

Virtual Care 1: Comprehensive and Limited Virtual Care Services

Education and Prevention Committee Billing Briefs

Education and Prevention Committee (EPC) Billing Briefs are prepared jointly by the Ministry of Health (MOH) and the Ontario Medical Association (OMA) to provide general advice and guidance to physicians on billing matters.

An introduction to new OHIP Virtual Care Services and fee codes

Category: All physicians

Date of publication: November 24, 2022

Date updated: April 6, 2023 - Updates made to Schedule of Benefits page references

Claims Tip: The December 1, 2022, version of the Schedule of Benefits now includes new information for Virtual Care Services within the Consultations and Visits section starting on page A66. This material outlines payment rules and provides commentary related to Virtual Care Services.

EPC Billing Brief Virtual Care 2 (<https://www.ontario.ca/document/education-and-prevention-committee-billing-briefs/virtual-care-2-terms-and-conditions>) : Terms and Conditions provides additional detail about payment rules and conditions. Future EPC Billing Briefs will cover topics and case-based scenarios targeted to particular types of practice related to Virtual Care.

New insured Virtual Care Services are effective December 1, 2022

As part of the 2021-2024 Physician Services Agreement, the Ministry of Health (MOH) and the Ontario Medical Association (OMA) agreed to a new virtual care funding framework that adds certain services provided by video and telephone as insured services under OHIP.

This new framework replaces the temporary virtual care codes introduced in March 2020. However, it is **not** intended to replace existing Schedule fee codes that were in place prior to March 2020 for services that were eligible for payment if provided virtually.

Insured physician services that can be provided virtually can be found in Appendix J of the Schedule of Benefits (<https://www.health.gov.on.ca/en/pro/programs/ohip/sob/>) (the Schedule) and are also listed at the end of this EPC Billing Brief.

Important Note: Virtual care codes that were introduced in March 2020 (K088, K091, K092, K093, K094, K095) **may not be submitted for payment for insured services provided on or after December 1, 2022.**

As of **December 1, 2022**, video visits will no longer be funded under the Ontario Virtual Care Program (OVCP). Video visits funded under OVCP will transition to the new OHIP Virtual Care funding model. Physicians will no longer be able to bill the modifiers (B203, B204 or B209) or location indicator (SLI=OTN) previously used for OVCP.

Definition of Limited and Comprehensive Virtual Care Services

Limited Virtual Care Service means a Virtual Care Service rendered where no Existing/Ongoing Patient-Physician Relationship exists, and in the physicians' professional opinion in accordance with accepted professional standards and practice, the person's care and support requirements can be effectively and appropriately delivered by Video or Telephone.

A **Limited Virtual Care Service** is defined in the Schedule as an assessment which includes, at a minimum, history- taking and medically appropriate exam to arrive at a diagnosis and provide an appropriate management plan and/or management, and when provided, the other specific elements of assessments.

Comprehensive Virtual Care Service means a Virtual Care Service rendered where an **Existing/Ongoing Patient-Physician Relationship** exists, and in the physicians' professional opinion in accordance with accepted professional standards and practice, the person's care and support requirements can be effectively and appropriately delivered by Video or Telephone.

Establishing an Existing/Ongoing Patient-Physician Relationship

Any of the following is considered to establish an Existing/Ongoing Patient-Physician Relationship for the purpose of defining which type of virtual care services may be claimed:

1. Where a physician is providing a Virtual Care Service to a patient where there has been at least one insured service with a direct physical encounter between the patient and that physician (Family and General Practice Physician or specialist) in the preceding 24-months (the in-person service establishes the relationship);
2. Where a physician is providing a Virtual Care Service to a patient who has signed the MOH's Patient Enrollment and Consent to Release Personal Health Information form and is enrolled to that physician or another physician within the same primary care enrollment group (who is signatory/locum to a MOH alternate funding plan agreement);
3. Where a specialist or GP Focused Practice Physician* is providing a consultation by Video set out in Appendix J-Section 1 of the Schedule, or has provided any such consultation in the preceding 24-months to that patient (any consultation billed as an insured service under K083 or as an

Comprehensive Virtual Care Services rendered under the Ontario Virtual Care Program and rendered prior to December 1, 2022, is considered evidence of an Existing/Ongoing Patient-Physician Relationship); or

4. Where a physician provides any of the following services, or has provided any of the following services in the preceding 24-months:
 - a. a. A920-Medical management of early pregnancy - initial service by Video or Telephone,
 - b. a. A945/C945-Special palliative care consultation by Video,
 - c. a. A680/C680-Initial assessment - substance abuse by Video,
 - d. a. A814, A817, A818-Midwife or Aboriginal Midwife-Requested Assessments (MRAs) by Video,
 - e. a. A802-Extended midwife or Aboriginal Midwife-requested genetic assessment by Video,
 - f. a. A801-Comprehensive midwife or Aboriginal Midwife-requested genetic assessment by Video,
 - g. a. A800-Midwife or Aboriginal Midwife-requested genetic assessment by Video,
 - h. a. A253-Optometrist-Requested Assessment (ORA) by Video,
 - i. a. A256-Special optometrist-requested assessment by Video,A957-Addiction medicine FPA by Video,
 - j. a. K680-Substance abuse-extended assessment by Video.

*** GP Focused Practice Physician** means, for the purpose of eligibility to provide a focused practice consultation by Video (A010, A011, A906, A913, A914), a physician who has been designated by the bi-lateral MOH-OMA GP Focused Practice Review Committee or a physician who is eligible for the focused practice psychotherapy premium.

Maintaining an Existing/Ongoing Patient-Physician Relationship

Other than for Family Physicians providing virtual services to patients who are enrolled to their primary care practice as defined in #2 above, once an Existing/Ongoing Patient-Physician Relationship has been established, Comprehensive Virtual Care Services are payable for any necessary virtual follow-up care for the next 24-months. Depending on which services are medically necessary for a given patient based on their unique clinical circumstances, a patient-physician relationship may either continue or end after 24-months.

