New Telephone Consultation Codes

INTRODUCTION

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC's primary goal is to educate physicians about submitting OHIP claims that accurately reflect the services provided and that are in compliance with the law.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters. They are provided for education and information purposes only, and express the Ministry's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the October 1, 2010, Schedule of Benefits – Physician Services (Schedule). While the OMA and Ministry make every effort to ensure that this Bulletin is accurate, the Health Insurance Act (HIA) and Regulations are the only authority in this regard and should be referred to by physicians. Changes in the statutes, regulations or case law may affect the accuracy or currency of the information provided in this Bulletin. In the event of a discrepancy between this Bulletin and the HIA or its Regulations and/or Schedule under the regulations, the text of the HIA, Regulations and/or Schedule prevail.

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with information on eight new fee codes introduced in the Schedule for telephone consultations regarding a patient.

What is a telephone consultation?

A telephone consultation is a service whereby one physician (the referring physician), based on his or her professional knowledge of a patient, requests the opinion of another physician competent to give advice in the field (the consultant physician) by telephone.

Four of the new codes are referred to as "Physician to Physician" telephone consultations and the other four are for telephone consultations arranged through CritiCall Ontario.

These services are only eligible for payment to a physician who does not receive payment through some other funding model for participation in the telephone consultation (e.g., salary, stipend, or Primary Care/Alternate Payment Program/Alternate Funding Program models). In other words, if you receive funding to provide these services through another Ministry funding program, you are not eligible for direct payment of these codes; however, the service may be shadow-billed if part of the alternate funding contract/program.

What is the difference between a Physician to Physician and a CritiCall telephone consultation?

Physician to Physician telephone consultation

- Physician to Physician telephone consultations are for use when the referring physician intends to continue with the care, treatment and management of the patient and initiates the telephone consultation (K730, K731, K734 and K735).

CritiCall Ontario arranged telephone consultation

- CritiCall telephone consultations are only for use when the teleconferences are *arranged through CritiCall Ontario* for the purposes of management of the patient and/or transfer of care to the consultant physician (K732, K733, K736 and K737).

The referring physician and the consultant physician may be:

- On duty in a hospital urgent care clinic (UCC) or emergency department (ED); or
- At a location other than the hospital UCC or ED (e.g. office, a clinic located in a hospital, non-hospital UCC).

These new fee codes are described in further detail on pages A27 – A30 of the Schedule.

How do I know which code to use?

Provided you have met all the payment requirements, if you are the referring physician and:

	Physician to Physician	CritiCall arranged
you are on duty in a hospital UCC or ED, use	K734	K736
you are not on duty in a hospital UCC or ED, use	K730	K732

If you are the consultant physician and:

	Physician to Physician	CritiCall arranged
you are on duty in a hospital UCC or ED, use	K735	K737
you are not on duty in a hospital UCC or ED, use	K731	K733

Note: you do not need to be a specialist to be a "consultant physician."

General requirements applicable to these telephone consultation services

While the Constituent and Common Elements of insured services (described in the General Preamble) apply, these telephone consultations also include the following for the:

	Physician to Physician	CritiCall arranged
Referring physician	The transmission of relevant data (including history and laboratory and/or diagnostic tests, etc.) and any other services rendered that are necessary to obtain the advice of the consultant.	
Consultant physician	Reviewing relevant data provided by the referring physician as well as all services necessary to provide an opinion, advice and recommendations on patient care, treatment and management to the referring physician.	Reviewing relevant data provided by the referring physician as well as all services necessary to provide advice on patient management to the referring physician.

Note, however, that required elements and payment requirements for consultations as defined in the Schedule's General Preamble *do not* apply to these telephone consultations.

Payment requirements

Physician to Physician

These services are only eligible for payment when:

- A minimum of 10 minutes is spent discussing the patient (does not need to be continuous);
- Both the referring and consulting physicians are physically present in Ontario at the time of the call; and
- The physician submitting a claim has completed his or her own medical record for the patient, which includes:
  - patient's name and health number;
  - start and stop times of the discussion;
  - name of the referring and consultant physicians;
  - reason for the consultation; and
  - opinion and recommendations of the consultant physician.

Please note that each physician submitting a claim for a telephone consultation must maintain his or her own record that documents the telephone consultation.

