

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: Physicians, Nurse Practitioners, Hospitals and Clinics

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Re: Virtual Care Program – Billing Amendments to Enable Direct-to-Patient Video Visits and Modernize Virtual Care Compensation

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The Ministry of Health's (ministry's) Virtual Care Program (previously called the Telemedicine Program) requirements have been amended as outlined in this bulletin.

The ministry is working, in partnership with the Ontario Medical Association (OMA), to modernize the province's approach to virtual care to further improve access for patients and enable clinicians to better leverage virtual care to enhance their practice and better accommodate patient needs.

The first phase of this work, which has been implemented, and is reflected in this document includes:

- **enabling Direct-to-Patient Video Visits** so that patients can receive a video visit from their location of choice (e.g. in their home on their own device) and are not required to go to a patient host site unless it is clinically or technologically necessary; and
- **modernizing virtual care compensation** to reflect the maturation of virtual care technology and to align with compensation for in-person care.

There are now two classifications of video visits:

- **Hosted Video Visit:** a synchronous video visit with a patient who is physically located and supported at a patient host site during the clinical encounter. Host sites are secure physical environments that organizations offer on-site to provide patients with convenient access to videoconferencing technology and, in some cases, clinical support services (nursing support, diagnostics through peripheral devices).

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- **Direct-to-Patient Video Visit:** a synchronous video visit with a patient in the home or another location of their choice (i.e. the patient is not at a patient host site). This includes situations where a patient is scheduling and managing the encounter independently using their own technology, or where an organization is providing support resources that are with the patient (e.g. nursing support, technology).

Over the next year, the ministry, in partnership with the OMA, will also be looking to enable clinicians to deliver a wider range of virtual care (e.g. electronic secure messaging) and leverage virtual care technologies other than those currently offered by the Ontario Telemedicine Network (OTN) within the ministry's Virtual Care Program.

Changes effective November 15, 2019 – Direct-to-Patient Video Visits Enabled

As of November 15, 2019, Direct-to-Patient Video Visits are eligible for delivery by the following physicians once registered with the ministry's Virtual Care Program for billing privileges:

- All specialists;
- GP focused practice designated physicians when providing services associated with their designation; and
- Primary care physicians who are in a patient enrollment model (PEM) and are delivering care to a rostered patient.

Fee codes: Between November 15, 2019 and March 31, 2020, Direct-to-Patient Video Visits must be billed with the Virtual Care Program code of B099A: \$0.00 Tracking Code for Telemedicine Services. No other program code (i.e. B100A, B101A, B102A, B200A, B201A or B202A) are acceptable for a Direct-to-Patient Video Visit.

If you are currently enrolled in the Home Video Visit Pilot with OTN, please refer to communications from OTN providing unique billing guidance for those who participated in the pilot.

Changes Effective April 1, 2020 – Telemedicine Premiums Removed and New Fee Codes Active

The telemedicine premiums were introduced over 10 years ago when physicians/dentists were required to travel to an OTN telemedicine studio to deliver a video visit.

Given the maturation of video visit technology, use, and access – especially physicians'/dentists' ability to conduct a video visit from their own computer or smart phone – the telemedicine premiums are no longer serving their original purpose.

Physicians/dentists will now be paid on par to in-person care for services delivered via video visit. Exemptions to this are explained below.

In order to maintain patient access to care during this transition period:

- Physicians/dentists who can demonstrate that there will be a significant negative impact to patient access to care delivered by their practice due to impacts of the premium removal on their existing virtual care service offerings are invited to use the following [Telemedicine Premium Removal Feedback Form](#) to send their feedback from November 15, 2019 to January 17, 2020. This feedback will be received by the Virtual Care Working Group, which was struck earlier this year between the Ministry and the OMA, with participation by OntarioMD and OTN to further explore expansion of virtual care in Ontario.
- Physicians/dentists delivering Hosted Video Visits to rural patients will continue to receive a \$15.00 premium payment per completed Hosted Video Visit for 1 year (i.e. until March 31, 2021) to allow for a longer transition phase for those providing Hosted Video Visits to rural patients. Rural patients are identified as patients living in communities with a Rurality Index of Ontario score of ≥ 45 . [OMA RIO Postal Code Look-Up](#). The details on how payments for these will be delivered will be announced in the near future.
- Further changes will be made to the OHIP claims system to the Virtual Care Program codes that can be used as of April 1, 2020 for Direct-to-Patient Video Visits and for Hosted Video Visits. Communication about the tracking codes for the two different types of video visits will be released in the near future.

Summary of Eligible Fee Codes

From **November 15, 2019 – March 31, 2020** the following fee codes are eligible for:

- **Direct-to-Patient Video Visit:**
B099A: \$0.00 Tracking Code
- **Hosted Video Visit:**
B100A: \$35.00 First Telemedicine Patient Encounter premium
B200A: \$15.00 Subsequent Telemedicine Patient Encounter premium
B101A: \$35.00 First Cancelled/Missed Telemedicine Patient Encounter premium
B201A: \$15.00 Subsequent Missed/Cancelled Telemedicine Patient Encounter premium
B102A: \$35.00 First Technical Difficulties Abandoned Patient Encounter premium
B202A: \$15.00 Subsequent Technical Difficulties Abandoned Patient Encounter premium

Details on the Virtual Care Program codes valid as of **April 1, 2020** will be released in the near future.

If you are currently enrolled in the Home Video Visit Pilot with OTN, please refer to communications from OTN providing unique billing guidance.