For Specialists, GP Focused Practice or Family Physicians who do not practice in an enrollment primary care practice as defined in #2 above, an Existing/Ongoing Patient-Physician Relationship with a patient (and eligibility for payment of Comprehensive Virtual Care Services) after 24-months of exclusively virtual visits with a patient is maintained if at least one of the following is medically necessary and provided by the physician to the patient:

- For any physician - At least one in-person insured service
- For any physician - Any of the services listed in #4 above
- For GP Focused Practice Physicians-a GP Focused Practice video consultation
- For Specialists-any video consultation (see Example 3b below)

Alternatively, Limited Virtual Care Services would be payable for any virtual follow-up care provided after 24-months, provided that the Limited Virtual Care Services are medically necessary for the patient.

Services that can be provided virtually if clinically appropriate

Please review the College of Physicians and Surgeons of Ontario Virtual Care Policy (<https://www.cpsso.on.ca/en/Physicians/Policies-Guidance/Policies/Virtual-Care>) which specifies that “virtual care is not appropriate in every instance as not all conditions can be effectively treated virtually and not every patient has access to or will be comfortable using virtual care technology” and that physicians must use professional judgment in determining whether a virtual visit is appropriate for a particular patient and/or medical concern.

Other than a direct physical encounter, **for payment purposes**, all other requirements and conditions for the service as described in the Schedule must be met, including, for example, any physical examination elements that are required as specific elements of assessments (see General Preamble page GP15). This point is addressed in more detail in [EPC Billing Brief Virtual Care #2: Terms and Conditions](https://www.ontario.ca/document/education-and-prevention-committee-billing-briefs/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 Services provided to hospital inpatients or patients in a long-term care institution are not eligible for payment unless **all of** the following requirements are met:

- The physician providing the service is not the patient's Most Responsible Physician (MRP).
- The hospital/long-term care institution does not have a physician on staff and present in the community with the expertise to render the necessary service, as documented by the referring physician in the patient’s medical record.
- An assessment with a direct physical encounter by the referring physician must have been completed within 30 days preceding a virtual inpatient specialist consultation to confirm the need for a consultation.

Location of patient and physician when Virtual Care Services are performed

Both the patient and physician must be located in Ontario for the services to be insured and payable under OHIP (see section 37.1 of Regulation 552 under the *Health Insurance Act* (<https://www.ontario.ca/laws/statute/90h06>)).

Virtual Care Fee Codes that pre-date March 2020 continue to be available for use

The new Virtual Care Services are **not** intended to replace existing Schedule fee codes for services that were eligible for payment if provided virtually prior to March 2020, such as those listed below (please note, this list is not comprehensive).

Physicians should continue to claim the most appropriate fee code that describes the insured service provided and should not substitute new Virtual Care Service fee codes for pre-existing telephone and other virtual fee codes.

For example:

- G064 Management and supervision of outpatient continuous nerve block infusion
- G271 Anticoagulant supervision, long-term, telephone advice
- G334 Telephone supervisor fee for ovulation induction with human menopausal gonadotropins or gonadotropin-releasing hormone
- G382 Supervision of chemotherapy (pharmacologic therapy of malignancy or autoimmune disease) by telephone, monthly
- G388 Management of special oral chemotherapy, for malignant disease
- G511 Telephone management regarding a patient receiving palliative care at home
- K077 Geriatric telephone support

Additionally, physicians claiming management fees that include phone management (e.g., G500; G512; K090; K091; K682; K683; K684; W010; etc.) should continue to claim these fee codes for virtual communication with patients/families/other professionals using the existing management fees rather than the new Virtual Care fee codes.

Examples of Comprehensive and Limited Virtual Care Services

Example 1: Providing virtual primary care to an enrolled patient

On December 1, 2022, Dr. Fisher (a Family Physician) provides a virtual assessment for Ms. Wu (a patient enrolled to Dr. Fisher's practice which is part of a Family Health Organization) who has booked an appointment to review her response to a new medication for hypertension, including review of her home blood pressure readings. The virtual visit is conducted using a video solution found on Ontario Health's Verified Solution List (<https://www.ontariohealth.ca/system-planning/digital-standards/virtual-visits-verification/verified-solutions-list>) and Dr. Fisher documents the modality of the visit on the patient's medical record. How should this insured service be claimed?

The described service is a Comprehensive Virtual Care Service as Mr. Ha has signed the MOH's Patient Enrollment and Consent to Release Personal Health Information form and is enrolled to Dr. Fisher (who is signatory/locum to a MOH alternate funding plan agreement).

- Dr. Fisher should determine whether the service provided is most consistent with the Schedule description of an intermediate (A007) or a minor (A001) assessment, other than a direct physical encounter. Both A001 and A007 are listed in Section 1 of Appendix J of the Schedule as an Eligible Comprehensive Virtual Care Services, and the most appropriate of these fee codes may be claimed. See the definition of these assessments in the General Preamble page GP27. Physicians may also consult the EPC educational resource Assessments and Consultations (<https://files.ontario.ca/moh-assessment-and-consultation-en-2023-05-03.pdf>) for more information on how to select the appropriate assessment fee code.
- As the visit was conducted using a verified video solution, Dr. Fisher should submit the appropriate modality indicator to identify the modality used, in this case K300A.

Example 2: Providing virtual care to a patient who does not meet the Schedule criteria for an Existing/Ongoing Patient-Physician Relationship with the physician

Mr. Bass is on holiday at a rented cottage and notices an engorged tick attached to his leg. He is concerned about contracting Lyme disease and wonders if he needs antibiotics to prevent it and has a telephone appointment that day with a Virtual Medical Clinic that he has seen advertised on the subway in his hometown.

How should the insured service be claimed by the physician who conducts the telephone assessment and has never previously provided care to Mr. Bass?

Explanation:

- The described service is a Limited Virtual Care Service as none of the criteria to establish an Existing/Ongoing Patient-Physician Relationship have been met. The appropriate fee code for a Limited Virtual Care service provided by telephone is A102A.

