UPDATED
Multidisciplinary Cancer Conferences (MCCs)
OHIP Billing Code: Frequently Asked Questions (FAQ)

Purpose of this document: This document has been prepared by the Multidisciplinary Cancer Conference (MCC) Project Team at Cancer Care Ontario and aims to facilitate understanding and offer advice regarding use of the OHIP Schedule of Benefits for MCCs.

Audience: Physicians chairing or attending MCCs, physicians interested in participating in MCCs, MCC Coordinators, and hospital administrators.

Background: MCCs are regularly scheduled meetings where healthcare providers discuss the diagnosis and treatment of individual cancer patients. Participants represent medical oncology, radiation oncology, surgical oncology, pathology, diagnostic radiology and nursing.

Please see link provided below for MCC Standards:
http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=14318

MCC OHIP Code: As of October 1, 2010, an OHIP billing code has been approved for the participation in, and chairing of MCCs. As of September 1, 2011, the Ministry released changes to the OHIP Billing Code as found in the Schedule of Benefits.

Schedule of Benefits:
http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/a_consul.pdf

More questions?
Do you have another question that you think should be addressed in this format? To enquire further about MCCs, please email mccinfo@cancercare.on.ca

CAVEAT:
The information set out in this FAQ document is a general summary provided for information purposes only. It is not intended to be relied upon as legal advice as to what will or will not be considered a billable MCC activity. In the event of a discrepancy between this notice and the current Schedule of Benefits for Physician Services or other Ministry of Health and Long Term Care schedule, regulation, or other publication, the Ministry's documents should be followed.

The creation of a MCC OHIP billing code is a substantial milestone and the result of the strong partnership from physicians and administrators across the regions with the provincial project team, the Ontario Association of General Surgeons (OAGS), the Ministry of Health and Long Term Care and the Ontario Medical Association (OMA). The enthusiasm for implementing MCCs across the province has been outstanding and the success has thrived to date upon volunteer participation.

The Schedule of Benefits for Physician Services is a schedule in regulation and as such the requirements set out by the Ministry must be fulfilled for the service to be payable. As payment for this service is breaking new ground it is recognized that modifications may be needed once data and experience is available. The initial codes are a work in progress. The information and feedback gathered over the next

one to two years will assist making adjustments to the code requirements. CCO is committed to working with physicians and the Ministry to refine this work in order to achieve our vision.

OHIP Billing Code

1. How is an OHIP billing code made?

In regards to MCCs, Cancer Care Ontario's MCC project team made a submission to the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA) to establish fee codes to compensate physicians for the time required for MCCs – including preparation, participation and chairing.
The Medical Services Payment Committee composed of MOHLTC and OMA representatives is responsible for making recommendations regarding fees and payment programs with money negotiated under the 2008 Physician Services Agreement. Once approved by the parties, recommendations are presented to the government for approval as a regulatory amendment to the Schedule. If approved, the Schedule is updated.

Requirements & Eligibility

2. What are the billing codes for MCCs?

The OHIP billing code was updated as part of Fee Schedule Code Changes effective September 1, 2011
There are three billing codes in the Schedule of Benefits for Physician Services under the Health Insurance Act that pertain to MCCs:
K708 - MCC participant, per patient
K709 - MCC Chairperson, per patient
K710 - MCC Radiologist Participant, per patient

<u>These codes are only eligible for payment where</u>:

- The MCC meets the minimum standards including physician discipline attendance and documentation requirements established by Cancer Care Ontario
- Please see link for MCC Standards: http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=14318
- Total time of discussion for all patients meets the minimum time requirements (see attached table)
- Physician is actively participating in the case conference, and their participation is documented in the record
- MCC is pre-scheduled

<u>Limitations</u>:
K708 and K710 are each limited to a maximum of 5 services per patient per *day*, which means that a maximum of 5 physicians will be able to bill (K708) as a MCC participant for the discussion of one patient (minimum 10 minute discussion of patient care).

