

GENERAL PREAMBLE

SPECIAL VISIT PREMIUMS

SPECIAL VISIT PREMIUM TABLE I

Emergency Department					
<i>Not eligible for payment to Emergency Department Physicians (see definition GP46)</i>					
	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00 - 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 K960	\$36.40 K961	\$36.40 K962	\$36.40 K963	\$36.40 K964
First Person Seen	\$20.00 K990	\$40.00 K992	\$60.00 K994	\$75.00 K998	\$100.00 K996
Additional Person(s) seen	\$20.00 K991	\$40.00 K993	\$60.00 K995	\$75.00 K999	\$100.00 K997
Maximums (per time period)					
Travel premiums	2	2	2	6	unlimited
Persons seen (first person and additional person(s))	10	10	10	20	unlimited

SPECIAL VISIT PREMIUM TABLE II

Hospital Out-Patient Department					
	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 U960	\$36.40 U961	\$36.40 U962	\$36.40 U963	\$36.40 U964
First person seen	\$20.00 U990	\$40.00 U992	\$60.00 U994	\$75.00 U998	\$100.00 U996
Additional person(s) seen	\$20.00 U991	\$40.00 U993	\$60.00 U995	\$75.00 U999	\$100.00 U997
Maximums (per time period)					
Travel premiums	2	2	2	6	unlimited
Persons seen (first person and additional person(s))	10	10	10	20	unlimited

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SPECIAL VISIT PREMIUM TABLE III

Hospital In-Patient					
	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 C960	\$36.40 C961	\$36.40 C962	\$36.40 C963	\$36.40 C964
First person seen	\$20.00 C990	\$40.00 C992	\$60.00 C994	\$75.00 C986	\$100.00 C996
Additional person(s) seen	\$20.00 C991	\$40.00 C993	\$60.00 C995	\$75.00 C987	\$100.00 C997
Maximums (per time period)					
Travel premiums	2	2	2	6	unlimited
Persons seen (first person and additional person(s))	10	10	10	20	unlimited

SPECIAL VISIT PREMIUM TABLE IV

Long-Term Care Institution					
	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 W960	\$36.40 W961	\$36.40 W962	\$36.40 W963	\$36.40 W964
First person seen	\$20.00 W990	\$40.00 W992	\$60.00 W994	\$75.00 W998	\$100.00 W996
Additional person(s) seen	\$20.00 W991	\$40.00 W993	\$60.00 W995	\$75.00 W999	\$100.00 W997
Maximums (per time period)					
Travel premiums	2	2	2	6	unlimited
Persons seen (first person and additional person(s))	10	10	10	20	unlimited

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Special visit means a visit initiated by a patient or an individual on behalf of the patient for the purpose of rendering a non-elective service or, if rendered in the patient's *home*, a non-elective or elective service.

A special visit premium is payable in respect of a special visit rendered to an insured person, subject to the conditions and limitations set out below. All special visit premiums are subject to the maximums, limitations and conditions set out in the "Special Visit Premium Table" applicable in the circumstances.

Payment rules:

1. Special visit premiums are *only eligible for payment* when rendered with certain services listed under "Consultations and Visits" and "Diagnostic and Therapeutic Procedures" sections of this Schedule.
2. Regardless of the time of day at which the service is rendered, special visit premiums are *not eligible for payment* in the following circumstances:
 - a. for patients seen during rounds at a hospital or long-term care institution (including a nursing *home* or *home* for the aged);
 - b. in conjunction with admission assessments of patients who have been admitted to hospital on an elective basis;
 - c. 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);
 - d. for services rendered in a place, other than a hospital or long-term care facility, that is scheduled to be open for the purpose of diagnosing or treating patients;
 - e. for a visit for which critical care team fees are payable under this Schedule;
 - f. in conjunction with any sleep study service listed in the sleep studies section of this Schedule; or
 - g. for services rendered to patients who present to an office without an appointment while the physician is there, or for patients seen immediately before, during or immediately after routine or ordinary office hours even if held at night or on *weekends* or *holidays*.
3. Special visit premiums are *not eligible for payment* with services described by emergency department "H" prefix fee codes.

[Commentary:

For elective *home* visits rendered during daytime, evenings, nights or *weekends*, submit claim(s) using fee codes found under the column titled "Elective *Home* Visit" of Special Visit Premium Table VI listed on page GP50.]

Sacrifice of office hours means an insured service rendered when the demands of the patient and/or the patient's condition are such that the physician makes a previously unscheduled non-elective visit to the patient at a time when the physician had an office visit booked with one or more patients but, because of the previously unscheduled non-elective visit, any such office visit was delayed or cancelled.

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PREMIUMS

[Commentary:

Special visit premiums are in respect of either or both: a "travel premium" and a "patient seen" premium (i.e. "first person seen premium" or "an additional person seen premium").]

A. Travel Premium

Definition/required elements of service:

A travel premium is *only eligible for payment* for travel from one location to another location ("the destination") subject to the payment rules below.