Example 3a: Providing a specialist consultation by video

Mr. Verde is referred to a dermatologist by his Family Physician because of an unusual chronic skin eruption. The Dermatology consultation is conducted by Video using a verified video solution.

How should this insured service be claimed by the Dermatologist?

Explanation:

- The described service is a Comprehensive Virtual Care Service as it is a Specialist Video Consultation and could be claimed as A025A (with the K300A modality indicator) provided that the

Example 3b: Continuing virtual care after 24-months in a specialist practice

Mr. Verde continues to have regular follow up with the Dermatologist over the next 24-months. All visits to date have been virtual. At this time (>24-months since the initial video consultation), what should the specialist do if ongoing care and maintenance of an Existing/Ongoing Patient-Physician relationship is required?

Explanation: There are several options.

1. The specialist may send the patient back to the family physician for consideration of a repeat referral for the same diagnosis from the family physician for ongoing specialist monitoring and/or management. If the referring physician agrees that ongoing specialist virtual care is medically necessary due to the complexity, seriousness or obscurity of the case and all other payment rules associated with consultations are met, a new consultation is eligible for payment and the subsequent 24-months of virtual assessments are payable as Comprehensive Virtual Care Services. Note that **this is only applicable to virtual consultations**. Where a physician who has been paid for an in-person consultation for the patient for the same diagnosis makes a request for a referral for ongoing management of the patient, the service rendered following the referral is not payable as a consultation.
2. Alternatively, the specialist may determine that the patient would benefit from a medically necessary in person visit. When provided, this in person visit would maintain the ability to claim Comprehensive Virtual Care Services for another 24-month period.
3. If the specialist continues to provide Virtual Care at this time in the absence of either an in person visit (within the preceding 24 months) or a new referral for a video consultation, these visits are eligible for payment as Limited Virtual Care (See Appendix J, Section 2 of the Schedule).
4. In some cases, ongoing specialist follow-up will no longer be required (in person or virtual) as the family physician will take over the ongoing care of the patient for the concern.

Example 3c: Fee codes that pre-dated the new Virtual Care Services should continue to be used if appropriate

Consider the scenario outlined in Example 3a.

If the Family Physician had requested an opinion and/or recommendations from the specialist for management of Mr. Verde's skin eruption by providing information electronically through a secure server (rather than a consultation involving an interaction between the Specialist and Mr. Verde), how should the insured service be claimed by the Dermatologist?

Explanation:

The described service is most appropriately claimed as an Initial E Assessment, G0201 (which is a fee code that pre-dates March 2020). This is not a Comprehensive or Limited Virtual Care Service.

Example 4: Providing virtual specialist follow-up care after in-person visit

Bella is a 2-year-old female who was treated for a clubfoot as an infant by an Orthopaedic Surgeon. Her last appointment (in person) was 6 months ago. The Orthopaedic Surgeon agrees to conduct a follow-up visit virtually using a verified video solution to avoid travel as the parent indicates that she has no new concerns.

How should the insured service be claimed by the Orthopaedic Surgeon?

Explanation:

The described service is a Comprehensive Virtual Care Service as the Orthopaedic Surgeon saw the patient in person within the preceding 24-months. The service provided by Video is payable at the same rate as an in-person assessment. While the Orthopaedic Surgeon considered providing a Comprehensive Virtual Care Service by Telephone (payable at 85% of the equivalent in-person assessment), in this situation a facilitated visual examination of the foot was required, and the Orthopaedic Surgeon determined that conducting the service by telephone was not clinically appropriate.

Example 5: Providing virtual specialist follow-up care after a video consultation

Dr. Gomez is a Geneticist who provided a Telephone assessment on December 1, 2022 to Mrs. Farid in follow-up of a Video Consultation provided 12 months previously (and billed using K083A).

How should the insured service be claimed by Dr. Gomez?

Explanation:

The described service is a Comprehensive Virtual Care Service (see Appendix J, Section 1 of the Schedule) as the physician has provided a Video Consultation to the patient within the preceding 24-months. As the service was provided by telephone it should be submitted with the K301A modality indicator and would be paid at 85% of the in-person rate.

Claims Tip:

Sign up for OHIP Announcements (<https://mailchi.mp/ontario/announcements-en>) to receive notice of new EPC Billing Briefs including additional topics related to Virtual Care and other Ministry of Health information.

Eligible Comprehensive Virtual Care Services

A001A, A007A, A008A, A013A, A014A, A020A, A023A, A024A, A033A, A034A, A043A, A044A, A051A, A053A, A054A, A058A, A063A, A064A, A071A, A073A, A074A, A078A, A083A, A084A, A093A, A094A, A113A, A131A, A133A, A134A, A138A, A151A, A153A, A154A, A158A, A161A, A163A, A164A, A168A, A173A, A174A, A181A, A183A, A184A, A188A, A193A, A194A, A203A, A204A, A221A, A233A, A234A, A243A, A244A, A261A, A262A, A263A, A264A, A283A, A284A, A310A, A311A, A313A, A318A, A338A, A340A, A341A, A343A, A348A, A353A, A354A, A411A, A413A, A414A, A418A, A441A, A443A, A444A, A448A, A461A, A463A, A464A, A468A, A471A, A473A, A474A, A478A, A480A, A481A, A483A, A484A, A488A, A510A, A511A, A570A, A601A, A603A, A604A, A608A, A611A, A613A, A614A, A618A, A621A, A623A, A624A, A628A, A632A, A633A, A638A, A643A, A644A, A661A, A760A, A917A, A920A, A927A, A937A, A947A, A957A, A967A, H313A, K002A, K003A, K004A, K005A, K007A, K008A, K010A, K012A, K013A, K014A, K015A, K016A, K019A, K020A, K022A, K023A, K024A, K025A, K028A, K029A, K030A, K033A, K037A, K039A, K040A, K041A, K044A, K122A, K123A, K140A, K141A, K142A, K143A, K144A, K195A, K196A, K197A, K198A, K203A, K204A, K205A, K206A, K208A, K209A, K222A, K623A, K680A, K887A, K888A, K889A, P005A

