

The Billing Guide

for

Ontario Emergency Physicians



**An overview of Fee for Service and AFA Shadow
Billing in Ontario**

Presented by the OMA Section on Emergency Medicine

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INTRODUCTION

The Executive of the Section of Emergency Medicine of the Ontario Medical Association is pleased to provide “The Emergency Medicine Billing Guide for Ontario Physicians” to its membership.

Through consultation and an examination of the Schedule of Benefits, a listing of the most frequently used billing codes has been compiled. This list is not meant to be all inclusive. It is intended to aid the Emergency Physician in negotiating the official Ministry of Health and Long Term Care Schedule of Benefits (most recently updated July 1, 2003).

The Section of Emergency Medicine has been successful on a number of fronts in promoting Emergency Medicine in the province of Ontario. Substantial increases to the Fee for Service (FFS) Schedule of Benefits (SB) as well as the addition of a new assessment fee from 1800h to 2400h to recognize professional services rendered during unsociable hours are highlights of advances for our section.

Those members under an Alternate Funding Arrangement (AFA) who “*shadow bill*” are also encouraged to review and utilize this guide. It should be emphasized that an important relationship exists between FFS and the AFA. In this respect, the accuracy of the “*shadow billing*” will impact your AFA remuneration. Your section endorses and supports multiple payment methods for its members.

DISCLAIMER

While every effort has been made to ensure that the contents of this guide are accurate and up to date, members should be aware that the preamble rules and other elements contained within the OHIP Schedule of Benefits often change over time. The Section on Emergency Medicine assumes no responsibility for any discrepancies or differences of interpretation that the Ministry of Health and Long Term care (MOHLTC) may have with the contents of this guide. Members are advised that the ultimate authority in matters of interpretation and payment are in the purview of the MOHLTC and, as such, members should request updated billing information and interpretations - in writing - from medical consultants and their local MOHLTC office or the Provider Services Branch of the MOHLTC in Kingston.

FEEDBACK

Your Section Executive continually examines new ways in which to further promote Emergency Medicine in Ontario and beyond. The first edition of “The Emergency Medicine Billing Guide for Ontario Physicians” exemplifies in part many of the activities your section is engaged in on your behalf. Please submit all **written** suggestions to **emergency.medicine@cogeco.ca** or write to Dr. C. Pitters, Chair, Section on Emergency Medicine, OMA, 525 University Ave., Suite 300, Toronto, Ontario, M5G 2k7.

POINTS TO CONSIDER WHEN USING THE SCHEDULE OF BENEFITS (SB)

- The SB sets out the maximum payable for an insured service under the Health Insurance Act.
- Common Elements of All Insured Services (SB/GP-4)
Specific elements of Assessments (SB/GP-6)
 - providing the skill, time, responsibility and supervision of the constituent elements of a service.
 - History and Physical (direct encounter)
 - Diagnostics/Interpretation
 - Procedures
 - Consent
 - Maintaining records
 - Providing prescriptions
 - Conferring/ consultation with other health care providers
- Documentation of time seen and spent with the patient for all time based codes.
- Name and Billing number of referring physician for a consultation is required.

NEW FEE CODES

Weekday Evening Codes (1800 to 2400)

H131	Minor Assessment
H132	Comprehensive Assessment
H133	Multi System Assessment
H134	Reassessment
H105	In-patient interim admission
K031	Health Protection and Promotion Act: Physician Report: Completion of Physician Report in accordance with Section 22.1 of the Health Protection and Promotion Act.
K028	Sexually transmitted Disease per 1/2 hour (includes H&P, tests and counselling)
A771	Certification of Death: Payable to the physician who completes the death certificate when another physician/allied health professional pronounces death

The following categories of Emergency Physician should be considered:

Emergency Physician (EP) on Duty (GP-23)

- Full or part time EP.
- Required or elected to be physically and continuously in the ED.
- Pre-arranged designated period of time or shift.
- Uses the “H” prefix for assessments and consultations.

Emergency Physician (EP) on Call (GP-23)

- EP provides on-call coverage to the ED
- Pre-arranged designated period of time
- EP limits the services he/she provides in the community served by the hospital, predominately to Emergency Medicine coverage.
- Uses the “H” prefix for assessments and consultations.

ASSESSMENT CODES

Comprehensive Assessment and Care (GP-16, A-4)

- H1_2
- Intermittent attendance with the patient in the ED over many hrs
- Provided by a physician in the ED
- Full Hx & PX, systems review, past Hx, Med review, social/domestic evaluation.
- Interpretation of lab/X-rays
- Evaluation of ongoing treatment
- Liaison with other health care providers or agencies
- Re-assessments are permitted according to the criteria in the SB.

Minor Assessment

- H1_1
- Provided by a physician in the ED
- Brief Hx & Px of the affect part, region or emotional disorder or brief advice or information regarding Diagnosis, Treatment, prognosis.

Multiple Systems Assessment (GP-15, A-4)

- H1_3
- Provided by a physician in the ED
- Shall include a detailed Hx & Px of more than one system, part or region.

