New Radiology Codes: Second Opinion and After Hours Premiums

(Revised August 11, 2011)

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 and that are in compliance with the law.

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, 2011, 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 are available on the OMA website (http://www.oma.org/Resources/Pages/EPCbulletins.aspx). The Schedule is available on the Ministry website (http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html).

Purpose

The purpose of this Interpretive Bulletin is to provide physicians, particularly radiologists, with information on several new fee codes introduced in the Schedule for interpretation of diagnostic imaging studies. These new codes are intended to assist physicians to improve patient care by reducing repeat tests, reducing wait times, and facilitating quicker treatment for patients. The new fee codes are for diagnostic imaging second opinions for Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) studies (A330, A332, C330 and C332), and after hours premiums for urgent interpretations of CTs and MRIs (E406, E407 and E408).

Second opinion for CT or MRI studies

Second opinion for CT or MRI studies is defined on page A119 of the Schedule as "the service rendered when CT or MRI images made and interpreted by a radiologist at one institution or facility are referred to a radiologist ("consultant radiologist") at a different institution or facility for his/her written interpretation." Note: "institution" is intended to mean a hospital/hospital corporation and "facility" is intended to mean an Independent Health Facility (IHF) licensed under the Independent Health Facilities Act.

When an expert second opinion is medically necessary (e.g., where there is some uncertainty about an important diagnosis), a fee may be eligible for payment:

- Provided the second interpretation/opinion is referred to a radiologist (the "consultant radiologist") who is working at a different hospital/hospital corporation or IHF than where the images were made and first interpreted;
- When the second opinion is not being used for comparison purposes with images made in the consultant radiologist's institution or facility;

- When the study is for specified anatomical regions (see "Specified anatomical regions"); and
- When the medical record requirements are met.

Note: "study" refers to all images related to an anatomical region.

Specified anatomical regions

The anatomical regions are head, neck, thorax, abdomen, breast, pelvis, extremities (one or more), and spine (one or more segments).

Medical record requirements

A consultant radiologist's claim for rendering a second opinion is only eligible for payment if the patient's permanent medical record contains both the written request from the referring physician *and* the consultant radiologist's second opinion report.

Second opinions are not eligible for payment:

- To a consultant radiologist in the same facility or institution (i.e. hospital/hospital corporation or IHF) where the image was made;
- When the consultant physician is using the images for comparison purposes; or
- When the medical record requirements are not met.

How do I know which code to use?

For a non-emergency hospital inpatient, use	C330 – CT second opinion study C332 – MRI second opinion study
For all other patients, use	A330 – CT second opinion study A332 – MRI second opinion study

For complete details please see page A119 of the Schedule.

Example 1

Dr. A has just received the interpretation of a CT of the head for a patient who has come into the emergency room; however, he has some concerns and decides to seek another opinion from Dr. B, a radiologist at another hospital, using a written request. Dr. B records his interpretation into the picture archiving and communication system (PACS) and makes it available to Dr. A, who includes it in the patient's medical record along with his written request for the second opinion. What fee code should Dr. B claim?

Dr. B is eligible for payment of A330.

In this example, if Dr. A asks another radiologist working in the same hospital, or at another physical site of the same hospital corporation, no claim for a second opinion is eligible for payment.

Example 2

Dr. X, a neurosurgeon, has been referred a patient who had a CT at a different hospital. Dr. X has a copy of the CT images (and the interpretation from the radiologist at the other hospital) on disk, and requests that Dr. R, a radiologist colleague at his hospital, reviews and interprets the CT images. Is Dr. R eligible for payment of A330?

Yes, provided Dr. R interprets the images, provides a written report to Dr. X, and satisfies the medical record-keeping requirements.

After Hours Premiums – Urgent CT or MRI Interpreted Remotely

New after hours premiums have been introduced for *urgent* CT or MRI interpretations when rendered using PACS. These premiums are applicable to urgent CT or MRI interpretations made during weekday evenings, nights, weekends and holidays (see chart on page 30 for specific days/times). They are only eligible for payment when:

- The referring physician or maxillofacial surgeon makes a request (which may be verbal or written or electronically transmitted) during an eligible period for an *urgent* interpretation for an acute care hospital inpatient, an emergency department patient, or a hospital Urgent Care Clinic patient for whom the interpretation is required for urgent management of the patient;
- The interpretation is done using PACS and diagnostic workstations and monitors consistent with current Digital Imaging and Communications in Medicine (DICOM) standards;
- The physician providing the interpretation is physically present in Ontario and at a location other than the hospital where the patient is receiving the CT or MRI;
- The referring physician or maxillofacial surgeon has privileges at the hospital where the service is provided;
- The interpreting physician has radiology privileges at the hospital where the request for the service originates;
- The interpretation is transmitted to the referring physician/surgeon within three hours of the completion of the CT/MRI study; and
- The medical record requirements are met.

Interpretation includes the review of any relevant prior images that are available on PACS.