Video Only

A010A, A011A, A015A, A016A, A025A, A026A, A035A, A036A, A045A, A046A, A050A, A055A, A056A, A065A, A066A, A075A, A076A, A085A, A086A, A095A, A096A, A130A, A135A, A136A, A150A, A155A, A156A, A160A, A165A, A166A, A175A, A176A, A180A, A185A, A186A, A190A, A191A, A192A, A195A, A196A, A197A, A198A, A205A, A206A, A220A, A223A, A225A, A226A, A235A, A236A, A245A, A246A, A253A, A255A, A256A, A260A, A265A, A266A, A275A, A285A, A286A, A315A, A316A, A325A, A335A, A345A, A346A, A355A, A356A, A365A, A375A, A385A, A395A, A400A, A405A, A415A, A416A, A425A, A435A, A445A, A446A, A460A, A465A, A466A, A470A, A475A, A476A, A485A, A486A, A515A, A525A, A545A, A565A, A575A, A586A, A590A, A595A, A600A, A605A, A606A, A615A, A616A, A625A, A626A, A635A, A636A, A645A, A646A, A655A, A662A, A665A, A667A, A675A, A680A, A682A, A695A, A735A, A745A, A765A, A770A, A775A, A795A, A800A, A801A, A802A, A814A, A817A, A818A, A835A, A845A, A865A, A906A, A913A, A914A, A921A, A935A, A945A, C010A, C013A, C014A, C015A, C016A, C020A, C023A, C024A, C025A, C026A, C033A, C034A, C035A, C036A, C043A, C044A, C045A, C046A, C051A, C053A, C054A, C055A, C063A, C064A, C065A, C066A, C071A, C073A, C074A, C075A, C076A, C083A, C084A, C085A, C086A, C093A, C094A, C095A, C096A, C113A, C130A, C131A, C133A, C134A, C135A, C136A, C150A, C151A, C153A, C154A, C155A, C156A, C160A, C161A, C163A, C164A, C165A, C166A, C173A, C174A, C175A, C176A, C180A, C181A, C183A, C184A, C185A, C186A, C190A, C193A, C194A, C196A, C203A, C204A, C205A, C206A, C220A, C223A, C225A, C226A, C233A, C234A, C235A, C236A, C243A, C244A, C245A, C246A, C255A, C260A, C263A, C264A, C265A, C266A, C275A, C283A, C285A, C286A, C311A, C313A, C314A, C315A, C316A, C325A, C335A, C341A, C343A, C344A, C345A, C346A, C353A, C354A, C355A, C356A, C365A, C375A, C385A, C395A, C411A, C413A, C414A, C415A, C416A, C425A, C435A, C441A, C443A, C444A, C445A, C446A, C460A, C461A, C463A, C464A, C465A, C466A, C470A, C471A, C473A, C474A, C475A, C476A, C480A, C481A, C483A, C484A, C485A, C486A, C510A, C511A, C515A, C545A, C565A, C570A, C575A, C585A, C586A, C590A, C595A, C600A, C601A, C603A, C604A, C605A, C606A, C611A, C613A, C614A, C615A, C616A, C623A, C624A, C625A, C626A, C635A,

C610A, C611A, C612A, C613A, C660A, C661A, C662A, C663A, C667A, C670A, C680A, C682A, C683A, C735A, C745A, C760A, C765A, C770A, C775A, C795A, C845A, C865A, C895A, C935A, C945A, K630A, W025A, W026A, W075A, W076A, W130A, W150A, W155A, W156A, W165A, W185A, W190A, W196A, W235A, W236A, W275A, W310A, W355A, W356A, W375A, W395A, W425A, W435A, W465A, W466A, W510A, W511A, W515A, W516A, W535A, W770A, W775A, W795A, W895A

Eligible Limited Virtual Care Services

Video-A101A

Telephone-A102A

Modality Indicators

K300Ass-Video

K301A-Telephone

Keywords/tags

Virtual Care; Comprehensive Virtual Care Service; Limited Virtual Care Service; Existing/Ongoing Patient Physician Relationship

More information

- Virtual Care 2: Terms and Conditions (<https://www.ontario.ca/document/education-and-prevention-committee-billing-briefs/virtual-care-2-terms-and-conditions>)
- Bulletin 221002: New Virtual Care Funding Framework - Updated Schedule of Benefits (<https://www.ontario.ca/document/ohip-infobulletins-2022/bulletin-221002-new-virtual-care-funding-framework-updated>)
- Bulletin 221102: Ontario Virtual Care Program: Video Visit Payment Option End (<https://www.ontario.ca/document/ohip-infobulletins-2022/bulletin-221102-ontario-virtual-care-program-video-visit-payment>)
- Bulletin 221203: Virtual Health Care in Ontario (<https://www.ontario.ca/document/ohip-infobulletins-2022/bulletin-221203-virtual-health-care-ontario>)

Contact information

For additional information, please visit the Resources for Physicians (<http://www.health.gov.on.ca/en/pro/programs/ohip/>) and the How to Get Help with Billing Questions (<https://files.ontario.ca/moh-billing-questions-help-en-2023-05-03.pdf>) pages on the ministry website.

If you have any billing or claims submission inquiries, please contact the Inquiry Services, Service Support Contact Centre (SSCC) by email (<mailto:sscontactcentre.moh@ontario.ca>) or by calling 1-800-

To provide feedback on EPC Billing Briefs, or to suggest topics for future EPC Billing Briefs, send an email (mailto:info@oma.org) to the attention of the joint MOH/OMA Education and Prevention Committee.

The Ministry of Health (MOH) and the Ontario Medical Association (OMA) have jointly prepared this educational resource to provide general advice and guidance to physicians on specific billing matters.

