

Module 6: Billing Guide for Emergency Visits and Out-of-Office Hours Premiums

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This guide is to be used in conjunction with the *MSC Payment Schedule*, and does not replace it. Ensure that you are familiar with the out-of-office hours premiums guidelines in the Payment Schedule before using this billing guide.

The examples in the guide, which have been simplified for clarity, use visit fees from the Section of General Practice. Use the appropriate specialist visit fees or consultation fees for referred cases when submitting claims for services by a referred specialist.

6.1 General Billing Tips

Note Records

When MSP provides instructions to submit claims with a **specific** note record, use the exact format indicated. For example, the system can read and accept "CCFPP" but it cannot read "C C FPP" with spaces between or preceding the characters because it reads character "strings," and spaces are characters in these strings.

Time Service Rendered

The following fee items must have a "start time" in the "start time" field of your submissions to be accepted by the system:

01200, 01201, 01210, 01211, 00112

The following fee items must have a "start time" and an "end time" in the appropriate fields of your submissions to be accepted by the system:

01205, 01206, 01207, 01215, 01216, 01217

Always use the time that the service was rendered as the "start time" for the claim. If the fee item requires a "time called" according to the Payment Schedule, provide this information in your note record.

6.2 Overview of Emergency and Out of Office Hours Service Charge (OOHSC) Fee Items in Billing Guide

Fee Item	Description	When to Bill
00112	Emergency Visit (call placed between 0800 and 1800 hours)	To be charged only when the Physician must immediately leave home, office, or hospital to render immediate care.
01200 - 01202	Call-out Charges	To be billed when the physician is specially called to provide non-elective care to a patient at a different geographic location during out-of-office hours. The call must originate in the designated timeframe and the service must be rendered in the designated timeframe (<i>i.e.</i> , 1800-0800 hours, weekends, and statutory holidays). To be charged extra to the consultation or other visit, or extra to the procedure if no consultation or other visit charged. Fee item 01202 is not applicable for routine care provided on the weekend. This is a call-out fee, and all criteria in the Out-of-Office Hours Premiums section of the Payment Schedule must be met in order to bill this fee.
01205 – 01207	Non- Operative Continuing Care Surcharges	Applicable when an out-of-office hours call out charge is applicable, or when specially called for an emergency within the designated times. Timing begins after the first 30 minutes of care, and is based on one half-hour of care or major portion thereof.
01210 – 01212	Operative Continuing Care Surcharges	To be billed in addition to surgical fees or surgical assistant fees for emergency surgical services provided outside regular office hours (<i>i.e.</i> , 1800-0800 hours, weekends, and statutory holidays).
01215 – 01217	Anesthetic Continuing Care Surcharges	Applicable to anesthetic services when out-of-office hours call-out charge is applicable, or when specially called for an emergency during the designated times. Timing begins after the first 30 minutes of care, and is based on one half hour of care or major portion thereof. Payable for emergency services that commence prior to 1800 hours if service provided for at least 15 minutes after 1800 hours, and only applicable to services provided within the designated times.
01800 series	Emergency Care	To be billed when the physician is designated as the emergency physician by the medical staff, and is on hospital Emergency Department duty and on-site.

6.3 Services Provided When Physician Specially Called

- An emergency visit fee (*e.g.*, fee item 00112 or 00111) may be billed when a physician must immediately leave home, office, or hospital to render immediate care.
- An emergency visit fee (*e.g.*, 00112, 00305, 04005) is applicable only to the first patient seen on a special visit. Services for additional patients seen during the same call-out should be billed under the appropriate visit fee. Out-of-office hours premiums are not applicable in addition to this fee
- An appropriate visit fee (*i.e.* out of office visit fee) may be billed in addition to a call-out charge (fee item 01200, 01201, or 01202) when a physician is called to provide non-elective care to a patient, provided that the time the call was placed and the time the service was rendered are both within the designated times described in the Payment Schedule.
- A call-out charge (fee item 01200, 01201, 01202) is applicable only to the first patient seen on any one special visit. Additional patients seen during the same call-out may be eligible for the continuing care surcharges discussed later in this guide.
- A call-out charge (fee item 01200, 01201, 01202) may be billed in addition to a consultation, visit and/or procedure.

