

Bulletin



Bulletin Number 4399	Date May 16, 2003	Direct inquiries to Ministry of Health and Long-Term Care Processing Office (address below)
Distribution Physicians, Hospitals, Clinics and Laboratories		

Subject: Fees for Telephone Services During the S.A.R.S. Emergency

In consultation with the Ontario Medical Association, the Ministry of Health and Long-Term Care is introducing three new fee schedule codes on a time limited basis to the Physician Schedule of Benefits effective April 1, 2003 in response to the current Severe Acute Respiratory Syndrome (S.A.R.S.) emergency. These codes will allow physicians to receive fee-for-service payments for telephone services provided under certain specific circumstances. These include if either the physician or the patient is under quarantine or isolation or if a physical encounter between a physician and patient could not occur as scheduled at a hospital or out-patient clinic due to the S.A.R.S. emergency.

The following text will be inserted on page lii of the General Preamble section of the Schedule of Benefits:

32. Telephone Services in Response to Severe Acute Respiratory Syndrome (SARS)

“applicable period” has the same meaning as “applicable period” in the *SARS Assistance and Recovery Strategy Act*, 2003.

Despite any requirement in this Schedule or Regulation 552 under the *Health Insurance Act* that:

- (a) a direct physical encounter occur between the physician and the patient, or
- (b) that a concomitant insured service accompany the provision of a prescription or communication or advice rendered by telephone to a patient,

the services described below as K080, K081 and K082 are insured during the applicable period when the following conditions are met:

1. the service is rendered by a physician other than one who is compensated for rendering insured services to that patient, in whole or in part, by any alternative payment plan or as part of any primary care reform initiative;

.../2

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2. there is a pre-existing and ongoing professional relationship between the patient and the particular physician; **and**
3. at the time the service is rendered,
 - (i) the physician is required to or has voluntarily isolated or quarantined him or herself in accordance with guidelines, orders, control measures or directives issued by the Medical Officer of Health, Chief Medical Officer of Health or the Commissioner of Public Security, in connection with SARS;
 - (ii) the patient is required to isolate or quarantine him or herself pursuant to an order of a Court, or an order, control measure or directive issued by the Medical Officer of Health or the Chief Medical Officer of Health in connection with SARS;
 - (iii) the patient has voluntarily isolated or quarantined him or herself pursuant to advice rendered personally to the patient in connection with SARS, by the Medical Officer of Health, Chief Medical Officer of Health, or the Commissioner of Public Security, or his, her or its authorized delegate; **or**
 - (iv) a physical encounter between that patient and that physician cannot occur as scheduled at a hospital or out-patient clinic of a hospital due to guidelines, directives, control measures or orders issued by the Medical Officer of Health, Chief Medical Officer of Health or Emergency Measures Ontario in connection with SARS.

K080 – telephone advice or information regarding health maintenance, diagnosis, treatment and/or prognosis to patient or patient’s representative including providing a new prescription or prescription renewal if rendered where service lasts for 10 minutes or less.....	\$10.00
K081 – telephone advice or information regarding health maintenance, diagnosis, treatment and/or prognosis including providing a new prescription or prescription renewal if rendered, if service lasts in excess of 10 minutes but less than one unit as described in K082.....	\$25.00
K082 – psychotherapy, psychiatric or mental health care, counseling or interview conducted by telephone per unit (unit means half hour or major part thereof), including providing a new prescription or prescription renewal if rendered.....per unit	\$50.00

Documentation of each service may be added to the patient’s medical record at a later date if the medical record is not available to the physician on the date of service providing that the documentation is added to the record within a reasonable period of time following the medical record becoming available to the physician.

Note:

K082 is insured only for services provided to patients who have received the same or similar time-based service that was personally rendered by the same physician in the previous 12 month period.

[Commentary:

1. K080, K081, K082 are insured only for services rendered on or after April 1, 2003, for the period that the SARS emergency remains in effect (declared March 26, 2003). Services rendered on or after the end of the SARS emergency (the end of the “applicable period” referred to above), are not insured.
2. See General Preamble for further requirements for billing of time-based services.
3. If K080, K081 or K082 are claimed, no charge can be submitted to the patient for a telephone prescription resulting from the service.]

The updated pages to the Schedule of Benefits will be distributed with the next edition of the Schedule.