

# Bulletin



Bulletin Number 4425	Date June 30, 2005	Direct inquiries to Ministry of Health and Long-Term Care Processing Office (address below)
Distribution Physicians, Hospitals, Clinics and Laboratories		

## Subject: Billing for Diagnostic Services Provided to In-Patients, Day Care Patients and Emergency Department Patients

1. Diagnostic Services rendered on or after April 1, 2005
2. Diagnostic Services rendered prior to April 1, 2005
3. Other Information

Effective retroactive to April 1, 2005, the Schedule of Benefits for Physician Services under Regulation 552 of the *Health Insurance Act* is amended **to allow physicians to submit claims to OHIP for insured diagnostic services performed on certain hospital emergency department patients and day care patients.** For the purposes of this amendment, diagnostic services are those services listed with a technical and professional fee. Some additional retroactive changes have been made as well, as set out below.

### 1. Diagnostic Services rendered to insured patients on or after April 1, 2005:

Diagnostic services rendered to insured patients on or after April 1, 2005 (including those rendered to patients seen in the emergency department or day care patients) are payable by OHIP except when rendered to:

1. a hospital in-patient, or
2. a patient who was, within 24 hours of receiving that diagnostic service, admitted to the same hospital as an in-patient in connection with the same condition, illness, injury or disease in relation to which the diagnostic service was rendered,

Payment rules are being implemented to block payment for diagnostic services rendered to these patients.

#### Office locations

<b>Barrie</b> 34 Simcoe St. Suite 102 L4N 6T4	<b>Etobicoke</b> 3300 Bloor St. W., Unit 142 M8X 2W8	<b>Hamilton</b> 119 King St. W 10th fl. P.O. Box 2280, Stn. A L8P 4Y7	<b>Kenora</b> 220-808 Robertson St. P9N 1X9	<b>Kingston</b> 1055 Princess St. P.O. Box 9000 K7L 5A9	<b>Kitchener</b> 1400 Weber St. E. Unit B2 N2A 3Z8	<b>London</b> 217 York St., 5th Floor Station A N6A 5P9
<b>Mississauga</b> 201 City Centre Dr. P.O. Box 7020, Stn. A L5B 2T4	<b>Newmarket</b> 465 Davis Dr. Unit 108 L3Y 8T2	<b>North Bay</b> 101-447 McKeown Ave. P1B 9S9	<b>North York</b> 4400 Dufferin St N Unit A4-A5 M3H 6A8	<b>Oakville</b> Oakville Town Centre II 220 North Service Rd. W. L6M 2Y3	<b>Oshawa</b> Exec. Tower, Oshawa Centre, 419 King St. W. P.O. Box 635 L1J 7J2	<b>Ottawa</b> Fuller Building 75 Albert Street K1P 5Y9
<b>Owen Sound</b> 1400 1st Ave. W Suite # 2. N4K 6Z9	<b>Peterborough</b> 550 Lansdowne St. W. K9J 8J8	<b>St. Catharines</b> 301 St. Paul St. Mezzanine Level L2R 3M8	<b>Sarnia</b> 452 Christina St. N. N7T 5W4	<b>Sault Ste. Marie</b> Roberta Bondar Place 70 Foster Dr., Ste. 100 P6A 6V4	<b>Scarborough</b> 2063 Lawrence Ave. E. M1R 2Z4	<b>Sudbury</b> 199 Larch St., Suite 801 P3E 5R1
<b>Thunder Bay</b> 435 James St. S. . Suite 113 P7E 6T1	<b>Timmins</b> 38 Pine St. N., Suite 110 P4N 6K6	<b>Toronto</b> 47 Sheppard Ave.E. Suite 417 M2N 7E7	<b>Toronto-Downtown</b> 777 Bay St. Suite M212 M5G 2C8	<b>Windsor</b> 1427 Ouellette Ave. N8X 1K1	<b>Head Office</b> P.O. Box 48 Kingston, ON K7L 5J3	

In addition to changes to the General Preamble, wording within the Nuclear Medicine, Diagnostic Radiology, Diagnostic Ultrasound, Pulmonary Function Studies, and Diagnostic and Therapeutic Procedures specialty sections of the Schedule has been revised accordingly to support this change. Revised schedule pages can be accessed at <http://www.health.gov.on.ca/>.

All claims for insured diagnostic services performed on emergency department and day care patients are **required to include a hospital Master Number** from the Master Numbering System in the facility number field of the claim submission. The Master Number for each hospital site can be located at: [http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/master\\_numsys/master\\_numsys04.html](http://www.health.gov.on.ca/english/public/pub/ministry_reports/master_numsys/master_numsys04.html).

## **2. Diagnostic Services rendered to insured patients prior to April 1, 2005:**

Prior to April 1, 2005, diagnostic services listed with both a technical and professional fee and rendered to a patient who was an in-patient, patient in the emergency department or a day-care patient, are not payable by OHIP.

The exception to this (i.e. the service is payable by OHIP) is a diagnostic service rendered to a hospital day-care or emergency department patient who was not admitted to the same hospital (in connection with the same condition, illness, injury or disease for which the diagnostic test was rendered) within 24 hours of receiving the diagnostic service, where the diagnostic service was rendered to the patient:

- a: after April 1, 2001 but before August 1, 2004 if the claim for the service was submitted on or before February 1, 2005, or
- b: after August 1, 2004 but before April 1, 2005 if the claim for the service was submitted within 6 months after the date the service was rendered

Note: The services payable in (a) and (b) above **are not exempt** from the application of 2004/2005 thresholds.

## **3. Other Information:**

Claims Submissions for Diagnostic Services performed on Emergency Department or Day Care Patients  
Some hospitals or physicians may require additional time to modify their billing systems as a result of this amendment. In the event that this modification may delay submission of claims for these services, please contact your district office.

### Retroactive Claims Submission

Physicians who have not yet submitted claims for diagnostic services performed in hospital prior to April 1, 2005 as outlined in Section 2(b) of this Bulletin are asked to submit these claims as soon as possible in order to facilitate timely processing and payment. These claims are also required to include the hospital Master Number.

### Physician Responsibility

Physicians are solely responsible for the propriety and accuracy of any claims submitted under their billing numbers, including claims that are submitted under a group number and claims for services rendered in hospital.

### Group Responsibility

A condition of group registration is that each group provides every physician affiliated with the group with a copy of his/her portion of the group's monthly remittance advice. Failure to provide the physician with this information may lead to the cancellation of that group's registration.

### Communications

This Bulletin is a general summary provided for information purposes only. Physicians, hospitals and other health care providers are directed to review the *Health Insurance Act*, Regulation 552 and the Schedules under that regulation, for the complete text of the provisions. You can access this information on-line at: [www.e-laws.gov.on.ca/](http://www.e-laws.gov.on.ca/). In the event of a discrepancy between this bulletin and the Act or regulations and/or Schedules under the regulations, the text of the Act, regulations and/or Schedules prevail.

Bulletins and the updated version of the Schedule of Benefits are available on the Ministry of Health and Long-Term Care website <http://www.health.gov.on.ca/>.