



Special visit premiums

This guide will assist you in understanding the three components of special visit premiums listed in the *Schedule of Benefits for Physician Services*, including when a patient visit is eligible for a special visit premium.

The Ministry of Health (MOH) and the Ontario Medical Association (OMA) have jointly prepared this educational resource to provide general advice and guidance to physicians on specific billing matters.

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Objectives

1. Identify when a patient visit is eligible for a special visit premium (SVP).
2. Differentiate the components of SVP including first person seen, additional person(s) seen and travel premium.
3. Select and apply SVP appropriately.
4. Identify whether limits apply to certain SVP based on type of visit, day of week and time of day.
5. Identify common concerns that lead to incorrect submission of claims for special visit and travel premiums.

Introduction

Special visit premiums apply to a defined set of services listed under *Consultations and Visits* and *Diagnostic and Therapeutic Procedures* sections of the Schedule when provided in accordance with the relevant payment rules:

- Weekday daytime hours (07:00 – 17:00) with or without sacrifice of office hours.
- Evenings, Monday through Friday (17:00 – 24:00) or Saturday, Sunday and Holidays (07:00 – 24:00).
- Nights (24:00 – 07:00).

There are three components to an SVP: first person seen premium, additional person seen premium and travel premiums. Except for defined services in the patient's home, only non-elective visits are eligible for SVPs. Non-elective means the assessment of the patient is urgent and unscheduled and cannot wait for more than 24 hours. It is intended to compensate the physician for making a special visit to a patient in the hospital or long-term care home to address an urgent problem with the patient.

Billing errors may occur when claims are submitted that:

- a. Apply SVPs to services that do not qualify for an SVP.
- b. Apply an incorrect SVP to a service that does qualify for an SVP.
- c. Exceed the limit of SVPs for the associated day or time period and/or associated service.

Tip: Some physicians that are globally funded (e.g. specialists funded through certain alternate payment plans) may find that fee codes pay at 0 (zero) with an error code I2. This indicates that the service is covered by the APP agreement and should be compensated through shadow billing which does not show on the physician's Remittance Advice.

When is a visit eligible for a special visit premium?

- For an SVP to be applicable, the visit must be initiated by a patient or an individual on behalf of a patient. Note that some SVPs are only eligible to be paid if the requirements for a travel premium have been met.
- A travel premium is only eligible for payment when a physician is required to travel from one location to another location but is not eligible for payment when the travel occurs within the same long-term care home, hospital complex or within buildings situated on the same hospital campus.
- As defined in the General Preamble, sacrifice of office hours means an insured service rendered when the demands of the patient and/or the patient's condition are such that the physician makes a previously unscheduled non-elective visit to the patient at a time when the physician had an office visit booked with one or more patients but, because of the previously unscheduled non-elective visit, any such office visit was delayed or cancelled.

Note that special visit premiums are not payable for:

- Rounds or elective admissions in a hospital or long-term care home.
- Visits to a location, other than a hospital or long-term care home, that is open for the purpose of diagnosing or treating patients.

- Visits to non-referred or transferred obstetrical patients.
- Treating patients who come to the office without an appointment, either before, during, or after office hours when the physician is already present in the office.
- Visits where critical care team fee or per diem fees may be payable.
- Visits in the Emergency Department (ED) where the “H” prefix codes may be payable with the exception of the premiums outlined in Special Visit Premium Table V in the General Preamble which are applicable to ED physicians called into the ED at a time when the physician is not otherwise scheduled to work in the ED and who is not at the hospital at the time the ED request for attendance is made.
- In conjunction with any sleep study service listed in the sleep studies section of the Schedule.

Special visit premiums to a patient’s home

- Elective and non-elective complex home visits for frail, elderly or housebound patients (A900) are eligible for SVP which are outlined in Special Visit Premium Table VI.
- An SVP is only eligible for payment for the first person seen, regardless of the number of subsequent patients seen during a visit to a private home or a multiple resident dwelling, (such as an apartment building or retirement home). The physician must still satisfy the requirement to travel from one location to another for the first person seen premium to be payable.
- SVPs are not eligible for payment for A007 (intermediate assessment or well baby care) or A001 (minor assessment) services when rendered in a patient’s home. For these services, travelling to and from the home is included as a common element of the insured service and may not be charged to the patient.
- A003 (General Assessment) is not eligible for payment for an assessment provided in the patient’s home.
- Specialist assessments, other than specific assessment and medical specific assessment, are eligible for payment when rendered in a patient’s home. These eligible assessments are also eligible for SVPs, provided that all applicable payment rules are met.
- Palliative care home visits and geriatric home visits are eligible for SVPs including travel premiums which are outlined in Table VII and Table X respectively.

Definitions (A900)

A **frail elderly patient** is a patient who is **65 years of age or over** who has **one or more** of the following:

- Complex medical management needs, that may include polypharmacy.
- Cognitive impairment (e.g. dementia or delirium).
- Age-related reduced mobility or falls.
- Unexplained functional decline not otherwise specified.

