



Education and Prevention Committee Interpretive Bulletin

Volume 5, No. 3

Subsequent Visit Codes and Post-Operative Care

Questions and Answers — Part A

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 April 2007 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).

Purpose

The purpose of this Interpretive Bulletin is to share several questions and answers submitted to the Physician Services Committee (PSC) by physicians for response by the EPC. As noted at the end of EPC Interpretive Bulletins, the PSC forwards questions anonymously to the EPC which, in turn, provides the answers to the PSC for response to the physician.

Although most of the following questions and answers have been included in their original form, some have

been edited, where necessary, to clarify meaning and provide context.

Subsequent Visit Codes (C122, C123, C124)

Further information on Subsequent Visit Codes may be found in EPC Bulletin Vol. 4 No. 1 published in the February 2006 OMR (online at: <https://www.oma.org/pcomm/OMR/feb/06maintoc.htm>).

Q1: *A physician reports difficulties with the billing of post-*

operative care. According to the physician, for non-'Z' code surgeries, an EPC bulletin (Vol. 4 No.1) indicates that the specialty-specific subsequent visit fee codes could be billed if the service performed is medically necessary. The physician has tried unsuccessfully to bill the C122 and C123 codes and subsequently the C202, all of which were rejected. The physician would like to receive guidance as to what can be billed.

A1: Surgeons are not eligible for payment of C122, C123 for post-operative subsequent visits. If the physician is a general surgeon, he or she may be eligible for payment of C032 for the first post-operative visit. Only the first two post-operative visits are payable, except for C124, which is eligible for payment for the subsequent visit on the day of discharge provided all payment requirements of C124 are met.

Q2: In a group of several orthopedic surgeons, post-operative visits in hospital are provided and billed by the operating surgeon responsible for the day-to-day care of their patient (MRP) during the admission.

On weekends, the physicians rotate on call, and the surgeon on call does rounds on all of the physicians' orthopedic patients admitted in hospital.

When a patient is discharged during the week, the MRP fulfils all of the requirements of a subsequent visit on the day of discharge (C124) and bills accordingly. When it is anticipated that the patient will be discharged on the weekend while one of the other physicians is on-call, the MRP will perform the Friday visit, give discharge instructions, and fulfil all other requirements of C124. However, it is the on-call physician that actually provides the visit on the weekend day.

Can the MRP bill for the C124, and what date should be on the claim?

A2: The operating surgeon (MRP) is the only one eligible for payment of C124. The date on the claim should be for the date the service was provided. For example, if the Friday visit satisfied the requirements of discharge, this would be the date of service. This means there can be no claim for the visits after the patient has been discharged.

Q3: We have been advised that the surgeon on call cannot charge for a visit to each of his colleagues' patients as it is an arrangement between us to provide coverage. These patients are all post-surgical, and the post-surgical visit is charged by the operating surgeon who is responsible for the day-to-day care of his patients (MRP).

During the week, each MRP follows his own patients and fulfils the requirements for code C124 on day of discharge and charges accordingly.

When the discharge is to be on a Saturday or Sunday, the operating surgeon (MRP) does his usual Friday hospital visit, gives the discharge instructions, fills the necessary prescriptions, gives the follow-up appointment, and completes the discharge summary within the required 48 hours. However, the surgeon on call does the visit on the day of discharge, i.e. on Saturday or Sunday.

If we follow the logic for group coverage, is it correct to assume that the operating surgeon (MRP) has fulfilled all requirements and can charge the code C124, even though the visit on day of discharge was performed by the covering physician on call for the weekend? And, if so, what would be the correct date of service?

A3: The operating surgeon (MRP) is eligible for payment of C124 as all the requirements are satisfied. The correct date of service would be the date the MRP provided the C124 service. No claims for hospital visits after the discharge are payable to any physician.

Q4: Can the MRP bill C124 if his or her patient is being seen by a colleague/partner, and the colleague/partner is the physician that discharges the patient?

A4: Only the MRP is eligible for payment of C124. If the colleague/partner covering patient care at the time is in fact the MRP, then this physician is eligible for payment of C124 provided all other conditions of payment of C124 are met. C124 is not eligible for payment when the services are delegated to a non-physician, such as an acute care nurse practitioner (ACNP).

Q5: Can the MRP bill C124 if the discharge summary was dictated by the ACNP on his behalf and signed electronically by the ACNP on the hospital's medical record system? Or, does the MRP need to actually see the patient on the day of discharge and actually be the one to dictate or write up the discharge summary?

A5: The MRP is eligible for payment of C124 if the MRP personally renders a subsequent visit on the day of discharge, makes follow-up arrangements, provides prescriptions if necessary, and records (or dictates) the discharge summary within 48 hours of discharge. C124 is only eligible for pay-

ment to the MRP. The services described by C124 cannot be delegated to a non-physician, such as an ACNP. Also, these services cannot be delegated to another individual, except for teaching units where the service may be claimed by the physician responsible for an intern or resident.

Q6: *Can C124 be billed if a patient dies during the night, and the next morning the physician signs the death certificate, completes the chart, and dictates a discharge summary?*

A6: If a patient dies during the night, C124 is not payable, as a subsequent visit is not performed. However, Certification of Death (A771) may be eligible for payment.

Post-Operative visit after discharge

Further information on Post-Operative visits after discharge may be found in EPC Bulletin Vol. 4 No. 1 published in the February 2006 OMR.

Q1: *My OHIP office has told us that I cannot bill the first post-op office visit after discharge if I have billed the first day post-op in hospital (C082 for plastic surgery), but EPC Bulletin Vol. 4 No. 1 (Post-Operative Care by Surgeon) says otherwise. Also, the Bulletin implies that the first post-op in-hospital visit in the past was not covered, but subsequent visits were. In fact, the first two weeks' post-op visits were bundled into the surgical fee. My understanding is that the only change is that I can now bill for the first visit post-op, but not after that while the patient is in hospital until two weeks have gone by, as in the past. Is that correct?*

A1: C062 may be eligible for payment for the first subsequent visit for post-operative hospital in-patients. If the patient is subsequently discharged home, the physician is also entitled to claim the first and subsequent office visits. Claiming a hospital subsequent visit does not affect payment eligibility for office visits.

The following chart may be helpful to explain the subsequent visits (it is assumed that all the requirements for the subsequent visits have been fulfilled):

Post-operative subsequent visits (non Z code)	In-Patient	Out-Patient
Before Oct. 1, 2005	Included in surgical fee for two weeks post-operative.	First post-operative visit is included in the surgical fee.
After Oct. 1, 2005	First subsequent visit may be claimed (C082) and C124 (discharge subsequent visit) if the patient is admitted for more than 48 hours.	First post-operative visit may be claimed.

Please note that according to the 2004 Physician Services Framework Agreement, the first two post-operative subsequent visits became eligible for payment as of July 1, 2006.

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 submit them in writing to:

Physician Services Committee Secretariat
 525 University Avenue, 4th Floor
 Toronto, Ontario, M5G 2K7
 Fax: (416) 340-2961
 E-mail: secretariat@physician-services-committee.ca
 Dr. Jane MacNaughton, Co-Chair
 Dr. Larry Patrick, Co-Chair
 Education and Prevention Committee

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

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

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