

Virtual Care Telephone and Video Codes

Frequently Asked Questions

Last updated: March 25, 2020

1. When are these codes effective?

March 14, 2020

While the new phone/video and assessment centre codes became effective March 14, it will take about one month for the necessary computer programming. This is because the ministry is also undergoing programming to implement the April 1, 2020, SOB changes as well as processing the Year 2 retroactive payments to be paid in April 2020. Physicians are instructed to hold their claims until the system is ready. Further information will be shared when available.

InfoBulletins are available at:

<http://health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4745.aspx>

<http://health.gov.on.ca/en/pro/programs/ohip/bulletins/11000/bul11229.aspx>

2. Which physicians are eligible to bill these fee codes and which are not? Can a physician in a patient enrolment model provide them to non-rostered patients? Can a fee-for-service physician provide them to any patient?

All General and Family Practitioners are eligible to bill K080, K081 and K082 to any patient. Specialists are eligible to bill K083.

For FHO/FHN provision of services to non-rostered patients, the application of the Hard Cap ceiling for these services will not be enforced.

3. Will these codes impact Access Bonus?

The ministry has agreed that K080, K081 and K082 will not contribute to outside use. Options to implement this complex system change are being investigated. If the ministry is unable to prevent these codes from attributing to outside use in the short term, the ministry will undertake a review of services provided during the period that these temporary K-prefix codes are in effect, remove the financial impact of outside use, and recalculate any Access Bonus payments for this period.

4. Can after hour codes be billed in conjunction with these?

Yes, after hours premiums can be applied to these codes as appropriate.

5. Can K082 be used for K023 - Palliative care support, a time-based service payable for providing pain and symptom management, emotional support and counselling to patients receiving palliative care payable at \$62.75 per unit, which is similar to the psychotherapy/counselling code. Can K082 be used for other similar codes such as K022,

K037, etc.?

Yes, these services could be captured by the K080 – K082 code closest to the type of services provided.

6. What about other fee codes in the Consults and Visits in the Family Practice & Practice in General (00) section?

The K080-K082 have been described broadly enough to capture the types of services that we would expect physicians to be providing to meet patient need during this pandemic.

7. Is there specific technology for phone or video that needs to be used to bill these codes?

There are no specific technologies required. You should note that there are medical care virtual care platforms that have passed PHIPA rules, where consent from the patient is handled at sign-up. There are also other platforms that have not undergone PHIPA testing. If you choose one of these other platforms, then you should ask patients for their consent and record that verbal express consent was obtained. The OMA's [virtual care one-pager](#) provides quick-reference overview of the virtual care platforms you can use to provide care to patients during this COVID-19 pandemic.

8. Is there anything I should do with respect to patient authorizations to provide these services by phone or video?

OMA Legal has prepared a short paragraph statement to initiate a Virtual Care patient encounter which has also been vetted by the CMPA:

“Just like online shopping or email, Virtual Care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed. In order to improve privacy and confidentiality, you should also take steps to participate in this virtual care encounter in a private setting and should not use an employer’s or someone else’s computer/device as they may be able to access your information.

If you want more information, please check the link on our [website/confirmation email/etc.]. If it is determined you require a physical exam you may still need to be assessed in person. You should also understand that virtual care is not a substitute for attending the Emergency Department if urgent care is needed. Are you ok to continue?”

The more detailed information below is included for your use and must be made available to patients.

Detailed Script: Information for Patient for Virtual Care

COVID-19 is placing stress on Canada’s public health system. Our clinic is starting to offer virtual care to make sure that we can continue to care for our patients safely and effectively. This means that we will be using video and audio technologies for some patient visits rather than asking all

patients to come into our office. Some of these technologies are provided by the Province. Others have been provided by vendors such as Google, or Apple to help make discussions with your care provider as easy as possible during these difficult times. Some health concerns can be addressed with virtual care alone, but in some cases your doctor may ask you to visit a hospital or other health-care facility if necessary, for a physical examination.

We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communications tools. To help us keep your information safe and secure, you can:

- Understand that this method of communication is not secure in the same way as a private appointment in an exam room.
- Use a private computer/device (i.e., not an employer's or third party's computer/device) and a secure internet connection. For example, using a personal computer or tablet is more secure than using someone else's computer, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.

You should also understand that virtual care is not a substitute for in-person communication or clinical examinations, where appropriate, or for going to an Emergency Department when needed (including for any urgent care that may be required).

If you are concerned about using video or audio tools for virtual care, you can ask our office to arrange for you to visit a different health-care provider or other health-care center where you can be seen in person. However, please note that visiting a health care provider in person comes with a higher risk of coming into contact with COVID-19 and the possibility of spreading the virus.

By providing your information, you agree to let us collect, use, or disclose your personal health information through video or audio communications (while following applicable privacy laws) to provide you with care. In particular, the following means of electronic communication may be used (identify all that apply):audio or videoconferencing (including Skype, Facetime, etc.).

Sentence for physician to use to make a note in EMR

Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.

9. What is meant by the stipulation that "*the service is initiated by the patient or the patient's*

representative"?

- **Does this mean that if WE call the patient then it won't be billable?**

This would be dependent upon the situation. If, for example, the patient had an appointment that was rescheduled as a telephone or video appointment, then providing the service over phone/vide would still meet the payment requirements of the new temporary fees.

If you are scheduling a follow-up appointment (e.g., to discuss test results of a prior appointment) and this follow-up appointment is rendered by telephone or video, then this would also meet the payment requirements of the new temporary fees.

For clarity, please note these codes are not for calling or rescheduling appointments, but are for the provision of the medical advice only. We continue to advocate for ways that doctors can manage their small businesses, including expenses and staff.

- **For patients in a LTC or CCC facility, does "patient's representative" include inter-professional team members, such as nursing staff?**

Yes, inter-professional team members such as nursing staff would be considered a "patient's representative" for the purposes of initiating a telephone or video visit with a patient in a LTC or CCC.

10. We have pre-existing clinics with patients – many of which we can call or do virtually but cannot be cancelled or delayed. Our members would like to use the new codes to have telephone encounters during this period of crisis to avoid physical interaction and patients visiting the hospital where the vast majority of our practices sit. The rules say that the encounter must be initiated by a patient or patient rep. Does this mean we can't use these codes for our current clinics?

Pre-booked appointments rescheduled as telephone or virtually appointments would still meet the payment requirements for the new temporary codes, as the initial appointment was initiated by the patient or patient's representative.

For clarity, please note these codes are not for calling or rescheduling appointments, but are for the provision of the medical advice only. We continue to advocate for ways that doctors can manage their small businesses, including expenses and staff.

11. Can K080 be billed for simply rescheduling a patient's appointment?

No, these codes are not for calling or rescheduling appointments, but are for the provision of the medical advice only. We continue to advocate for ways that doctors can manage their small businesses, including expenses and staff.

12. Can you please clarify how specialists are to bill K083 Specialist consultation or visit by

telephone or video payable in increments of \$5.00?

- Given the differential rates across specialties, specialists will bill the value of the equivalent face-to-face code in \$5 increments.
- Any visit within the “Consultations and Visits” section of the OHIP Schedule of Benefits is applicable if it is a service that can be provided by video or phone
- The applicable units for the K083 claim submission are derived by selecting the fee code that best reflects the service rendered, rounding the fee value to the nearest \$5 and then dividing by 5.

Example:

- A448 Medical Oncologist Partial Assessment fee is \$38.05
- Round to the nearest \$5 is \$40.00.
- Divide \$40 by 5 to derive units ($40/5 = 8$ units).
- K083 claim submission would be 8 units with a fee payment of \$40 (8 units x \$5).

13. Is K083 limited to just "Consultation" type visits, or also for other types of assessments, such as "Partial Assessment", "Medical Specific Assessment", etc.?

K083 is not limited to consultations and can be billed for other types of visits, such as a partial assessments, medical specific assessments and subsequent visits to hospital inpatients. Any visit within the “Consultations and Visits” section of the Schedule of Benefits is applicable if it is a service that can be provided by video or phone.

K083 is a unit based fee code that pays \$5 per unit. The applicable units are derived by selecting the fee code that best reflects the service rendered and dividing its fee value rounded to the nearest \$5 by 5. For example, a partial assessment rendered by a Medical Oncologist (A448 - \$38.05) would calculate applicable K083 units by dividing \$40 by \$5 = 8 units. Thus, the claim submission would be for 8 units and a fee of \$40.

14. I am a specialist. Do I need to record start and stop times to bill code K083?

The specialist code (K083) is not a time-based code and start and stop time are not required except when billed in place of a time based fee code.

15. Are all 4 codes (K080, K081, K082, and K083) available for use by all specialties, or are some limited (e.g. just for GP's, just for specialists)

K080, K081 and K082 are for use by GP/FPs; Specialists are to use K083.

16. As a psychiatrist, if I see patients for 2 units of individual psychotherapy (K197A) what billing will OHIP allow for telephone visits? Do I bill with K082? Is there a cap? Occasionally a patient may be seen longer.

