

After Hours Procedure Premiums

Quick Reference Guide

This short guide will provide you with key information to bill for the After Hours Procedure Premiums, available starting November 28, 2020 until March 31, 2021

Read below for best practice recommendations on how to take advantage of the prevention fee and maximize your billings

Challenge

DoctorCare Best Practices and Recommendations

What are the After Hours Procedure Premiums?

- The After Hours Procedure Premiums are issued by the government to address the backlog of surgeries and other procedures that have been delayed due to COVID-19.
- For physicians (other than Emergency Department Physicians), the After Hours Procedure Premiums are payable if they are commenced during the times specified below:
 - E409 Evenings (17:00h-24:00h) Monday to Friday or daytime and Evenings on Saturdays and Sundays, Holidays-increase the procedural fee(s) by 50%.
 - E410 Nights (00:00h-07:00h)-increase the procedural fee(s) by 75%.
- For Emergency Department Physicians, the After Hours Procedure Premiums are payable if they are commenced during the times specified below:
 - E412 Evenings (17:00h-24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays, Holidays-increase the procedural fee(s) by 20%.
 - E413 Nights (00:00h-07:00h)-increase the procedural fee(s) by 40%.

When can you bill the After Hours Procedure Premiums?

- 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 services and is commenced after hours, on a weekend/holiday, or at night.
- Please note that this funding is temporary and is effective November 28, 2020 until March 31, 2021.

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 services are payable under this premium?

- The services payable under this premium include: Non-elective Surgical Procedures (including fractures or dislocations), Obstetrical Deliveries, Clinical Procedures Associated with Diagnostic Radiological Examinations, Ground Ambulance Transfer (K101), Air Ambulance Transfer (K111), Transport of Donor Organs (K102), Return Trip (K112), or one of the following Major Invasive Procedures:
E111A, G060, G061, G062, G065, G066, G067, G068, G082, G083, G085, 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
- Note: the procedure is either (a) non-elective; or (b) an elective procedure which, because of an intervening surgical emergency procedure(s) was delayed.
- E409/E410 are also payable when the service provided is one of the following elective (a) Surgical Procedures; or (b) Clinical Procedures Associated with Diagnostic Radiological Examinations; or (c) Major Invasive Procedures.

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca