



Ontario



## Education and Prevention Committee Interpretive Bulletin

*Volume 8, No. 1*

### ***Most Responsible Physician (MRP) Premiums***

#### **Introduction**

##### **What is the Education and Prevention Committee (EPC)?**

The Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC's primary goal is to educate physicians about submitting OHIP claims that accurately reflect the service provided so that the need for adjustment of inappropriately submitted claims is reduced.

##### **What is an Interpretive Bulletin?**

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters. They are provided for education and information purposes only, and express the Ministry's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the October 1, 2009 Schedule of Benefits – Physician Services (Schedule). While the OMA and Ministry make every effort to ensure that this Bulletin is accurate, the Health Insurance Act (HIA) and Regulations are the only authority in this regard and should be referred to by physicians. Changes in the statutes, regulations or case law may affect the accuracy or currency of the information provided in this Bulletin. In the event of a discrepancy between this Bulletin and the HIA or its Regulations and/or Schedule under the regulations, the text of the HIA, Regulations and/or Schedule prevail.

EPC Bulletins and all other Ministry bulletins are available on the Ministry website at: [http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin\\_mn.html](http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html).

#### **Purpose**

The purpose of this bulletin is to provide physicians with information on the proper billing of the new Most Responsible Physician (MRP) premiums: Admission assessment by the MRP (E082); and Subsequent visit by the MRP (E083). These new fee codes are effective October 1, 2009, and full details of the premiums can be found on pages GP32 and GP37 of the Schedule.

#### **When can I claim MRP premiums?**

MRP premiums may be eligible for payment to the MRP caring for patients admitted to hospital. The MRP is defined as the attending physician who is primarily responsible for the day-to-day care of a hospital in-patient.

The MRP premiums are eligible for payment only to the MRP:

1. If the physician does not receive any direct or indirect remuneration from a hospital or hospital foundation for rendering in-patient clinical services; or
2. Where the physician does receive any direct or indirect remuneration from a hospital or hospital foundation for rendering in-patient clinical services, if such remuneration has been reduced by an amount equal to the amount that would be eligible for payment to the physician for the MRP premiums had he or she not received any such direct or indirect remuneration.

If a physician receives any remuneration (from a hospital or hospital foundation) for rendering in-patient clinical

services related to MRP care and that amount remains unchanged after October 1, 2009, then the physician is not eligible for payment of the new MRP premiums. However, if it is established that the physician's remuneration for in-patient clinical services related to MRP care is reduced by at least an amount equal to the billings that would be generated from claiming the MRP premiums, then the physician may be eligible for payment of these new MRP premiums.

Note: For the purposes of these codes, "direct or indirect remuneration from a hospital or hospital foundation for rendering in-patient clinical services" means that the physician does not receive remuneration from the hospital (or foundation) for rendering clinical services related to MRP care. Hospital on-call funds from HOCC, Psychiatric Sessionals, Psychiatric Stipends, and Pediatric Stipends are not remuneration from a hospital or hospital foundation and are not considered direct or indirect remuneration from a hospital or hospital foundation for rendering in-patient clinical services.

### **When is E082 eligible for payment?**

E082 is a 30% premium applicable to the admission assessment fee (e.g., consultation, general/medical specific/specific assessment, or general re-assessment or specific re-assessment fee, depending on the specialty of the physician and the nature of the service rendered), and is only eligible for payment when the admitting physician is the MRP.

If the MRP does not render the admission assessment, E082 is not eligible for payment for any service rendered by any physician during that hospital admission.

E082 is eligible for payment to the MRP, and only once per patient per hospital admission (as only one admission assessment is eligible for payment per patient hospital admission).

The full details of the E082 premium can be found on page GP32 of the Schedule.

### **When is E083 eligible for payment?**

E083 is a 30% premium which may be applicable to hospital in-patient subsequent visit fees (Cxx2, Cxx7, Cxx9), C122, C123, C124, C142, C143, C882 or C982 (i.e. subsequent visits and palliative care visits) rendered by the MRP.

E083 is eligible for payment only to the MRP, and only once per patient per day (as only one subsequent visit or palliative care visit is eligible for payment per patient per day).

The full details of the E083 premium can be found on page GP37 of the Schedule.

