

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: Physicians

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Re: Changes to the Schedule of Benefits for Physician Services (Schedule) in response to COVID-19 influenza pandemic effective March 14, 2020.

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In support of the government's efforts to limit the spread of COVID-19 in Ontario, the Minister of Health has made an Order under the authority of subsection 45(2.1) of the Health Insurance Act to temporarily list as insured services the provision of assessments of or counselling to insured persons by telephone or video, or advice and information to patient representatives by telephone or video, as well as a temporary sessional fee code.

These codes come into effect March 14, 2020.

Please Note: While payment for the provision of services associated with these temporary codes is effectively March 14, 2020, system changes will be implemented over the coming weeks to process payment. As a result, the ministry requests that physicians wait to submit claims for these codes until further notice. Further information regarding each of these changes will be forthcoming.

Temporary Codes

- K080 minor assessment of a patient by telephone or video, or advice or information by telephone or video to a patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis \$23.75
- K081 a. intermediate assessment of a patient by telephone or video, or advice or information by telephone or video to a patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis, if the service lasts a minimum of 10 minutes; or



- b. psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone or video, if the service lasts a minimum of 10 minutes \$36.85
- K082 psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone or video per unit (unit means half hour or major part thereof) per unit \$67.75
- K083 Specialist consultation or visit by telephone or video payable in increments of \$5.00

Notes:

1. Despite any requirement in the Schedule of Benefits for Physician Services 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 above as K080, K081 and K082 are insured. when the following conditions are met:

- a. The service was initiated by the patient or the patient's representative;
- b. The service is personally rendered by the physician.

2. Despite any requirement in the Schedule of Benefits for Physician Services 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 above as K083 is insured when the following conditions are met:

- a. The service was initiated by the patient or the patient's representative;
- b. The service is personally rendered by the physician;
- c. Other than a direct physical encounter, all the conditions for the appropriate specialist consultation or visit as described in the Schedule of Benefits for Physician Services have been met.

3. The services must be documented on the patient's medical record (including the start and stop times) or the service is *not eligible for payment*.

4. K080, K081 K082, or K083 include the provision of a new prescription or prescription renewal if rendered.

5. K080, K081, K082, or K083 are *not eligible for payment* for anticoagulant supervision by telephone (G271) or any other telephone advice services listed in the Schedule of Benefits for Physician Services.

6. For the purpose of K083, the total increments eligible for payment is equal to the fee listed in the Schedule of Benefits for Physicians Services for the appropriate service, rounded to the nearest \$5, divided by 5.

[Commentary:

1. See General Preamble of the Schedule of Benefits for Physician Services for further requirements for billing of time-based services.

2. If K080, K081, K082 or K083 are claimed, no charge can be billed to, or payment received from, the patient or the patient's representative for a telephone prescription resulting from the service.]

COVID-19 Sessional Fees

"eligible assessment centre" means a place designated by the *Ministry of Health* as eligible for COVID-19 sessional fees.

"COVID-19 sessional unit" means each one hour period, or major part thereof, on any day (including weekends or *holidays*).

COVID-19 Sessional Unit

H409 per one hour period, or major part thereof \$170.00

Notes:

1. The amount payable for a COVID-19 sessional unit is for all insured services rendered during that hour and for being present in an eligible assessment centre and available to provide such insured services.
2. No other insured services are eligible for payment at an eligible assessment centre.

For any further inquiries, please contact the Service Support Contact Centre at:

1-800-262-6524 or SSContactCentre.MOH@ontario.ca