

# Billing for Health Links: A Guide for Family Physicians

*The following information is not exhaustive. Please refer to the current OHIP Schedule of Benefits <http://www.health.gov.on.ca/en/pro/programs/ohip/sob/> for full definitions, payment rules and medical record requirements. See Disclaimer below.*

^common fees outside the FHN basket

\*common fees outside the FHO basket

CASE CONFERENCES																				
Chronic Pain Out-Patient Case Conference	K707 ^*	\$31.35/unit	Case Conferences are time-based services calculated in time units of 10 minute increments. The minimum time required is based upon consecutive time spent participating as follows:	A25- A26																
Mental Health Out-Patient Case Conference	K701 ^*	\$31.35/unit	<table border="1"> <tr> <td>1 unit</td> <td>10 minutes</td> <td>5 units</td> <td>46 minutes</td> </tr> <tr> <td>2 units</td> <td>16 minutes</td> <td>6 units</td> <td>56 minutes</td> </tr> <tr> <td>3 units</td> <td>26 minutes</td> <td>7 units</td> <td>66 minutes</td> </tr> <tr> <td>4 units</td> <td>36 minutes</td> <td>8 units</td> <td>76 minutes</td> </tr> </table>	1 unit	10 minutes	5 units	46 minutes	2 units	16 minutes	6 units	56 minutes	3 units	26 minutes	7 units	66 minutes	4 units	36 minutes	8 units	76 minutes	
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Geriatric Case Out-Patient Conference	K703 *	\$31.35/unit	<p>Case Conferences must be pre-booked and attended in person, by videoconference or by telephone, and must involve at least 3 eligible participants: the physician most responsible for the care of the patient <i>and</i> at least 2 other participants that include physicians, regulated social workers, and/or regulated health professionals.</p> <p>For Mental Health Out-Patient Case Conference, personnel employed by a mental health community agency funded by MOHLTC may be included in the 2 other participants. For Chronic Pain and Geriatric Out-Patient Case Conferences, eligible participants from a mental health community agency funded by MOHLTC must be a physician or regulated social worker/health professional. All eligible participants must <i>be involved or about to become involved</i> in the care of the patient.</p> <p>For each type of case conference, there is a maximum 4 <u>services</u> per patient, per physician, per 12 month period, and a maximum of 8 <u>units</u> per patient, per physician, per 12 month period.</p>																	
CONSULTATIONS AND VISITS																				
Interviews	K002 ^	\$62.75/unit	Interviews with relatives or a person authorized to make a treatment decision on behalf of a patient. Unit is major part of 30 minutes.	A19																
House Call Assessment	A901	\$45.15	Primary care service rendered in a patient's home. Eligible for payment for first person seen during a single visit to same location.	A3																
Telephone Consultation (Referring Physician)	K730	\$31.35/unit	Requires at least 10 minutes of patient-related discussion and start and stop times must be documented. Maximum one unit per patient per day. Consultant physician has provided an opinion and/or recommendations for patient treatment and/or management. There is a separate billing code for Consultant Physician, see A29.	A29																
Email Consultation (Referring Physician)	K738 ^ *	\$16.00/unit	Must be sent by electronic means through a secure server. Consultant physician has provided an opinion and/or recommendations for patient treatment and/or management within thirty days from the date of the request. Maximum of six services per patient, per physician, per 12 month period and 400 total per physician per 12 month period. For details on the	A33																

			requirements around documenting email and telephone consultations, please see the Schedule of Benefits. There is a separate billing code for Consultant Physician, see A33.	
Home Care Application	K070 ^ *	\$31.75	Not eligible if patient currently receiving homecare.	A40
Acute Home Care Supervision	K071 ^ *	\$21.40	First 8 weeks following admission to home care program. Limited to a maximum of two services per patient per week for 8 weeks but only one service per patient, per physician, per week.	A40
Chronic Home Care Supervision	K072 ^*	\$21.40	Applies after the 8 <sup>th</sup> week following admission to home care program. Limited to a maximum of four services per patient, per month but only two services per patient, per physician, per month.	A40

### Further Definitions and Details

**Case Conference:** A pre-scheduled meeting, conducted for the purposes of discussing and directing the management of an individual patient. A Case Conference:

- a. must be conducted by personal attendance, videoconference or by telephone (or any combination thereof)
- b. must involve at least 2 other participants, in addition to the physician most responsible for care, who meet the eligible participant requirements
- c. at least one of the physician participants is the physician most responsible for the care of the patient

**Mental Health, Geriatric and Chronic Pain Case Conference:** For each type of case conference, no other case conference or telephone consultation service is eligible for payment with for the same patient on the same day. The patient's record must include patient identification, eligible participant identification, start time/stop time, and decisions made/outcome of conference. Note: Mental Health Out-patient Case Conference is only eligible when the physician most responsible has a specialty designation in Psychiatry. Geriatric Out-patient Case Conference is only eligible when the patient is at least 65 years of age or less than 65 years of age with dementia, and when a Specialist in Geriatrics, or a physician with an exemption to access bonus impact in Care of the Elderly from MOHLTC is participating.

**Telephone/E- Consultation:** Physician/NP to physician consultation is a service where the referring physician or nurse practitioner in light of his/her professional knowledge of the patient, requests the opinion of a physician (the "consultant physician") by telephone or electronic means through a secure server who is competent to give advice in the particular field because of the complexity, seriousness or obscurity of the case. The service is only eligible for payment if consultant physician has provided an opinion and/or recommendations for the patient treatment and/or management. The referring physician or nurse practitioner initiates the telephone consultation with the intention of continuing the care and management of the patient.

**Home Care Application:** Rendered by the most responsible physician for completion and submission of an application for home care to the Community Care Access Centre (CCAC) on behalf of a patient for whom the physician provides on-going medical care. **Home Care Supervision:** Providing medical advice, direction or information to healthcare staff to a CCAC staff or contractor on behalf of a patient for whom the physician provides ongoing medical care. Date, medical advice, and direction must be recorded in patient's medical record. Note: CCACs are now LHIN Home and Community Care.

**Disclaimer:** While every effort has been made to ensure that the contents of this guide are accurate, individuals should be aware that information contained within the OHIP Schedule of Benefits often change over time. The Health Link assumes no responsibility for any discrepancies of differences of interpretation that the MOHLTC may have with the contents of this guide. Individuals are advised that the ultimate authority in matters of interpretation and payment are in the purview of the MOHLTC and, as such, members should request updated information and interpretations from the OHIP Schedule of Benefits or their local MOHLTC office.