OHIP Payments for Case Conference Services

Quick Reference Guide

Economics, Policy & Research

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ONTARIO MEDICAL ASSOCIATION

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The purpose of this reference guide is to provide a general overview on the payment rules for billing OHIP case conference services. The OHIP Schedule of Benefits[2] (the "Schedule") lays out the payment rules in the Family Practice & Practice in General section under the sub-section heading *Case Conference.*[3]

The guide contains the following sections:
- (A) Case Conference Definition
- (B) Payment Requirements
- (C) Eligible Participants and Patients
- (D) Multidisciplinary Cancer Conferences (MCC)

A: Case Conference Definition

The Schedule defines a case conference as "*a pre-scheduled meeting, conducted for the purpose of discussing and directing the management of an individual patient*".[4]

Case conferences are time-based services calculated in 10-minute increments with a maximum of 8 units per individual case conference and a maximum of 4 case conferences[5] per 12 month period, per patient, per physician.

In calculating time unit(s), the minimum time required is based upon consecutive time spent participating in the case conference as follows:

# of units	Minimum Time
1 unit	10 minutes
2 units	16 minutes
3 units	26 minutes
4 units	36 minutes
5 units	46 minutes
6 units	56 minutes
7 units	66 minutes
8 units	76 minutes

[1] **Disclaimer**: Every effort has been made to ensure that the contents of this Guide are accurate. Members should, however, be aware that the laws, regulations and other agreements may change over time. The Ontario Medical Association assumes no responsibility for any discrepancies or differences of interpretation of applicable Regulations with the Government of Ontario including but not limited to the Ministry of Health (MOH), and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing – by contacting their regional OHIP office.
[2] This Quick Reference Guide is based on the OHIP Schedule of Benefits (SOB), Physician Services, March 19, 2020 (effective April 1, 2020) (http://www.health.gov.on.ca/en/pro/programs/ohip/sob/).
[3] OHIP SOB, April 2020, page A29-A38
[4] OHIP SOB April 2020, page A29
[5] Maximum applies to each type of conference

Specific case conference fee codes are available for:

Code	Descriptor	Additional Restrictions
K121	Hospital inpatients	
K124	Long-Term Care/Community Care Access Centre (CCAC) patients	
K700	Palliative care outpatients	
K701*	Mental health outpatients	Restricted to Psychiatry (19)
K702	Bariatric outpatients	Restricted to physicians identified as working in a Bariatric RATC
K703*	Geriatric outpatients	Restricted to Geriatrics (07) or a physician with an exemption to access bonus impact in Care of the Elderly from the MOHLTC
K704*	Paediatric outpatients	Restricted to Paediatrics (26) and Psychiatry (19)
K705	Long-term care, high risk patient conference	
K706	Convalescent care program case conference	
K707	Chronic pain out-patient case conference	

* Other physicians are eligible to bill K701, K703 and K704 as long as the physician of the appropriate specialty and most responsible for the care of the patient is participating in the case conference.

Services rendered in support of multidisciplinary cancer conferences (MCCs) are discussed under Section D.

B: Payment Requirements

Payment Eligibility
Each case conference is subject to specific payments requirements listed under the respective fee code; however, the following service requirements must be satisfied by all case conferences:

- A case conference must be conducted by personal attendance, videoconference or by telephone (or any combination thereof)
- It must involve at least 2 other eligible participants as specified in the specific case conference service (see Section C below for additional details)
- At least one of the physician participants is the physician most responsible for the care of the patient
- The physician must actively participate in the case conference and such participation is evident in the medical record
- There must be a minimum of 10 minutes of patient related discussion
- Case conference must be pre-scheduled

Payment Exclusions
A case conference is not eligible for payment:

- In circumstances where a physician claiming the service remunerates other participants who are necessary to meet the minimum requirement

- To a physician who receives payment for the preparation and/or participation in the case conference other than by fee-for-service (includes compensation where the physician receives remuneration under a salary primary care, stipend, APP or AFP model)
- Where it is an included element of another service (e.g., Chronic dialysis team fees)
- When the service is rendered for educational purposes such as rounds, or continuing professional development, or any meeting where the conference is not for the purposes of discussing and directing the management of an individual patient
- If another case conference or telephone consultation has already been paid for the patient on that day

Medical Record Requirements
In order to fully satisfy payment requirements, the medical record must include all of the following elements:
- identification of the patient
- start and stop time of the discussion regarding the patient
- identification of the eligible participants, and
- the outcome or decision of the case conference

For billing purposes, one common medical record in the patient's chart for the case conference signed or initialed by all physician participants (including listing the time the service commenced and terminated and individual attendance times for each participant if different) would satisfy the medical record requirements.

