



# OHIP Payments for Special Visit Premiums

## Quick Reference Guide

Economics, Policy & Research

## OHIP Payments for Special Visit 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 *Special Visit 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 After Hours Premiums please refer to the OMA’s Quick Reference Guide: OHIP Payments for After Hours Premiums.<sup>3</sup>

This guide contains the following sections:

- (A) Definition of a Special Visit Premium
- (B) Components of a Special Visit
- (C) Payment Requirements

Refer to **Appendix A** for a summary of all Special Visit Premium codes, fees and limits.

**Please note that the information contained in this guide surrounding the Special Visit Premiums is strictly for OHIP payment purposes.**

### A: Definition of a Special Visit Premium

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A special visit is a visit that requires the physician to assess a patient:

- in response to a request initiated by the patient or a person caring for the patient (non-elective visit); or
- on a physician initiated visit to a patient’s home (elective visit) provided the patient’s home is not a Long-Term Care facility, including a nursing home or home for the aged.

A Special Visit Premium (SVP) is payable in respect of a special visit rendered to an insured person, subject to the conditions and limitations set out in the Schedule. All special visit premiums are subject to the maximums, limitations and conditions listed in the “Special Visit Premium Table” applicable in the circumstances described.

Sacrifice of office hours refers to circumstances when the physician makes a previously unscheduled non-elective visit to the patient at a time when he/she had previously booked office visits **that had to be delayed or cancelled** because of the special visit.

### B: Components of a Special Visit

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Special visit premiums are separated into two components; a “travel premium” and a “person seen premium” (i.e., first or additional person seen). The location, circumstances, time and specialty will

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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/member/section/practice-&-professional-support/ohip-billing-resources?type=topics>

determine the applicable special visit premium(s) eligible for payment in addition to the service provided.

### **Travel Premium**

- The travel premium is eligible for payment for travel from one location to another location (the destination). 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.
- The travel premium is not eligible for payment when a physician is required to travel from one location to another within the same long-term care facility, hospital complex or buildings situated on the same health care campus.

### **First Person Seen Premium**

- The first person seen premium is eligible for payment for the first person seen at the destination if rendered during the eligible times (see the appropriate tables at the end of this document); or
- If rendered requiring sacrifice of office hours.

### **Additional Person(s) Seen Premium**

- The additional person(s) seen premium is for services rendered at the destination to additional patients seen in emergency departments, outpatient departments, LTC institutions or hospital in-patients, provided that each additional patient seen meets the special visit criteria and the service is commenced during the eligible times. This would include any new patients the physician is requested to attend to on a non-elective basis at the destination.

### **Location**

The premiums apply to special visits to:

- an Emergency Department (by a non-emergency department physician) – Table I
- a Hospital Out-Patient Department - Table II
- a Hospital In-Patient - Table III
- a Long-Term Care Institution – Table IV
- an Emergency Department by an Emergency Department Physician<sup>4</sup> – Table V
- a Special Visits to Patient's Home (other than Long-Term Care Institution) – Table VI
- a Palliative Care Home Visit – Table VII
- a Physician's Office – Table VIII
- Other (non-professional setting not listed) – Table IX
- a Geriatric Home Visit – Table X

### **Type of Service Rendered**

The Schedule also lists special visit premiums specific to special visits required for:

- Anaesthesia Services
- Surgical Assistant Services
- Non-elective Diagnostic Services
- Obstetrical Delivery with Sacrifice of Office Hours

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<sup>4</sup> For SVP purposes, an "ED physician" is defined as: 1) 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 2) one who is on-call for the hospital's ED on the day of the request.

Please note that while there is no separate travel premium for anaesthesia services, surgical assistant services and obstetrical delivery with sacrifice of office hours, the physician is still required to travel in order for the SVP to be eligible for payment.

Please see appropriate tables at the end of this document for additional details on appropriate fee codes, time periods, limits, etc.

## C: Payment Requirements

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Special visit premiums are only eligible for payment when rendered with certain services listed under “Consultations and Visits” section of the Schedule of Benefits. Claims for an **assessment** rendered in conjunction with a special visit premium are to be submitted using the appropriate **A-prefix assessment** fee from the “General Listings” (with some exception, such as K023 Palliative care support), regardless of the location or type of facility to which the special visit applies. The exception being when claiming the non-elective diagnostic services SVPs where applicable services are listed under the “Diagnostic and Therapeutic Procedures” section.

