



# OHIP Payments for After Hours Premiums

## Quick Reference Guide

Economics, Policy & Research

## OHIP Payments for After Hours Premiums Quick Reference Guide<sup>1</sup>

The purpose of this reference guide is to provide a general overview on how to bill OHIP for *After Hours Premiums* rendered in various care settings. The payment rules for these services are laid out in the General Preamble of the OHIP Schedule of Benefits<sup>2</sup> (the “Schedule”). For information on Special Visit Premiums please refer to the OMA’s Quick Reference Guide: OHIP Payments for Special Visit Premiums.<sup>3</sup>

This guide contains the following sections:

- (A) What is an After Hours Premium?
- (B) After Hours Procedure Premiums
- (C) Elective versus Non-Elective Surgery
- (D) Surgical Assistants’ and Anaesthesiologists’ Services After Hours Premiums
- (E) After Hours Premiums for Urgent CT/MRI Interpretation Services
- (F) Primary Care After Hours Premiums

Refer to **Appendix A** for a summary of all After Hours Premium codes.

**Please note that the information contained in this guide surrounding after hours premiums is strictly for OHIP payment purposes.**

### A: What is an After Hours Premium?

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An after hours premium may be eligible for payment when rendering an applicable service during unsociable time periods and/or days (e.g., evenings, nights, weekends and holidays), as defined in the OHIP Schedule. Services that may be applicable for an after hours premium include:

- Selected procedures
- Surgical assistant services
- Anaesthesia services
- Urgent CT/MRI interpretation services
- Selected primary care assessment fees

The following sections provide additional details on the applicable after hours premiums for the above-mentioned services.

### B: After Hours Procedure Premiums

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These premiums are payable only when the following criteria are met:

- a. the service provided is one of the following:

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<sup>1</sup> **Disclaimer:** Every effort has been made to ensure that the contents of this Guide are accurate. Members should, however, be aware that the laws, regulations and other agreements may change over time. The Ontario Medical Association assumes no responsibility for any discrepancies or differences of interpretation of applicable Regulations with the Government of Ontario including but not limited to the Ministry of Health (MOH), and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing – by contacting their regional OHIP office.

<sup>2</sup> The current version of the OHIP Schedule of Benefits (SOB) can be accessed at <http://www.health.gov.on.ca/en/pro/programs/ohip/sob/>

<sup>3</sup> <https://www.oma.org/wp-content/uploads/private/QRG-SVP-11Dec19.pdf>

Non-elective Surgical Procedures (including fractures or dislocations), Obstetrical Deliveries, Clinical Procedures Associated with Diagnostic Radiological Examinations, Ground Ambulance Transfer (K101), Air Ambulance Transfer (K111), Transport of Donor Organs (K102), Return Trip (K112), or one of the following Major Invasive Procedures:

|       |      |      |              |      |      |      |      |      |      |      |      |
|-------|------|------|--------------|------|------|------|------|------|------|------|------|
| E111A | G060 | G061 | G062         | G065 | G066 | G067 | G068 | G082 | G083 | G085 | G090 |
| G091  | G092 | G099 | G117         | G118 | G119 | G125 | G176 | G177 | G178 | G179 | G211 |
| G222  | G224 | G246 | G248         | G249 | G260 | G261 | G262 | G263 | G268 | G269 | G275 |
| G277  | G279 | G280 | G282         | G287 | G288 | G290 | G294 | G295 | G297 | G298 | G303 |
| G309  | G322 | G323 | G324         | G330 | G331 | G336 | G347 | G348 | G349 | G356 | G376 |
| G379  | G380 | G509 | J001 to J068 |      |      |      |      |      |      |      |      |

and;

- b. the procedure is either (a) non-elective; or (b) an elective procedure which, because of an intervening surgical emergency procedure(s) was delayed and commenced between:

#### **Emergency Department Physician**

E412 Evenings (17:00h – 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays - increase the procedural fee(s) by.....**20%**