In circumstances where more than one patient is discussed at a case conference, separate claims for each patient are eligible for payment provided all payment requirements are fulfilled for each individual patient.

Any other insured service rendered during a case conference is not eligible for payment.

C: Eligible Participants and Patients

Eligible Participants
For all case conferences, there must be one physician participating and at least two other eligible participants. The two other eligible participants may include physicians, regulated social workers, regulated health professionals or participants specified in the service being rendered, as noted below:

Case Conference	Additional Eligible Participants
K124 Long-Term Care/Community Care Access Centre (CCAC) patients	Employees of a CCAC
K701 Mental health outpatients	Personnel employed by a mental health community agency funded by the Ministry of Health and Long-Term Care
K702 Bariatric outpatients	Members of the Bariatric Regional Assessment Treatment Centre (RATC) team involved with the patient's care (e.g. social worker, psychologist)
K704 Paediatric outpatients	Educational professionals and/or personnel employed by an accredited centre of Children's Mental Health Ontario

Case Conference	Additional Eligible Participants
K705 Long-term care, high risk patient conference	Employees of a CCAC
K706 Convalescent care program case conference	Employees of the Convalescent Care Program

Eligible Patients
Each case conference is applicable to a specific patient as follows:

- **K121** – Hospital inpatient in an acute care, chronic care or rehabilitation hospital
- **K124** – Long-term care institution in-patient or CCAC patient
- **K700** – Palliative care outpatient
- **K701** – Mental health adult outpatient (see K704 for mental health outpatient case conferences involving a patient less than 18 years of age)
- **K702** – Outpatient registered with a Bariatric RATC for the purpose of pre-operative evaluation and/or post-operative follow-up medical care
- **K703** – Geriatric outpatient at least 65 years of age or a patient less than 65 with dementia
- **K704** – Paediatric outpatient less than 18 years of age
- **K705** - Long-term care institution high risk inpatient (as identified by staff in the long-term institution with clinical instability based on a change in the Resident Assessment Instrument – Minimum Data Set (RAI-MDS) for Nursing Homes)
- **K706** - Patient enrolled in a Convalescent Care Program funded by the MOHLTC
- **K707** - Chronic pain outpatient (as defined as a pain condition with duration of symptomatology of at least 6 months)

D: Multidisciplinary Cancer Conferences (MCC)

MCC Definition
OHIP Schedule stipulates that "*MCC is a service conducted for the purpose of discussing and directing the management of one or more cancer patients...*"[6] Participation may either be in person, by telephone or by videoconference and must meet attendance requirements established by Cancer Care Ontario.[7]

The fees for the provision of the services are set as follows:

- K708 MCC Participant, per patient ($31.35)*
- K709 MCC Chairperson, per patient ($40.45)*
- K710 MCC Radiologist Participant, per patient ($31.35) – restricted to Diagnostic Radiology (33) physicians only

* K708 and K709 are not eligible for payment to physicians from the following specialties: Radiation Oncology (34), Diagnostic Radiology (33) and Laboratory Medicine (28).

Payment Requirements
The following criteria must be satisfied in order to be eligible for payment:

- The conference must be pre-scheduled

[6] OHIP Schedule, April 2020, page A27
[7] Cancer Care Ontario 2006 Multidisciplinary Cancer Conference standards https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/286

- There is a minimum of 10 minutes total time of discussion regarding one or more patients (for a participant or chairperson making a claim). The physician must be actively participating in the case conference, and their participation is to be documented in the record
- MCC meets the minimum standards, including attendance and documentation requirements, established by Cancer Care Ontario.[8]

Please note that the time spent per patient does not have to be 10 minutes. For example, if the physician participates in discussion about three patients and patient A is discussed for 5 minutes, patient B is discussed for 15 minutes and patient C for 10minutes, the total time of discussion is 30 minutes and a claim may be submitted for each of the three patients. The time spent at the MCC should be recorded as 30 minutes. Likewise, if the physician participates in a discussion about four patients and the total time of discussion is 20 minutes the physician should only submit a claim for two patients.[9]

Medical Record Requirements

In order to fully satisfy payment requirements, the medical record must include the following elements:

- identification of the patient and physician participants
- total time of discussion for all patients discussed
- start time and stop time of the discussion regarding the patient, and
- the outcome or decision of the case conference related to each of the patients discussed

One common medical record that includes all the necessary information would satisfy the medical record requirements for billing purposes.

Either the medical record or a separate sign-in sheet should be signed/initialed by all participating physicians (indicating where appropriate if an attendee(s) was not present for the complete MCC).