### Payment Exclusions:

Regardless of the time of day at which the service is rendered, special visit premiums are **not eligible** for payment in the following circumstances:

- For patients seen during rounds at a hospital or long-term care institution (including a nursing home or home for the aged).
- In conjunction with admission assessments of patients who have been admitted to hospital on an elective basis.
- For non-referred or transferred obstetrical patients except, in the case of transferred obstetrical patients for a special visit for obstetrical delivery with sacrifice of office hours for the first patient seen (C989).
- For services rendered in a place, other than a hospital or long-term care facility, that is scheduled to be open for the purpose of diagnosing or treating patients.
- For a visit for which critical care team fees are payable under the Schedule.
- In conjunction with any sleep study service listed in the sleep studies section of this Schedule.
- For services rendered to patients who present to an office without an appointment while the physician is there, or for patients seen immediately before, during or immediately after routine or ordinary office hours, even if held at night or on weekends or holidays.
- For visits in the emergency room where the “H” prefix assessment codes may be payable.
- SVPs are not eligible for payment for elective visits<sup>5</sup> (unless it is an elective call to a patient’s home).
- There is no SVP for *additional patients* seen at home visits, regardless of the number of patients seen during a visit to a private home or a multiple resident dwelling (such as an apartment building, retirement home or seniors’ complex). The physician must still satisfy the requirement to travel from one location to another in order to be eligible for the first person seen premium.
- SVPs are not eligible for payment to emergency physicians during the time the physician has a scheduled shift to work in the emergency department.
- SVPs are not eligible for payment with A007 or A001 when rendered in a patient’s home.

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<sup>5</sup> An *elective home visit* is a visit to a patient’s home deemed medically necessary by the physician, initiated by the physician and carried out at a time convenient to the physician. A *non-elective visit* is one that is initiated by a patient or by an individual on behalf of the patient (e.g., nurse) for the purpose of rendering a non-elective service.

There is a maximum number of travel premiums payable for a time period on a service date. Maximums are also specified for *first person seen/additional person seen* and these maximums vary depending on the time of day, the day of the week/year and the site (location) of the special visit.

The SVP summary table provided at the end of this document identifies the appropriate fee codes eligible for payment based on time and location. It also lists the maximum allowable services per the designated time period.

The numbers for “travel premiums” and “persons seen premiums” refer to the maximum number of allowable premiums per designated time period. Persons seen include the first person and additional person(s) seen. If the maximums are exceeded, only the associated assessment or other service is eligible for payment.

### **Record Keeping Requirements<sup>6</sup>:**

Special Visit Premiums are only eligible for payment (except Table V – Emergency Department by ED Physician) when the time at which the special visit takes place is documented on the medical record. With respect to Emergency Department by ED Physician SVPs (Table V), the following items must be documented in the medical record:

- a. the time of the request to attend in the emergency department; and
- b. The specific situation requiring the physician's attendance.

When a special visit service occurs in a hospital, emergency department or long-term care institution where common medical records are maintained, the time when the visit takes place may be documented anywhere in the common medical record.

### **Summary points to bill Special Visit Premiums**

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- A SVP is only eligible for payment when the visit is initiated by a patient or an individual caring for the patient (e.g., hospital or LTC staff) for the purpose of rendering a non-elective service except when provided in a patient's home, which can be either a non-elective or elective visit.
- In most cases, SVPs should be claimed with the appropriate A-prefix assessment fee from the “General Listings.”
- Generally, a special visit is made up of two components – a “travel premium” and a “person seen premium.”
- Special visit to patient's home premiums are only eligible for payment for first patient seen, regardless of number of patients seen during the visit. This includes special visits to multiple resident dwellings, such as apartment blocks and retirement homes.
- If the physician is following up on his or her own patient at his or her discretion, then no special visit premium is eligible for payment. The exception to this rule is if the special visit is made to a patient's home.
- Visits to the home of a patient that is not frail elderly or housebound are insured, and an appropriate assessment service may be submitted to OHIP for payment (e.g., A007 or A001). However, A007 or A001 rendered in a patient's home, travelling to and from the home is included as a common element of the insured service.
- A900 (Complex house call assessment - for frail elderly and housebound patients) remains an insured service and is eligible for payment with special visit premiums.

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<sup>6</sup> Detailed information regarding record keeping requirements for SVPs is listed in the OHIP Schedule, pg. GP69.

- An additional person(s) seen premium may be eligible for payment when requested to attend additional patients on a non-elective basis at the same destination in emergency departments, outpatient departments, LTC institutions or hospital in-patients.
- Document the time at which the special visit took place in the patient's medical record. SVP claims submitted by ED physicians working the ED need to document the time the special visit was requested and the specific situation requiring the ED physician's attendance.
- SVPs are not payable to emergency physicians during the time the physician has a scheduled shift to work in the emergency department.
- Refer to the SVP table for additional information on applicable fee codes, fee values and limits.

**For additional details on OHIP payment rules regarding Special Visit Premiums, please see:**

1. OHIP Schedule of Benefits, General Preamble on Special Visit: <http://www.health.gov.on.ca/en/pro/programs/ohip/sob/>
2. EPC Education Bulletin Vol. 7, No. 1, *Special Visit Premiums*: [https://www.oma.org/wp-content/uploads/0701epc\\_bulletin.pdf](https://www.oma.org/wp-content/uploads/0701epc_bulletin.pdf)

**Document compiled by the OMA's Economics, Policy & Research department**  
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# Appendix A

OHIP Schedule of Benefits (SOB), March 1, 2016 - Special Visit Premium Codes															
From SOB - General Preamble		Weekdays Daytime (07:00-17:00)		Weekdays Daytime (07:00-17:00) with Sacrifice of Office Hours		Evenings (17:00-24:00) Monday through Friday		Sat., Sun. and Holidays (07:00 - 24:00)		Nights (00:00-07:00)		Elective home visit		Sacrifice of Office Hours	
<b>Emergency Department</b> (by a non-Emergency Department Physician) <b>(Table I) <sup>1</sup></b>	Travel Premium	K960	\$36.40	K961	\$36.40	K962	\$36.40	K963	\$36.40	K964	\$36.40	-	-	-	-
	First person seen	K990	\$20.00	K992	\$40.00	K994	\$60.00	K998	\$75.00	K996	\$100.00	-	-	-	-
	Additional person(s) seen	K991	\$20.00	K993	\$40.00	K995	\$60.00	K999	\$75.00	K997	\$100.00	-	-	-	-
	Travel premiums	2		2		2		6		Unlimited		-	-	-	-
	Persons seen	10		10		10		20		Unlimited		-	-	-	-
<b>Hospital Out-Patient Department</b> <b>(Table II)</b>	Travel Premium	U960	\$36.40	U961	\$36.40	U962	\$36.40	U963	\$36.40	U964	\$36.40	-	-	-	-
	First person seen	U990	\$20.00	U992	\$40.00	U994	\$60.00	U998	\$75.00	U996	\$100.00	-	-	-	-
	Additional person(s) seen	U991	\$20.00	U993	\$40.00	U995	\$60.00	U999	\$75.00	U997	\$100.00	-	-	-	-
	Travel premiums	2		2		2		6		Unlimited		-	-	-	-
	Persons seen	10		10		10		20		Unlimited		-	-	-	-
<b>Hospital In-Patient</b> <b>(Table III)</b>	Travel Premium	C960	\$36.40	C961	\$36.40	C962	\$36.40	C963	\$36.40	C964	\$36.40	-	-	-	-
	First person seen	C990	\$20.00	C992	\$40.00	C994	\$60.00	C998	\$75.00	C996	\$100.00	-	-	-	-
	Additional person(s) seen	C991	\$20.00	C993	\$40.00	C995	\$60.00	C997	\$75.00	C997	\$100.00	-	-	-	-
	Travel premiums	2		2		2		6		Unlimited		-	-	-	-
	Persons seen	10		10		10		20		Unlimited		-	-	-	-
<b>Long-Term Care Institution</b> <b>(Table IV)</b>	Travel Premium	W960	\$36.40	W961	\$36.40	W962	\$36.40	W963	\$36.40	W964	\$36.40	-	-	-	-
	First person seen	W990	\$20.00	W992	\$40.00	W994	\$60.00	W998	\$75.00	W996	\$100.00	-	-	-	-
	Additional person(s) seen	W991	\$20.00	W993	\$40.00	W995	\$60.00	W999	\$75.00	W997	\$100.00	-	-	-	-
	Travel premiums	2		2		2		6		Unlimited		-	-	-	-
	Persons seen	10		10		10		20		Unlimited		-	-	-	-
<b>Emergency Department by Emergency Department Physician</b> (As defined on pg. GP50) <b>(Table V)</b>	Travel Premium	H960	\$36.40	-	-	H962	\$36.40	H963	\$36.40	H964	\$36.40	-	-	-	-
	First person seen	H980	\$20.00	-	-	H984	\$60.00	H988	\$75.00	H986	\$100.00	-	-	-	-
	Additional person(s) seen	H981	\$20.00	-	-	H985	\$60.00	H989	\$75.00	H987	\$100.00	-	-	-	-
	Travel premiums	2		-	-	2		4		Unlimited		-	-	-	-
	Persons seen	5		-	-	5		10		Unlimited		-	-	-	-
<b>Special Visits to Patient's Home</b> (other than Long-Term Care Institution) <b>(Table VI) <sup>2</sup></b>	Travel Premium; Non-elective	B960	\$36.40	B961	\$36.40	B962	\$36.40	B963	\$36.40	B964	\$36.40	B960	\$36.40	-	-
	First person seen; Non-elective	B990	\$27.50	B992	\$44.00	B994	\$66.00	B993	\$82.50	B996	\$110.00	B990	\$27.50	-	-
	Additional person(s) seen	-		-		-		-		-		-		-	-
	Travel premiums	2		2		2		6		Unlimited		2		-	-
	Persons seen	10		10		10		20		Unlimited		10		-	-
<b>Palliative Care Home Visit</b> <b>(Table VII)</b>	Travel Premium	B966	\$36.40	B966	\$36.40	B966	\$36.40	B966	\$36.40	B966	\$36.40	-	-	-	-
	First person seen	B998	\$82.50	B998	\$82.50	B998	\$82.50	B998	\$82.50	B997	\$110.00	-	-	-	-
	Additional person(s) seen	-		-		-		-		-		-		-	-
	Travel premiums	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		-		-	-
	Persons seen	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		-		-	-
<b>Physician Office</b> <b>(Table VIII)</b>	Travel Premium	A960	\$36.40	-	-	A962	\$36.40	A963	\$36.40	A964	\$36.40	-	-	-	-
	First person seen	A990	\$20.00	-	-	A994	\$60.00	A998	\$75.00	A996	\$100.00	-	-	-	-
	Additional person(s) seen	-		-		-		-		-		-		-	-
	Travel premiums	1		-		1		1		Unlimited		-		-	-
	Persons seen	1		-		1		1		Unlimited		-		-	-
<b>Other (non-professional setting not listed)</b> <b>(Table IX)</b>	Travel Premium	Q960	\$36.40	Q961	\$36.40	Q962	\$36.40	Q963	\$36.40	Q964	\$36.40	-	-	-	-
	First person seen	Q990	\$20.00	Q992	\$40.00	Q994	\$60.00	Q998	\$75.00	Q996	\$100.00	-	-	-	-
	Additional person(s) seen	-		-		-		-		-		-		-	-
	Travel premiums	1		1		1		1		Unlimited		-		-	-
	Persons seen	1		1		1		1		Unlimited		-		-	-
<b>Geriatric Home Visit</b> <b>(Table X)</b>	Travel Premium	B986	\$36.40	B986	\$36.40	B986	\$36.40	B986	\$36.40	B986	\$36.40	-	-	-	-
	First person seen	B988	\$82.50	B988	\$82.50	B988	\$82.50	B988	\$82.50	B987	\$110.00	-	-	-	-
	Additional person(s) seen	-		-		-		-		-		-		-	-
	Travel premiums	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		-		-	-
	Persons seen	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		-		-	-
<b>Other Special Visit Premium Fees</b>															
<b>Anaesthesia Services</b>	First person seen	\$0.00		C998C	\$60.00	C998C	\$60.00	C985C	\$75.00	C999C	\$100.00	-	-	-	-
		0		2		2		6		Unlimited		-		-	-
<b>Surgical Assistant Services</b>	First person seen	\$0.00		-		C998B	\$67.05	C983B	\$85.60	C999B	\$117.65	-	-	C988B	\$76.40
		0		-		2		6		Unlimited		-		1	
<b>Non-elective Diagnostic Services <sup>3</sup></b>	Travel Premium	-		-		C102	\$36.40	C103	\$36.40	C104	\$36.40	-	-	-	-
	First person seen	-		-		C109	\$60.00	C108	\$75.00	C110	\$100.00	-	-	-	-
	Additional person(s) seen	-		-		C105	\$60.00	C106	\$75.00	C107	\$100.00	-	-	-	-
	Travel premiums	-		-		2		6		Unlimited		-		-	-
	Persons seen	-		-		2		6		Unlimited		-		-	-
<b>Obstetrical Delivery with Sacrifice of Office Hours</b>	First person seen	\$0.00		-		\$0.00		\$0.00		\$0.00		-	-	C989	\$76.40
		0		-		0		0		0		-		1	

### Notes

- Not eligible for payment to Emergency Department Physicians (see definition GP50).
- Notes for table VI only:
  - The maximum number of services per physician per day for B960 is 2, for any combination of non-elective and elective visits.
  - The maximum number of services per physician per day for B990 is 10, for any combination of non-elective and elective visits.
  - Special visit to patient's home premiums are only eligible for payment for first patient seen, regardless of number of patients seen during one visit to a home or to one or more living units in a multiple resident dwelling. A multiple resident dwelling is a single location that shares a common external building entrance or lobby e.g., apartment block, rest or retirement home, commercial hotel, motel or boarding house, university or boarding school residence, hostel, correctional facility or group home.
- For the purposes of non-elective diagnostic services special visit premiums, first person seen and additional person(s) seen mean the eligible diagnostic service(s) rendered for each individual patient.
- The numbers for 'travel premiums' and 'persons seen' refer to the number of maximum allowable services per designated time period. Persons seen include the first person and additional person(s) seen.