

OHIP Billing: ER Special Visit Premiums

Quick Reference Guide

This guide will help you understand special visit premiums in an ER setting and how to bill them appropriately to minimize missed revenue.

What is a special visit premium?

Special visit premiums are additional fee codes compensating physicians for unscheduled visits, providing care outside regular hours or attending to different departments within a hospital. It is a visit initiated by the patient to render a non-elective service or, if rendered in the patient's home, a non-elective or elective service. These premiums ensure patients receive necessary care promptly, regardless of timing and location.

Components of special visit premiums

To better understand how to bill special visit premiums, you should be familiar with their components. There are three different add-on codes that doctors can claim when they are seeing a patient during a non-elective visit:

Travel Premiums



First Person Seen



Additional Person Seen



Components	Eligibility
Travel Premiums	Eligible for payment when a doctor is travelling from one location to another, excluding travel within the same hospital, LTC facility or buildings on the same hospital campus. Doctors must get as far as the parking lot to be able to bill a travel premium.
First Person Seen	Eligible for payment for the first person seen at the destination, and where a travel premium is also eligible for payment
Additional Person Seen	Eligible for patients after the first person seen has been billed

Note: 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.

Eligibility and limitations

Physicians cannot bill special visit premiums in the following circumstances:

- Patients seen during rounds and services rendered at a hospital or LTC institution (including a nursing home or home for the aged).
- In conjunction with admission assessments of patients admitted to the 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).
- In conjunction with any sleep study service listed in the sleep studies section of the SOB.
- With services described by emergency department "H"- prefix fee codes. Physicians must use A-prefix assessment fee codes to be able to bill special visit premiums.

On-call vs not on-call

When figuring out what special visit premium codes to bill, you must consider the work situation in which you're currently in. When seeing patients, you are either an on-call physician or a physician who is not on-call. As an on-call physician, you are a physician *on the schedule/scheduled for backup*. As a physician not on-call, you are **not** on the schedule nor scheduled as a backup and are not present at a hospital.

H- Prefix Special Visit Premium (On-call)

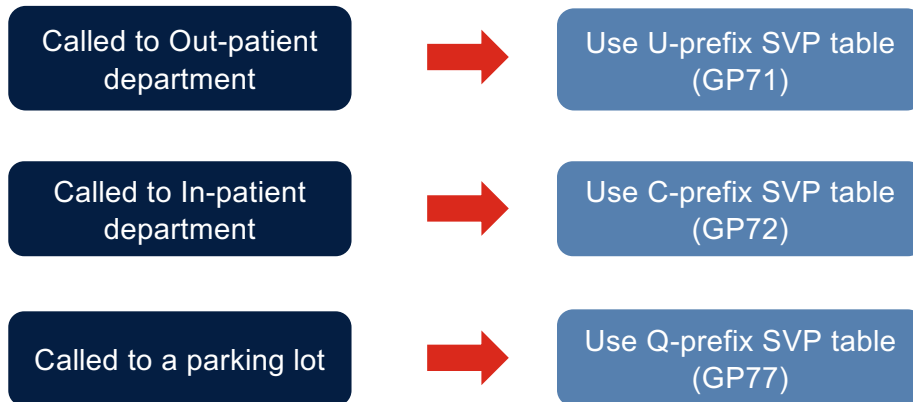
Now that we have established the difference between on-call and off-call, we can dive into the two main tables an ER physician would look at when billing for special visit premiums: "H-prefix special visit premiums" and "K-prefix special visit premiums."

In the instance that the physician is on-call and they were either called in earlier than the start of their shift to see patients or asked to stay past the end of their shift to see patients, they would bill codes from the H-Prefix special visit premiums table below. These doctors are expected to remain available to cover for another physician as they are considered on-call.

Premium	Weekdays Daytime (7am- 5pm)	Weekdays Evening (5pm- 12am)	Sat., Sun. and Holidays (7am- 12am)	Nights (12am- 7am)
Travel Premium	H960 - \$36.40 Max. 2	H962 - \$36.40 Max. 2	H963 - \$36.40 Max. 4	H964 - \$36.40 Unlimited
First person seen	H980 - \$20 Max. 5	H984 - \$60 Max. 5	H988 - \$75 Max. 10	H986 - \$100 Unlimited
Additional person(s) seen	H981 - \$20 Max. 5	H985 - \$60 Max. 5	H989 - \$75 Max. 10	H987 - \$100 Unlimited

On-call to different departments

If a physician gets called to another department, like travelling to the outpatient department, they can use special visit premium codes from the appropriate table in the Schedule of Benefits General Preamble 70-78 (GP70-78), remembering that no travel premiums can be billed.