### **When is the MRP premium NOT eligible for payment?**

The MRP premium is not eligible for payment:

1. For services other than those listed above under "When is E082 eligible for payment?" or "When is E083 eligible for payment?";
2. For E082, for transfers within the same hospital (transfers do not constitute an admission);
3. For E083, for palliative care visits to patients in designated palliative care beds in long-term care (LTC) institutions (an LTC institution is not considered a hospital);
4. For routine admissions for labour and delivery, including routine newborn assessments (these are included in the labour and delivery fee code);
5. For any consultation or assessment related to day surgery (patient not admitted as in-patient);
6. For admissions or subsequent visits prefixed with "W"; and
7. If the physician receives any direct or indirect remuneration from a hospital or hospital foundation for rendering in-patient clinical services, as described under "When can I claim MRP premiums?"

### **Example 1**

Dr. Most, an internist, provides a consultation to a patient in the emergency department and decides to admit the patient to hospital. The patient remains in hospital for five days under the care of Dr. Most. Dr. Most does not receive any financial remuneration from the hospital for in-patient clinical services.

Are the MRP premium(s) eligible for payment to Dr. Most?

Since Dr. Most is the patient's MRP and does not receive any funds from the hospital for providing in-patient clinical services, E082 would be applicable to his consultation fee (as the admission assessment), and E083 would be applicable to C122, C123, C124, and the subsequent visits, if rendered.

### **Example 2**

Dr. Ed is an emergency room physician. At the request of Dr. Family (the patient's primary care physician who will be assuming MRP responsibilities), Dr. Ed renders an admission assessment and admits the patient to hospital. Dr. Family does not receive any financial remuneration from the hospital for in-patient clinical services.

Are Dr. Ed and Dr. Family eligible to bill the MRP premiums?

Since Dr. Ed is not the patient's MRP, Dr. Ed is not eligible

to bill E082 for the admission assessment. Dr. Family is eligible to bill E083 with the applicable subsequent visits when rendered, but is not eligible to bill E082, as the admission assessment was completed by Dr. Ed, who is not the MRP.

### **Example 3**

Dr. Funds is a hospitalist and admits a patient to hospital under her care. Dr. Funds has a financial agreement with the hospital whereby the hospital has agreed to pay her a daily stipend on top of any OHIP billings she may receive for providing in-patient clinical services. The stipend Dr. Funds receives is not reduced after October 1, 2009.

Is Dr. Funds eligible to bill the MRP premiums?

No, Dr. Funds is not eligible to bill the MRP premiums, as she is receiving a fixed unreduced stipend from the hospital for in-patient clinical services.

### **Example 4**

Dr. Gland is going away on vacation and has made arrangements for Dr. All to cover his in-patients. Dr. All did receive financial remuneration from the hospital for in-patient MRP clinical services prior to October 1, 2009, however, Dr. All and his hospital CEO established to the Ministry of Health and Long-Term Care that the financial incentive was appropriately reduced (or ceased) on October 1, 2009.

Is Dr. All eligible to bill the E083 MRP premium?

Yes, provided that an eligible assessment service is performed at the visit, and Dr. All meets the payment criteria for E083.

### **Example 5**

Dr. Peds renders an admission assessment and admits a child to hospital. After doing a follow-up assessment the next day, Dr. Peds decides that a neurology consultation is warranted. Dr. Neur renders a consultation later that day. Dr. Peds remains MRP. Neither Dr. Peds nor Dr. Neur receive any financial remuneration from the hospital for in-patient clinical services.

Are Dr. Peds and Dr. Neur eligible to bill the MRP premiums?

Dr. Peds is eligible to bill E082 with the admission assessment and E083 with the applicable subsequent visit fees (C122, C123, etc., if rendered).

Dr. Neur is not eligible to bill the MRP premium, as he is not the patient's MRP.

### **Example 6**

A patient seen in emergency department gets transferred to a holding unit — neither the MRP premium or an admission assessment are eligible for payment, as the patient is not an in-patient.

### **Your feedback is welcomed and appreciated!**

The Education and Prevention Committee welcomes your feedback on the Bulletins in order to help ensure that these are effective educational tools. If you have comments or questions on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing to:

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The PSC Secretariat will anonymously forward all comments/suggestions to the Co-Chairs of the EPC for review and consideration.

### **For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:**

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