Example 1:

Physician is in the office during regular office hours and must immediately leave to see a patient in the hospital.

What to bill: Fee item 00112 (Emergency visit)

Example 2:

Physician is at home in the evening. At 2200 hours, physician is called to immediately attend a patient in the hospital. Treatment of patient begins at 2220 hours.

<i>What to bill:</i>	<u>Fee Item</u>	<u>Start Time</u>
	13200	n/a
	01200	2220

Example 3:

Physician is in the office during regular office hours. Physician asks to meet the patient at the hospital later in the evening.

What to bill: Fee item 13200 (Out-of-office visit)

Explanation: No additional emergency call-out fee is applicable, regardless of the time of day the service was rendered, because the physician did not leave the office immediately to render emergency care, nor was the physician specially called to see the patient.

Example 4:

Physician is on-call for the emergency department and is called from home at 2300 hours to attend a patient in the emergency room. Physician must leave immediately, and arrives at the hospital at 2330 hours.

<i>What to bill:</i>	<u>Fee Item</u>	<u>Start Time</u>
	13200	n/a
	01201	2330

Example 5:

Physician is called from the office to see two patients at the hospital on an urgent basis during the day.

<i>What to bill:</i>	<u>Patient</u>	<u>Fee Item</u>
	A	00112
	B	13200

Explanation: Fee item 00112 is applicable only for the first patient seen on any special call.

6.4 Non-Operative Continuing Care Surcharges

- Continuing care surcharges apply only when there are medical indications for continuous attendance by a physician to a patient or to a continuous series of consecutive patients.
- Non-operative continuing care surcharges are applicable when an out-of-office hours call-out charge is applicable or when specially called for an emergency within the designated times. These items are not meant to compensate physicians for “overtime” (i.e. when service starts prior to the designated times), and may not be billed when a physician is providing services within the designated times as part of his/her scheduled shift.
- **Timing begins after the first 30 minutes** for a consultation, visit, or anesthetic evaluation. Payment is based on one half-hour of care or **major** portion thereof. Therefore, the first surcharge is billable after 45 minutes of continuous care.
- However, when providing continuing care from a previous patient, non-operative continuing care surcharges may be billed with minor procedures requiring less than 45 minutes of care
- Non-operative continuing care surcharges **do not apply** to time spent **standing by**.
- The surcharges are based on the amount of time spent providing care, regardless of the number of patients attended or services provided during that time.
- Non-operative continuing care surcharges are payable to general practitioners, medical specialists, and surgical specialists when non-operative services are provided.
- For all physicians, the payment agency responsible for the primary service (*i.e.*, visit, consultation, procedure, etc.) is also responsible for any additional remuneration for out-of-office hours premiums (*e.g.*, if the visit is the responsibility of WCB or ICBC, then WCB or ICBC is also responsible for any additional out-of-office hours premiums). The appropriate payer code should be included on the premium billing.
- For services that begin in the designated time period of one surcharge and extend into the designated time period of the next surcharge, the applicable non-operative continuing care surcharge fee is determined by the start time of each 30-minute time period being claimed (see *Example 4*).

Example 1:

Physician is called from home at 1900 hours to attend a patient at the hospital on an urgent basis. Physician arrives at the hospital and begins treatment of the patient at 1920 hours. Physician is able to leave the patient at 1955 hours.

<i>What to bill:</i>	<u>Fee Item</u>	<u>Start Time</u>	<u>End Time</u>
	13200	n/a	
	01200	1920	

Explanation: No additional charge can be made under fee item 01205 because less than 15 minutes of care was provided after the 30-minute refractory period had elapsed (*i.e.*, fee item 01200 covers the first 30 minutes).