The Ministry of Health (MOH) 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 for payment for the insured service provided. EPC Billing Briefs are prepared jointly by the MOH and the OMA to provide general advice and guidance to physicians on billing matters. EPC Billing Briefs are provided for education and information purposes only. The information provided in this EPC Billing Brief is based on the April 2023 Schedule of Benefits - Physician Services (Schedule).

While the OMA and MOH make every effort to ensure that this EPC Billing Brief is accurate, the Health Insurance Act (HIA) and its Regulations prevail over anything stated in this EPC Billing Brief. Changes in applicable statutes, regulations, or case law may affect the accuracy or currency of the information provided in this EPC Billing Brief. In the event of a discrepancy between this EPC Billing Brief and the HIA or its Regulations and/or Schedule under the regulations, the text of the HIA, Regulations and/or Schedule prevail.

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Virtual Care 2: Terms and Conditions

Education and Prevention Committee Billing Briefs

Education and Prevention Committee (EPC) Billing Briefs are prepared jointly by the Ministry of Health (MOH) and the Ontario Medical Association (OMA) to provide general advice and guidance to

An overview of select new payment rules and processes relevant to new Virtual Care Services (effective December 1, 2022)

Category: All physicians

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Claims Tips: As with all insured services listed in the Schedule, general payment rules apply to Virtual Care Services. The December 1, 2022, version of the Schedule of Benefits introduces a new section for Virtual Care Services within the Consultations and Visits section starting on page A66. This new section outlines additional specific payment rules and provides commentary related to these services. Please see EPC Billing Brief Virtual Care 1 (<https://www.ontario.ca/document/education-and-prevention-committee-billing-briefs/virtual-care-1-comprehensive-and-limited>) for an introduction to the OHIP insured Virtual Care Services.

Initiating a Virtual Care Service

A Virtual Care Service is not eligible for payment unless the physician service is initiated by the patient or the patient's representative, or the service represents a medically necessary follow-up visit to a preceding visit initiated by the patient or the patient's representative.

For clarity, administrative staff may coordinate appointments and organize care in a manner analogous to in-person encounters. Similarly, medically necessary follow-up services may be organized by the provider (or by their staff).

However, a physician-initiated call to check in on a patient would **not** be eligible for payment, nor would any Telephone calls or Video encounters conducted for administrative purposes (such as to inform patients of clinic closures or the availability of remote services).

Furthermore, services are not eligible for payment when initiated by the physician (or the physician's staff) without a clear and medically necessary reason for doing so. As described in the following section, the communication of normal lab work, unless medically necessary (in so far as the clinical management of the patient is altered), should not be billed.

Specific Elements of Existing Services

Existing services that pre-date December 1, 2022 include:

- discussion with, and providing advice and information, including prescribing therapy to the patient or the patient's representative, whether by telephone or otherwise, on matters related to the service and in circumstances in which it would be professionally appropriate that results can be

reported upon prior to any further patient visit, the results of related procedure(s), and/or assessment(s), **and**

- monitoring the condition of the patient and intervening, when medically indicated, until the next insured service is provided.

Physician-initiated communication to provide advice or guidance regarding a previously rendered insured service is **not** separately eligible for payment/billable. A common example of this would occur when a patient is provided with a prescription along with instruction to fill it only upon receipt of a positive test result. The call to inform the patient of the test result is not eligible for payment as it would be considered a Specific Element of the initial assessment (please refer to item F, page GP15, Schedule of Benefits).

As a general rule, the provider should consider whether the remote encounter would have occurred in their in-person practice.

In circumstances where an in-person encounter would not have taken place, it is unlikely that a claim for a virtual service could be supported.

Virtual Care Services may not be delegated for payment purposes

Virtual Care Services are not eligible for payment unless **personally performed by the physician** or rendered in accordance with the payment rules regarding supervision of a Medical Trainee specified in the General Preamble.

The required elements of service for consultations and assessments apply to Virtual Care Services including physical examination

While virtual care does not require **a direct physical encounter** (i.e., in person contact), all other requirements and conditions for the appropriate service as described in the Schedule of Benefits (the Schedule) must be met, **including a physical examination** when required for an assessment or consultation (see page GP15, Specific Elements of Assessments). This means that not all consults and assessments are eligible for payment when delivered virtually.

The ability to perform a clinically appropriate physical examination and the clinical scenario will inform a physician's decision to provide a virtual or in person visit as well as the appropriate choice of modality (video or telephone), if virtual. Physicians should use their professional judgement and follow appropriate clinical guidelines when choosing the modality of service delivery.

It is possible to perform some (but not all) aspects of a physical examination virtually. When the appropriate examination is possible, and other payment parameters are met, the related insured service would be eligible for payment when provided virtually.

For example:

visualization of skin lesions, surface anatomy, edema or coloring, as well as other observations, may be possible with the use of video technology

- telephone may be used to conduct a mental status examination (but may not be sufficient in all cases)
- enhanced peripheral electronic tools may permit auscultation or visualization of specific anatomic areas

Virtual consultations may only be provided using a **Verified Video Solution**.

- For specialist Video Consultations, the specialist is required to perform the physical examination elements specified in the description of a specific, or medical-specific assessment.
- For other insured Video Consultations (and similar services such as Optometrist-Requested Assessment), physical examination requirements are listed in the description of each Virtual fee code.
- GP Focused Practice* Video Consultations require a full, relevant history of the presenting complaint and detailed examination of the affected part(s), region(s), or system(s) needed to make a diagnosis, and/or exclude disease, and/or assess function.

Physicians should review the requirements for assessments and consultations (<https://files.ontario.ca/moh-assessment-and-consultation-en-2023-05-03.pdf>) found in the General Preamble in order to confirm their understanding of physical examination requirements for specific services. In some circumstances, it will not be possible to conduct the appropriate physical examination virtually (for example, general assessment; Level 2 paediatric assessment for well-baby care; assessment for a patient condition where auscultation, palpation or other hands-on assessment maneuver would be generally accepted to be required to complete the physical examination; etc.) and in those cases, an in-person visit would be required for the service to be eligible for payment.

