Payment Requirements for Delegated 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 services provided.

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, 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.

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with information on OHIP payment requirements when the provision of insured services listed in the Schedule are delegated to an employee.

General Principles

Subject to payment rules (below), some services are eligible for payment by OHIP to a physician when rendered by the physician's employee in the physician's office. This applies only to services that are generally and historically accepted as procedures which may be carried out by a nurse or other medical assistant. Examples include drawing blood, administering injections and vaccinations, administering some simple laboratory tests, and treating a minor skin lesion with cryotherapy.

For OHIP payment purposes, the following insured services cannot be delegated to an employee:

- Assessments;
- Consultations;
- Psychotherapy;
- Counseling;
- Interviews;
- Diagnostic interpretations; and
- Other personal services including, but not limited to, surgical procedures.

Payment rules for delegated services

Specified conditions must be met in order for a physician to be eligible to bill OHIP for a service delegated to, and rendered by, an employee. These conditions are stated on pages GP50-51 of the Schedule. An insured service which has been delegated may be eligible for payment to the physician delegating when all of the following are met:

- The procedure is performed by an employee of the physician (see section below titled "Who is your employee?");

- The service is rendered in the physician's office;
- The procedure is one which is generally and historically accepted as a procedure which may be performed by the nurse or other medical assistant in the physician's employ; and
- The physician is physically present in the office while the delegated service is being rendered in order to ensure the procedure is being performed properly and competently, and to be available to approve, modify or otherwise intervene as required.

Please note that there are some exceptions to the requirement that the physician be physically present in the office when the service is performed. The exceptions are for several simple office procedures that are listed in a table on page GP51 of the Schedule, and these services are eligible for payment as long as the following conditions are met:

- The employee is properly trained to perform the service and reports to the physician;
- The procedure is rendered in accordance with accepted professional standards and practice; and
- The service is performed on the physician's patient.

The same medical record requirements also apply, and the record must identify the employee who rendered the service and contain a brief note on the service provided.

Who is your employee?

Your employee is someone who is:

- Employed by you personally where you pay the employee's salary; or
- Employed by a group of physicians where the employee's salary is paid by the individual physicians in the group.

If proof of employment is required, it can be demonstrated to the Ministry by providing a copy of the T4/T4A statements filed with the Canada Revenue Agency (CRA) for your/the group's employee, or a copy of the formal written contract between you/your group and the employee for services and copies of payments made to the CRA in respect of these services.

Your employee is not someone:

- Employed by a facility or organization such as a public hospital, public health unit, industrial clinic or long-term care facility;
- Employed by a Family Health Team (FHT)
  - FHT employees are not employed by the physicians — rather, they are employed by the FHT (Note: physicians who participate in Family Health Teams may be prohibited from billing for services delegated to FHT employees. These physicians should review the funding agreement between their FHT and the Ministry to understand the contractual terms regarding billings for FHT employees);
- Employed through other Ministry funding, such as an Inter-Professional Shared Care (IPSC) group of physicians
  - Note that under an IPSC, even though the nurse is employed by the group, the Ministry has provided the funding to employ the nurse and the agreement specifically prohibits billing the plan for services rendered by the nurse.

You may be eligible for payment from OHIP for a delegated service when all of the following apply:

- When the service is rendered in your office by a nurse or other medical assistant employed by *you* (see section above titled "Who is your employee?");
- When the service is generally/historically accepted as one that may be rendered by a nurse or medical assistant;
- When the service is not an assessment, consultation, psychotherapy, counseling, interview, diagnostic interpretation or other personal service; and
- When you are physically in the office or clinic to supervise/intervene, or, for those services where you are not required to be physically present (see table on page GP51), you ensure that:
  - Your employee is properly trained to perform the service and reports to you;
  - The service is performed on your own patient;
  - It is rendered in accordance with professional standards; and
  - The medical record is properly completed (i.e. includes date, name of employee performing the service, and a brief note explaining the procedure rendered).

Examples

Example 1 – Employee

Nurse A. is employed by a physician group in which Dr. B. is a member. Each of the three physicians in the group contribute one-third towards Nurse A.'s salary. Nurse A. routinely performs services such as drawing blood and administering immunizations and vaccinations. In addition, she also performs preparatory services (such as administering a dipstick urine test and taking the blood pressure of patients attending for a general assessment) for all three physicians in the group. Is Dr. B. eligible for payment of the services delegated to Nurse A. and performed on his patients?

Dr. B. is eligible for payment of the routine services of drawing blood, immunizations and vaccinations, and the dipstick urine test because Nurse A. is employed by the physicians in the office and the services she is performing meet the requirements of eligibility for payment by OHIP to the physician. While taking blood pressure is not separately billable, this component of the general assessment may be delegated as it is generally and historically accepted as being a service rendered by a nurse.

Example 2 – FHT Employee

A Family Health Team (FHT) has received funding for a full-time nurse and has hired Nurse Z. She performs many duties, including the provision of foot care services to diabetic patients, as well as general duties such as administering immunizations or vaccinations, and other simple office laboratory tests including urine and blood testing. When she performs these services for patients attending the clinic, are the services eligible for payment to a physician in clinic?

No, Nurse Z. is not an employee of the physician.

Example 3 – Cryotherapy Treatment

Dr. A. is a solo practitioner with a special interest in dermatology. She sees many sun-damaged patients, and after examining her patients her nurse treats lesions identified as actinic keratoses with liquid nitrogen. Is Dr. A. eligible for payment for cryotherapy treatments (Z117) delegated to her nurse?

Yes, Dr. A. has delegated a procedure which is generally and historically accepted as delegable to a non-physician, in this case a nurse who is her employee, and she is available in the office if necessary to intervene. Therefore, this meets the requirements for payment of a delegated procedure.

Example 4 – Anticoagulation Supervision

John, a nurse employed by Dr. C., often performs the service described by G271 (anticoagulant supervision) for some of Dr. C.'s patients. There are many components to G271, including monitoring the condition of a patient on blood thinners, ordering and interpreting blood tests, adjusting dosage, discussions with and providing advice to the patient by telephone, as well as other elements. Is Dr. C. eligible for payment of this service when rendered by John?

No, services requiring interpretation, discussions or advice and treatment decisions must be performed by the physician in order for the service to be eligible for payment. However, Dr. C. could determine a treatment change, delegate to John the task of conveying that information to the patient, and be eligible for payment of G271.

Example 5 – Diabetic

Mr. T., an insulin-dependant diabetic, attends the office of Dr. D. for review and adjustment of his insulin dosage. Dr. D. practises in a family health-care network that is part of a family health team (FHT) that employs a diabetic nurse, and Mr. T. is a rostered patient. The nurse reviews Mr. T.'s diary and recent laboratory results, weighs him, takes his blood pressure, and calculates his BMI. The nurse then discusses her findings with Dr. D., who in turn agrees with the adjustment to therapy recommended by the nurse. Dr. D. writes the orders in the chart. What can be billed to OHIP for this visit?

Dr. D should not submit any claim for an assessment such as A007 or A001 for these two reasons:

1. He did not personally assess Mr. T. and, therefore, it is not appropriate to submit a claim for an assessment; and
2. The nurse is an employee of the FHT and not the physician, therefore, services she renders are not eligible for payment by OHIP.

Example 6 – Flu Shots

Dr. Z., a geriatrician, decides that a flu shot clinic would be the most efficient method for ensuring that his patients are immunized. At the clinic, his office nurse, who is in his employ, administers a flu shot to 40 patients. During that time, Dr. Z. is in his consulting room completing a consultation report, but leaves for an hour to attend his daughter's piano recital. Is Dr. Z. eligible for payment of fee code G591 (influenza immunization, sole reason for visit) for each of the injections provided by his nurse?

Yes, since this service may be delegated for OHIP payment purposes, and the nurse is an employee of Dr. Z. Furthermore, his presence is not required for the provision of immunization by the nurse to his patients.

Example 7 – Laceration

Mr. H. suffered a complex contaminated laceration while mucking out his horse barn. At the hospital he is sent to Dr. E., a specialist in emergency medicine. Dr. E. cleanses and sutures the laceration. On history he notes that Mr. H. is due for a tetanus immunization and advises the ER nurse to administer the immunization. Is Dr. E. eligible for payment of fee code G538 (active immunization with visit) for the injection provided by the nurse?

No, the nurse is an employee of the hospital.

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 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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