A **housebound patient** is a patient who meets **all the following criteria**:

- The person has difficulty in accessing office-based primary health care services because of medical, physical, cognitive, or psychosocial needs/conditions.
- Transportation and other strategies to remedy the access difficulties been considered but are not available or not appropriate in the person's circumstances.
- The person's care and support requirements can be effectively and appropriately delivered at home.

How to determine which special visit premium fee code(s) to claim

- Once it has been determined that a service is eligible for an SVP, consult the relevant section of the General Preamble and select the table that best represents the professional setting of the visit.

Reference tables are found in the General Preamble in the sub-sections that relate to Special Visits, Surgical Assistants and Anaesthesiologists.

- Identify the time period which corresponds to the start time of the special visit.
- Check for any maximums and payment rules particular to the SVP in question. Note that some SVP require that the requirements for a travel premium be met in order to be claimed.
- Identify the fee code for the first person seen and (if applicable) any subsequent patients and the travel premium.

- Claiming multiple SVPs when additional patients are seen during the same visit:
 - Additional SVPs may be billed up to the defined maximum for each location/time period (see General Preamble) provided that all payment rules are met.
 - Use the “additional person seen” fee code listed in the appropriate table (up to the maximum specified). Note that there is no additional premium for additional patients seen during a visit to a private home or a multiple resident dwelling (such as an apartment building or seniors’ complex).
 - Only one travel premium is eligible for payment for each separate trip to a destination regardless of the number of patients seen in association with each trip.

Additional rules for specific categories of physicians

Emergency department physicians in the hospital’s emergency department

- For SVP payment, an ED department physician is defined as one who is scheduled to work in the hospital’s ED on the day of the request, but a special visit request is made outside of the scheduled hours; or one who is on-call for the hospital’s ED on the day of the request.
- For ED physicians, the first person seen premium and the additional person seen premium for patients seen in an ED are only eligible for payment when travel is required.
- An ED physician uses Table V to determine the appropriate SVP to claim; if the physician is not an ED physician (as defined above) on the day of the special visit request, Table 1 should be used

Anaesthesiologists

Anaesthesia SVPs are only eligible for payment when an anaesthesiologist is required to travel, as defined under Travel Premiums in the General Preamble to make a special visit to the hospital to administer an anaesthetic for a case that commences between 5:00 p.m. and 7:00 a.m. on weekdays or on Saturdays/Sundays/Holidays.

Surgical assistants

Surgical assistant SVPs are only eligible for payment when a surgical assistant is required to travel, as defined under Travel Premiums in the General Preamble to make a special visit to assist at surgery. Weekday, daytime premiums are only payable when the assistant is called in to assist at non-elective surgery with sacrifice of office hours.

Tip: When providing multiple special visits to the same patient on the same day (because of different concerns or progression of symptoms requiring additional special visits), submit claims using manual review and provide clinical documentation and a letter outlining the circumstances which support the claim.

Case examples

Scenario 1

While on weeknight call for his group family practice, Dr. Syed makes 12 home visits to assess patients with flu-like symptoms. Each patient lives in their own home (not a long-term care home or other facility) and meets the Schedule definition for frail, elderly or housebound. He begins at 5:00 p.m. and sees all 12 of these patients before midnight. What fee codes are appropriate to claim?

- 12 complex house-calls in different locations A900 x 12
- 2 travel premiums (maximum reached): B961 x 2
- 10 first person seen premiums (maximum reached): B994 x 10

Scenario 2a

Dr. Wesley, a family physician, is called to a long-term care home at 8:00 a.m. on Saturday morning to see one of her patients. While there, she stops in to see three other residents of the home that are also her patients. What SVP are appropriate to claim, in addition to the assessment services provided?

- Premium for travelling to the long-term care home (W963 from Table IV) x 1.
- First person seen (W998) premium x 1.
- No SVPs are eligible for the other services provided made as these are elective visits.

Case 2b

Dr. Wesley is called back to the same long-term care home at 1:00 p.m. the same day to see another one of her patients. While there, she is asked to see three patients who have developed flu-like symptoms and require urgent assessment. What SVP are appropriate to claim, in addition to the assessment services provided?

- Premium for travelling to the long-term care home (W963 from Table IV) x 1.
- First person seen (W998) premium x 1.
- Additional person seen premiums (W999) x 3.
- Note that Dr. Wesley is eligible to claim the premiums for the additional three patients because of the need for urgent assessment. This applies whether or not Dr. Wesley is identified as the MRP for the patients.

Case 3

Dr. Valcroze is receives a call after hours from the parent of one of her 5-year old patients, who is concerned about her daughter's fever, earache and sore throat. Dr. Valcroze offers to make a home visit as she is nearby. What fee codes are appropriate to claim?

- Intermediate assessment (A007) x 1.
- No SVPs are eligible to be claimed with an A007.
- Note that the patient does not meet the criteria for a complex house call.

Case 4

Dr. Yang is an ED physician who is not scheduled or on call for the ED on Tuesday. He is called from his son's hockey game to the ED at 10:00 a.m. to assess five patients injured in a motor vehicle accident. What SVP are appropriate to claim, in addition to the assessment services provided?

- Premium for travelling to the ED as he is not scheduled/not on call for ED (K960 from Table I).
- First person seen (K990) x 1.
- Additional person seen (K991) x 4.

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