Example 2:

Physician is called from home at 1900 hours to attend a patient at the hospital on an urgent basis. Physician arrives at the hospital and begins treatment of the patient at 1920 hours. Physician is able to leave the patient at 2015 hours.

<i>What to bill:</i>	<u>Fee Item</u>	<u>Start Time</u>	<u>End Time</u>
	13200	n/a	
	01200	1920	1950
	01205	1950	2015

Explanation: The 30-minute refractory period had elapsed by 1950. An additional 25 minutes was spent with the patient, allowing fee item 01205 to be billed in addition.

Note that the times provided indicate continuous time spent with the patient. The Claims Processing System records any break in the times billed (even one minute) as a "new" visit. This can result in the 30-minute refractory period being deducted from your payment in error.

Example 3:

Physician is called from home at 2245 hours to attend a patient at the hospital on an urgent basis. Physician arrives at the hospital and begins treatment of the patient at 2255 hours. Physician is able to leave the hospital at 2345 hours.

<i>What to bill:</i>	<u>Fee Item</u>	<u>Start Time</u>	<u>End Time</u>
	13200	n/a	
	01200	2255	2325
	01206	2325	2345

Explanation: The 30-minute refractory period had elapsed by 2325 hours. An additional 20 minutes was spent with the patient, which allows an additional charge under a continuing care surcharge. Because the timing for the continuing care surcharge is after 2300 hours, fee item 01206 is applicable.

Example 4:

Physician is called from home to attend a patient at the hospital on an urgent basis. Physician arrives at the hospital and begins treatment of the patient at 2225 hours. Physician is able to leave the hospital at 2345 hours.

<i>What to bill:</i>	<u>Fee Item</u>	<u>Start Time</u>	<u>End Time</u>
	13200	n/a	
	01200	2225	2255
	01205	2255	2325
	01206	2325	2345

Explanation: Although the majority of time spent with the patient was after 2300 hours, the start time of the second half-hour period spent with the patient (following the half-hour refractory period) is prior to 2300 hours. Therefore, the second half-hour spent with the patient must be billed under fee item 01205.

6.5 Continuing Care from Previous Patient (CCFPP)

When more than one patient is seen on the same special call-out, the following rules apply:

- When a physician is called out to attend more than one patient, the physician may bill non-operative continuing care surcharges (fee items 01205, 01206, 01207) for each half-hour of care provided as long as all the criteria for those fees are met.
- Non-operative continuing care surcharges are also applicable without the 30-minute time lapse and with timing continuing to immediately subsequent patients seen on the same call-out as an emergency.
- **CCFPP** must be noted on the first line of your note record for all claims where care is continuing from a previous patient.
If your note record does not indicate "CCFPP" on the first line for these cases, the 30-minute refractory period will be deducted from your payment.
- Note that timing is based on the total time spent providing continuous care, not the number of patients seen (*e.g.*, if three patients are seen in one half-hour period, the applicable non-operative continuing care surcharge may be charged only for the last patient seen in that half-hour period).

Example 1:

Physician is called from home in the evening on an urgent basis to attend a patient at the hospital. During the time spent with that patient, the physician is asked to see another patient who also requires emergency care. Total time spent with the first patient is 15 minutes, and total time spent with the second patient is 20 minutes.

What to bill:

<u>Patient</u>	<u>Fee Item</u>	<u>Start Time</u>	<u>End Time</u>	<u>Note</u>
A	13200			
	01200	1815		
B	13200			

Explanation:

No additional fee is payable under fee item 01205 because an additional 30 minutes or greater portion thereof has not been spent in addition to the original 30-minute refractory period for the total time spent with both patients.

Example 2:

Physician is called from home in the evening on an urgent basis to attend a patient at the hospital. During the time spent with that patient, the physician is asked to see another patient who also requires emergency care. Total time spent with the first patient is 30 minutes, and total time spent with the second

patient is 25 minutes.

