



MOHLTC-OMA Education and Prevention Committee Interpretive Bulletin

Volume 4, No. 5

Schedule of Benefits Amendments Related to Trauma

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 October 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 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).

Schedule of Benefits Amendments Related to Trauma

Purpose

The purpose of this Interpretive Bulletin is to advise physicians of recent changes with regard to billing in specific trauma-related situations.

A new trauma premium was introduced with the October 1, 2005 Schedule amendments. Changes were also intro-

duced regarding a second surgeon treating a trauma patient.

This Bulletin provides physicians with information pertaining to:

- The trauma premium (E420).
- The second surgeon for a trauma patient.

E420 - Trauma Premium

When is this premium eligible for payment?

The premium is applicable when all of the following occur:

- A patient suffers trauma sufficient to produce an injury severity score (ISS) of:
 - Greater than 12 when the patient is less than 16 years of age; or
 - Greater than 15 when the patient is 16 years of age or older.
- The ISS is recorded on the patient's chart.
- The service is provided on the day of trauma, or within 24 hours following the trauma.

A full description of the ISS, and an ISS calculator, can be found at TRAUMA.ORG (<http://www.trauma.org/scores/iss.html>). Co-morbid factors are not taken into account when calculating the ISS. An example of a calculated ISS is included in the example below.

For which services is the premium eligible for payment?

The premium is applicable to the following services:

- Services listed in the Consultations and Visits Section (Section A of the Schedule).
- Services listed in the Obstetrics Section (Section K of the Schedule).
- Services listed in the Surgical Procedures Sections (Sections M through Z of the Schedule).
- Basic and time units provided by an anesthesiologist.
- Basic and time units provided by a surgical assistant.
- Resuscitation codes G391, G395, G521, G522, and G523.

For which services is the premium not eligible for payment?

The premium is not applied to the following:

- Any service, including diagnostic services, not listed above.
- Other premium codes such as special visit premiums and after-hours premiums.

What is the fee payable for E420?

The value of the premium is 50 per cent of the fee payable for the eligible service(s) provided.

For payment purposes, the trauma premium and the associated service(s) must be submitted on the same claim. See page GP62 of the Schedule for more information.

Second Surgeon When Required for a Trauma Patient

As stated on page SP3 of the Schedule, when it is required that two surgeons perform components of the same procedure on a trauma patient, each surgeon is eligible for payment of the full surgical fee for that procedure. The second surgeon is also eligible for payment of the trauma premium where the required conditions, as stated above, are met.

As noted, for payment purposes, the trauma premium and the associated service(s) must be submitted on the same claim. The second surgeon must also check the manual review indicator on the claim in order for the claim to be processed for payment.

Note: In accordance with existing claims payment rules, if multiple surgical procedures are claimed by either or both surgeons, the additional surgeries are paid at 85 per cent, and the trauma premium is applicable to that fee.

Example

A 74-year-old-male with congestive heart failure was involved in a boating accident at 20:30 hours. He suffers, among other injuries, fractures of both zygomatic arches, a contusion of the pericardium, a ruptured descending colon, a fracture of the radius and ulna, and a fractured femur. He is stabilized in the emergency department and seen in consultation within 24 hours of the trauma by the general surgeon who was in the hospital at the time, and by an orthopedic surgeon who was specifically called into the hospital at 22:45. The cardiologist who had previously assessed the patient in consultation was also called in to the hospital at 23:00 to evaluate the patient. The ISS of 34 was recorded on the emergency record and on the operative note of each surgeon.

The patient was stabilized and taken to the operating room after midnight. The general surgeon assessed the extent of the injury and requested that a second general surgeon join in repairing the colon. The orthopedic surgeon, under the same anesthetic, then plated the radius and ulna and pinned the fractured femur. A family practitioner was called in and arrived at the hospital at 00:30 to assist the surgeons. For ease of demonstration, the total surgical time was four hours, and both the assistant and the anesthesiologist, who was already at the hospital when the patient arrived, will bill for the same amount of time.

What is eligible for payment for each physician involved?

Cardiologist

- A605A (second consult in 12 months, different diagnosis).
- E420A (50 per cent of A605).
- K994A (special visit to emergency premium, evening).

General Surgeon

- A035A (consultation).
- E420A (50 per cent of A035).
- S169A (100 per cent of total colectomy with ileo-rectal anastomosis).
- E420A (50 per cent of S169).
- E410A (night premium for surgery at 75 per cent of S169).

Second General Surgeon

- S169A (100 per cent of total colectomy with ileo-rectal anastomosis).
- E420A (50 per cent of S169).
- E410A (night premium for surgery at 75 per cent of S169).

Orthopedic Surgeon

- A065A (consultation).
- E420A (50 per cent of A065).
- K994A (special visit to emergency premium, evening).
- F096A (open reduction, femur).
- E048A (additional for nail in femur).
- F026A (open reduction, radius & ulna, at 85 per cent).
- E420A (50 per cent of approved payment for F096+E048+F026).
- E410A (night premium at 75 per cent of approved payment for F096+E048+F026).

Anesthesiologist

- S169C (the major procedure, 9 base units + 28 time units).
- E420A (50 per cent of base and time units).
- E401C (night premium at 75 per cent of base and time units).
- ASA premiums applicable to the patient's condition.

Family Physician (Surgical Assistant)

- S169B (the major procedure, 9 base units + 28 time units).
- E420A (50 per cent of base and time units).
- E401B (night premium at 75 per cent of base and time units).

Calculation of the ISS for this example

The abbreviated injury score (AIS)

- No injury = 0

- Minor injury = 1
- Moderate injury = 2
- Severe but not life-threatening injury = 3
- Life-threatening injury but survival likely = 4
- Critical injury with uncertain survival = 5

Region	Injury	Abbreviated Injury Score (AIS)	Square AIS of Top Injury in Top 3 Regions
Head & Neck	Whiplash	1	
Face	Fractured Zygomas	2	
Chest	Pericardial Contusion	3	9
Abdomen	Ruptured Colon	4	16
Extremities	Fractured Femur Fractured Radius & Ulna	3 2	9
External	Bruising		
	Injury Severity Score (ISS) (Sum of Squares)		34

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:

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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:

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