As a specialist, this would be billed as K083. Calculation of applicable units would be done in a

similar manner as other services billed as K083 – i.e., divide total fee value rounded to nearest \$5 by 5 to calculate applicable units and then multiply units by \$5. For example, 2 units of K197 = \$160.60 (\$80.30 x2) and when rounded to the nearest \$5 is \$160. Dividing by 5 results in 32 units. 32 units multiplied by \$5 results in a total fee payment of \$160. As there are no limits on K197 in the OHIP Schedule, the same payment rules applies to K083.

17. Are premiums that would normally be eligible for payment also be applicable to the temporary fee codes, such as age premiums, E078 and after hour premiums (e.g. Q016, Q012)?

The intent is for physicians to be reimbursed the same fee for the telephone or video visit as an in person visit. As such, if a premium was eligible for payment then it still will be. The exception being that virtual visits do not qualify for special visit premiums.

The exact mechanism for claim submission and payment is still being worked on with the Ministry of Health and additional information will be forthcoming.

Claims submitted through OTNinvite should be submitted in the usual manner using the appropriate fee code(s) and any applicable automated premiums (e.g., age premiums, Focus Practice Psychotherapy Premium) will continue to be applied automatically to the payment.

18. Are the special visit premiums eligible for payment in addition to the virtual care visit fee (first person seen, additional person seen)?

No, virtual visits do not qualify for special visit premiums.

19. Are diagnostic codes need to bill K080 – K083?

The exact mechanism for claim submission is still being worked on and additional information will be forthcoming.

20. Can we use Skype or other video conferencing apps to see patients?

There are no specific technologies required. You should note that there are medical care virtual care platforms that have passed PHIPA rules, where consent from the patient is handled at sign-up. There are also other platforms that have not undergone PHIPA testing. If you choose one of these other platforms, then you should ask patients for their consent and record that verbal express consent was obtained. The OMA's [virtual care one-pager](#) provides quick-reference overview of the virtual care platforms you can use to provide care to patients during this COVID-19 pandemic.

Please refer to Question 8's answer for important information with respect to patient consent to provide these services by phone or video.

21. There is one set of billing via OTN, where we have to add B099 to the regular code, and then

the InfoBulletin from the weekend that the Ministry put out. Which do I use for visits?

If you currently provide service through OTNInvite – you can continue to bill as usual. If you are using telephone or one of the other platforms – you can use the new temporary Kxxx codes.

Physician Virtual Care Platform Use	Billing Codes
Currently using OTNinvite (PEM physician providing virtual care to rostered patients/GP focus practice designated physician/specialist)	Can continue to bill as usual with the Ontario Virtual Care Program codes (see Virtual Care Billing Information Manual for details) ¹
New to using OTNinvite (any physician)	Bill the new temporary K codes ²
Using phone or non-OTN video visit technology	Bill the new temporary K codes

¹ Temporary K codes can be used if preferred

² Physicians who are new to OTNinvite and eligible to bill under the Ontario Virtual Care Program – PEM physicians with rostered patients, GP focus practice designated physicians, and specialists – can choose to bill the virtual care program codes (see [Virtual Care Billing Information Manual](#) for details) if preferred, by completing the [billing registration form](#).

22. Instead of sessional fee of \$170/hr, can I bill FFS for patients seen in Assessment Centre?

No, physicians who work in Assessment Centres, will receive an hourly sessional payment for this coverage; no other insured services are eligible for payment. Services provided in Assessment Centres cannot be billed as fee-for-service or shadow billed.

23. Will there be any compensation provided to physicians who are unable to provide clinical services to patients, either because of office closures/reduction in OR time or because they themselves are quarantined.

OMA has raised this important issue with the government pointing to previous Income Stabilization agreements in place during SARS. The government has agreed to start discussions with the OMA on income stabilization and physician compensation matters in response to the COVID 19 pandemic and we will keep members apprised of results of these discussions.

24. Can a family physician and/or GPs with a focus practice bill K083 when doing a consultation?

The OMA has raised this question with the government and we will keep members apprised of results of these discussions.

25. Will virtual visits count towards annual management fees such as, K045 Diabetes management by a specialist and Q040 Diabetes management incentive?

Claims submitted through OTNinvite using applicable fee codes already count toward minimum annual service requirements.

With regards to the new K-codes, the exact mechanism for accounting for these services towards the minimum annual service requirements is still being worked on with the Ministry of

Health.

26. How do we bill for out of province patients?

Physicians should continue to use existing billing methods for patients who have Canadian provincial health insurance coverage (e.g. BC, QC etc), and for those who have federal coverage (e.g. Interim Federal Health).

