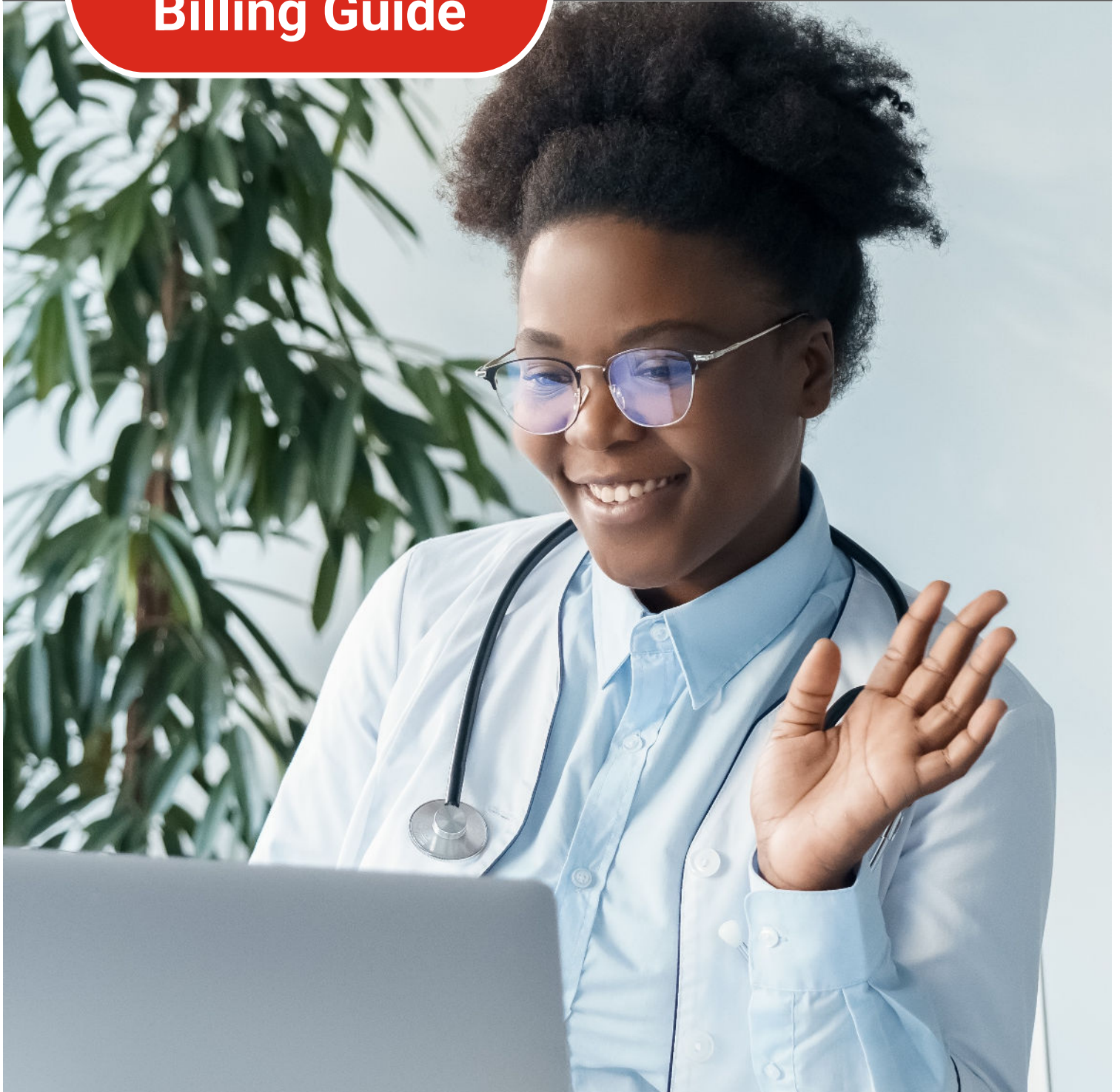


Virtual Care Billing Guide



www.doctorcare.ca

Billing Hotline: 1-844-224-6244 Email: info@doctorcare.ca

Effective December 1, 2022, a new virtual care funding framework has been implemented. This guide will help you understand how to bill for virtual care.

Challenge

DoctorCare Best Practices and Recommendations

What codes can I bill for virtual care services?

Effective December 1, 2022, physicians can only bill the codes qualified under Comprehensive Virtual Care Services or Limited Virtual Care Services.

What are Comprehensive Virtual Care Services?

Comprehensive Virtual Care Services are services that can be billed if the patient has an existing/ongoing patient-physician relationship. This means that the patient is enrolled to the provider or with another provider within the same group, or the patient has been seen in person over the past 24 months. Any codes ([on page 3 of our guide](#)) in Section 1 of Appendix J in the Schedule of Benefits are billable.

What is Limited Virtual Care Services?

