Ontario OMA ONTARIO MEDICAL ASSOCIATION

Education and Prevention Committee Interpretive Bulletin

Volume 8, No. 3

Surgical Assistant Services

Introduction

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care 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 adjustment of inappropriately submitted claims is reduced.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters. They are provided for education and information purposes only, and express the Ministry's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the October 1, 2009 Schedule of Benefits — Physician Services (Schedule). While the OMA and Ministry 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 Bulletins and all other Ministry bulletins are available on the Ministry website at: http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html

Purpose

The purpose of this Interpretive Bulletin is to provide OHIP billing information to physicians who provide assistance at surgical procedures.

How do I bill OHIP for assisting at a surgical procedure?

Physicians assisting at a surgical procedure are eligible for payment based on basic units and time units. Basic units and time units are added together and multiplied by the "Assistant Unit Fee" to determine the surgical assistant's fee.

Basic units are listed in the Schedule opposite the service under the heading name "Asst." With regard to basic units:

- Where there is no value listed, and the word "nil" does not appear under the "Asst" heading for a particular service, the physician may be eligible for payment of the number of units listed under the "Anae" heading, provided a Ministry medical consultant authorizes the payment. These claims are submitted using fee code M400B (see page GP64 of the Schedule).
- Where the word "nil" appears under the "Asst" heading for

a particular service, the assistant's service is not eligible for payment.
- When multiple or bilateral procedures are performed under the same anesthetic, the assistant is eligible for payment of the basic "Asst" units listed with the major procedure only.

Time units are payable in blocks of 15 minutes, or part thereof (e.g., 47 minutes equals 4 time units). Appendix H of the Schedule lists the number of time units eligible for payment based on the total amount of time spent by the surgical assistant. Note that in the first hour of assisting, one unit is payable for each 15-minute block. After the first hour of assisting, two units are payable for each 15-minute block and after the third hour, three units are payable for each 15-minute block.

The total time spent is:
- The amount of time spent (prior to scrub time) in direct contact with the patient in the operating room assisting with patient preparation; plus
- The time spent by the physician assisting at the surgery (starting with the scrub time and ending when the physician is no longer required to be in attendance with the patient).

Example 1

Dr. Halpmee is present in the operating room when the patient enters at 2:00 p.m. for a caesarean section, including tubal interruption. He helps the anesthetist position the patient for the spinal anesthetic and then inserts the Foley catheter and preps the abdomen. He then scrubs for surgery, and assists Dr. Main in surgery until 3:20 p.m.

What is Dr. Halpmee eligible for payment of?
- 6 basic units (P041), and
- 8 time units (4 units for the first 60 minutes + 4 units for the next 20 minutes (two 15-minute blocks at 2 units per block) in accordance with the Schedule, or as illustrated in Appendix H).

Since the current "Assistant Unit Fee" is $11.52, Dr. Halpmee is eligible for payment of $161.28 (14 x 11.52) billed under fee code P041B. Note: Dr. Halpmee is not eligible for separate payment of the insertion of the Foley catheter as this service is considered part of the preparation for the procedure, which is a specific element of surgical assistance.

Example 2

The patient enters the operating room at 2:00 p.m. and the nursing staff helps the anesthesiologist position the patient for the spinal anesthetic. The nurse then inserts the Foley catheter and prepares the abdomen. Dr. Halpmee arrives with the surgeon at 2:20, scrubs and assists Dr. Main in surgery. Following surgery, Dr. Halpmee moves the patient to the recovery room with the anesthetist, and leaves at 3:25 p.m.

What is Dr. Halpmee eligible for payment of?
- 6 basic units (P041), and
- 6 time units (4 units for the first 60 minutes + 2 units for the next 5 minutes (one 15-minute block at 2 units per block) in accordance with the Schedule, or as illustrated in Appendix H).

Applicable Premiums

In addition, after hours, special visit, and trauma premiums may also be eligible for payment provided all payment requirements are met.

An After Hours Premium may be eligible for payment when the case commences:
- Monday to Friday from 5:00 p.m. to midnight (E400B).
- Saturday, Sunday or Holidays (E400B).
- Nights from midnight to 7:00 a.m. (E401B).

A Special Visit Premium may be eligible for payment:
- For non-elective surgery with sacrifice of office hours (C988B) — first patient only and a maximum of one per day.
- Monday to Friday from 5 p.m. to midnight (C998B) — maximum of two per day.
- Saturdays, Sundays or Holidays from 7:00 a.m. to midnight (C983B) — maximum of six per day.
- Nights from midnight to 7:00 a.m. (C999B) — no maximum.

C988B is not eligible for payment for those physicians whose income derived from assisting at surgery is greater than 20% of their total income derived from providing insured services in any given calendar month.

See page GP66 for additional information on the appropriate special visit fee code and premium amounts payable.

The Trauma Premium is eligible for payment provided all of the payment conditions are met. See EPC Interpretive Bulletin Volume 4 Number 5, and page GP79 of the Schedule, for more information on the Trauma Premium.

The pediatric age premium, if applicable, will be applied automatically.

Second or Subsequent Assistant

In general, payment for the services of more than one surgical assistant must be authorized by a Ministry medical consultant. The exceptions are listed in a chart on page GP67 of the Schedule. The authorization for payment of a second or subsequent assistant is based on documentation submitted by the surgeon outlining the reason the second assistant was required. If the need for a second assistant can be anticipated (e.g., a morbidly obese patient, or when the difficulty of the procedure is great), the surgeon should submit his or her letter prior to scheduling the second assistant. When it is not possible to obtain authorization preoperatively (e.g., trauma, iatrogenic complications, when the second assistant is a replacement); the surgeon must submit the letter afterwards, with an explanation of the medical necessity for a second or subsequent assistant. The Ministry medical consultant will determine whether the service of the additional assistant is eligible for payment.

What happens if the surgery is delayed?

A physician scheduled to assist in surgery is eligible for "standby" payment when there is an unforeseen delay (i.e. the surgeon or anesthetist become unavailable due to a more emergent case) beyond the scheduled start time for surgery. Fee code E101B is a time-based service limited to one surgical case per physician per day and eligible for payment:

- When the assistant remains in the operating suite between the scheduled start time and the actual start time; and
- No other OHIP insured services are rendered and paid during the delay.

The start time for this service begins 30 minutes after the scheduled start time of the surgery, and ends when the surgery commences. The units for "standby" are based on one unit for each 15 minutes of delay after 30 minutes from the scheduled start time have elapsed. E101B is a stand alone fee code, and the provisions for double time units (after the first hour) and triple time units (after the third hour) for assisting services do not apply to this fee code. In addition, no amount is payable for basic units.

Note: After hours premiums are also eligible for payment with E101B when appropriate.

Example 3

Dr. Ayder is scheduled to assist Dr. Numbrwun at 2:00 p.m. in a hip replacement. Dr. Ayder scrubs and assists with the patient preparation. Dr. Numbrwun is called away to respond to an emergency elsewhere in the hospital at 1:50 p.m. The patient, the anesthetist, and Dr. Ayder are informed that there will be a delay. Dr. Ayder waits in the operating suite until Dr. Numbrwun returns at 2:55 p.m. The surgery commences, and Dr. Ayder assists for 3 hours and 20 minutes (200 minutes).

Is Dr. Ayder eligible for payment during the time of delay?
Since Dr. Ayder remained in the operating suite, and provided he did not render any other OHIP insured services between 2:00 and 2:55 p.m., he is eligible for payment during the delay of 2 time units billed under E101B (for the 25 minutes between 2:30 and 2:55).

In addition to the 2 time units billed under E101B, Dr. Ayder is also eligible for payment of the basic assistant units for the procedure, plus an additional 26 time units, as illustrated in the chart on page AH1 of Appendix H (the total time units in the chart are calculated based on 1 unit for each 15 minutes in the first hour, 2 time units for each 15 minutes during the second and third hours, and 3 time units for each 15 minutes after the third hour).

What happens if the surgery is cancelled?

When surgery is cancelled, a physician scheduled to assist in surgery is eligible for payment depending on the circumstances surrounding the cancellation. If the procedure is cancelled before induction of anesthesia, the

assisting physician is eligible for payment of a subsequent hospital visit.

If the anesthesia has commenced and the procedure is cancelled due to a complication *prior to the start of the surgery*, the assistant is eligible for payment under fee code E006B. The total number of units is calculated by adding the eligible time units for the actual time spent up to the time of the cancellation, to 6 basic units. For example, if 10 minutes elapse between scrubbing and cancellation, 7 units are eligible for payment (1 time unit plus 6 basic units). This is billed using E006B rather than the fee code of the intended surgical procedure. Use the time unit table in Appendix H of the Schedule and the Assistant Unit Fee amount to calculate the fee payable. Note: the assisting physician must have scrubbed but not have been required to do anything further.

If the surgery is cancelled *after it has commenced*, the assisting physician is eligible for payment of the basic units for the procedure, plus the applicable time units spent up to the time the physician is no longer required to be in attendance with the patient.

Example 4

Dr. Asyst is assisting Dr. Prymarey in a femoral neck open reduction (with pin and neck screws) on an 85-year-old woman who was rushed to the hospital by ambulance. Twenty-five minutes into the operation, which began at 12:30 a.m., it is cancelled because the patient has become medically unstable. Dr. Prymarey indicates to Dr. Asyst that he is no longer required to be in attendance.

What is Dr. Asyst eligible for payment of?

Dr. Asyst is eligible for payment of 6 basic units and 2 time units (25 minutes into surgery) and the after hours premium (E401B) as follows:

- $92.16 billed under fee code F100B (8 x 11.52)
- $69.12 billed under fee code E401B ($92.16 x 75%)

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 or questions on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing to:

Physician Services Committee Secretariat
150 Bloor Street West, 8th Floor
Toronto, Ontario M5S 3C1
Fax: 416.340.2961
E-mail: Secretariat@pscs.ca
Dr. Chester Brown, (Acting) Co-Chair
Dr. Larry Patrick, Co-Chair
Education and Prevention Committee

The PSC 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:

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