- If a physician gets called to an out-patient department, they will use the “Hospital Out-Patient Department” table (U-prefix premiums).
- Alternatively, if the doctor gets called to the in-patient department, they will bill from the “Hospital In-patient” table (C-prefix premiums).
- Lastly, if a doctor gets called to the parking lot, they will use the table named “Other (non-professional setting not listed)” (Q-prefix premiums).

K- Prefix Special Visit Premium (Not on-call)

When the doctor is not scheduled to work at the hospital but gets called to the hospital on an urgent basis to see a patient, they would bill from the K-prefix special visit premiums under the “Emergency Department” table. This physician is considered not on-call and was not expected to remain available to work. Specialists will use this if they are called to another floor for a consultation.

Premium	Weekdays Daytime	Weekday Daytime w/ Sacrifice of office hours	Weekdays Evening	Sat., Sun. and Holidays	Nights
Travel Premium	K960 - \$36.40 Max. 2	K961 - \$36.40 Max. 2	K962 - \$36.40 Max. 2	K963 - \$36.40 Max. 6	K964 - \$36.40 Unlimited
First person seen	K990 - \$20 Max. 5	K992 - \$40 Max. 2	K994 - \$60 Max. 5	K998 - \$75 Max. 10	K996 - \$100 Unlimited
Additional person(s) seen	K991 - \$20 Max. 5	K993 - \$40 Max. 2	K995 - \$60 Max. 5	K999 - \$75 Max. 10	K997 - \$100 Unlimited

Real-life examples

Example #1

A physician is scheduled to see patients on a Thursday during the day for a shift from 8:00am to 4:00pm but is asked to come an hour early at 7:00am and ends up seeing five patients before the start of their shift at 8:00am.

What would the doctor's billing look like?

Patient	Billings
Weekday- Daytime 7:00am- 5:00pm 1 st Patient	A-prefix assessment code: (ex. A007) Travel premium: H960 First person seen: H980
2 nd 3 rd 4 th & 5 th Patient	A-prefix assessment code (ex. A007) Additional person seen: H981 After the 5th patient seen, revert to billing H-prefix assessment codes (Based on the doctors' shift, it would be H101, H102, H103 or H104).

Example #2

A physician is scheduled to see patients on a Thursday for a night shift starting at 12:00am but is asked to come an hour early at 11:00pm and see patients.

What would the doctor's billing look like?

Patient	Billings
Weekday- Nights 12:00am- 7:00am 1 st Patient	BEFORE 12:00 AM A-prefix assessment code (ex. A007) Travel Premium: H962 First Person Seen: H984
2 nd 3 rd 4 th & 5 th Patient	BEFORE 12:00 AM A-prefix assessment code (ex. A007) Additional Person Seen: H985 After the 5th patient seen, revert to billing H-prefix assessment codes. If the physician only sees 4 patients before midnight, then the first patient that is seen after 12 am can be billed with a first-person seen code (with an A-prefix assessment), followed by billing any additional patients seen for the remainder of the shift.

Real-life examples

Example #3

A physician who is not on the schedule gets called into the hospital on a Monday at 12:00 pm on an urgent basis to see a few patients.

What would the doctor's billing look like?

Patient	Billings
Weekday- Daytime 7:00am- 5:00pm 1 st Patient	A-prefix assessment code: (ex. A003) Travel Premium: K960 First Person Seen: K990
2 nd 3 rd 4 th & 5 th Patient	Additional Person Seen: K991 After the 5th patient seen, revert to billing H-prefix assessment codes.

Common errors and best practices

For physicians working in fast-paced ER departments, managing OHIP billing on their own can be a challenge. Without optimizing this process, there is a high chance that your claims will result in errors and potential financial losses. Here are the top five common errors we see physicians often make and how to avoid them:

Common Error 1: Adding more than one travel premium throughout their shift when they did not leave the hospital.

Best Practice 1: Travel premiums can only be used when a doctor travels to the hospital; therefore, in most situations, it can only be billed once unless the doctor leaves as far as the parking lot and beyond and returns to the hospital in the same day.

Common Error 2: Confusing travel premium codes with first-person-seen premium codes.

Best Practice 2: Remember the billing rules for special visit premiums and always have the K-SVP table or H-SVP table on hand.

Common Error 3: Using the wrong table when billing codes, going based on memory

Best Practice 3: Always have both the K-SVP table or H-SVP table on hand to avoid billing errors.

Common Error 4: Not switching to assessment codes after reaching the maximum of special visit premiums.

Best Practice 4: This can lead to MD errors on your error report. Know the maximum number of the special visit premiums you are billing for.

Common Error 5: Billing travel premiums with additional person-seen codes

Best Practice 5: Travel can only be billed **once** with the **first patient-seen** codes. Travel premiums cannot be billed with additional patient-seen codes.