27. The new billing codes are “in the basket” however on weekends A888 is billed with Q012 which are “out of the basket”? Will the new codes also be out of basket when billed on weekends?

The OMA has raised this question with the government and we will keep members apprised of results of these discussions.

28. Does billing the new K-codes on the weekend precludes physicians from billing A888?

No, as the telephone/video service is being rendered in place of the A888 service, it would be acceptable to bill both A888 and the new time based K-codes on the same day.

29. Does OHIP cover conversations with patients by e-mail, when physicians provide the same level of advice and service as they would have by other virtual means?

No, the provision of services by e-mail is not covered by OHIP. The new temporary Kxxx codes only reimburse physicians for services rendered by telephone or video.

30. The billing codes are not approved to be sent for claims yet could take “weeks”. This means our next paycheque will be heavily affected. Can OMA advocate to allow us to bill regular billing codes until the new telephone codes can be claimed?

The OMA has raised this issue with the government along with other important physician compensation matters, such as income stabilization and we will keep members apprised of results of these discussions.

31. With the new exemption on expired health cards, what should we be doing with regard to billings for these patients? Will the MOH allow them to be submitted normally, or will they need to be logged and submitted at a later date?

The Ministry has suspended conversion of the red and white health cards and Ontario residents with a valid red and white health card can continue to use their card.

32. Does the original code that would have been billed by specialists have to be recorded in the note?

In addition to the usual medical record requirements, we recommend including the fee code

that would have been billed as a precaution for post-payment audit purposes.

33. What about supervision of residents?

Bulletin 4745 refers to services being rendered by the physician. This is not meant to change current teaching practices or how billing for supervision occurs, this is to ensure services that were not previously 'delegatable' to others are not now delegated using these codes (for example, to nurses or other health care professionals). If a resident provides a service that would otherwise be billable and now provides that service on the phone instead, the supervisor would bill for that service using the K083 guidelines as provided (within the usual Supervision of Postgraduate Medical Trainees guidelines).

34. Can the new fee codes K087, K088, K089 be used for providing care to uninsured persons via telephone or video?

Yes, these codes will be payable when service is rendered in-person, by telephone or by video.

35. What is the effective date of the new fee codes K087, K088, K089 for provision of care to uninsured persons.

These temporary codes are effective March 21, 2020, however system changes will be implemented over the coming weeks to process these payments. As a result, physicians are requested to hold off on submitting these claims for these codes until further notice.

36. Can I bill these codes for non-Covid 19 patients?

Yes, Services funded through these temporary fee codes are not limited to those required to diagnose and treat COVID-19.

37. Can I bill these fee codes to provide services to patients in another province?

No, physicians should continue to use existing billing methods for patients who have Canadian provincial health insurance coverage (e.g. BC, QC etc), and for those who have federal coverage (e.g. Interim Federal Health)

38. Are these fee codes eligible for payment to specialists?

Yes, these fee codes can be billed by both family physicians and specialists.

39. Can I delegate elements of a virtual care visit to my own personal staff (e.g., Physician Assistant or Nurse), in a similar manner that I've done for in-person visits, and still bill the new virtual care fees?

Yes, elements of an assessment could be delegated to a non-physician (e.g., Physician Assistant (PA), Nurse and Nurse Practitioner (NP)). However, in order to bill OHIP or through OTN, the

physician must personally render the service, which would include as a minimum, a history (or confirm with the patient the relevant history obtained by the PA, nurse or NP), performance of any necessary examination and communication of the diagnosis and/or treatment plan. Of course, this would all need to be recorded in the patient's medical record.

40. Can I bill a consultation if a full physical examination is not done?

Physicians will need to use their discretion, as some health concerns can be addressed with virtual care alone, but in some cases the need for physical examination or an in-person visit cannot be replaced. In these cases, it should be explained to the patient that virtual care is not a substitute and that an in-person visit is necessary in order to perform a physical examination (see answer to question 8 for additional information).

41. What can be billed for prescription renewals over the phone?

If speaking to a pharmacy about a prescription renewal, nothing has changed. OHIP cannot be billed for this service (it remains uninsured). If speaking to a patient over the phone about their prescription, then K080, K081 (GPs) or K083 (specialists) may be eligible for payment.

42. Can the new temporary fee codes (K080, K081, K082 and K083) be used for WSIB claims?

The OMA has confirmed with the Workers Safety and Insurance Board (WSIB) that WSIB insured patients are eligible for the new temporary telephone and video codes K080 – K083. We are continuing to work with the WSIB to ensure all changes to the Schedule of Benefits will be available to WSIB patients.