These services are not eligible for payment unless all of the above conditions are met. These services are also not eligible for payment:

- When the consultant physician has not provided an opinion and/or recommendation for patient treatment or management;
- When a face-to-face or telemedicine consultation is rendered by the consultant physician on the same day or the day following the telephone consultation for the same patient when the purpose of the call is to discuss a transfer of care for the patient; or
- When the purpose of the call is to:
  - arrange a face-to-face or telemedicine consultation or procedure;
  - arrange for diagnostic investigations; or
  - primarily discuss results of diagnostic investigations.

CritiCall Ontario

These services are only eligible for payment when:

- The telephone consultation service is arranged by CritiCall Ontario and subject to its requirements;
- The referring physician and patient are physically present in Ontario at the time of the telephone consultation; and
- A physician submitting a claim has completed a medical record for the patient that:
  - states the patient's name and health number
  - identifies the referring and consultant physician(s)
  - states the reason for the consultation and the opinion and recommendation(s) of the consultant physician; and
  - notes that it was arranged through CritiCall Ontario.

(Please see "Summary — Physician to Physician and Criticall Ontario Telephone Consultations," on page 24.)

Examples

Example 1 — Physician to Physician telephone consultation (office to office)

Dr. A is a family/general practitioner (FP/GP) in Ontario who has a patient with depression on medication who has deteriorated recently. The patient saw Dr. B, a psychiatrist in another Ontario city, six months ago. Dr. A would like to consult with Dr. B to update Dr. B on the patient's condition and ask for management advice. Dr. A speaks by telephone with Dr. B regarding the patient's symptoms. The conversation includes the patient's history, presenting complaints, and results of a recent laboratory test. The call lasts for 15 minutes, and Dr. B provides some advice on adjustment of medications. Dr. A records all required information in his patient's medical record, including Dr. B's opinion and treatment advice, as well as the start and stop time of the call. Dr. B creates a record for the patient, and also records all required information, including the advice/opinion given to Dr. A regarding the patient, as well as the start and stop time of the call. What can be billed to OHIP in this circumstance?

As payment requirements have been met, Dr. A is eligible for payment of K730, and Dr. B is eligible for payment of K731.

Example 2 — Physician to Physician telephone consultation (office to office)

Dr. Z is a FP/GP who has sent a patient to have a Doppler Ultrasound that day to determine if the patient has deep vein thrombosis (DVT). Dr. Z calls the radiologist (Dr. Y) after the test has been rendered, inquiring what the result of the test was. The radiologist advises that the patient does not have DVT. What can be billed to OHIP in this circumstance?

Dr. Y and Dr. Z are not eligible for payment of a telephone referral or telephone consultation as the purpose of the call was to discuss the results of the diagnostic tests.

Example 3 — Physician to Physician telephone consultation (office to office)

Dr. L is a psychiatrist. One of his more complex patients with schizophrenia has become increasingly agitated and Dr. L is concerned about adding in another drug due to some underlying medical concerns. He consults by telephone with Dr. M, a colleague who is an expert in psychopharmacology. Both physicians are in Ontario at the time of the call. Their conversation includes the patient's history, presenting complaints, and a discussion on the patient's medication and dosages, as well as the side-effects. The call lasts for 13 minutes, and Dr. M provides his opinion on the cause of the unusual side-effects and advice on adjustment of medications, including prescribing olanzapine for the agitation. Both physicians record all of the required information in a medical record for the patient, including Dr.

M's opinion and advice, as well as the start and stop time of the call. What can be billed to OHIP in this circumstance?

As payment requirements have been met, Dr. L is eligible for payment of K730, and Dr. M is eligible for payment of K731. If either Dr. L or Dr. M are not in Ontario at the time of the call, neither physician is eligible for payment of the telephone consultation.

Example 4 — Physician to Physician telephone conference (office to office)

Dr. X, a comprehensive care FP/GP, has a patient with chronic back pain and past history of opiate abuse. Dr. X contacts Dr. C, a chronic pain focus practice FP/GP with an interest in addiction, to inquire as to how best to manage the patient. Dr. C spends 14 minutes outlining investigations, exercises, medication and recommended follow-up, thereby permitting Dr. X to treat the patient and avoid using an opiate. Both physicians record all of the required information in a medical record for the patient, including Dr. C's opinion and advice, as well as the start and stop time of the call. What can be billed to OHIP in this circumstance?

