special Visit Premium where the patient is seen in the hospital.

"K" Special Visit Premium where the patient is seen in the emergency department.

"Q" Special Visit Premium where the patient is seen in locations other than the patient's home or common clinical locations.

"W" Special Visit Premium where the patient is seen in a



The Education and Prevention Committee Seeks Input on Education Billing Program

The Education and Prevention Committee was formed by the Ministry of Health and Long-Term Care and the Ontario Medical Association, under the auspices of the Physician Services Committee, to make recommendations to ensure appropriate claims to the Ontario Health Insurance Plan. The work of this Committee will benefit all physicians with respect to their interaction with the Medical Review Committee and the Ministry.

In order to ensure an appropriate billing course, the Committee requests input from your section and input from all its members.

What do you think should be in a billing course that would benefit you, and how would you design it? Your input would be appreciated.

Please forward your comments to:
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EDUCATION AND PREVENTION COMMITTEE
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long-term care hospital, including chronic care hospital, convalescent homes, nursing home and homes for the aged.

“U” Special Visit Premium where the patient is seen in a hospital outpatient department.

Times

There are unique fee codes for different times of the day, weekends and holidays. For example:

B990 is for a home visit between 7AM and 6PM;

B994 is for a home visit between 6PM and 12AM;

B996 is for a home visit between 12AM and 7AM.

Some circumstances allow special visit premiums for “sacrifice of office hours.” These premiums are payable when the physician must respond immediately, resulting in one or more scheduled appointments having to be delayed or cancelled. Office day sheets must be retained that demonstrate that a scheduled appointment(s) was delayed or cancelled.

Restriction

Special visit premiums for visits to the physician’s office, the patient’s home, long-term care institutions, or premiums starting with “Q” do not allow payment for additional patients seen at the same location on the same visit.

Additional visit premium

For those situations where an “additional patient” premium may be paid there are specific requirements for payment:

- The “additional patient” must qualify for a special visit as described above under General Principles.
- The “additional patient” seen must be present in the location when the call is made to the physician to see this patient. Patients who arrive at the location after the physician arrives do not qualify for additional premiums. The physician may only submit additional visit premiums for the patient they were specifically called in to see. Any

patient arriving at the emergency room while the physician is in transit does not qualify for a special visit premium.

- A total maximum of ten (10) special premiums may be claimed for each “initial patient seen” for visits to the emergency department or outpatient department. A maximum of three special visit premiums are allowed during a single visit to a hospital in-patient.

Some examples:

- You are at home and you are called to see a patient. You arrange to see them at your office. While there, another patient calls and you ask them to come to your office to be seen. You can claim a special visit premium for the first patient, but not the second patient, as you are already at the office and no additional travel is required.
- You are at home and receive a call from the hospital’s emergency room. They inform you that they have five patients for you to see. You are entitled to be paid a special visit premium for the first patient seen as well as the four additional patients who were at the hospital before you arrived. However, if any additional patients arrive and are seen after you arrive, you are not eligible for any additional special visit premiums.

Emergency Room Physicians

Below you will find a variety of work arrangements in hospital emergency rooms (ERs), where special visit premiums may or may not apply.

Special visit premiums in hospital emergency rooms do not apply to emergency departments covered by an Alternative Funding Arrangement.

- 1) A physician has an assigned shift in the ER. The physician must claim the appropriate emergency “H” prefix codes for services provided. As no travel is involved, special visit premiums do not apply.

- 2) A family doctor is on call for his practice and arranges to see his or her patients in the ER. The physician is entitled to claim special visit premiums if the requirements as described in the Physician Schedule of Benefits are met. Please see the above heading "Special Visit Fee codes." (An EXCEPTION is noted under item 4 below).
- 3) If an emergency room physician is called to the ER (for example, due to a high volume of patients or a local disaster) for an unscheduled shift, only the first patient seen would be paid using an assessment code and special visit premium. All other patients would be billed using "H" prefix codes.
- 4) If a physician is on call and is required to go to the ER during a scheduled shift to see patients, but is detained or elects to stay in the hospital due to the volume of patients, "H" prefix codes should be claimed for all patients, except for the patients that the physician was called in to see. For those patients that the physician was requested to come to the ER to see, the physician can

claim the appropriate assessment code and the special visit premium.

A common error occurs when a physician claims for the maximum 10 special visit premiums. If you are called to see one patient only, you are eligible for one special visit premium. If you are called to see six patients, you are eligible for six special visit premiums. If you go to the hospital for another purpose and subsequently see patients in the ER, no emergency special visit premiums apply.

Special visit premiums do not apply if a physician is called from one part of the hospital to another. Special visit premiums do not apply to hospital rounds.

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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For specific inquiries regarding claims submission, please submit your questions IN WRITING to your OHIP Medical Consultant:

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