

Bulletin



Bulletin Number	Date	Direct inquiries to
N/A	June 30, 2003	Ministry of Health and Long-Term Care Processing Office
Distribution		(address below)
Hospital Administrators		

Subject: INTERPROVINCIAL BILLING PROCEDURES

2003/04 ONTARIO INTERPROVINCIAL HOSPITAL IN-PATIENT BILLING RATES

The Coordinating Committee on Reciprocal Billing (CCRB), now called Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC) has introduced new Ontario Interprovincial hospital inpatient billing rates for 2003/04. The new rates are effective April 1, 2003. Regional MOHLTC Finance Managers have previously distributed the new inpatient billing rates to individual hospitals. Attached is a list of the inpatient billing rates for 2003/04.

Ontario's 2003/04 hospital inpatient rates were calculated by applying a national, across-the-board increase of 5%, approved by the IHIACC, to the 2002/03 interprovincial inpatient billing rates. At this time, no changes have been made to the list of high-cost, outpatient or add-on procedures with the exception of the newborn rate. The newborn rate has also been increased by 5% from \$265 to \$280, effective April 1, 2003. Contact your local Ministry Regional Finance Manager for further information on rates.

In order to efficiently process your hospital's reciprocal billing claims, the ministry requires that all invoices contain your hospital's corporation 3-digit facility number and the correct rate. At the time consistent with national protocols, given that most provinces and territories reciprocal billing systems only accept the International Statistical Classifications of Diseases ICD-9-CM coding, Ontario hospitals must also submit their claims using ICD-9-CM reporting

Office locations

Barrie 34 Simcoe St. Suite 102 L4N 6T4	Etobicoke 3300 Bloor St. W., Unit 142 M8X 2W8	Hamilton 119 King St. W P.O. Box 2280, Stn. A L8N 4C8	Kenora 220-808 Robertson St. P9N 1X9	Kingston 1055 Princess St. P.O. Box 9000 K7L 5A9	Kitchener 1400 Weber St. E. Unit B2 N2A 3Z8	London 217 York St., 5th Floor P.O. Box 5700 Station A N6A 4L6
Mississauga 201 City Centre Dr. P.O. Box 7020, Stn. A L5A 3M1	Newmarket 465 Davis Dr. Unit 108 L3Y 8T2	North Bay 101-447 McKeown St. P1B 9S9	North York 4400 Dufferin St N M3H 6A8	Oakville Oakville Town Centre II 220 North Service Rd. W. L6M 2Y3	Oshawa Exec. Tower, Oshawa Centre. 419 King St. W. P.O. Box 635 L1H 8L4	Ottawa Fuller Building 75 Albert Street K1P 5Y9
Owen Sound 981 2nd Avenue E. N4K 2H5	Peterborough 550 Lansdowne St. W. K9J 8J8	St. Catharines 301 St. Paul St. Mezzanine Level L2R 3M8	Sarnia 452 Christina St. N. N7T 5W4	Sault Ste. Marie Roberta Bondar Place 70 Foster Dr., Ste. 100 P6A 6V4	Scarborough 2063 Lawrence Ave. E. M1R 2Z4	Sudbury 199 Larch St., Suite 801 P3E 5R1
Thunder Bay 435 James St. S., Suite 113 P7E 6T1	Timmins 38 Pine St. N., Suite 110 P4N 6K6	Toronto 47 Sheppard Ave. E. Suite 417 M2N 7E7	Windsor 1427 Ouellette Ave. N8X 1K1	Head Office P.O. Box 48 Kingston, ON K7L 5J3		

NEW BILLING PROCEDURES EFFECTIVE JULY 1, 2003

OUT-PATIENT DAY SURGERY CLAIMS

During the IHIACC Rate Review of March 1997, it was recognized that a number of insured services which were traditionally provided in the in-patient hospital setting have shifted to the out-patient day surgery setting. An analysis of day surgery claims indicated that day surgery codes are being used for services other than day surgery. As a result, the IHIACC has mandated the reporting of clinical information to support day surgery claims effective July 1, 2003. Day surgery services delivered on or after July 1, 2003 must be billed under code 02 (day surgery), using ICD-9-CM codes and appropriate procedure codes.