ASSESSMENT CODES (cont'd)

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Re-assessment (GP-16, A-4)

- H1_4
- At least 2 hours after the original assessment or re-assessment
- A subsequent assessment indicates that further provision of care and/or investigation is required and performed.
- Not to be claimed for discharge assessments
- Not to be claimed for the determination of an admission by the EP
- Not to be claimed when leading directly to a referral for consultation

Admission to Hospital (GP-25-26)

Interim admission to another most responsible physician (MRP)

- EP admits patient on behalf of another MRP.
- Amount payable to the EP = H105 in addition to the appropriate ED assessment/consultation.
- MRP is also able to bill for the admission assessment.

Full Admission to another most responsible physician (MRP)

- EP admits patient at the request of the MRP.
- Amount payable to the EP = C004 (general reassessment) in addition to the appropriate ED assessment/consultation.
- Both ED assessment and admission are rendered separately.
- First visit to the patient by the MRP is payable as a subsequent visit.

Admission by EP who is also the MRP

- EP does ED assessment
- EP admits the patient as the MRP
- Amount payable to the EP = A/C933 in addition to the appropriate ED assessment/consultation.
- Both ED assessment and admission are rendered separately.

Admission by EP who renders any other non ED assessment

- Any other non ED assessment rendered
- EP as MRP or EP admits to another MRP
- Amount payable to the EP = admission assessment only (ie: C004)
- No other payment is made to any other physician for admission
- First visit to the patient by the MRP is payable as a subsequent visit.

Admission to Hospital (cont'd)

Different MRP admits the patient from the ED

- EP renders the initial ED assessment.
- Another physician acting as MRP admits the patient from the ED.
- Amount payable to the EP is an H105 reduced from a C004.
- If an A/C933 is payable to any physician for an admission, then an additional admission is paid at nil.

Detention in Ambulance (GP-17)

- In constant attendance with the patient in the ambulance for the time billed.
- To provide all aspects of care to the patient.
- Assessment/ monitoring of intervening in patient care
- Claims are assessed by the medical consultant at the MOHLTC

K101 -Ground ambulance transfer per 1/4 hour

K111 -Air ambulance transfer per 1/4 hour

K112 -Return trip without patient to place of origin per 1/2 hour

K001 -Detention with a patient in a non ambulance per 1/4 hour

PREMIUMS

Premium Hours (A-4)

- Where ED assessments may not be claimed but other services are rendered by the EP on duty
- H112 : nights (0000 to 0800)
- H113 : 0800 to 2400 (Sat./Sun./Holidays)

Special Visit Premiums by Emergency Physicians (GP-23, 55)

- Full or part time EP's
- EP limits the services he/she provides in the community served by the hospital, predominately to Emergency Medicine coverage.
- Use "A" prefix with the appropriate "K99_" special visit premium.
- Payable **once** per visit for the **first** patient seen **only**.
 - 0700 to 1800: maximum of two separate special visits.
 - 1800 to 2400: maximum of three separate special visits.
 - 0000 to 0700: all separate special visits
 - all subsequent patients assessed at the visit use "H_X" codes

PREMIUMS (CONT'D)

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Note: Family Physicians (FP)/General Practitioners (GP) who do not satisfy the above EP designation and who are required to do a special visit to an ED (meeting the criteria as set out in the SB) **First patient seen:** use the “K9_” special visit premium and the “A” prefix assessment code. **Additional patients seen** (max.-9): Bill the “K” + “A” codes (maximum of 10 patients/special visit). If more than 10 patients are seen at the same special visit use the “H” prefix.(refer to GP-24,55, A-2)

Sexual Assault Examination (GP-19, 1E)

- An examination following the protocol prescribed by the Ministry of the Attorney General for an alleged sexual assault.
- K018 Female examination
- K021 Male examination

Pearls & Pitfalls

Critical Care (J-17)

- The use of the “G” code is an **all inclusive** fee paid per unit of time (15 minutes).
- Always document the time you began & finished assessing and treating the patient.

Eye

- It has been accepted that performing a slit lamp examination can be billed as a major assessment (H1_3).

Fractures & Dislocations

- You are unable to bill for a cast or splint if you bill a fracture code.
- If you bill a fracture/dislocation code and follow the patient without specialty referral you can bill at 100 %. If you refer the patient to orthopedics or to their family physician you are able bill at **75** % of the fracture fee.

General Assessments

- You are not permitted to bill a combination of “H” plus “K” codes.

Mental Health (Form One) (A-8)

- Consultations or assessments claimed in addition to certification or re-certification are payable at nil

Suturing

- Bill at 50 % of the applicable suture code if “glue” was used vs suturing.
- Tetanus injections included with suturing fee.

Organizations Important to Emergency Medicine

American Association of Emergency Physicians:

<http://www.acep.org>

Canadian Association of Emergency Physicians:

<http://www.caep.ca>

Canadian Medical Association:

<http://www.cma.ca>

College of Physicians and Surgeons of Ontario:

<http://www.cpso.on.ca>

Ontario Hospital Association:

<http://www.oha.com>

Ontario Medical Association:

<http://www.oma.org>

Ontario Ministry of Health and Long Term Care:

<http://www.health.gov.on.ca>

Ontario Work Place and Safety Board:

<http://www.wsib.on.ca/wsib/wsibsite.nsf/public/homepage>

Holidays for OHIP/MOHLTC		

Boxing Day	Canada Day	Christmas
Civic Holiday	Good Friday	Labour Day
New Year's Day	Thanksgiving	Victoria Day

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