E413 Nights (00:00h – 07:00h) - increase the procedural fee(s) by.....**40%**

#### **Physician – other than an Emergency Department Physician**

E409 Evenings (17:00h – 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays - increase the procedural fee(s) by.....**50%**

E410 Nights (00:00h – 07:00h) - increase the procedural fee(s) by.....**75%**

#### **Special notice for procedures with service dates November 28, 2020 – November 28, 2021 (inclusive):**

To further support the government's response to the spread of COVID-19 in Ontario, and physician services in addressing the backlog of surgeries and other procedures that have been delayed due to COVID-19, physicians (other than Emergency Department Physicians) will now be eligible for payment of the after hours premiums when the service provided is an **elective** in-hospital, Independent Health Facility (IHF), or non-hospital based surgical or other procedure included in the list of eligible services above, and is commenced after hours, on a weekend/holiday, or at night.<sup>4</sup>

### **C: Elective Versus Non-Elective Surgery**

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Non-elective surgery means emergency or urgent surgery that is unscheduled and must be done at the earliest opportunity. This is distinguished from elective surgery that is not urgent and can be scheduled for a later date, for example by placement on a wait list. A patient may require a procedure, such as a hip

<sup>4</sup> <https://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/redux/bul201110.aspx>

replacement, that is necessary and not optional, but it is not non-elective for purposes of payment for after hours premiums.

The exception in the Schedule is an elective procedure which, because of an intervening surgical emergency procedure(s) (i.e. non-elective), was delayed and commenced in premium hours.

The after-hours premiums represent extra payment to the physician for having to unexpectedly perform an unscheduled procedure that must be done urgently in premium hours.

The medical record should demonstrate the circumstances and support the urgency of the procedure. Routinely pre-scheduling procedures for premium hours does not support payment of the premium.

## **D: Surgical Assistants' and Anaesthesiologists' Services After Hours Premiums**

### **Surgical Assistants' Services, when a case commences:**

E400B Evenings (17:00h – 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays - increase the total assistant's fee by.....**50%**  
 E401B Nights (00:00h – 07:00h) - increase the total assistant's fee by.....**75%**

### **Anaesthesiologists' Services, when a case commences:**

E400C Evenings (17:00h – 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays - increase the total anaesthetic fee by.....**50%**  
 E401C Nights (00:00h – 07:00h) - increase the total anaesthetic fee by.....**75%**

## **E: After Hours Premiums for Urgent CT/MRI Interpretation Services**

The after-hours premiums for urgent CT/MRI interpretation services are only eligible for payment for an acute care hospital in-patient, Emergency Department or Hospital Urgent Care Clinic patient. In addition, the following requirements must be satisfied:

- the referral for the interpretation relates to a patient's condition that requires urgent interpretation of a CT or MRI study for the urgent management of the patient;
- the referral is from a physician or oral and maxillofacial surgeon who has privileges at the hospital where the service is rendered;
- the interpreting physician has radiology privileges at the hospital where the request for the service originates; and
- the interpretation is transmitted to the referring physician within three hours of the completion of the CT/MRI study.

If the request for interpretation occurs prior to an eligible after-hours period, but the interpretation cannot be provided prior to that eligible after hours period due to factors beyond the control of the interpreting physician, these premiums remain eligible for payment if the payment rules are otherwise satisfied.

The following table summarizes the appropriate fee codes, time periods and limits for the urgent CT/MRI interpretation after hours premiums:

| Urgent CT/MRI Services     | Evenings (17:00h - 24:00h) Monday to Friday | Saturdays, Sundays or Holidays daytime and evenings (07:00h - 24:00h) | Nights (00:00h - 07:00h) |
|----------------------------|---|---|--------------------------|
| Fee Code                   | E406  | E407  | E408                     |
| Fee Value                  | \$60.00                                     | \$75.00   | \$100.00                 |
| Maximums (per time period) | 2   | 6   | Unlimited                |

Please note that E406, E407 and E408 are limited to a maximum of one per patient, per physician, per day, regardless of the number of CT and/or MRI images interpreted for that patient. After hours premiums in excess of the maximums listed in the After Hours Premium Table are not eligible for payment.