Day surgery claims submitted to the ministry under code 02 without the clinical information will be returned to the hospital. If the hospital cannot provide the appropriate diagnostic and procedure code, the claim will have to be submitted to the ministry under code 01 (standard outpatient visit). In order to efficiently process outpatient day surgery claims, all outpatient day surgery claims (code 02) with clinical information for service dates on or after July 1, 2003 must be batched and submitted separately from other reciprocal billing claims. This will ensure proper payment of day surgery claims.

REPORTING OF HEALTH CARD EXPIRY DATE

The IHIACC has also mandated the requirement that a valid health card must be presented for services as set out in the reciprocal agreements. Payment of a claim will be refused if it has been determined that the card was invalid. For services provided on or after July 1, 2003, expiry dates, if applicable, must be recorded on all reciprocal billing claims. If an expiry date is not available on a health card, hospitals must record not applicable (N/A) on the reciprocal billing form. Enclosed is a booklet provided by the IHIACC, showing current health cards for all provinces and territories. Hospitals should ensure the health card presented is valid and matches the image and description provided.

The In-patient Standard Ward Costs form (7158-84) and the Out of Province Out-patient Service form (7521-84) are being revised to include a column for health card expiry dates (YYYY MM DD). The Out of Province form will also include two additional columns for reporting diagnostic and procedure codes. The revised forms will be available on the ministry's Internet website at:

www.health.gov.on.ca/english/public/forms/form_menus/ohip_fm.html

Hospitals must ensure that the revised forms are used when submitting claims to the ministry and that any in-house systems developed for reciprocal billing forms are changed to include reporting of clinical information and health card expiry date effective July 1, 2003. Computer-generated reciprocal billing forms will be returned to the hospitals if the format does not meet the requirements of the ministry's reciprocal billing forms.

PROPER SUBMISSION OF RECIPROCAL BILLING CLAIMS

As you are aware, all interprovincial billing claims are submitted for processing to the Registration and Claims Branch. Some claims are being submitted with missing or inaccurate information. To ensure prompt processing and to avoid claims being returned to the hospitals for missing information, all hospitals should ensure that reciprocal billing claims are completed properly with the correct in-patient billing rates and with accurate information. As well, all claims should be submitted promptly to avoid stale-dated claims. For in-patient services, a Declaration of Hospital Insurance coverage must be fully completed and submitted with the claim to qualify for reciprocal processing. The form must be prepared accurately and signed by all “in-patients” or by the patient’s legal representative. An incomplete Declaration does not qualify for reciprocal processing.

The ministry receives manually prepared or computer-generated forms that are not legible which delays processing. Manually processed or computer-generated reciprocal billing forms received by the ministry that are not legible or have missing/incomplete information will be returned to the hospitals for correction and resubmission. Computer-generated forms for reciprocal billing must meet the requirements of the ministry’s reciprocal billing forms:

- 1) Inpatient Standard Ward Costs 7158-84 dated 03/06
- 2) Declaration of Hospital Insurance Coverage 7178-84 dated 97/04 (Inpatient Interprovincial Agreement)
- 3) Summary of Inpatient Services 7179-84 dated 96/12
- 4) Out of Province Outpatient Services 7521-84 dated 03/06

Copies of these forms are available on the ministry’s Internet website at:
www.health.gov.on.ca/english/public/forms/form_menus/ohip_fm.html.

These forms can be downloaded or completed and printed directly from the website.

Attached are some guidelines on reciprocal billing that will assist you and your staff in the accurate submission of your hospital claims for reciprocal billing. Please ensure that your billing department receives a copy of this bulletin. If your staff have any questions on reciprocal billing issues, attached are contact names at the Ministry of Health and Long-Term Care – Supply & Financial Services Branch and Registration and Claims Branch.

Please note: Some hospitals could experience a slight delay in claims payments due to the implementation of system requirements for the July 1, 2003 changes.

