

OHIP Billing: After Hours Premiums

Quick Reference Guide

This guide will provide you with key information on how to bill for the After Hours Procedure Premiums valid until March 31, 2024.

Challenge	DoctorCare Best Practices and Recommendations		
What are the after hours procedure premiums?	The After Hours Procedure Premiums are temporary codes issued by the Ministry to address the backlog of surgeries and other procedures that have been delayed du to COVID-19.		
	All physicians (other than Emergency Department physicians) can bill the After Hours Procedure Premiums when the service provided is:		
	 An elective in-hospital, Independent Health Facility (IHF); or Non-hospital based surgical or other procedure indicated in the list of eligible services (see page 2); Commenced after hours, on a weekend/holiday, or at night. 		
	For Emergency Department physicians , the After Hours Procedure Premiums are payable if they are commenced during the times specified below:		
	Fee Code	Description	Value
	Fee Code E412	Description Evenings (17:00h-24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays, and Holidays.	Value 20% of fee

For all other physicians, the After Hours Procedure Premiums are payable if they are commenced during the times specified below:

Fee Code	Description	Value
E409	Evenings (17:00h-24:00h) Monday to Friday or daytime and Evenings on Saturdays and Sundays, and Holidays.	50% of fee
E410	Nights (00:00h-07:00h)	75% of fee

Challenge	DoctorCare Best Practices and Recommendations
What are the payment rules?	 E409/E410 is not payable for a procedure rendered by an Emergency Department Physician. 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.
What are the services payable under this premium?	Services Payable Under the After Hours Procedure Premiums 1. Premiums are payable when the following criteria are met: The service provided is one of the following: a) Non-elective Surgical Procedures (including fractures or dislocations) b) Obstetrical Deliveries c) Clinical Procedures Associated with Diagnostic Radiological Examinations d) Ground Ambulance Transfer (K101) e) Air Ambulance Transfer (K111) f) Transport of Donor Organs (K102) g) Return Trip (K112), h) One of the following Major Invasive Procedures: E111A, 0660, 6061, 6062, 6065, 6066, 6067, 6068, 6082, 6083, 6085, 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 The procedure is either: a) Non-elective; or b) An elective procedure which, because of an intervening surgical emergency procedure(s) was delayed. 2. E409/E410 are also payable when the service provided is one of the following elective a) Surgical Procedures; b) Clinical Procedures c) Major Invasive Procedures.