## F: Primary Care After Hours Premiums

Primary care physicians enrolled in an applicable model can receive a 30% premium on the value of the following fee codes: A001A, A003A, A004A, A007A, A008A, A888A, K005A, K013A, K017A, K030A, K033A, K130A, K131A, K132A and Q050. In order to receive the premium, Q012A or Q016A must be submitted.

| Code  | Fee | Eligible Models                                  |
|-------|-----|--|
| Q012A | 30% | FHG, FHN, FHO, RNPGA, BSM, GHC, SJHC, SEAMO, WHA |
| Q016A | 30% | CCM  |

### Payment Rules and Requirements:

- After hours premiums are not applicable for services rendered between 8 a.m. and 5 p.m.
- The after hours premiums may be billed for enrolled patients seen during regular after hour services held after 5 p.m. on weekdays or any time on weekends or statutory holidays.
- The services must be available to scheduled and non-scheduled patients. The services must be held during regularly scheduled times and the physician must make his/her patients aware of the dates and times such services are available.
- Premiums should not be billed for patients who are seen after 5 p.m. because the physician's clinic is behind schedule.
- Physicians must be available during regular office hours to provide comprehensive care to their patients. This obligation is specified in the FHG and FHN Agreements and other Agreements.
- It is not acceptable to alter regular daytime office hours solely for the purposes of billing the after hours premium.

Physicians could inform their patients about their after hour schedules by posting hours in the waiting room, including this information on the practice voicemail greeting, producing a practice newsletter with the hours included or sending patients letters/emails.

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**For additional details on OHIP payment rules regarding After Hours Premiums, please refer to the OHIP Schedule of Benefits, General Preamble: <http://www.health.gov.on.ca/en/pro/programs/ohip/sob/>**

**Document compiled by the OMA's Economics, Policy & Research department  
Please forward questions to [economics@oma.org](mailto:economics@oma.org)**

## Appendix A

| OHIP Schedule of Benefits (SOB), March 1, 2016 - After Hours Premium Codes |  |      |  |      |                         |       |
|--|--|------|--|------|-------------------------|-------|
| From SOB - General Preamble<br>Increase the procedural fee(s) by           | Evenings<br>(17:00-24:00)<br>Monday through Friday |      | Sat., Sun. and Holidays<br>(07:00 - 24:00) |      | Nights<br>(00:00-07:00) |       |
| Emergency Department Physician <sup>(1)</sup>                              | E412   | 20%  | E412                                       | 20%  | E413                    | 40%   |
| Physician – other than an Emergency Department Physician <sup>(2)</sup>    | E409   | 50%  | E409                                       | 50%  | E410                    | 75%   |
| Surgical Assistants  | E400B  | 50%  | E400B                                      | 50%  | E401B                   | 75%   |
| Anaesthesiology  | E400C  | 50%  | E400C                                      | 50%  | E401C                   | 75%   |
| Urgent CT/MRI Interpretation Services <sup>(3) (4)</sup>                   | E406   | \$60 | E407                                       | \$75 | E408                    | \$100 |

### Notes

1. E412/E413 is only payable for a procedure rendered by an Emergency Department Physician who at the time the service was rendered is required to submit claims using "H" prefix emergency services.
2. E409/E410 is not payable for a procedure rendered by an Emergency Department Physician.
3. These premiums are only eligible for payment for an urgent CT or MRI interpretation for an acute care hospital in-patient, emergency department or Hospital Urgent Care Clinic patient.
4. E406 is limited to two (2) claims per time period, E407 is limited to six (6) claims per time period, and E408 is unlimited.