Proper Submission of Reciprocal Billing Claims for Ontario Hospitals

Compliance with the following will ensure prompt payment of hospital reciprocal billing claims

IN-PATIENT CLAIMS

- ✓ A completed Declaration of Hospital Insurance form must be submitted with all inpatient claims
- ✓ A Summary of Inpatient Expenses form must be signed and submitted with all inpatient forms
- ✓ Ontario hospital's 3-digit facility number
- ✓ If more than 1 page of claims, complete "Page 1 of X" field for each province
- ✓ Correct provincial codes (per attached list)
- ✓ Verify and record health number and expiry date, (where applicable) on inpatient claims
- ✓ Provide the maiden name for all Quebec female patients on inpatient claims (Quebec health numbers are assigned at birth and the maiden name must be provided to the ministry when claim is submitted for payment)
- ✓ Address from home or previous province/territory of residence must be included on each inpatient claim
- ✓ Correct format for date of birth (YYYY MM DD)
- ✓ Provide sex code (M or F)
- ✓ ICD- 9-CM diagnostic codes and CCP procedure codes (refer to the letter from Health Care Programs dated March 21, 2003 on new 2003/04 inpatient rates and ICD-9CA coding for interprovincial hospital billing claims)
- ✓ Appropriate ward rates:
 - Inpatient ward rates effective April 1, 2002, August 1, 2002 and April 1, 2003
 - Per diem rate of \$265.00 for newborn effective April 1, 2002
 - Per diem rate of \$280.00 for newborn effective April 1, 2003

Note: If you have any inquiries regarding ward rates, contact your Regional Finance Manager, Health Care Programs as listed on the November 5, 2002 bulletin.

OUT-PATIENT CLAIMS

- ✓ Ontario hospital's 3-digit facility number
- ✓ If more than 1 page of claims, complete Page 1 of X field for each province
- ✓ Correct provincial codes (per attached list)
- ✓ Verify and record health number and expiry date, (where applicable) on outpatient claims
- ✓ Provide the maiden name for all Quebec female patients on outpatient claims (Quebec health numbers are assigned at birth and the maiden name must be provided to the ministry when claim is submitted for payment)
- ✓ Correct format for date of birth and date of service (YYYY MM DD)
- ✓ Provide sex code (M or F)
- ✓ Correct service codes and rates for outpatient services and high-cost procedures (per attached list)
- ✓ Reporting of clinical information on day surgery claims (code 02) as of July 1, 2003
- ✓ ICD- 9-CM diagnostic codes and CCP procedure codes (refer to the letter from Health Care Programs dated March 21, 2003 on new 2003/04 inpatient rates and ICD-9CA coding for interprovincial hospital billing claims)
- ✓ Outpatient form signed by authorized hospital official

**2003/04 ONTARIO HOSPITAL
INTERPROVINCIAL PER DIEM RATES
FOR INPATIENT SERVICES**

Hospital Facility #	Hospital Name	Effective April 1/03
684	Alexandra Hospital	\$770
663	Alexandra Marine & General Hospital	\$665
597	Almonte General Hospital	\$745
685	Anson General Hospital	\$705
599	Arnprior & District Memorial Hospital	\$705
600	Atikokan General Hospital	\$705
827	Baycrest Hospital	\$650
765	Beechwood Private Hospital	\$235
723	Bingham Memorial Hospital	\$705
939	Bloorview Hugh MacMillan Health Centre	\$665
617	Brantford General Hospital	\$715
619	Brockville General Hospital	\$665
661	Cambridge Memorial Hospital	\$715
624	Campbellford Memorial Hospital	\$475
626	Carleton Place & District Memorial Hospital	\$705
910	Casey House Hospice	\$840
627	Chapleau General Hospital	\$705
776	Charlotte Eleanor Englehart Hospital	\$705
628	Chatham Public General Hospital	\$745
751	Children's Hospital of Eastern Ontario	\$1,760
633	Clinton Public Hospital	\$705
640	Collingwood General & Marine Hospital	\$670
643	Cornwall General Hospital	\$665
731	Credit Valley Hospital	\$715
646	Deep River and District Hospital	\$705
680	Don Mills Surgical Unit	\$600
647	Dryden District General Hospital	\$705
916	Dufferin-Caledon Health Care Corporation	\$665
653	Englehart and District Hospital	\$705
654	Espanola General Hospital	\$665
593	Four Counties General Hospital	\$705
662	Geraldton District Hospital	\$705
802	Glengarry Memorial Hospital	\$705
712	Grace Villa Private Hospital	Closed
930	Grand River Hospital Corporation	\$715
955	Grey Bruce Regional	\$715
656	Groves Memorial Community Hospital	\$665
665	Guelph General Hospital	\$715
648	Haldimand War Memorial Hospital	\$705
938	Haliburton Highlands Health Service	\$490
950	Halton Health Care Corp	\$715
942	Hamilton Health Science Corp	\$1,120
676	Hanover and District Hospital	\$700

