Specialist Assessments and Consultations

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 July 1, 2010 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 Bulletin is to provide information to specialists on the proper billing of assessments and consultations specifically with regard to practising:

- Within the scope of the specialty designation; and
- Outside the scope of the specialty designation (i.e. practising as a family/general practitioner).

Concerns identified

Two primary concerns have been identified by the Ministry:

1. Some specialists are submitting claims for services listed in a specialty section of the Consultation and Visits section of the Schedule when working in a primary care setting (including a walk-in clinic); and

2. Some specialists are submitting claims for assessments listed in the "Family Practice & Practice in General" listings of the Schedule when practising within the scope of their specialty.

What is a specialist?

The Schedule defines a specialist on page GP5. For OHIP

billing and payment purposes, your specialty designation is determined by the documentation (i.e. certification from the College of Physicians and Surgeons of Ontario) that you provided when you registered for an OHIP billing number, or when you notified the Ministry of additional specialty credentials which allow you to bill for services listed under identified specialties under the Consultations and Visits section of the Schedule.

Specialist billing for assessments and consultations

General payment rules are listed on page GP10. They describe when a specialist should use fee codes listed under one of the specialty-specific listings of the Consultations and Visits section of the Schedule, and also when the specialist should use fee codes under the "Family Practice & Practice in General" listings.

When should specialists use the general listings under "Family Practice & Practice in General"?

When an insured service rendered by a specialist does not fall within the scope of the specialist's practice and/or the specialist is providing primary care in a family or general practice setting, the service is only eligible for payment when the claim is submitted using the appropriate code from the "Family Practice & Practice in General" listings.

When should specialists use the specialty listings?

When a service rendered by a specialist comprises part of an insured consultation or assessment that falls within the scope of the specialist's practice, the specialist should use the appropriate specialty listing in the Consultations and Visits section of the Schedule. Certain categories of services that may be billed by all specialties are stated on page GP10, and include services such as counselling and psychotherapy. These services are not listed in the Consultations and Visits section of the Schedule but are defined within the General Preamble.

Examples

Example 1

A gynecologist sees some patients on an annual basis for a "well-woman check," whereby she performs a history and physical examination consisting of vital signs, breast exam and pelvic exam. Can she claim a general assessment for the service?

No, the gynecologist is practising within the scope of her specialty and should claim the appropriate assessment within the specialty.

Example 2

A physician who is an internal medicine specialist works at a busy walk-in clinic one day a month and sees children and adults for a variety of problems typically seen in this setting. As the physician is providing primary care in a general practice setting, the services are only eligible for payment when the claims are submitted using the appropriate code from the "Family Practice & Practice in General" part of the Consultations and Visits section of the Schedule, such as intermediate or minor assessments (A007, A001), or A888.

Example 3

Dr. Anes sees a patient in a pre-operative clinic one day prior to surgery, where he will provide the anesthesia. The patient has not been referred for a consultation. Can Dr. Anes bill a pre-dental/pre-op general assessment for the assessment rendered?

No, part of the anesthetic service includes a pre-anesthetic evaluation. Specialists may only claim A903 if they are acting outside of the scope of their specialty, and all required elements of a general assessment are rendered. A903 is a fee code within the "Family Practice & Practice in General" part of the Consultation and Visits section of the Schedule, and is a fee code that is intended to be billed by family/general practitioners when they render the service. The required elements of a general assessment are listed on page GP18 of the Schedule and include a full history and physical examination.

Example 4

Dr. Specped is a pediatrician who works part time in the local after-hours clinic. For adult patients seen in the after-hours clinic, Dr. Specped is not eligible for payment of services listed under the Pediatrics heading of the Consultations and Visits section of the Schedule (i.e. A265, A260, A662, etc.). He and the other physicians working in the after-hours clinic should claim the services listed in the "Family Practice & Practice in General" part of the Consultation and Visits section of the Schedule (i.e. A001, A007, A888).

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

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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:

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