What to Bill:

Patient	Fee Item	Start Time	End Time	Note
A	13200			
	01200	1815		
B	13200			
	01205	1845	1910	CCFPP

Explanation:

The total continuous time spent with both patients was 55 minutes. After the initial 30-minute refractory period had expired, 01205 was applicable because the remaining time spent with the patient was a major portion of an additional 30-minute period.

Example 3:

Physician is called from home on an urgent basis on a weekend to attend a patient at the hospital. After assessment and treatment of that patient, the physician decides to assess three other patients who are already hospital inpatients. Total time spent with the patients is one hour: 30 minutes with the first patient and 10 minutes with each of the other three patients.

What to Bill:

Patient	Fee Item	Start Time	End Time	Note
A	13200			
	01202	1015	1045	
B	13008			
C	13008			
D	13008			

Explanation:

The first patient was seen on an urgent basis. Although 30 additional minutes were spent with the other three patients, no additional charges may be made under fee item 01207 because these were non-emergency services.

6.6 Services Provided in the Emergency Room

The following three factors determine the appropriate visit fee to bill when service is provided in the emergency room:

- whether or not the physician is the designated emergency physician;
- where the physician is located when called to the emergency room; and
- the time of day.

The examples illustrate the correct billing for three different scenarios.

Example 1:

Physician is the emergency physician designated by the medical staff, and is on hospital Emergency Department duty and on-site.

What to bill: Bill the appropriate fee item from the 01800 series in the Emergency Medicine section of the *MSC Payment Schedule*

Example 2:

Physician is already at the hospital when called to see a patient in the emergency room, but is not on a scheduled shift in the emergency room.

What to bill: Bill the appropriate on-call on-site hospital visit fee if service is between 1800 and 2300 hours, or on a weekend or statutory holiday (*e.g.*, 00113, 00105, 00123). For weekday services between 0800 and 1800 hours, bill the appropriate out-of-office visit fee (*e.g.*, 13200).

Example 3:

Physician is called from home to attend a patient in the emergency room.

What to bill: Bill the appropriate visit fee or procedure fee plus the call-out charge if out-of-office hours, or emergency visit fee (*e.g.*, 00112) if during the day.

6.7 Emergency Services Provided with Delivery

- The non-operative continuing care surcharge applies to the actual delivery only, not to standby time or the first stage of labour. State the continuous time spent with the patient during second or third stages of labour only.

The first line of the note record must state **SECOND STAGE, THIRD STAGE, or FULLY DILATED** to enable the Claims Processing System to process the claim correctly.

- The non-operative continuing care surcharge fees may also be billed in addition to fee item 14199 (management of prolonged second stage of labour, per 30 minutes or major portion thereof) when applicable.

Note that the timing of fee item 14199 begins after the first two hours of continuous care for the second stage of labour, while the timing for fee items 01205 - 01207 begins after the first 30 minutes of continuous care for the second stage of labour.

- Only one emergency visit fee (*e.g.*, 00112) or call-out charge (01200, 01201, 01202) is routinely payable with delivery. Additional call-backs prior to delivery are not normally paid for routine, expected follow-ups because these services are considered included in the fee established for the delivery.
- If there are serious complications that require the physician's attendance (such as foetal distress) the appropriate visit(s) and/or call-out charge(s) may be billed.
- Claims for more than one visit or call-out charge in conjunction with delivery should be supported by providing details of the circumstances in your note record.

Example 1:

Physician is called to attend patient in second stage of labour and starts attendance at 1830 hours. 3rd Stage/Delivery occurs at 1930 hours.

<i>What to bill:</i>	Fee Item	Start Time	End Time	Note
	14104			
	01200	1830		
	01205	1900	1930	second stage

Example 2:

Physician is called to attend patient in second stage of labour and starts attendance at 1830 hours. Delivery occurs at 2300 hours.