800	Hawkesbury & District General Hospital	\$665
753	Hopital Montfort	\$715
682	Hornepayne Community Hospital	\$705
837	Hospital for Sick Children	\$1,725
927	Hotel-Dieu Grace Hospital - Windsor	\$765
644	Hotel-Dieu Hospital - Cornwall	\$715
692	Hotel-Dieu Hospital - Kingston	\$1,110
790	Hotel-Dieu Hospital - St Catherines	\$735
941	Humber River Regional Hospital	\$715
903	Huntsville District Memorial Hospital	\$665
726	Huron District Hospital	\$565
864	James Bay General Hospital	\$705
718	Joseph Brant Memorial Hospital	\$715
732	Kemptville District Hospital	\$705
693	Kingston General Hospital	\$1,110
696	Kirkland and District Hospital	\$690
638	Lady Minto Hospital at Cochrane	\$705
826	Lake of the Woods District Hospital	\$675
952	Lakeridge Health Corporation	\$715
704	Leamington District Memorial Hospital	\$675
592	Lennox & Addington County General Hospital	\$720
709	Listowel Memorial Hospital	\$665
936	London Health Sciences Centre	\$1,285
784	Manitoulin Health Centre	\$705
719	Manitouwadge General Hospital	\$705
905	Markham Stouffville Hospital	\$715
724	Mattawa General Hospital	\$705
819	McCausland Hospital	\$705
964	Meno-Ya-Win Health Centre	\$780
842	Mount Sinai Hospital	\$1,110
962	Niagara Health System	\$1,110
739	Nipigon District Memorial Hospital	\$705
804	Norfolk General Hospital	\$665
906	North Bay and District Health Centre Hospital (General)	\$715
963	North Wellington Health Care Corp	\$665
632	North York General Hospital	\$715
940	Northumberland Health Care Corporation	\$665
681	Notre-Dame Hospital	\$705
745	Orillia Soldiers' Memorial Hospital	\$665
961	Ottawa Heart Institute	\$1,110
958	Ottawa Hospital	\$1,110
763	Pembroke General Hospital	\$715
766	Penetanguishene General Hospital	\$530
928	Perth and Smiths Falls District Hospital	\$665
771	Peterborough Regional Health Centre	\$715
695	Providence Continuing Care Ctr	\$770
773	Providence Hospital	\$650
777	Queensway-Carleton Hospital	\$715
957	Quinte Health Care Corp	\$715
896	Red Lake Margaret Cochenour Memorial Hospital	\$705