Payment Exclusions and Limitations

- MCC is not eligible for payment to physicians in the following specialties: Radiation Oncology (34), Diagnostic Radiology (33) and Laboratory Medicine (28)
- Physicians receiving oncology-specific alternate funding under a salary, stipend, APP or AFP model are not eligible to claim for the preparation and/or participation in a MCC
- No other insured service rendered during an MCC is eligible for payment
- Specific limitations with respect to MCC services are as follows:
    - K708 and K710 (Participants) are each limited to a maximum of 5 services per patient per day, any physician (indicating that no more than five physicians may claim for these services for an individual patient on the same day)
    - K709 (Chair) is only eligible for payment once per day per patient, to a maximum of 8 patients per day
    - K708, K709, and K710 are each limited to a maximum of 8 services, per physician, per day, meaning that a physician is allowed to bill a maximum of 8 MCC patient discussions per day
    - It is not possible for the same physician to bill for more than one code (K708, K709 and K710) on the same day for the same patient

[8] https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/286

[9] For additional clarification, refer to the 'Minimum Total Time of Discussion' table on page A28, OHIP SOB, April 2020

Summary Table of Case Conference Fee Codes

Code	Eligible Participant	Eligible Patient	Eligible Specialty[10]
K121 *Hospital inpatients*	• Physicians • Regulated social workers • Regulated health professionals	Hospital inpatient in an acute care, chronic care or rehabilitation hospital	All
K124 *LTC/CCAC* patients	• Physicians • Regulated social workers • Regulated health professionals • Employees of a CCAC	Long-term care institution in-patient or CCAC patient	All
K700 *Palliative care outpatients*	• Physicians • Regulated social workers • Regulated health professionals	Palliative care outpatient	All
K701 *Mental Health outpatient*	• Physicians • Regulated social workers • Regulated health professionals • Personnel employed by a mental health community agency funded by the Ministry	Mental health adult outpatient (18 +)	Psychiatry (19)
K702 *Bariatric outpatient*	• Physicians • Regulated social workers • Regulated health professionals • Members of the Bariatric RATC team involved in patient's care	Outpatient registered with a Bariatric RATC for the purpose of pre-operative evaluation and/or post-operative follow-up medical care	Physicians identified as working in a Bariatric RATC
K703 *Geriatric outpatients*	• Physicians • Regulated social workers • Regulated health professionals	Geriatric outpatient at least 65 years of age or a patient less than 65 with dementia	Geriatrics (07) or physicians with an exemption to access bonus impact in Care of the Elderly
K704 *Paediatric outpatient*	• Physicians • Regulated social workers • Regulated health professionals • Educational professionals and/or personnel employed by an accredited centre of Children's Mental Health Ontario	Paediatric outpatient less than 18 years of age	Paediatrics (26) and Psychiatry (19)
K705 *LTC high risk patient*	• Physicians • Regulated social workers • Regulated health professionals • Employees of a CCAC	LTC inpatient identified by staff with clinical instability based on a change in the Resident Assessment Instrument – Min. Data Set (RAI-MDS) for Nursing Homes)	All
K706 *Convalescent care program*	• Physicians • Regulated social workers • Regulated health professionals • Employees of the Convalescent Care Program	Patient enrolled in a Convalescent Care Program funded by the MOHLTC	All

[10] Other physicians are eligible to bill K701, K703 and K704 as long as the physician of the appropriate specialty and most responsible for the care of the patient is participating in the case conference.

Code	Eligible Participant	Eligible Patient	Eligible Specialty[10]
K707 *Chronic pain outpatient*	• Physicians • Regulated social workers • Regulated health professionals	Chronic pain condition with duration of symptomatology of at least 6 months	All

Additional Resources

- Education and Prevention Committee (EPC) Bulletin Vol. 9, No. 3, *Case Conference and Multidisciplinary Cancer Conference Codes*: https://www.oma.org/wp-content/uploads/0903epc_bulletin.pdf
- Multidisciplinary Cancer Conference Tools, Cancer Care Ontario: https://www.cancercareontario.ca/en/guidelines-advice/toolkits

Summary Points

- The case conference must involve at least 2 other eligible participants as specified in the specific case conference service
- There must be a minimum of 10 minutes of patient related discussion
- Case conference must be pre-scheduled
- At least one of the physician participants is the physician most responsible for the care of the patient
- A case conference fee cannot be billed for educational purposes such as rounds, or continuing professional development, or any meeting where the conference is not for the purposes of discussing and directing the management of an individual patient
- One common medical record in the patient's chart for the case conference signed or initialed by all physician participants would satisfy the medical record requirements

Document compiled by the OMA's Economics, Policy & Research department
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