General Requirements for all Video Visits

All physician claims for video visits must:

- a) be from a physician approved by the ministry as eligible to render video visits and be registered with the ministry for billing privileges;
- b) be for service rendered where all participating physicians and patients are in attendance via an approved OTN video solutions and be physically located within Ontario during the health care encounter;
- c) include the “OTN” Service Location Indicator (SLI) code to indicate it was done as a video visit;
- d) include the applicable Virtual Care Program B-code (e.g. B099A, B100A, B200A); and
- e) not include fee codes for services excluded from the Virtual Care Program.

All dentist claims for video visits must:

- a) be from a dental surgeon (oral and maxillofacial surgeon) approved by the ministry as eligible to render video visits and be registered with the ministry for billing privileges;
- b) be for service rendered where both the dentist and the patient are in attendance via an OTN approved video solutions in Ontario that is located in a hospital;
- c) include the “OTN” SLI code to indicate that a consult was done as a video visit;
- d) include the hospital Master Number of the approved OTN video solution location where the dentist was located when the service was rendered;
- e) include the Virtual Care Program B-code of (e.g. B100A, B200A);
- f) include one of the following allowable dental “T” fee codes:

T650: Consultation in hospital

T651: Follow-up assessment within 12 months

T652: Hospital visit, admitted bed patient

T811: Premium for a consultation 5 pm to midnight

T812: Premium for a consultation or visit to an ICU

T813: Premium for a consultation or visit midnight to 7:00am

With the exception of allowable fee codes and the mandatory Master Number requirement, the claims processing edits and rules applicable to virtual care claims from physicians will be applicable to submissions from dentists.

For Video Visits to be delivered they must be deemed to be appropriate according to the physician’s/dentist’s professional judgement and in the best interest of their patient [Physicians see [CPSO telemedicine policy](#)] and the patient must consent to receive a video visit.

Disclaimer: Virtual care services covered by the Ministry's Virtual Care Program are not insured under the Health Insurance Act (HIA) and thus if physicians/dentists submit claims without a Virtual Care Program B-code and SLI codes set to "OTN" the ministry will recover any amounts paid by OHIP.

Requirements Specific to Hosted Video Visits

There are no requirements for Hosted Video Visits beyond the general requirements for all Video Visits provided above.

Requirements Specific to Direct-to-Patient Video Visits for permitted Physicians:

Specialist Direct-to-Patient Video Visits

All specialists are eligible to deliver Direct-to-Patient Video Visits if it is deemed to be appropriate according to their professional judgement and in the best interest of their patient [See [CPSO telemedicine policy](#)] and the patient consents to receive a video visit.

GP Focused Practice Designated Physician Direct-to-Patient Video Visits

All GP focused practice designated physicians are eligible to deliver Direct-to-Patient Video Visits if they meet the following requirements:

- The physician must have been designated by the joint OMA-Ministry GP Focused Practice Review Committee;
- The physician must be providing the Direct-to-Patient Video Visit services within the scope of their designation (e.g. addiction medicine, pain management) and must not be providing Direct-to-Patient Video Visits for routine primary care under this allowance [See below for primary care requirements]; and
- The physician deems the Direct-to-Patient Video Visit to be appropriate according to their professional judgement and in the best interests of their patient [See [CPSO telemedicine policy](#)] and the patient consents to receive a video visit.

Further information on the GP focused practice designation can be found here: [OMA Policy and Program Overview](#).

Primary Care Direct-to-Patient Video Visits

At this time Direct-to-Patient Video Visits in primary care are only allowed if the physician:

- is in a patient enrollment model (PEM);
- is delivering care to a patient rostered to the same PEM practice; and
- deems the Direct-to-Patient Video Visit to be appropriate according to their professional judgement and in the best interests of their patient [See [CPSO telemedicine policy](#)] and the patient consents to receive a video visit.

This means that any rostered patient in a PEM can see any physician in the PEM they are rostered to by a Direct-to-Patient Video Visit, if appropriate.

All PEM types are eligible. This includes Family Health Organization, Family Health Network, Family Health Group, Comprehensive Care Model, Blended Salary Model, Rural and Northern Physician Group Agreement, St. Joseph's Health Centre, Weeneebayko Area Health Authority, GP Care of the Elderly, and GP HIV patient enrollment models.

Direct-to-Patient Video Visits will be further opened within primary care within an established patient-provider relationship in the next 6-9 months. This applies to PEM physicians with non-rostered patients and non-PEM physicians who have delivered an in-person, OHIP-insured visit to that patient in the last 24 months will be allowed to deliver a Direct-to-Patient Video Visit to that same patient.

Further Information

To be eligible to conduct video visits and to register for OHIP billing please see the [OHIP Virtual Care Physician & Dentist Registration Form](#).

For further details on Virtual Care Program billing requirements and the list of Physician Service excluded codes please see the [Billing Information Manual](#).

Note: The Billing Information Manual contains information as of October 2019 and will be updated shortly. An INFOBulletin will be released when details of the April 1st, 2020 Virtual Care Program codes are available and the billing information manual has been updated.

For further billing related inquiries, please contact the Service Support Contact Centre at: 1-800-262-6524 or SSContactCentre@ontario.ca

For specific questions about conducting video visits, please contact: info@otn.ca

For general questions about the Ministry-OMA Virtual Care Working Group's process to expanding virtual care in the province, please contact: virtual.care@oma.org

The Ministry-OMA Virtual Care Working Group invites physicians/dentists who can demonstrate that there will be a significant negative impact to patient access to care delivered by your practice due to impacts of the premium removal on their existing virtual care service offerings to use the following [Telemedicine Premium Removal Feedback Form](#) to send their feedback from November 15, 2019 to January 17, 2020.

Frequently Ask Questions have been provided by the OMA within their [member portal](#).