956	Rehab Institute	\$715
788	Renfrew Victoria Hospital	\$705
*849	Bridgepoint Hospital (formerly Riverdale Hospital)	\$650
900	Riverside Health Care Facilities Inc.	\$735
707	Ross Memorial Hospital	\$600
954	Rouge Valley	\$715
856	Royal Ottawa Health Care Group Rehabilitation	\$1,110
606	Royal Victoria Hospital of Barrie	\$715
850	Runnymede Hospital	\$635
854	Salvation Army Grace Hospital	\$635
796	Sarnia General Hospital	\$750
797	Sault Ste. Marie General Hospital	\$715
960	Scarborough Hospital	\$715
801	Seaforth Community Hospital	\$705
687	Sensenbrenner Hospital	\$705
855	Shouldice Hospital	\$635
932	Sisters of Charity of Ottawa	\$900
809	Smooth Rock Falls Hospital	\$705
946	South Grey Bruce Health Centre	\$665
655	South Huron Hospital	\$705
736	South Lake Regional Health Centre	\$745
614	South Muskoka Memorial Hospital	\$665
768	St. Francis Memorial Hospital	\$705
880	St. John's Hospital	\$530
611	St. Joseph's General Hospital - Blind River	\$705
650	St. Joseph's General Hospital - Elliot Lake	\$705
781	St. Joseph's General Hospital - Thunder Bay	\$715
898	St. Joseph's Health Centre - Toronto	\$715
795	St. Joseph's Health Centre of Sarnia	\$665
629	St. Joseph's Hospital - Chatham	\$665
666	St. Joseph's Hospital - Guelph	\$665
674	St. Joseph's Hospital - Hamilton	\$1,110
714	St. Joseph's Hospital - London	\$1,110
895	St. Joseph's H-W Site Thunder Bay	\$715
605	St. Joseph's Morrow Park Infirmary	\$600
699	St. Mary's General Hospital - Kitchener	\$715
792	St. Marys Memorial Hospital	\$705
852	St. Michael's Hospital	\$1,220
675	St. Peter's Hospital	\$530
793	St. Thomas-Elgin General Hospital	\$840
620	St. Vincent de Paul Hospital	\$705
596	Stevenson Memorial Hospital	\$595
813	Stratford General Hospital	\$765
814	Strathroy Middlesex General Hospital	\$665
959	Sudbury Regional	\$715
953	Sunnybrook and Women's College	\$1,265
870	Sydenham District Hospital	\$845
888	Temiskaming Hospital	\$665
935	Thunder Bay Regional	\$715
824	Tillsonburg District Memorial Hospital	\$690

907	Timmins and District Hospital	\$715
858	Toronto East General and Orthopedic Hospital	\$715
949	Trillium	\$715
947	University Health Network	\$1,250
686	Wawa Lady Dunn Health Centre	\$705
734	West Haldimand General Hospital	\$705
664	West Lincoln Memorial Hospital	\$665
881	West Nipissing General Hospital	\$665
613	West Park Hospital	\$650
931	West Parry Sound Health Centre	\$665
760	Willett Hospital	\$635
951	William Osler Health Centre	\$705
721	Wilson Memorial General Hospital	\$705
882	Winchester District Memorial Hospital	\$665
933	Windsor Regional Hospital	\$715
889	Wingham and District Hospital	\$830
770	Wiseman Private Hospital	\$600
890	Woodstock General Hospital	\$670
891	Woodstock Private Hospital	\$705
701	York Central Hospital	\$715

Note: * 849 formally Riverdale Hospital

New Born Rate	\$280
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ONTARIO REGIONAL CANCER CENTRES	
Hospital Facility #	Hospital Name
231	Toronto Sunnybrook Regional Cancer Care
232	London Regional Cancer Care
233	Windsor Regional Cancer Care
234	Hamilton Regional Cancer Care
235	Kingston Regional Cancer Care
236	Ottawa Regional Cancer Care – Civic Hospital
236	Ottawa Regional Cancer Care – General Hospital
237	Thunder Bay Regional Cancer Centre
238	Sudbury Northeastern Cancer Treatment Care

CANADIAN INTERPROVINCIAL BILLING RATES FOR OUT-PATIENT

SERVICES (Effective April 1, 1998)