Limited Virtual Care Services are billed for patients who are not enrolled and have not been seen in person in the preceding 24 months. The two codes (listed below) in Section 2 of Appendix J in the Schedule of Benefits are billable.

Code	Description	Value
A101	Limited virtual care by Video	\$20
A102	Limited virtual care by Telephone	\$15

What are the billing requirements?

Key Billing Requirements:

1. Existing Schedule Requirements – will apply to all virtual care services.
2. Appropriateness – virtual care services are not eligible for payment where it is not medically appropriate to provide the services without a direct physical encounter.
3. Video Services – must be performed using a [Verified Virtual Visit Solution](#).
4. Geographic Location – the physician and patient must be located in Ontario during the visit.

For more information on the billing criteria for virtual care, view the [Schedule of Benefits here](#).

Can I still use the K-codes to bill for virtual services?

The temporary virtual care K-codes (K080, K081, K082, K083, K092, K093, K094, K095) expires November 30, 2022, and will not be used to bill for any future virtual care services.

Physicians will have 6 months from the date of service to submit claims for payment for the three temporary uninsured community fee codes (K087, K088, and K089) for services provided up to and including March 31, 2023. Services provided after March 31, 2023, are not eligible for payment.

Challenge

DoctorCare Best Practices and Recommendations

What is the amount payable for virtual services?

Comprehensive Virtual Care Services (Existing Patient Relationship)

Mode	Payable Amount
Telephone*	85% of the fee amount
Video	100% of the fee amount

*except for K007, K005, K197 and K198 which will be payable at 95% of the corresponding in-person fee.

Limited Virtual Care Services (No Patient Relationship)

Mode	Payable Amount
Telephone	\$15
Video	\$20

How do I submit claims?

Comprehensive Virtual Care Services Billing Process

1. Submit the virtual service using the fee codes listed in Appendix J – Section 1 in the Schedule of Benefits.
2. Add the modality indicator to identify the technology used to deliver the service.

Modality Indicator Codes

Code	Description
K300A	Identifies Video technology used during the service.
K301A	Identifies Telephone technology (audio only) used during the service.

Limited Virtual Care Services Billing Process

1. Submit one of the two fee codes (A101 or A102).

Can I bill the After Hours premium?

Not all virtual care visit codes are eligible to be billed with the Q012 After Hours premium. If the following services are rendered virtually during after hours, then the Q012 can be added: A001A, A007A, A008A, K005A, K013A, K030A, and K033A.

Can I use the OTN platform?

Effective December 1, 2022, video visits delivered through the Ontario Virtual Care Program (OVCP) will be transitioned into the OHIP insured framework in accordance with the pricing structure, rates, and payment parameters outlined in the PSA. Prior OTN billing codes & SLI's will no longer be valid.

What are the Comprehensive Virtual Services in Appendix J – Section 1 in the Schedule of Benefits?

Section 1 – Eligible Comprehensive Virtual Care Services*Video or Telephone*

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 C643A, C644A, C645A, C646A, C655A, C661A, C662A, C665A C667A, C675A, C680A, C682A, C695A, 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.

Challenge**DoctorCare Best Practices and Recommendations**

What are the applicable premiums?

Applicable Premiums for Virtual Care

Applicable Premium	Descriptor	Premium Payable
E060	Post renal transplant assessment premium	25% of fee for virtual service
E078	Chronic disease assessment premium	50% of fee for virtual service
E080 (video only)	First visit by primary care physician after hospital discharge	\$25.25
E088	Congestive heart failure premium	50% of fee for virtual service
E098	Gastroenterology chronic disease assessment premium	28% of fee for virtual service
K187	Acute post-discharge community psychiatric care	15% of fee for virtual service
K188	High-risk community psychiatric care	15% of fee for virtual service
K189 (video only)	Urgent community psychiatric follow-up	\$216.30
E079	Smoking cessation: Initial discussion with patient, to eligible services	\$13.20 for phone and \$15.55 for video
Age-Based Fee Premiums	-	10-30% of fee for virtual service
Focused Practice Psychotherapy Premium	-	17% of fee for virtual service
Internal Medicine Office Assessment Premium	-	12% of fee for virtual service
FHG In-Basket Premium	-	10% of fee for virtual service

Challenge

DoctorCare Best Practices and Recommendations

What are the applicable management fees?

Applicable Management Fees for Virtual Care

Fee Code	Descriptor
K045	Endocrinology & Metab/Internal Med-Diabetes management by a specialist-annual
K046	Endocrinology & Metab/Internal Med-Diabetes team management-annual
Q040	GP/FP-Diabetes management incentive-annual
K119	Paediatrics-Paediatric developmental assessment incentive-annual
K481	Rheumatology-Rheumatoid arthritis management by a specialist-annual
K682	Opioid Agonist Maintenance Program monthly management fee-intensive, per month
K683	Opioid Agonist Maintenance Program monthly management fee-maintenance, per month
K684	Opioid Agonist Maintenance Program-team premium, per month, to K682 or K683 add
K030*	Diabetic management assessment

Payment rules:

*A virtual K030 is only eligible for payment if a K030 involving a direct physical encounter has been performed in the preceding 12 months.

Challenge

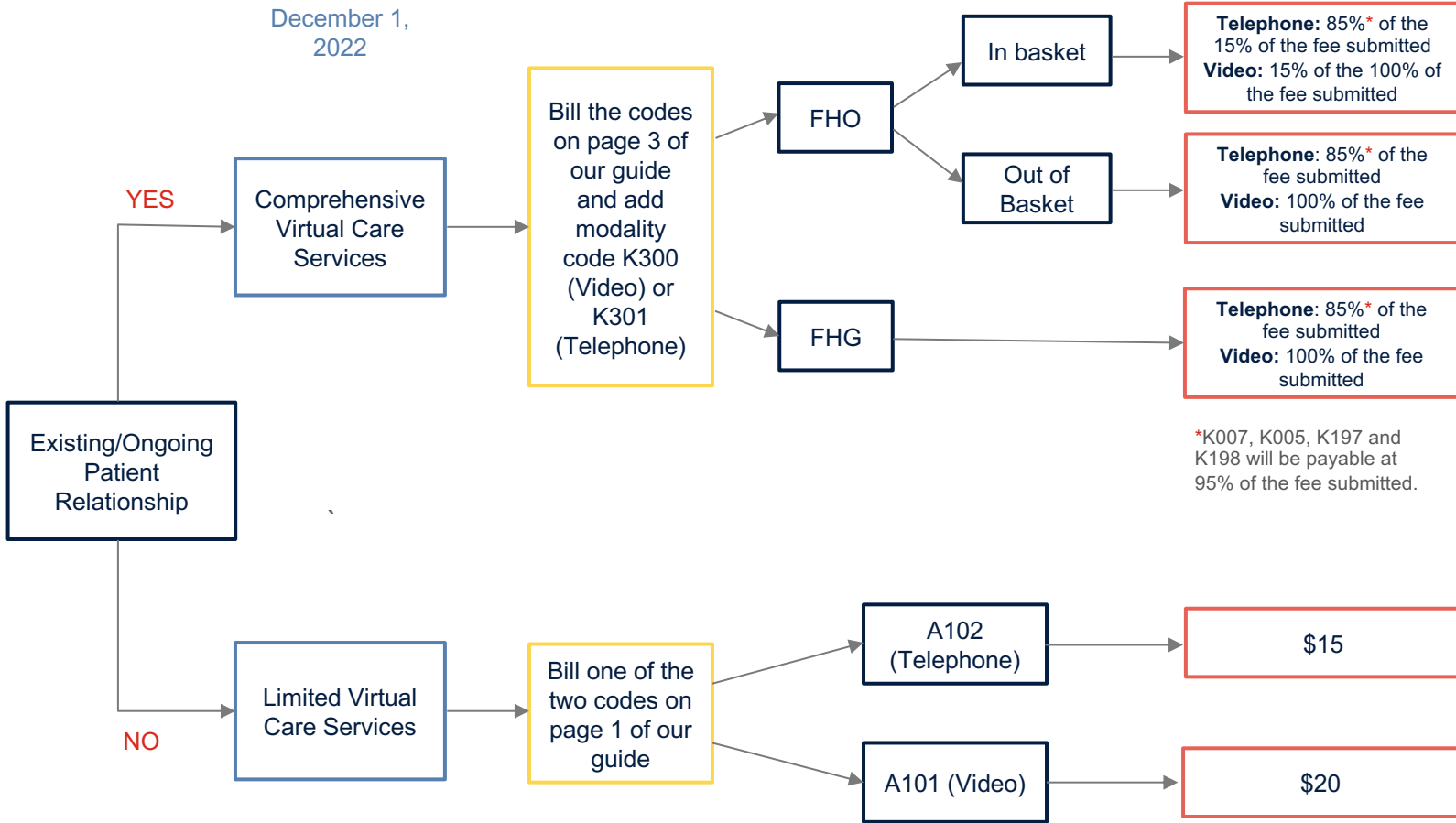
DoctorCare Best Practices and Recommendations

Virtual Care Road Map

Virtual Care Services effective December 1, 2022

Codes to Bill for Virtual Care Services

Amount Payable for Virtual Care Services



Examples

A physician meets a patient through video for a minor assessment who is not enrolled to them. In addition, they have not seen this patient in person in the past 24 months. What do you bill?

Bill the Limited Virtual Care service code A101A for video services.

A101A = \$20

A physician meets an enrolled patient through telephone for a minor assessment. What do you bill?

Bill the code A001A for the minor assessment plus the modality code K301A to indicate that the visit was completed through telephone. Since the physician is a FHO physician providing an in-basket service over telephone to an enrolled patient, they will be paid 15% of the 85% of the fee submitted.

A001A + K301A = (\$23.75 X 85%) X 15% = \$3.03

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca