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Bulletin 231101 — Virtual care updates

Changes to virtual care claim processing

To: All physicians

Category: Physician Services, Primary Health Care Services

Written by: Physician Relations & Contract Oversight Branch

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The following changes have been made to the processing of claims submitted on or after November 1, 2023, for services provided virtually via video and telephone.

Smoking cessation processing

Effective December 1, 2022, to be eligible for payment, the modality of an 'E079A smoking cessation: initial discussion with patient' claim must either match the modality of the required virtual care service or include no modality if provided in-

person.

For example:

1. If the service was provided in-person, the E079A and the required service must both be submitted without a video (K300A) or telephone (K301A)
2. If the service was provided by video, the E079A and the required service must both be submitted with a video (K300A)
3. If the service was provided by telephone, the E079A and the required service must both be submitted with a telephone (K301A)

If the modalities of the required service and the E079A claim do not match the E079A premium will be paid at \$0.00 with explanatory code 'DF – Corresponding fee code has not been claimed or was approved at zero'.

Palliative care special premium

All special palliative care consultation (A945A), special palliative care consultation (C945A), and palliative care support (K023A) services provided by eligible virtual modalities will now accumulate to the physicians' service and patient count totals for the palliative care special premium payment.

This change is effective for all claims with a service date on or after December 1, 2022.

No further action is required from physicians for claims that have already been submitted and processed prior to November 1, 2023. A future Medical Claims Adjustment (MADJ) will be scheduled to accumulate previously submitted claims for payment eligibility. When more details are available further information will be provided on the timeline of the Medical Claims Adjustment and any corresponding payment.

Modality indicators billed alone processing changes

Effective for claims with service dates on or after December 1, 2022, if a video (K300A) or telephone (K301A) modality indicator is submitted alone, as the only item on the claim, the claim will now reject to the physicians' error report with a new error code of 'ADV – Modality Cannot be Alone'.

Biosimilar support fee changes

The biosimilar support fee (K900A) may also now be billed with a video (K300A) or telephone (K301A) modality indicator when the service was provided virtually. This change is retroactive to the original effective date of the biosimilar support fee, March 31, 2023.

Biosimilar support fee claims submitted with a telephone modality will still be paid in full and not subject to the telephone reduction for virtual services.

Additional information

Education and Prevention Committee (EPC) Billing Briefs are prepared jointly by the ministry and the OMA. They provide general advice and guidance to physicians on OHIP billing matters.

You can find EPC Billing Briefs in the Resources for Physicians (<https://www.ontario.ca/document/resources-for-physicians>) page of the ministry's website.

EPC Billing Briefs are available for:

- Virtual Care 1: Comprehensive and Limited Virtual Care Services (<https://www.ontario.ca/document/education-and-prevention-committee-billing-briefs/virtual-care-1-comprehensive-and-limited>)
- Virtual Care 2: Terms and Conditions (<https://www.ontario.ca/document/education-and-prevention-committee-billing-briefs/virtual-care-2-terms-and-conditions>)
- Virtual Care 3: Case-Based Billing Examples (<https://www.ontario.ca/document>)

/education-and-prevention-committee-billing-briefs/virtual-care-3-case-based-billing)

Keywords/Tags

Virtual Care; Palliative Care; Special Premiums; Biosimilar; Smoking Cessation; E079A; K900A; K300A; K301A; A945A; C945A; K023A

Contact information

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