



OHIP Billing: Paediatric Special Premiums

Quick Reference Guide

This short guide will provide you with key information on paediatric special premiums and how to bill them.

What are the Special Visit Premiums?

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.

Paediatric Special Premiums

In some instances, paediatricians must assess patients in the Emergency and In-patient departments. This is when they can bill the paediatric assessment/consult codes in combination with ER/In-patient Special Visit Premiums. These premium codes allow physicians to receive extra compensation for paediatric care in the ER. They are added to the standard assessment codes to reflect the additional burden of working during these critical times.

Emergency Department Special Visit Premiums

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

In-patient Special Visit Premiums

Premium	Weekdays Daytime	Weekday Daytime w/ Sacrifice of office hours	Weekdays Evening	Sat., Sun. and Holidays	Nights
Travel Premium	C960 - \$36.40 Max. 2	C961 - \$36.40 Max. 2	C962 - \$36.40 Max. 2	C963 - \$36.40 Max. 6	C964 - \$36.40 Unlimited
First person seen	C990 - \$20 Max. 5	C992 - \$40 Max. 2	C994 - \$60 Max. 5	C986 - \$75 Max. 10	C996 - \$100 Unlimited
Additional person(s) seen	C991 - \$20 Max. 5	C993 - \$40 Max. 2	C995 - \$60 Max. 5	C987 - \$75 Max. 10	C997 - \$100 Unlimited

For example, a paediatrician's claim for seeing a patient in the ER might look like this:

- **A265 (Consultation) +**
- **K962 (Emergency Department Travel premium) +**
- **K994 (First patient seen) and**
- **A265 + K995 for each additional patient seen during the same trip**

If the physician assesses a patient in the in-patient department, their claim might look like this:

- **A265 (Consultation) +**
- **C962 (In-patient travel premium) +**
- **C994 (First patient seen) and**
- **A265 + C995 for each additional patient seen**

Reminder: When you are billing special visit premiums, you cannot bill them with subsequent visit codes (C-prefix codes), only assessment and consultation codes (A-prefix codes).

Note: If the paediatrician is admitting the patient, they can also add on the E082 premium.

Premium	Description
E082	Admission assessment by the MRP

To learn more about the intricacies of Special Visit Premiums, check out our comprehensive guide on [Emergency Department Special Visit Premiums here](#).

Chronic Disease Premium – E078

Young patients with chronic illnesses are a common occurrence among many pediatricians. However, these complex cases may require additional time and expertise. To recognize this extra effort, the Ministry of Health has implemented specific billing codes, one being the **E078 - Chronic Disease Premium**, which adds 50% of the value of the assessment, when all the following criteria are met:

1. The assessment is a:
 - Medical specific (re)assessment;
 - Complex medical specific re-assessment;
 - Partial assessment or;
 - Level 2 paediatric assessment
2. The service is rendered by a physician registered with OHIP as having one of the following specialty designations:
 - 07(Geriatrics), 15(Endocrinology & Metabolism), 18(Neurology), 26(Paediatrics), 28(Pathology), 31(Physical Medicine), 34(Therapeutic Radiology), 44(Medical Oncology), 46 (Infectious Disease), 47 (Respiratory Disease), 48 (Rheumatology), 61(Haematology), 62(Clinical Immunology)
3. The assessment occurs in an office setting or an out-patient clinic in a hospital, other than the ER department.

Note: Physicians can only bill certain diagnostic codes when billing an assessment with E078, not a consultation. The accepted diagnostic codes are listed in the SOB, General Preamble (GP).

A common mistake doctors make is that if the patient is seen but the visit is unrelated to their chronic condition, they will bill the E078 with the chronic condition diagnostic code. If the patient is being seen for a visit unrelated to their chronic condition, billing E078 and using the diagnostic code related to their chronic condition is not allowed.

For further information about the Chronic Disease Premium or assistance with understanding billing complexities, DoctorCare is here to help. Our dedicated support team is available to answer your questions and provide guidance. Please don't hesitate to contact us at info@doctorcare.ca.