The premium applies when an urgent request is received, and the interpretation is rendered and available to the referring physician within three hours of completion of the scan and completed in an eligible time period.

Note: if an urgent request for interpretation comes *before* an eligible after hours period, and interpretation cannot be provided before the eligible period begins due to factors beyond the control of the interpreting physician (e.g., appropriate protocoling for patient safety and medical reasons, delayed access to the CT or MRI scanner due to other urgent patient demands or technical equipment failure, radiologist performing urgent patient procedures, PACS retrieval system temporarily down, temporary power outage), the premium remains eligible for payment provided all other requirements are also met (e.g., within three hours of completion, etc.).

These premiums are not eligible for payment when the transmission is delayed because of other personal or non-patient care commitments, or intentionally delayed until an eligible after-hours period begins.

Medical record requirements

For the premium to be eligible for payment, the patient's permanent medical record must contain:

- The time of the urgent request, the time the images were obtained, and the time of the transmission of the interpretations; and
- An explanation/description of uncontrollable factors if the images were obtained and the urgent request for interpretation came before an eligible after hours period, but the interpretation was delayed to an eligible period. This explanation should be noted either in the diagnostic report or on the PACS as part of the patient's medical record.

These medical record requirements apply to the premiums and are in addition to those required for payment of the claim for the CT or MRI interpretation.

These premiums are not eligible for payment if one or more of the following apply:

- The request is not an urgent one;
- The images were obtained and the request for interpretation comes prior to an eligible period (see exception specified in the "Note" which begins in the left column, this page);
- PACS is not used;
- The interpreting radiologist is not physically present in Ontario;
- The referring physician does not have privileges at the hospital where the service is rendered;
- The interpreting radiologist does not have radiology privileges at the hospital where the request for the interpretation originates;
- The interpretation is not transmitted within three hours of completion of the CT/MRI study; or
- When the medical record requirements are not met.

Note: these fee codes are not eligible for payment with special visit premiums (C102-C110) or CT/MRI second opinions (A/C330 and A/C332).

The following chart illustrates the appropriate fee code and the daily maximums per physician:

Eligible Period	Fee Code	Maximum Daily Claims Eligible for Payment	Maximum Daily Claims for a Patient
Monday to Friday (evenings) (1700 - midnight)	E406A	2	1
Saturday, Sunday and holidays (0700 - midnight)	E407A	6	1
Nights (midnight - 0700)	E408A	Unlimited	1

See complete details on pages GP79-80 of the Schedule.

Examples

Example 1 – Evening

Dr. R is watching television at home on Monday evening when he receives a call at 9:00 p.m. from Dr. E in the emergency department of the hospital where they both work. Dr. E has received a patient who was involved in a motor vehicle accident. Dr. E requires immediate interpretation of the patient's CT scan because the patient is deteriorating and the results are required immediately in order to determine the course of treatment and prevent death or further damage to the patient. Dr. R reads the images via PACS and transmits the findings to Dr. E at 9:25 p.m. For what payment is Dr. R eligible?

Dr. R is eligible for payment of the interpretation of the appropriate CT scan(s) for the specified anatomical region(s), as well as the premium for the urgent interpretation (E406).

Example 2 – Weekend

Part 1

On Saturday mornings, Dr. R routinely interprets outpatient elective CT and MRI studies remotely by PACS. Is he eligible for the E-prefix premium for up to six of those interpretations?

No, the premium is only eligible for payment when the request to interpret is urgent from the referring physician and necessary in order to manage the urgent care of the patient. If, however, during the time that he is working remotely, an urgent request does come, he is eligible for the premium for that specific interpretation provided the other payment requirements are met (e.g., both physicians have hospital privileges at the hospital where the request originates, interpretation is transmitted back within three hours, request and transmission times are recorded on the patient's medical record, etc.).

Part 2

On Saturday mornings, Dr. R routinely interprets outpatient elective studies at the hospital or facility. Is he eligible for E407 or a C-prefix (C108, C106) premium for up to six of those interpretations?

No, primarily because these are elective studies which are not eligible for these premiums.

Example 3 – Request prior to after hours period

With uncontrollable delay

Dr. R is at home and receives an urgent request at 4:30 p.m. on Friday for interpretation. He signs into the PACS system and is just retrieving the file when the power in his neighbourhood goes out. It is restored at 5:30 p.m., at which time he reads the images and transmits the findings. Is Dr. R eligible for payment of E406?

Yes, provided he meets all of the other payment requirements, including documenting the reason for the delay in transmission.

With other delay

Dr. R is at his son's hockey game at 4:00 p.m. when an urgent request comes and he is unable to interpret the completed scans and transmit the interpretation until after the game ends at 6:00 p.m.

Despite the interpretation and transmission occurring after 5:00 p.m. and within the required three hour period, that service would not be eligible for payment of the premium because the delay was not beyond the physician's control. In other words, the physician was not available to interpret an urgent request because of another commitment, and the result could have been provided sooner (prior to after hours), had the physician been available when the request came.

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 questions, comments or 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