



# Enhanced 18-Month Well Baby Visit, and Foot Care Services

(Revised as per “Clarification” appearing in July/August 2010 Ontario Medical Review, p. 31)

## **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 service provided so that the need for adjustment of inappropriately submitted claims is reduced.

### **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 October 1, 2009 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.

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### **Purpose**

This bulletin addresses two topics that will be of interest primarily to general/family physicians and pediatricians. These topics are:

- A new service and fee codes for an enhanced 18-month well baby visit; and
- Payment requirements for specific fee codes associated with foot care services.

### **Enhanced 18-Month Well Baby Visit (A002 (GP/FP) and A268 (Pediatrics))**

#### **What is an Enhanced 18-month well baby visit?**

The enhanced 18-month well baby visit is a physician assessment of a well child aged 17 to 24 months that includes all of the following:

1. Services defined as “well baby care” — a periodic assessment including complete examination with weight and measurements, and instructions to the parent(s) or patient’s representative(s) regarding health care (see page GP29 of the Schedule),
2. Completion of an 18-month age-appropriate developmental screen, and
3. Review with the patient’s parent/guardian, legal representative or other caregiver of a brief standardized tool (completed by the patient’s parent/guardian, legal representative or other caregiver) that aids the identification of children at risk of a developmental disorder.

#### **Medical record requirements for A002 and A268**

As with all services, the medical record must document that the required elements of the service have been rendered in

order for the service to be eligible for payment. A claim for A002 or A268 is only eligible for payment if the child's medical record documents:

- The complete examination with weight and measurements and any instructions to the parent/representative;
- The 18-month age-appropriate developmental screen (i.e. Rourke or similar); and
- Any concerns identified from the review of the standardized tool with the parent/guardian, representative or caregiver.

*Note: one method of satisfying the record-keeping requirement for payment purposes is to retain the original or a copy of the completed screen in the child's medical record.*

### **Does the “review” include counseling or discussion with respect to diagnosis and treatment options should a developmental concern be identified?**

The “review” pertains to the standardized tool described in item 3 above. As with all assessments, one of the elements includes discussion with, and providing advice and information, including prescribing therapy to the patient or the patient's representative, regarding the service (page GP15). It is understood that, when necessary, subsequent services may ensue if concerns arise based on the 18-month assessment, such as further assessments or counseling by the physician.

### **What is considered an appropriate 18-month developmental screen by the physician?**

An example of a readily available 18-month age-appropriate developmental screen at this time is the Rourke Developmental Screen, which can be downloaded at: [http://www.rourkebabyrecord.ca/rbr\\_ontario.html](http://www.rourkebabyrecord.ca/rbr_ontario.html).

### **What is considered an appropriate standardized tool that is to be completed by the parent/guardian, legal representative or other caregiver?**

An example of a readily available standardized tool for this is the Nipissing District Developmental Screen. Age-appropriate screening forms are available free of charge by ordering online at: <http://www.ndds.ca/ontario/ordering.html>. Physicians can direct their patients to the site and/or order their own copies from the same site. Further information about the availability of screens for various ages is available at: [http://www.ndds.ca/pdf/Orderform\\_eng.pdf](http://www.ndds.ca/pdf/Orderform_eng.pdf).

### **For payment purposes, can the Enhanced 18-month well baby visit be delegated to a non-physician, such as a nurse or nurse practitioner?**

No. For payment purposes, assessments cannot be delegated to a non-physician. A002 has the same service elements as A007 (intermediate assessment/well baby care). Therefore, in order for the service to be eligible for payment, the assessment components of the service, including history, physical examination, review of the developmental screen, and discussion with the parents/representative, must be performed by the physician. Certain activities may be performed by a non-physician, such as obtaining measurements (e.g., weighing and measuring the baby).

*Note: For more information on the 18-month well baby assessment, please refer to the feature article in the February 2010 Ontario Medical Review entitled “Ontario's Enhanced 18-Month Well-Baby Visit: Program Overview, Implications for Physicians” (pp. 23-27).*

### **Foot Care Services/Lesion Removal**

The Schedule was amended in April 1, 2008, and October 1, 2009, with respect to fee codes that are frequently being inappropriately billed for certain foot care services.

#### **Some billing concerns identified are:**

- Submitting fee code Z110 for trimming/clipping of toe nails.
- Submitting surgical removal fee codes Z159 - Z161 and/or Z169 - Z171 repeatedly for same patient (e.g., ongoing weekly or biweekly claims for same patient) for foot-care services.
- Delegating services to a non-physician that are not delegable, and submitting a claim for the service (Z159 - Z161, Z169 - Z171 and associated assessments).

#### **The following provides payment eligibility information on the fee codes noted above**

Z110 – “Extensive debridement of onychogryphotic nail involving removal of multiple laminae” (page M17 of the Schedule).

This service is insured when extensive debridement of a nail with removal of multiple laminae is required. Trimming or clipping of nails does not constitute the service described by Z110. Trimming or clipping of nails is not an insured service.

Z117 – “Chemical and/or cryotherapy treatment of minor skin lesions, including paring of lesions prior to chemical and/or cryotherapy treatment” (page M6 of the Schedule).

This service must include the chemical and/or cryotherapy

treatment of a lesion. While paring of the lesion is included in the service, if paring is done on its own, it does not constitute the service described by Z117. Simple paring of a lesion is not a separately listed service, and is otherwise included in the fee for the visit.

Z159 - Z161, removal of group 1 lesions (e.g., verruca, keratosis, pyogenic granuloma) by electrocoagulation and/or curetting, and Z169 - Z171, removal of group 3 lesions (plantar verruca) by electrocoagulation and/or curetting (page M2 of the Schedule).

Typically, when a service involving curetting or electrocoagulation is rendered, the clinical intent is to remove the lesion. Repeated claims for electrocoagulation or curetting on the same patient over a long period come to the attention of OHIP. Records review has shown in some circumstances that simple paring of a single lesion has occurred. Simple paring of a skin lesion does not constitute the services described by Z159 - Z161 or Z169 - Z171 for payment purposes. Simple paring of a lesion is not a separately listed service and is otherwise included in the fee for the visit.

#### **Can these fee codes be delegated to a non-physician for payment purposes?**

Fee codes Z110 and Z117 are considered procedures that may be delegated to a non-physician for payment purposes provided all of the requirements of delegated procedures are met (GP50 - GP51), including supervision and an

employer-employee relationship between the physician and the non-physician. Please note that physicians are not eligible to bill for services delegated to non-physicians funded by the government (such as non-physicians employed by a Family Health Team), because the non-physicians are not considered employees of the physician(s). Physicians who receive funding from the Ministry to employ non-physicians under a funding agreement cannot bill for the services delegated to that non-physician if that funding agreement stipulates such prohibition (payment in these circumstances would result in duplication of funding).

Fee codes Z159 - Z161 and Z169 - Z171 are considered surgical procedures for which anesthesia may be required. Surgical procedures cannot be delegated (for payment purposes) and are only insured when rendered personally by the physician.

#### **Is an assessment eligible for payment with these codes and can the assessment be delegated to a non-physician?**

An assessment may be eligible for payment with these services; however, an assessment is not eligible for payment if rendered by a non-physician. An assessment is only insured if:

- performed by a physician,
- medically necessary,
- rendered in accordance with the payment requirements of the Schedule, and
- appropriately documented by the physician.

#### **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 comments/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:**

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