

# Bulletin



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| Bulletin Number<br><b>4501</b>                                  | Date<br><b>October 30, 2009</b> | Direct inquiries to<br>Ministry of Health and Long-Term Care<br>(address below) |
| Distribution<br>Physicians, Hospitals, Clinics and Laboratories |                                 |   |

**Subject: Temporary changes to the Schedule of Benefits for Physician Services and to Primary Health Care Funding in Response to H1N1**

**Temporary changes to the Schedule of Benefits:**

**1. New codes for telephone services**

Please note that in support of the government’s efforts to limit the spread of H1N1 in Ontario, the Minister of Health and Long-Term Care has made an order under the authority of subsection 45(2.1) of the *Health Insurance Act* to temporarily list the following services as insured services in the Schedule of Benefits for Physician Services.

These services are billable as fee-for-service or as shadow billed claims for physicians in Primary Care or Alternative Payment Program (APP) models.

- K080 telephone advice or information regarding health maintenance, diagnosis, treatment and/or prognosis to a patient or patient's representative including providing a new prescription or prescription renewal if rendered where service lasts for 10 minutes or less . . . . . 11.00
- K081 a. telephone advice or information regarding health maintenance, diagnosis, treatment and/or prognosis to a patient or patient’s representative if the service lasts in excess of 10 minutes, including providing a new prescription or prescription renewal if rendered; or  
b. psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone, if service lasts in excess of 10 minutes but less than 16 minutes, including providing a new prescription or prescription renewal if rendered . . . . . 27.55

| Processing Sites   |  |  |   |  |
|--|--|--|---|--|
| <b>Hamilton</b><br>119 King Street West,<br>10 <sup>th</sup> Floor<br>Box 2280, Station A<br>L8P 4Y7 | <b>Kingston</b><br>1055 Princess Street,<br>Suite 401<br>Box 9000<br>K7L 5A9           | <b>London</b><br>217 York Street,<br>5 <sup>th</sup> Floor<br>Box 5700, Station A<br>N6A 4L6 | <b>Oshawa</b><br>Executive Tower,<br>Oshawa Centre<br>419 King Street West<br>Box 635 L1J 7J2 | <b>Thunder Bay</b><br>435 James Street South<br>Suite 113<br>P7E 6T1                     |
| <b>Mississauga</b><br>201 City Centre Drive<br>Suite 300<br>L5B 2T4                                  | <b>Ottawa</b><br>Fuller Building<br>75 Albert Street, 7 <sup>th</sup> Floor<br>K1P 5Y9 | <b>Sudbury</b><br>199 Larch Street<br>Suite 801<br>P3E 5R1                                   | <b>Toronto</b><br>47 Sheppard Avenue East<br>Suite 505<br>M2N 7E7                             | <b>Contact Information</b><br>www.health.gov.on.ca<br><b>INFOLine:</b><br>1-800-664-8988 |

- K082 psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone per unit (unit means half hour or major part thereof), including providing a new prescription or prescription renewal if rendered . . . . . per unit 55.05

**Note:**

1. Despite any requirement in the Schedule of Benefits or Regulation 552 under the *Health Insurance Act* that
  - a. a direct physical encounter occur between the physician and the patient, or
  - b. that a concomitant insured service accompany the provision of a prescription or communication or advice rendered by telephone to a patient,

the services described above as K080, K081 and K082 are insured when the following conditions are met:

- a. The service is provided to a patient who is enrolled to one of the group physicians or is a patient of the practice, where the group physicians are compensated for rendering insured services to that patient, in whole or in part, by any alternative payment plan or as part of any capitated or salary based primary care patient enrolment agreement;  
or
  - b. There is a pre-existing and ongoing professional relationship between the patient and the particular physician;  
and
  - c. The service is personally rendered by the physician.
2. The services must be documented on the patient’s medical record (including the start and stop times) or the service is not eligible for payment.
  3. K080, K081 or K082 are not eligible for payment for anticoagulant supervision by telephone (G271) or any other telephone advice services listed in the Schedule of Benefits.
  4. K081(b) and K082 are insured only for services provided to patients who have received the same or similar time-based service that was personally rendered by the same physician in the previous 12 month period.

*[Commentary:*

1. *See General Preamble for further requirements for billing of time-based services.*
2. *If K080, K081 or K082 are claimed, no charge can be billed to, or payment received from, the patient or the patient’s representative for a telephone prescription resulting from the service.]*

The order remains in force until the earliest of the following events occurs:

- a. The order is cancelled by an order of the Minister of Health and Long-Term Care
- b. A regulation is made adopting the terms of the order
- c. Twelve months after coming into effect

## **2. G590 – injection of influenza agent**

As noted in OHIP Bulletin #4500, the maximum number of daily services has been temporarily increased from one injection to two per patient for fee schedule code G590 - Injection of influenza agent – with visit in the event that physicians immunize their patients for both seasonal influenza and H1N1 at the same visit.

There are several scenarios for which patients may attend a physician for an influenza vaccination.

- a. **Patient is attending the physician for a medically necessary service and at the same visit a single flu shot (seasonal or H1N1) is provided.** The appropriate fee code for the assessment service rendered may be claimed as well as the G590 fee code (injection of influenza agent with visit).
- b. **Patient is attending the physician for a medically necessary service and at the same visit a flu shot is provided for both seasonal influenza and H1N1.** The appropriate fee code for the assessment service rendered may be claimed as well as two services for G590 (injection of influenza agent with visit).
- c. **Patient is attending the physician solely for a single flu shot whether seasonal influenza or H1N1.** The appropriate fee code is G591 (injection of influenza agent – sole reason for visit).
- d. **Patient is attending the physician solely for both the seasonal influenza and H1N1 injection.** The appropriate fee codes are G591 (injection of influenza agent – sole reason for visit) plus G590 (injection of influenza agent with visit).

If patients require two immunizations of H1N1 administered on separate visits, physicians are eligible for payment of the appropriate injection code at each visit.

## **Changes to Primary Health Care**

### **1. Influenza immunization injection codes:**

For physicians in affected harmonized Primary Care models (Family Health Networks, Blended Salary Model, Group Health Centre, Rural and Northern Physician Group Agreement, Weeneebayko Health Ahtuskaywin, St. Joseph's, Inner City Health Associates, and Toronto Palliative Care Agreement) the influenza immunization injection codes (G590 and G591) have been temporarily removed from the basket of codes and are eligible for payment as fee-for-service.

### **2. Telephone Services**

The temporary telephone codes (K080, K081 and K082) are included in the basket of codes for all primary care models.

### **3. Hard Cap**

Effective immediately the ministry is temporarily ceasing enforcement of the Hard Cap for core services provided to non-enrolled patients. This change applies to all primary care funding models where a Hard Cap currently applies.

## **Changes to Alternative Payment Program Models**

### **1. Telephone Services**

The temporary telephone codes (K080, K081 and K082) should be shadow-billed by physicians in APPs. The appropriate flow-through and shadow-billing premiums (if applicable) will apply based on the specific contract.