

MINISTRY OF HEALTH AND LONG-TERM CARE
Primary Health Care and Family Health Teams

FACT SHEET

Title: **Billing and Payment Information for Family Health Group
Physicians Participating in the Office Practice Nurse
Compensation Pilot Project – Fee-for-Service Delegation Model**

Date: **April 2008**

Per Section 7.3 (b) of Appendix E of the Memorandum of Agreement (MOA) between the Ministry of Health and Long-Term Care (the “ministry”) and the Ontario Medical Association (the “OMA”), an Office Practice Nurse (OPN) Compensation Pilot Project was created for physicians participating in Family Health Groups (FHGs) or the Comprehensive Care Model (CCM).

As a Group Physician (a FHG physician who is participating in the pilot project), you are eligible to submit claims for specific services delegated to a Registered Nurse (“RN”) employed as an OPN in your practice. Payment for these services is capped at the Maximum Annual Group Funding Amount stated in Schedule C of your group’s executed OPN agreement.

Provided below is billing and payment information regarding the RN delegable services and information on how you may now submit any stale-dated claims for payment retroactive to your group’s contract effective date.

RN Assessment and Counseling Code Billing Requirements

Note: At all times a physician must be onsite and available to attend to patients and to collaborate with the RN as necessary.

- A physician may submit and receive payment for the following four RN assessment Q codes and one RN counseling Q code when the service has been delegated and provided by an RN in keeping with his/her Scope of Practice. (RNs do not submit these fee codes for payment.)
 - Q180A – Well Baby Care (patients under two years of age)
 - Q181A – Medication Review and Blood Pressure Check
 - Q182A – Diabetic Check
 - Q183 A – Cholesterol Check
 - Q184A – Counseling

Detailed service descriptions/requirements for each of the Q codes are provided in the OPN Agreement.

- RN assessment and counseling Q codes may be submitted for all patients regardless of their enrolment status (enrolled, non-enrolled, and assigned patients).
- RN assessment and counseling Q codes must be submitted using a physician's solo billing number or the clinic number under which all of his/her claims are submitted.
- Each RN assessment Q code (Q180A, Q181A, Q182A and Q183A fee codes) should be submitted at a value of \$20.00. A diagnostic code is not required. The maximum number of services on the claim is one (1).
- The RN counseling Q code (Q184A) should be submitted at a value of \$35.00. A diagnostic code is not required. The number of services on the claim is equal to the applicable number of time units the RN was in direct contact with the patient. The maximum number is eight.

Calculating the Number of Time Units:

The Q184A is payable in time units of 30 minutes (consistent with current time unit payment rules in effect for counseling services set out in the Schedule of Benefits for Physician Services). Minimum time units should be calculated as follows:

# Units	Minimum time with patient	# Units	Minimum time with patient
1 unit	20 minutes	5 units	136 minutes [2h 16m]
2 units	46 minutes	6 units	166 minutes [2h 46m]
3 units	76 minutes [1h 16m]	7 units	196 minutes [3h 16m]
4 units	106 minutes [1h 46m]	8 units	226 minutes [3h 46m]

- In the event both the physician and the RN see the same patient on the same day, the physician may submit and receive payment for one of the following (not both):
 - A physician assessment or counseling fee schedule code (e.g. A007A), or
 - A delegated RN assessment or counseling Q code.
- A physician may submit and receive payment for either RN assessment Q Codes – (Q180A, Q181A, Q182A, and Q183A) or the RN counselling Q Code (Q184A) for the same patient on the same day (not both).
- Normal stale-dating rules will apply to all of the RN assessment and counseling Q codes. (Please see below for a specific process to handle stale-dated claims as of April 1, 2008).

Stale-Dated Claims

Due to the delayed implementation of this initiative, the ministry recognizes that you may have eligible claims for OPN services which are now stale-dated. As a result, the ministry will process stale-dated claims retroactive to your group's OPN agreement effective date that are submitted in the following manner:

- Stale-dated claims must be sent to your local ministry office on a separate diskette, apart from regular claims submissions.
- Diskettes submissions should be labeled as shown below:

Attention: Program Manager
Re: OPN FFS Claims for manual review

- Supporting documentation is not required.
- Stale-dated claim submissions must be received by the ministry no later than **June 30, 2008** for processing. Claims submitted after June 30, 2008 will not be considered for payment.

For information regarding the OPN FFS Delegation Model please contact Jenifer Crockett at 1-866-766-0266 or (613) 536-3212.

As with Fee-for-Service claims, please continue to contact the Claims Payment Division of your local MOHLTC office for guidance with RN Q Code claims submissions.