SERVICE CODE	DESCRIPTION	RATE
01	Standard Out-patient visit (excluding the specific services listed below for which other service codes apply)	\$ 110
02	Day Care Surgery (including hyperbaric oxygen therapy)	\$ 400
03	Hemodialysis	\$ 220
04	Computerized Axial Tomography	\$ 200
05	Referred-in Laboratory Specimens: composite fee for all specimens referred to an institution for laboratory tests where the patient concerned is not present	\$ 32
06	Cancer chemotherapy visit: the rate applicable to the Standard Outpatient visit applies if chemotherapy drug costs are below that rate. The actual chemotherapy drug costs apply when the drug costs are higher than the Standard Out-patient rate.	See Description
07	Cyclosporine/Tacrolimus/AZT/Activase/Erythropoietin/Growth Hormone therapy visit: the rate applicable to the Standard Out-patient visit applies if the drug costs are below that rate. The actual drug costs apply when the drug costs are higher than the Standard Out-patient rate.	See Description
08	Lithotripsy for common bile duct stones per day, including Radiologist services and Ultrasound procedure. <i>(Lithotripsy for stones within the gall-bladder is excluded.)</i>	\$ 600
09	Lithotripsy for kidney stones per kidney per day, including Radiologist services and Ultrasound procedures.	\$ 600
10	<i>Cancelled -Second Out-patient visit same day</i>	
11	Magnetic Resonance Imaging per day, including Radiologist services.	\$ 655
12	Radiotherapy services	\$ 175
13	Defibrillator-pacemaker replacement (excluding any other type of pacemaker) : the invoiced price of the device (invoice required) in addition to the rate applicable to either the Standard Out-patient visit or Day Care Surgery.	See Description
15	High Cost Referred-in Laboratory Specimens: the rate provided in the host province's schedule of benefits for laboratory medicine applies; or, in the absence of a scheduled rate, an amount that is negotiated between the provincial plans. (Genetic screening is excluded.)	See Description
All rates are composite charges that include non-invasive procedures and necessary diagnostic interpretations.		

CANADIAN INTERPROVINCIAL BILLING RATES FOR HIGH-COST PROCEDURES
 (Effective for Discharges on or after September 1, 1998)

SERVICE CODE	DESCRIPTION	RATE
	Transplants*:	
101	Heart	\$75,220
102	Heart & Lung	\$111,120
103	Lung	\$111,120
104	Liver	\$82,400
105**	Cancelled - See 600 Series	
106	Kidney	\$19,500
107**	Cancelled - See 600 Series	
	Lithotripsy, including Radiologist services and Ultrasound procedures:	
201	Kidney stones	\$600.00 per kidney per day in addition to the authorized per diem rate of the hospital
202	Common bile duct stones (<i>lithotripsy for stones within the gall-bladder is excluded.</i>)	\$600.00 per day in addition to the authorized per diem rate of the hospital.
301	Magnetic Resonance Imaging, including Radiologist services	\$600.00 per day in addition to the authorized per diem rate of the hospital.
	Special Implants:	
310	Cochlear Implant	The invoiced price of the device (invoice required) plus the authorized per diem rate of the hospital for any associated in-patient days of stay.
311	Defibrillator-pacemaker (excluding any other type of pacemaker)	
* Refer to the Rules of Application for Billing Organ Transplant Services		
** Refer to the Interprovincial Billing Rates for Bone Marrow and Stem Cell Transplant Services (Effective for discharges on or after September 1, 1998).		

RULES OF APPLICATION FOR BILLING ORGAN TRANSPLANT SERVICES

1.	Any inpatient stay, admission to discharge, prior to an admission for an organ transplant (i.e. for pre-procedure assessment, stabilization, etc.) will be billed at the authorized per diem rate of the hospital.
2.	Any inpatient stay subsequent to the hospital stay during which the transplant procedure was carried out, will be billed at the authorized per diem rate of the hospital.
3.	Each outpatient visit pre- and post high cost procedure inpatient stay, will be billed at the authorized interprovincial outpatient rate.
4.	Each providing hospital may bill for an organ transplant case in the following manner:
a.	An inpatient stay, admission to discharge, at the agreed interprovincial transplant rate.
b.	Multiple transplants, same patient, same organ, same stay - due to the low incidence of such cases and due to the general averaging of costs implicit in a single interprovincial procedure rate, no additional amount will be added when billing for such multiple transplants.
c.	No additional amount will be billed when an artificial heart is implanted as an interim step prior to a natural heart transplant.
d.	Organ retrieval - it is recognized that organ retrieval practices and costs can differ significantly from hospital to hospital and from case to case. However, the needed organ is to be considered as part of the procedure supply costs and, therefore, the cost is already included in the interprovincial transplant billing rates. The transplant centre is responsible for paying acquisition costs.
e.	Any repeat inpatient stay for the same patient for a repeat transplant of the same organ will be treated as a new case and will be billable at the interprovincial high cost procedure rate as described above.
f.	Cancelled

