To: Primary Care Physicians

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Re: Primary Care Changes in response to Corona Virus (COVID-19) effective March 14, 2020

In support of the government’s efforts to limit the spread of COVID-19 in Ontario, the Minister of Health has made an Order under the authority of subsection 45(2.1) of the Health Insurance Act to temporarily list as insured services the provision of assessments of or counselling to insured persons by telephone or video, or advice and information to patient representatives by telephone or video.

Note: While payment for the provision of services associated with these temporary codes is effectively March 14, 2020, system changes will be implemented over the coming weeks to process payment. As a result, the ministry requests that physicians wait to submit claims for these codes until further notice. Further information regarding each of these changes will be forthcoming.

Temporary Codes

K080 minor assessment of a patient by telephone or video, or advice or information by telephone or video to a patient’s representative regarding health maintenance, diagnosis, treatment and/or prognosis............................................$23.75

K081 a. intermediate assessment of a patient by telephone or video, or advice or information by telephone or video to a patient’s representative regarding health maintenance, diagnosis, treatment and/or prognosis, if the service lasts a minimum of 10 minutes; or
b. psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone or video, if the service lasts a minimum of 10 minutes .......................................................... $36.85

K082 psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone or video per unit (unit means half hour or major part thereof) .......................................................... per unit $67.75

K083 Specialist consultation or visit by telephone or video payable in increments of .......................................................... .......................................................... $5.00

Please refer to INFOBulletin COVID-19 influenza pandemic effective March 14, 2020 for further details of these changes.

These temporary codes are billable as fee-for-service (FFS) or as shadow billed claims for physicians in Primary Care or Alternative Payment Program (APP) models as follows:

**Primary Care**

**Comprehensive Care Model (CCM) and Family Health Group (FHG)**

- The temporary telephone or video codes (K080, K081 and K082) will pay FFS.
- For CCM physicians the K080, K081 and K082 are eligible to be billed with the Q016 After-Hours Premium when performed after hours.
- For FHG physicians the K080, K081 and K082 are eligible to be billed with the Q012 After-Hours Premium when performed after hours.

**Family Health Network (FHN), Family Health Organization (FHO), Group Health Centre (GHC), Blended Salary Model (BSM)**

- The temporary telephone or video codes (K080, K081 and K082) are considered core services in the basket of codes and will pay at zero dollars ($0) with explanatory code “I2 – Service is globally funded” when performed on an enrolled patient.
- For FHN and FHO groups, the temporary telephone or video codes (K080, K081 and K082) are considered core services in the Long-Term Care basket of codes and will pay at zero dollars ($0) with explanatory code “I2 – Service is globally funded” when performed on an LTC enrolled patient.
- The Blended Fee for Service Premium will be applied to shadow billed K080, K081 and K082 claims.
- K080, K081 and K082 are eligible to be billed with the Q012 After-Hours Premium.
• Application of the Hard Cap ceiling will not be enforced.

• The ministry has agreed that K080, K081 and K082 will not contribute to outside use. Options to implement this complex system change are being investigated. If the ministry is unable to prevent these codes from attributing to outside use in the short term, the ministry will; undertake a review of services provided during the period that these temporary K codes are in effect; remove the financial impact of outside use; and recalculate any Access Bonus payments for this period.

Rural and Northern Physicians Group Agreement (RNPGA), St. Joseph’s Health Centre (SJHC), Sioux Lookout Regional Physicians Services Incorporated (SLRPSI) and Weeneebayko Area Health Authority (WAHA)

• The temporary telephone or video codes (K080, K081 and K082) are considered an included service and will pay at zero dollars ($0) with explanatory code “I2 – Service is globally funded”.

• The Blended Fee for Service Premium will be applied to shadow billed K080, K081 and K082 claims.

• For SJHC, RNPGA and WAHA physicians K080, K081 and K082 are eligible to be billed with the Q012 After-Hours Premium when performed after hours.

• Application of the Fee for Service Cap for SJHC will not be enforced.

Homeless Shelter Agreement (HSA)

• When billed with the HSA group number the temporary telephone or video codes (K080, K081 and K082) are considered an included service and will pay at zero dollars ($0) with explanatory code “I2 – Service is globally funded”.

• The Blended Fee for Service Premium will be applied to shadow billed K080, K081 and K082 claims.

• The annual Medical Director and Base Sessional thresholds will not be enforced.

General Practitioner Focused Practice (GPFP) – Care of the Elderly, HIV, Palliative Care, Toronto Palliative Care Associates (TPCA)

• When billed with the group number the temporary telephone or video codes (K080, K081 and K082) are considered an included service and will pay at zero dollars ($0) with explanatory code “I2 – Service is globally funded”.

• The Blended Fee for Service Premium will be applied to shadow billed K080, K081 and K082 claims.
• For GPFP-HIV physicians K080, K081 and K082 are eligible to be billed with the Q017 After-Hours Premium.

• For GPFP-COE1 physicians K080, K081 and K082 are eligible to be billed with the Q018 After-Hours Premium.

• For TPCA physicians K080, K081 and K082 are eligible to be billed with the Q091 After-Hours code.

• When K080, K081 and K082 are billed solo or with another group number, claims will pay FFS and contribute to the group’s Fee for Service Cap.

• Application of the Fee for Service Cap will not be enforced.

• Application of the After-Hours Threshold will not be enforced.

**Income Stabilization (IS), New Graduate Entry Program (NGEP)**

• The requirement to meet monthly roster targets will be suspended for the duration of the pandemic.

• NGEP and IS physicians will continue to receive their regular salary payments.

• K080, K081 and K082 will be submitted as shadow billed claims for enrolled and non-enrolled patients.

**Alternate Payment Programs (APPs)**

The K080, K081, K082 and K083 will be shadow billed by physicians in APPs. The appropriate flow-through and shadow billing premiums (if applicable) will apply based on the specific contract.

For any further inquiries, please contact the Service Support Contact Centre at:

1-800-262-6524

or by email to

Ministry of Health Service Support Contact Centre