K708, K709, and K710 are each limited to a maximum of 8 services, per physician, per *day,* which means that a physician is allowed to bill a maximum of 8 MCC patient discussions per day.
It is not possible for the same physician to bill for more than one code (K708, K709 and 710) on the same day for the same patient.
K709 (Chair) is *only eligible for payment* once per *day* per patient, to a maximum of 8 patients per day.
The OHIP Schedule of Benefits provides a full description of the codes and requirements and is available at:
http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/physserv_mn.html

3. Who is eligible/not eligible for this billing code?

Eligible	Not Eligible
• All physicians and surgeons* ***Subject to exclusions, see Not Eligible column to the right	• Laboratory Medicine • Pathologists • Radiation Oncologists • *Any physicians (medical oncology, surgery, radiation oncology, gynecology oncology,) receiving oncology-specific alternate funding under a salary, stipend, APP or AFP model (see question 5 for definition)

Note: Billing code 710 is only eligible for payment to physicians from Diagnostic Radiology.

4. Pathologists and radiologists spend a significant amount of time preparing and attending MCCs why isn't preparation for MCCs covered?

Cancer Care Ontario recognizes the important work of pathologists and radiologists – especially the preparation for MCCs, and considers this work essential to a successful MCCs. CCO continues to advocate for compensation for pathologist and radiologist preparation time.

5. What is an Alternate Payment Plan (APP) - Alternate Funding Plan (AFP) model? Why are physicians who receive an AFP excluded from billing MCCs?

An AFP provides an alternate approach to funding physician services other than fee-for-service. Oncology-specific APPs are meant to remunerate for activities in areas such as education, research and quality improvement in which MCCs are included.

Oncology-specific APPs include radiation oncology, medical oncology, surgical repair funding (SRF) and gynaecology oncology. Accountabilities in these funding arrangements include MCC participation and therefore, these physicians are not eligible to bill for the MCC OHIP code.

NOTE: The Academic Health Sciences Centre (AHSC) APP is not included in this definition.

6. There are more than 5 physicians that attend my MCC that are eligible to bill, who bills?

At this point in time the limit is 5 physicians; this is an area for future refinement. For now, we encourage that you discuss within your MCC and develop a simple method that works best for the

MCC. Some regions have considered a rotation schedule to ensure that billing occurs fairly for all MCC participants.

If your MCC has come up with a unique way to do this that suits your MCC, please let us know and we can share!

Standards Criteria

7. What are the minimum standards for MCCs established by Cancer Care Ontario?

At minimum, the MCCs should:

- occur weekly or biweekly;
- ensure prospective case review;
- have a chair assigned and present;
- have a coordinator assigned;
- be documented (see *Documentation* below for more information); and
- include attendance of pathologist, radiologist, medical oncologist, radiation oncologist and surgery.*

*Attendance may differ with the specific disease-site. The disease-site criteria can be found here: http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=63113

8. How do I know if my MCC has met the minimum CCO standards criteria?

Please contact your regional MCC Coordinator who tracks this information.

MCC Documentation

9. What needs to be documented?

There are two types of documentation for MCCs.

1) The first relates to the MCC Standards criteria where MCC coordinators document administrative information, such as attendance.
2) The second is patient specific documentation.

The Schedule of Benefits states that the medical record requires:

- identification of the patient and physician participants,
- total time of discussion for all patients discussed, and
- the outcome or decision of the case conference related to each of the patients discussed.

To implement this, CCO suggests that a medical record be completed by the presenting physician:

- containing a brief summary of the case conference discussion
- describing which of the medical specialists were represented at the meeting
- reporting stop and start time of the discussion

One common medical record that includes all the necessary information would satisfy the medical record requirements for billing purposes. Either the medical record or a separate sign-in sheet

should be signed/initialled by all participating physicians (indicating where appropriate if attendee was not present for the complete MCC).