What to bill:	Fee	Start	End	
	Item	Time	Time	Note
	14104			
	14199 x 5	1830	2300	
	01200	1830		
	01205 x 8	1900	2300	second stage

Explanation: When the physician is in constant attendance during the second stage of labour, the appropriate non-operative continuing care surcharge fee is applicable for each 30-minute period (or major portion thereof) after the initial 30 minutes spent with the patient.

Fee item 14199 is applicable as well, but only after the first two hours. Total time spent with the patient in the second stage of labour must be stated on the claim.

6.8 Emergency Surgery and Surgery Bumped by Emergency Surgery

- Operative continuing care surcharges (fee items 01210, 01211, 01212) are applicable only to emergency surgery or to elective surgery that, because of intervening emergency surgery, **starts** within the designated times (*i.e.*, 1800 - 0800 hours, weekend, or statutory holiday).
- For surgery that would normally be considered elective (*e.g.*, sterilization) but that has been unexpectedly delayed by emergency surgery, ensure that your note record indicates "**bumped by emergency surgery**" for correct payment of your claim. For surgical services bumped by emergency surgery, the surgery must **commence** within the designated times.
- When surgery that would normally be considered elective is performed at the same time as an emergency surgery, surgical surcharges apply to the entire surgical fee (see *Example 4*).
- Operative continuing care surcharges are applicable only to surgical procedure(s) requiring general, spinal, or epidural anesthesia and/or requiring at least 45 minutes of surgical time.
- The appropriate item for billing is determined by the period in which the major portion of the surgical time is spent (see *Example 1*), except for surgeries that commence prior to 1800 hours.

Example 1:

Emergency laparoscopic cholecystectomy commences at 2250 hours and ends at 2330 hours.

<i>What to bill:</i>	Fee Item	Start Time	End Time	Note
	07707	n/a	n/a	n/a
	01211	2300	2330	Start time 2250

Explanation: The majority of the surgical time was in the time period for fee item 01211. For fee item 01211, the Claims Processing System does not accept claims that commence before the designated time, so the actual start time must be noted in the note record, rather than the time field.

Example 2:

Laparoscopic sterilization booked for 1400 hours is bumped by emergency surgery. Surgery commences at 1750 hours and ends at 1820 hours.

What to bill:	Fee	Start	End	
	Item	Time	Time	Note
	04001	n/a	n/a	n/a
	04660	n/a	n/a	n/a

Explanation: No additional charge can be made under fee item 01210, even though the majority of the surgical time was within that time period, because the surgery did not **commence** within the designated times.

Example 3:

Laparoscopic sterilization booked for 1400 hours is bumped by emergency surgery. Surgery commences at 1810 hours and ends at 1855 hours.

What to bill:	Fee	Start	End	
	Item	Time	Time	Note
	04001	n/a	n/a	n/a
	04660	n/a	n/a	n/a
	01210	1810	1855	Bumped by emergency surgery

Explanation: Although this procedure is elective, fee item 01210 applies because the surgery was bumped by an intervening emergency **and** commenced within the designated times. Fee item 01210 applies to the total surgical fee (*i.e.*, 04001 + 04660).

Example 4:

Abdominal (open) sterilization is performed at the same time as an emergency Caesarian section. Surgery starts at 1810 hours and ends at 1900 hours.

What to bill:	Fee	Start	End
	Item	Time	Time
	04052	n/a	n/a
	04230	n/a	n/a
	01210	1810	1900

Explanation: Fee item 01210 applies to the total surgical fee (04052 + 04230 at 50%) as the elective sterilization was performed with an emergency service that took place within the designated times.

Example 5:

Physician is called to suture a laceration at 1830 hours. Total time of the procedure is 10 minutes. Local anesthesia is used.

<i>What to bill:</i>	Fee	Start	End	
	Item	Time	Time	Note
	13611	n/a	n/a	n/a
	01200	1830		

Explanation: Although this procedure is an emergency and falls within the designated time for fee item 01210, fee item 01210 does not apply because the procedure did not require general, spinal, or epidural anesthesia and did not require at least 45 minutes of surgical time.