

Virtual Care Quick Reference Guide

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.

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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.

However, you can still bill K087, K088, and K089 for patients who do not have OHIP and have another province's health coverage, federal coverage, or a third-party insurance coverage.

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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?

Yes. 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.

To learn more about how to bill OTN Codes, [read our blog here](#).

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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.

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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 |
| 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 |

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What are the applicable management fees?

Applicable Management Fees for Virtual Care

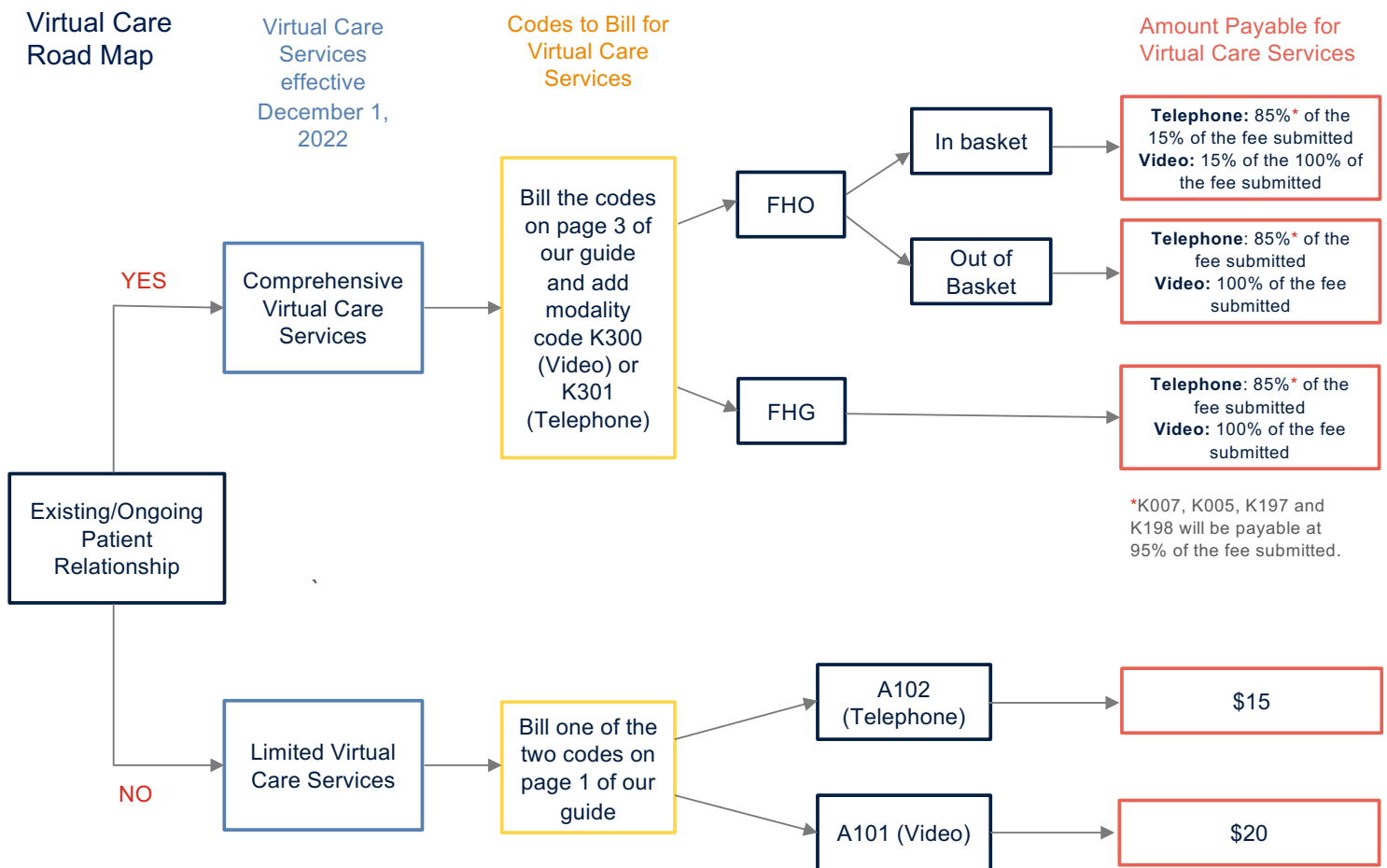
| Fee Code | Descriptor |
|----------|--|
| K045 | Endocrinology & Metab/Internal Med-Diabetes management by a specialist-annual |
| K046 | Endocrinology & Metab/Internal Med-Diabetes team management-annual |
| Q040 | GP/FP-Diabetes management incentive-annual |
| K119 | Paediatrics-Paediatric developmental 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.

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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