For more information on MCC documentation including the CMPA opinion and CCO's MCC Record and Sign-in Sheet templates, visit:
http://www.cancercare.on.ca/toolbox/mcc_tools/

Appendix A:

The following information was downloaded on October 13, 2011.
Please see the attached link for the most recent version:
http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/physserv_mn.html

MCC Code Description from the OHIP Schedule of Benefits

From the OHIP Schedule of Benefits:

A multidisciplinary cancer conference (MCC) is a service conducted for the purpose of discussing and directing the management of one or more cancer patients where the physician is in attendance either in person, by telephone or videoconference as a participant or chairperson in accordance with the defined roles and minimum standards established by Cancer Care Ontario.

K708 MCC Participant, per patient 31.35
K709 MCC Chairperson, per patient 40.45
K710 MCC Radiologist Participant, per patient 31.35

Payment rules:

1. K708, K709 and K710 are *only eligible for payment* in circumstances where:
a. the MCC meets the minimum standards, including attendance requirements, established by Cancer Care Ontario; and
b. the MCC is pre-scheduled.
2. K708, K709 and K710 are eligible for payment for each patient discussed where the total time of discussion for all patients meets the minimum time requirements described in the table below, otherwise the number of patients for K708, K709 and K710 are payable will be adjusted to correspond to the overall time of discussion.
3. K708 and K710 are *only eligible for payment* if the physician is actively participating in the case conference, and their participation is documented in the record.
4. K708 and K710 are each limited to a maximum of 5 services per patient per *day*, any physician.
5. K708 and K710 are each limited to a maximum of 8 services, per physician, per *day*.
6. Only K708 or K709 or K710 is *eligible for payment* to the same physician, same *day*.
7. K709 is limited to a maximum of 8 services per physician, per *day*.
8. Any other insured service rendered during a MCC is *not eligible for payment*.
9. K708, K709 and K710 are *not eligible for payment* where a physician receives payment, other than by fee-for-service under this *Schedule*, for the preparation and/or participation in a MCC.
10. K708 and K709 are *not eligible for payment* to physicians from the following specialties: Radiation Oncology (34), Diagnostic Radiology (33) and Laboratory Medicine (28).
11. K710 is *only eligible for payment* to physicians from Diagnostic Radiology (33).

Medical record requirements:

1. identification of the patient and physician participants;
2. total time of discussion for all patients discussed; and
3. the outcome or decision of the case conference related to each of the patients discussed.

[Commentary:

1. The 2006 Multidisciplinary Cancer Conference standards can be found at the Cancer Care Ontario website at the following internet link: http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=14318.
2. "Payment, other than by fee-for-service" includes compensation where the physician

receives remuneration under a salary, primary care, stipend, APP or AFP model.
3. One common medical record in the patient's chart for the MCC that indicates the physician participants (including listing the time the service commenced and terminated and individual attendance times for each participant if different) would satisfy the medical record requirements for billing purposes.]

CONSULTATIONS AND VISITS

A24 September 1, 2011

[Commentary:
1. The time spent per patient does not have to be 10 minutes. For example, if the physician participates in discussion about three patients and patient A is discussed for 5 minutes, patient B is discussed for 15 minutes and patient C for 10 minutes, the total time of discussion is 30 minutes and a claim may be submitted for each of the three patients. The time spent at the MCC should be recorded as 30 minutes.
2. If the physician participates in a discussion about four patients and the total time of discussion is 20 minutes the physician should only submit a claim for two patients.
3. A physician can only be either a chairperson, participant or radiologist participant on any given *day*.]

Number of Patients Discussed	**Minimum Total Time of Discussion**
1 patient	10 minutes
2 patients	20 minutes
3 patients	30 minutes
4 patients	40 minutes
5 patients	50 minutes
6 patients	60 minutes
7 patients	70 minutes
8 patients	80 minutes