* GP Focused Practice Physician means, for the purpose of eligibility to provide a focused practice consultation by Video (A010, A011, A906, A913, A914), a physician who has been designated by the bilateral Ministry of Health (MOH)/Ontario Medical Association (OMA) GP Focused Practice Review Committee or a physician who is eligible for the focused practice psychotherapy premium.

Visits that require a direct physical encounter

Virtual Care Services are **not eligible for payment** (defined in General Preamble) where it is not medically appropriate to provide the specific service without a direct physical encounter. If, during the course of a Virtual Care Service, it becomes apparent that the service cannot be appropriately completed without a direct physical encounter, the Virtual Care Service is not eligible for payment (only the service with a direct physical encounter is eligible for payment).

Services involving a direct physical encounter must be made available by the physician providing Comprehensive Virtual Care Services, or by the physician's group within a clinically appropriate

- if it becomes apparent during a Virtual Care Service that a service involving a direct physical encounter is medically necessary; or,
- if at the time of scheduling the service the patient expresses preference for a service involving a direct physical encounter.

Definition of physician's group when patients require a direct physical encounter

For the purpose of this provision, a physician's group must have shared access to the patient's medical record and is defined as:

- For **Specialist** and **GP Focused Practice Physicians**,
 - physicians in the same hospital specialty call rotation, or
 - physicians who are co-located in shared clinical physical space.
- For **family and general practice physicians**:
 - Patient Enrollment Model physicians who are signatory or contracted to the same specific group contract (i.e., as identified by the same group billing number); or,
 - physicians who are co-located in a shared clinical physical space

Technology options for Virtual Care Services

Many Virtual Care Services may be provided by Telephone (synchronous audio-only communication - no visualization) or Video (2-way synchronous video-conference - audio and video visualization).

Consultations and some other "initial visit" services may only be provided by video. See Appendix J of the Schedule for a full list of codes that may only be provided by video. Under the new model, physicians will continue to submit claims for Virtual Care Services with modality indicators to identify the technology used to deliver the service.

Video services are only eligible for payment when performed using a Verified Video Solution, as defined by Ontario Health (<https://www.ontariohealth.ca/system-planning/digital-standards/virtual-visits-verification/vendor-list>) . The delivery modality must be documented on the patient medical record.

When more than one modality is used during a Virtual Care Service

If modality changes during the course of a Virtual Care Service, (for example, a Telephone service transitions into a Video service), only the service performed by the modality that represents the greater part (more than 50%) of the time spent providing the Virtual Care Service is payable.

For time-based services, the combined time of both modalities will be used to calculate the number of time units eligible for payment.

Fee codes to use when submitting claims for Comprehensive Virtual Care Services

Comprehensive Virtual Care Services rendered within an Existing/Ongoing Patient-Physician Relationship must be claimed using the fee codes listed in Appendix J-Section 1 of the Schedule of Benefits. This includes initial visits/consultations which serve to establish the relationship in some cases as well as follow-up care.

Indicating the modality used for Comprehensive Virtual Care Services

Claims submitted for Comprehensive Virtual Care Services must include the modality indicator that identifies the technology used to deliver the service:

- K300A-identifies Video technology used during the service
- K301A-identifies Telephone technology (audio only) used during the service

Note that the B203, B204 and B209 indicator codes and the OTN Service Location Indicator (SLI), previously used for OVCP claims, can no longer be submitted.

Fee values to use when submitting claims for Comprehensive Virtual Care Services

Submit claims for Comprehensive Virtual Care Services using the in-person fee value regardless of whether the service is rendered by Video or Telephone. Comprehensive Virtual Care Services rendered by Video are payable at fees that are equivalent to the corresponding in-person fees for those services. The amount payable for Comprehensive Virtual Care Services rendered by Telephone is 85% of the corresponding in-person fee except for K007, K005, K197 and K198, which will be payable at 95% of the corresponding in-person fee.

Fee codes to use when submitting claims for Limited Virtual Care Services

Limited Virtual Care Services rendered **outside** of an Existing/Ongoing Patient-Physician Relationship must be claimed using the following fee codes (also listed in Appendix J-Section 2 of the Schedule):

- A101-Limited Virtual Care Service, video
- A102-Limited Virtual Care Service, telephone

Please note that the modality indicators (K300A, K301A) are not required to be submitted with Limited Virtual Care Service codes.

Calculating the time that may be claimed for time-based Virtual Care Services

Only time spent in direct communication with the patient or the patient's representative in the provision of the insured service will be used to calculate the number of time units eligible for payment for time-based services

Premiums that apply to Virtual Care Services

- The applicable premium(s) listed in the Premiums Table in the Virtual Care Services section of the Schedule of Benefits (page A75) are payable to physicians when providing eligible Comprehensive Virtual Care Services.
- Premiums are not applicable to Limited Virtual Care Services.

Management fees that apply to Virtual Care Services

- Comprehensive Virtual Care Services are included as a consultation or assessment for the purposes of meeting the requirements for payment of the applicable management fee(s) listed in the Management Fees for Services by Telephone or Video Table in the Virtual Care Services section of the Schedule of Benefits (page A76).
- All requirements and conditions for the appropriate management fee as described in the Schedule of Benefits must be met, with some management fees (for example., K030-Diabetic management assessment) requiring a component of in person services.
- Physicians claiming management fees that include phone management (for example, G500; G512; K090; K091; K682; K683; K684; W010; etc.) should continue to claim these for virtual communication with patients/families/other professionals using the existing management fees rather than the new Virtual Care Fee Codes.
- See also: EPC Billing Brief Virtual Care 1, section titled "Virtual Care Fee Codes that pre-date March 2020".

Future Billing Briefs related to Virtual Care Services

The Education and Prevention Committee (EPC) will publish a case-based EPC Billing Brief illustrating scenarios where the above payment rules and conditions apply. The EPC welcomes feedback about future topics or focused briefs (for example, designed for a specific type of practice or group of physicians) to assist in the understanding of the new Virtual Care Services.

If you have suggestions for topics, please send an email (<mailto:info@oma.org>) to the attention of the joint Ministry of Health/OMA Education and Prevention Committee.

Claims Tip:

Sign up for OHIP Announcements (<https://mailchi.mp/ontario/announcements-en>) to receive notice of new EPC Billing Briefs and other Ministry of Health information.

Virtual Care; Comprehensive Virtual Care Service; Limited Virtual Care Service

More Information

- Bulletin 221002: New Virtual Care Funding Framework - Updated Schedule of Benefits (<https://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/redux/bul221002.aspx>)
- Bulletin 221102: Ontario Virtual Care Program: Video Visit Payment Option End (<https://www.ontario.ca/document/ohip-infobulletins-2022/bulletin-221102-ontario-virtual-care-program-video-visit-payment>)
- Bulletin 221203: Virtual Health Care in Ontario (<https://www.ontario.ca/document/ohip-infobulletins-2022/bulletin-221203-virtual-health-care-ontario>)
- 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>)

Contact Information

For additional information, please visit the Resources for Physicians

(<http://www.health.gov.on.ca/en/pro/programs/ohip/>) and the How to Get Help with Billing Questions (<https://files.ontario.ca/moh-billing-questions-help-en-2023-05-03.pdf>) pages on the ministry website.

If you have any billing or claims submission inquiries, please contact the Inquiry Services, Service Support Contact Centre (SSCC) by email (<mailto:sscontactcentre.moh@ontario.ca>) or by calling 1-800-262-6524.

To provide feedback on EPC Billing Briefs, or to suggest topics for future EPC Billing Briefs, send an email (<mailto:info@oma.org>) to the attention of the joint MOH/OMA Education and Prevention Committee.

The Ministry of Health (MOH) and the Ontario Medical Association (OMA) have jointly prepared this educational resource to provide general advice and guidance to physicians on specific billing matters.

The Ministry of Health (MOH) 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 for payment for the insured service provided. EPC Billing Briefs are prepared jointly by the MOH and the OMA to provide general advice and guidance to physicians on billing matters. EPC Billing Briefs are provided for education and information purposes only. The information provided in this EPC Billing Brief is based on the April 2023 Schedule of Benefits - Physician Services (Schedule).

Health Insurance Act (HIA) and its Regulations prevail over anything stated in this EPC Billing Brief. Changes in applicable statutes, regulations, or case law may affect the accuracy or currency of the information provided in this EPC Billing Brief. In the event of a discrepancy between this EPC Billing Brief and the HIA or its Regulations and/or Schedule under the regulations, the text of the HIA, Regulations and/or Schedule prevail.

Note: This document is technical in nature and is available in English only due to its limited targeted audience. This publication has been exempted from translation under the *French Language Services Act*. For questions or support regarding this document, please contact the Service Support Contact Centre (SSCC) by email (mailto:SSContactCentre.MOH@ontario.ca) or by calling 1-800-262-6524.

Remarque : Ce document est de nature technique et est disponible en anglais uniquement en raison de son public cible limité. Ce document a été exempté de la traduction en vertu de la *Loi sur les services en français*. Pour toute question ou de l'aide concernant ce document, veuillez contacter Les Services de renseignements, Centre de contact pour le soutien des services par courriel (mailto:SSContactCentre.MOH@ontario.ca) ou en téléphonant le 1-800-262-6524.

Virtual Care 3: Case-Based Billing Examples

Education and Prevention Committee Billing Briefs

Education and Prevention Committee (EPC) Billing Briefs are prepared jointly by the Ministry of Health (MOH) and the Ontario Medical Association (OMA) to provide general advice and guidance to physicians on billing matters.

Category: All physicians

Date Issued: April 14, 2023

Claims Tips: As with all insured services listed in the Schedule of Benefits – Physician Services (Schedule), general payment rules apply to Virtual Care Services.

The December 1, 2022, version of the Schedule introduces a new section for Virtual Care Services within the Consultations and Visits section starting on page A66. This new section outlines additional specific payment rules and provides commentary related to these services.

For additional information, please see EPC Billing Briefs 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>) for an introduction to the OHIP insured Virtual Care Services and Virtual Care 2: Terms and Conditions (<https://www.ontario.ca/document/education-and-prevention-committee-billing-briefs/virtual-care-2-terms-and-conditions>) which provides additional detail about payment rules and conditions.

NEW INSURED VIRTUAL CARE SERVICES EFFECTIVE DECEMBER 1, 2022

As part of the 2021-2024 Physician Services Agreement, the Ministry of Health (MOH) and the Ontario Medical Association (OMA) agreed to a new virtual care funding framework to insure certain services provided by video and telephone under OHIP. This new framework replaces the virtual care codes introduced in March 2020.

The December 1, 2022, version of the Schedule introduces a new section for Virtual Care Services within the Consultations and Visits section, which outlines payment rules and provides commentary related to these services.

This EPC Billing Brief provides case-based examples to illustrate the application of many of the Virtual Care payment rules and conditions.

The EPC welcomes suggestions for other case-based examples to assist in the understanding of the new Virtual Care Services. If you have suggestions, please send an email (mailto:info@oma.org) to the attention of the joint Ministry of Health/OMA Education and Prevention Committee.

Example 1: Initiating a virtual care service

Ms. Masalis is a patient of Dr. McCallum (a family physician) with a diagnosis of Type 2 diabetes mellitus. Her last appointment (in person) was four months ago. Based on Dr. McCallum's clinic notes, the medical office assistant contacted Ms. Masalis to schedule a routine appointment to re-assess her diabetic control. Ms. Masalis requested a virtual appointment which is booked and completed using a verified video solution (<https://www.ontariohealth.ca/system-planning/digital-standards/virtual-visits-verification/verified-solutions-list>) and fulfills Schedule requirements for a diabetes management assessment including maintenance of a diabetic flow sheet.

What is eligible for payment?

Explanation:

- Dr. McCallum has an established/ongoing relationship with Ms. Masalis.
- While the appointment was initiated by the physician's medical office assistant, it constituted a medically necessary follow-up service.
- Dr. McCallum may claim a Comprehensive Virtual Care Service by video, for the assessment rendered (in this case, K030A, since he performed a K030A involving a direct physical encounter in the preceding 12 months).
- A virtual K030A requires a preceding in-person K030A **within the preceding year**.
- If there was no K030A with a direct physical encounter in the preceding 12 months, an A007A would be eligible for payment.

Example 2a: Specific elements of services

During the virtual visit described in Example 1, Dr. McCallum recommended to Ms. Masalis that she have a bone density screening test for osteoporosis. Following the test (which was normal), Dr. McCallum called Ms. Masalis to report the results by telephone.

What is eligible for payment?

Explanation:

- The phone call, initiated by Dr. McCallum to report the results of an investigation does not constitute a separate visit and, therefore, is not eligible for payment as a virtual visit.
- The specific elements of the previous visit include discussion with, and providing advice and information, including prescribing therapy to the patient or the patient's representative, whether by telephone or otherwise, on matters related to the service (see page GP15 of the Schedule).

Example 2b: New assessment required

Let's consider an alternate scenario for the physician and patient described in Examples 1 and 2a.

Upon reviewing Ms. Masalis' bone mineral density test, Dr. McCallum notes that it is abnormal. Dr. McCallum initiates a phone call to provide a new assessment focusing on this concern allowing calculation of the patient's 10-year probability of fracture which guides ongoing management.

What is eligible for payment?

Explanation:

- In this case, the phone call constitutes a **new patient assessment** rather than just reporting results from a previous assessment.
- Therefore, a new patient assessment (in this case A007A) is eligible for payment and should be submitted with the telephone indicator, K301A.

Example 3: Initiating a virtual care service

A family physician instructs their office staff to call all patients over age 45 years to invite them to schedule a telephone appointment to discuss wellness concerns such as stress reduction.

What is eligible for payment for the resulting virtual visits?

Explanation:

services are not eligible for payment when initiated by the physician (or the physician's staff), unless the service is a medically necessary follow-up to a preceding visit initiated by the patient or patient's representative, which is not the case illustrated in this example.

- Any virtual services provided under these circumstances would remain OHIP insured services for which the amount payable is zero. Patients cannot be charged for services described as "not eligible for payment" as they remain insured services.

Example 4: Delegation for payment purposes

Dr. Sondheim is a plastic surgeon who is the employer of a physician assistant who works in her office. The physician assistant provides a follow-up visit by telephone to a patient following an uncomplicated minor procedure by Dr. Sondheim and establishes that the patient does not need to travel back to the office for an in-person visit.

What is eligible for payment?

Explanation:

- Virtual care services may not be delegated for payment purposes therefore the phone assessment conducted by the physician assistant is not eligible for payment.
- Note that this service would also not be eligible for payment if provided in-person by the physician assistant as services such as assessments, consultations, psychotherapy, counselling, etc. may not be delegated for payment purposes (see page GP62 of the Schedule).

Example 5: Delegation for payment purposes

One of Dr. Sondheim's patients presents to her office without an appointment, concerned that their arm cast (applied at the time of a surgical procedure performed 3 weeks previously) has broken. The office staff locate Dr. Sondheim, who is between surgical procedures at the hospital, and she provides a telephone visit to the patient. Dr. Sondheim determines that the cast should be changed. Her employee, the physician assistant, is available at the office and has appropriate training in cast removal and application. He proceeds to change the cast as instructed by Dr. Sondheim.

What is eligible for payment?

Explanation:

- Dr. Sondheim last saw the patient in-person 3 weeks previously and has an existing/ongoing relationship with the patient. She may claim the appropriate Comprehensive Virtual Care service, in this case a partial assessment by phone, using fee codes A084A + K301A.
- As the physician assistant is **Dr. Sondheim's employee**, is appropriately **trained in casting** and the relevant fee codes (7202 and 7204) are listed in the table on page GP62, these may be

discussed over the past 20 years, consistent with the procedures and the evidence base.

- Note that as the delegated procedures are NOT virtual care services, they should be submitted on a separate claim without modality indicators.

Example 6: Supervision of Medical Trainees

Dr. Goan is the supervisor for a resident; they are working together in clinic. The resident provides a follow-up visit by video to a patient (who is at home) following a shoulder manipulation under anesthetic recently performed by Dr. Goan. The resident reviews the patient's history and findings (visual inspection of range of motion by video) with Dr. Goan, and a management plan is developed and communicated to the patient.

What is eligible for payment?

Explanation:

- As the Supervising Physician, Dr. Goan may claim a Comprehensive Virtual Care Service consistent with the assessment the resident was able to provide by video – which in this case included examination of the affected region (shoulder) needed to assess function.
- This should be submitted with the appropriate fee code from Appendix J, along with the video modality indicator, K300A.

Example 7: Physical examination requirements

In Example 6, what if the patient requested a telephone assessment, instead of video?

Explanation:

- Given that follow-up of a shoulder manipulation requires visual assessment of shoulder range of motion (either by video or in-person) this visit is payable only as an in-person or video visit.
- Telephone visits in this clinical scenario where elements of the required physical examination cannot be performed with this modality would not be eligible for payment.

Example 8: Visits that require a direct physical encounter

A 20-year-old college student has had several episodes of fainting during physical activity and has also noted that her heart “races”. Her uncle passed away suddenly due to an undiagnosed cardiac issue in young adulthood. She is referred to a cardiologist whose medical office assistant arranges a video consultation because the student wants to minimize the time she will miss classes. The cardiologist initiates the video visit but realizes that an in-person physical examination including auscultation and other direct physical examination is required to appropriately assess and diagnose the patient’s presenting symptoms. This is arranged within the following week.