As payment requirements have been met, Dr. X is eligible for payment of K730, and Dr. C is eligible for payment of K731. If either Dr. X or Dr. C are not in Ontario at the time of the call, neither physician is eligible for payment of the telephone consultation.

Example 5 — CritiCall arranged telephone consultation

Dr. E is an emergency department physician at a community hospital who assesses an intubated comatose patient with a subarachnoid hemorrhage. The patient requires an urgent referral to a neurosurgical centre. Dr. E contacts CritiCall Ontario and discusses the case with Dr. N, a neurosurgeon, who agrees to accept the patient in transfer. Dr. I will be managing the patient during the transfer to the neurosurgical centre and participates in the telephone consultation.

Advice is provided by Dr. N about the pre-transfer and peri-transfer management of the patient, and Dr. E, Dr. I and Dr. N record in their respective records details of the patient, the reason for the call, and the opinion and recommendations of the telephone consultation. What is eligible for payment in this circumstance?

Dr. E is eligible to claim a telephone consultation as a referring physician (K732), and both Dr. I and Dr. N are eligible to claim as consultant physicians for the CritiCall Telephone Consultation (K737).

Example 6 — CritiCall telephone consultation and patient not transferred

Using the above patient scenario, Dr. E, Dr. I and Dr. N participate in a telephone consultation arranged by CritiCall Ontario. The physicians have a discussion of the relevant medical history and current clinical status of the patient. Dr. N is also able to review the CT scan through the PACS system. Dr. N advises that neurosurgical intervention is not recommended and palliative measures should be initiated. A patient transfer to the neurosurgical centre does not occur. Dr. I also participated in the telephone consultation in the event the transfer would occur. What is eligible for payment in this circumstance?

Dr. E is eligible to claim a telephone consultation as a referring physician (K732), and both Dr. I and Dr. N are eligible to claim as consultant physicians for the CritiCall Telephone Consultation (K737). Transfer of the patient is not a payment requirement for a CritiCall telephone consultation. CritiCall telephone consultations are eligible for payment when rendered for the purpose of discussing the management of the patient and/or transfer of the patient to another physician (i.e. the consultant physician).

Example 7 — Telephone consultation not arranged by CritiCall

Dr. E assesses the same patient described in Example 5. He contacts Dr. F, the neurosurgeon on-call at the regional centre, directly and arranges for transfer of the patient for further management. What is eligible for payment in this circumstance?

A CritiCall telephone consultation is not eligible for payment to either Dr. E or Dr. F, as the telephone consultation was not initiated through CritiCall Ontario for the purpose of discussing the management of the patient and/or transfer of the patient to another physician. A Physician to Physician Telephone consultation is also not payable to either of these physicians, as the purpose of the telephone consultation was to arrange for transfer of the patient's care.

Summary – Physician to Physician and CritiCall Ontario Telephone Consultations

	Physician to Physician	CritiCall Ontario
Purpose of call (reason referring physician initiates call)	To obtain advice from the consultant physician for a patient that the referring physician intends to continue the care, treatment and management of.	To discuss the management of a patient and/or the transfer of care to the consultant physician.
Location of patient and participant physician(s)	The referring physician and consultant physician must both be physically present in Ontario.	The referring physician and the patient must both be physically present in Ontario.
Daily maximum claims for an individual *patient* (i.e. a health number)	– 1 referral claim (K730 or K734) – 1 consultant claim (K731 or K735)	– 2 referral claims total by the same or another physician (K732 or K736) – 3 consultant claims total by different physicians (K733 or K737)
Maximum claims for an individual physician on a single day	– Subject only to the patient level maximums above (e.g., if 2 physicians submit K730 on the same day for the same patient, only the first claim processed by the claims processing system will pay); otherwise no maximums.	
Minimum time required	– 10 minutes (may be non-continuous but must be same day)	– No minimum
Physician on duty in a hospital UCC or ED	– Referring physician – K734 – Consultant physician – K735	– Referring physician – K736 – Consultant physician – K737
Physician – other than a hospital UCC or ED	– Referring physician – K730 – Consultant physician – K731	– Referring physician – K732 – Consultant physician – K733

Your feedback is welcomed and appreciated!

The Education and Prevention Committee welcomes your feedback on the Bulletins in order to help ensure that these are effective educational tools. If you have comments or questions on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing to:

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The PSC Secretariat will anonymously forward all comments/suggestions to the Co-Chairs of the EPC for review and consideration.

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

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