A travel premium is *not eligible for payment* when a physician is required to travel from one location to another within the same long-term care facility, hospital complex or within buildings situated on the same hospital campus.

[Commentary:

1. A first person seen premium may be eligible for payment in this circumstance.
2. 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.]

B. First person seen premium

A first person seen premium is eligible for payment for the first person seen at the destination under one of the following circumstances ("the eligible times"):

1. if the insured service is commenced evenings (17:00 hr-24:00 hr) Monday to Friday; daytime or evenings on Saturdays, Sundays, and *Holidays*; or nights (24:00 hr-07:00 hr);
2. if rendered requiring sacrifice of office hours; or
3. if rendered during daytime hours (07:00 - 17:00 hrs Monday through Friday) in circumstances in which a travel premium is eligible for payment.

C. Additional person premium

An additional person premium is *only eligible for payment* for services rendered at the destination to additional patients seen in emergency departments, outpatient departments, long-term care institutions or to hospital inpatients, provided that each additional patient service is commenced during the eligible times.

[Commentary:

Special visit premiums are *not eligible for payment* for elective services rendered at a long-term care institution, including a nursing *home* or *home* for the aged, even when the long-term care institution is the "*home*" of the patient.

Submit claims for routine elective visits in these locations as subsequent visits. For example, if the physician is called to a nursing *home* to see a patient for a non-elective problem at 8AM, and subsequently sees his/her routine patients on rounds, those additional patients do not qualify for the additional person premium.]

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LIMITS FOR SPECIAL VISIT PREMIUMS

Special visit premiums in excess of the maximums listed in the Special Visit Premium Tables are *not eligible for payment*.

The maximums apply to the number of patients where special visit premiums may be eligible for payment on that service date or in the time period specified.

LIMITS FOR GERIATRIC HOME VISIT SPECIAL VISIT PREMIUMS

For the purpose of special visit premiums under the heading "Geriatric *Home* Visit Special Visit Premiums", the special visit premiums listed under Table X are *only eligible for payment* to:

- a. a *specialist* in Geriatrics (07); or
- b. a physician with an exemption to access bonus impact in Care of the Elderly from the MOHLTC.

LIMITS FOR EMERGENCY DEPARTMENT PHYSICIAN

For the purpose of special visit premiums under the heading "Emergency Department Physician", "Emergency Department Physician" means a physician:

- a. who on a day when the physician is scheduled to work in a hospital emergency department specifically for the purpose of rendering services to patients who attend the emergency department for physician services,
 - i. is requested by the emergency department to attend at a time when the physician is not otherwise scheduled to work in the emergency department; and
 - ii. who is not at the hospital at the time the emergency department request for attendance is made; or
- b. is on-call on a scheduled basis specifically to be available to a hospital emergency department to render services to patients who attend the emergency department for physician services and who is not at the hospital at the time the emergency department request for attendance is made.

[Commentary:

Emergency room physicians may be primarily funded either through an Emergency Department Alternate Funding Arrangement (ED-AFA) or fee-for-service.]

In addition to the general restrictions regarding special visits as outlined above, there are specific restrictions which apply to special visit premiums for services rendered in the emergency department by Emergency Department Physicians (as defined above). These limits are listed in the Special Visit Premiums table under the heading "Emergency Department by Emergency Department Physician" (Table V). Special Visit Premiums listed in the Special Visit Premiums table under the heading "Emergency Department" (Table I) are *not eligible for payment* to Emergency Department Physicians (as defined above).

[Commentary:

1. First patient seen and additional person seen premiums for Emergency Department Physicians are eligible for payment only when the physician is required to travel, as defined under "Travel Premium" page GP45, to make a special visit to the hospital emergency department.
2. If the Emergency Department Physician is at the hospital at the time the emergency department request for attendance is made, the appropriate H prefix code may be eligible for payment.
3. If the Emergency Department Physician is called to a hospital ward on a non-elective basis, the General Listings ("A" prefix) apply and "C" prefix first person seen/additional person seen special visit premium may be eligible for payment.]

Note:

When special visits are rendered by physicians when they are not on duty to the emergency department, the limits for special visit premiums under the heading "Emergency Department" (Table I) apply (GP48). For patients assessed during this visit to the emergency department beyond the defined limits, submit claims for all subsequent patients using the "H" prefix listings.

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Medical record requirements:

Special Visit Premiums are *only eligible for payment* if the following requirements are met:

1. For fee codes listed in Tables I, II, III, IV, VI, VII, VIII, IX and X the time at which the special visit takes place must be documented on the medical record.
2. For fee codes listed in Table V;
 - a. the time of the request to attend in the emergency department must be documented on the medical record; and
 - b. The specific situation requiring the physician's attendance must be documented on the medical record.

[Commentary:

When a special visit service occurs in a hospital, emergency department or long-term care institution where common medical records are maintained, the time when the visit takes place may be documented anywhere in the common medical record.]

Claims submission instructions:

Submit claims using the appropriate A-prefix assessment fee from the "General Listings" for an assessment rendered in conjunction with a special visit premium.