CANADIAN INTERPROVINCIAL BILLING RATES FOR BONE MARROW AND STEM CELL TRANSPLANT SERVICES

(Effective for discharges on or after September 1, 1998)*

Service Code	Service Category	Maximum Length of Stay (MLOS)	Basic Block Rate	Add-on Standard High Cost Per Diem over MLOS
600	Acquisition Costs (outside Canada)		Invoice Cost	
601	Adult Autologous <72 hour discharge		\$18,000	
602	Paediatric Autologous <72 hour discharge		\$21,600	
603	Adult Autologous >72 hour	18 days	\$50,000	\$1,500/day
604	Paediatric Autologous >72 hour	18 days	\$60,000	\$1,800/day
605	Adult Allogeneic	34 days	\$80,400	\$1,500/day
606	Paediatric Allogeneic	34 days	\$96,400	\$1,800/day
Refer to the Rules of Application for Bone Marrow and Stem Cell Transplant Services.				
* Prior to September 1, 1998, refer to Service Codes 105 and 107 on the Interprovincial Billing Rates for High Cost Procedures (Effective for discharges on or after April 1, 1998), and the Rules of Application for billing Transplant Services.				

Rules of Application for Bone Marrow and Stem Cell Transplant Services

1.	Any inpatient stay, separate and distinct from an admission for a bone marrow/stem cells transplant (i.e. for pre-procedure assessment, stabilization, etc.), will be billed at the authorized per diem rate
2.	Each outpatient visit will be billed at the authorized interprovincial outpatient rate.
3.	Each block rate includes all facility costs associated with a single transplant episode including inpatient and diagnostic costs. For purposes of calculating the Maximum Length of Stay, the inpatient stay includes the date of admission but not the date of discharge.
4.	The Add-on Standard High Cost Per Diem can be billed for inpatient days in excess of the Maximum Length of Stay during the inpatient admission in which the transplant was performed.
5.	Acquisition Costs:
a.	When bone marrow/stem cell is acquired within Canada, the costs are included in the block rate. The transplant centre is responsible for paying the acquisition cost.
b.	When bone marrow/stem cell is acquired from outside Canada, the actual invoice cost paid by the transplant centre can be billed to the recipient's home province. The actual invoice must accompany the reciprocal billing claim.
6.	Cases discharged within 72 hours from date of procedure are to be billed at the 72-hour discharge (adult or paediatric) rate by the hospital which performed the transplant service.
7.	Paediatric refers to person 17 years of age and under.
8.	Persons who are discharged and develop complications related to a bone marrow or stem cell transplant, may be re-admitted for inpatient stays at the authorized per diem rate of the hospital and not the Add-on Standard High Cost Per Diem.
9.	Any repeat inpatient stay for the same patient for a repeat bone marrow or stem cell transplant will be treated as a new case and will be billable as described in these Rules.
10.	Within the Exception of acquisition costs in 5(b), claims for bone marrow/stem cell transplants must be billed as a complete claim at the time of discharge.
11.	Diagnostic coding is mandatory and should indicate the principle cause or final diagnosis of the transplant case
12.	Bone marrow/stem cell transplants performed as part of clinical trials or for diagnosis for which the treatment is still considered experimental are not eligible for reciprocal billing.

**CANADIAN INTERPROVINCIAL BILLING RATES FOR SELECTED
CARDIOVASCULAR PROCEDURES**

(Performed on or after April 1, 1998)

SERVICE CODE	SERVICE CATEGORY	RATE
501	Cardiac Surgery without valve replacement	\$2,400
502	Cardiac Surgery with valve replacement	\$5,300
503	Cardiac Catheterization without stents	\$1,800
504	Cardiac Catheterization with stent(s)	\$4,500
505	Pacemaker insertion or replacement (excluding defibrillator-pacemaker)	\$3,500

Each Service Category is limited to the list of Selected Operations on the Cardiovascular System as classified within the Canadian Classification of Diagnostic, Therapeutic, and Surgical Procedure (CCP) or the ICD-9-CM Procedure Classification volume of the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Rules of Application:

1. Rates for cardiovascular procedures are to be billed only for the day that services are performed, in addition to the authorized standard ward per diem rate of the hospital.
2. During an inpatient stay, rates for cardiovascular procedures performed on different days may be billed.
3. Where several cardiovascular procedures are performed in a single operating room episode, only one rate may be billed.
4. Where repeat or multiple procedures are performed on an in-patient in separate and distinct operating room episodes on the same day, a maximum of two rates may be billed.

SERVICES EXCLUDED UNDER
THE CANADIAN INTERPROVINCIAL AGREEMENT
FOR THE RECIPROCAL PROCESSING
OF OUT-OF-PROVINCE MEDICAL AND HOSPITAL CLAIMS

Excluded Services

1. Surgery for alternation of appearance (cosmetic surgery);
2. Sex-reassignment surgery;
3. Surgery for the reversal of sterilization;
4. Therapeutic abortions;
5. Routine periodic health examinations including routine eye examinations;
6. In-vitro fertilization, artificial insemination;
7. Lithotripsy for gall bladder stones;
8. The treatment of port-wine stains on other than the face or neck, regardless of the modality of treatment;
9. Acupuncture, acupressure, transcutaneous electro-nerve stimulation (TENS), moxibustion, biofeedback, hypnotherapy;
10. Services to persons covered by other agencies: RCMP, Armed Forces, Workers Compensation Boards, Department of Veterans Affairs, Correctional Services of Canada (Federal penitentiaries);
11. Services requested by "third party";
12. Team conference(s);
13. Genetic Screening and other genetic investigation, including DNA probes;
14. Procedures still in the experimental/developmental phase;
15. Anaesthetic services and surgical assistant services associated with all of the foregoing.

April 1996

Provincial Numerical Codes

10 – Nova Scotia	47 – Saskatchewan
11 – Prince Edward Island	48 – Alberta
12 – Newfoundland/Labrador	59 – British Columbia
13 – New Brunswick	61 – North West Territories
24 – Quebec	62 – Yukon
46 – Manitoba	63 – Nunavut

Ministry of Health and Long-Term Care Contacts

PAYMENT INQUIRIES

Supply and Financial Services Branch - Program Payments

Name	Alpha Range	Phone Number
Peter Robb	A – G	(613) 548-6376
Wayne Samms	H	(613) 548-6426
Carol Duguay	I – N	(613) 547-1904
Janette Reid	O	(613) 548-6592
Kevin Geldhart	P - S	(613) 548-6440
Lorraine Martyn	T - W	(613) 547-1866
Debbie Bender	A/Manager	(613) 548-6458
Donna Doyle	Team Leader	(613) 548-6600

Please note:

The Ministry of Health and Long-Term Care has assigned an alpha range to each clerk. Please contact the appropriate clerk responsible for your facility. The alpha assigned represents the first letter of the city in which your facility is located.

SUBMISSION OF CLAIMS

Registration and Claims Branch – Submission Inquiries

Name	Position	Phone Number
Norma Fleming	Service Manager	(613) 545 4401
Wanda Easter	Claims Assessor	(613) 545 4428

Registration and Claims Branch - General Reciprocal Billing Inquiries

Name	Position	Phone Number
Glenda Fisher	Consultant	(613) 548-6697
Joe Rubino	Analyst	(613) 548-6339