OHIP Payments for Consultations

Quick Reference Guide

Economics, Policy & Research

OMA
ONTARIO MEDICAL ASSOCIATION

Updated: January 7, 2021

OHIP Payments for Consultations
Quick Reference Guide[1]

The purpose of this reference guide is to provide a general overview on the OHIP payment rules for consultations. The full definitions, payment rules and medical record requirements are detailed in the OHIP Schedule of Benefits[2] (the "*Schedule*") in the General Preamble.

This guide contains the following sections:

A: Consultations

The OHIP Schedule defines a consultation as "*an assessment rendered following a written request from a referring physician or nurse practitioner who, in light of his/her professional knowledge of the patient, requests the opinion of a physician (the "consultant physician") competent to give advice in this field because of the complexity, seriousness, or obscurity of the case, or because another opinion is requested by the patient or patient's representative.*"

Except where otherwise specified, the consultant is required to perform a general, specific or medical specific assessment[3], including a review of all relevant data.

The request for consultation would ideally include the appointment date and appropriate clinical information, such as the reason for the referral for consultation, present and past history, physical findings and relevant test results and reports.[4]

B: Repeat Consultations

A consultation is a repeat consultation when:

[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] Required elements for these services are detailed in the General Preamble of the OHIP Schedule.

[4] Note that this is not a payment rule but rather a professional ideal and represents exemplary record-keeping/documentation.

- The original consultant is asked by the same referring physician/ Nurse Practitioner (NP) to render an additional consultation to the same patient;
- The service is in regard to the same presenting problem; and
- There has been care rendered to the patient by another physician in the interval following the initial consultation but preceding the repeat consultation.

For example: A specialist renders a consultation on a patient with elevated lipids and poorly controlled diabetes at the request of the patient's family physician. The specialist makes a number of suggestions for managing the patient in the report back to the family physician; the specialist does not think it is necessary to see the patient in follow-up. The family physician implements the recommendations over the ensuing 6 months but the patient's problems do not improve significantly. The family physician sends a written request to the same consultant to assess the patient again about the same issues.

The service rendered by the consultant for the second consultation request would be eligible for payment as a repeat consultation (same patient, same problem, interim care by the referring physician), provided the specialist meets all the other payment requirements for the repeat consultation.

C: Limited Consultations

Limited consultations may be claimed by general/family practitioners and some non-surgical specialties, as outlined in the OHIP Schedule.

A limited consultation is a consultation which is less demanding and, in terms of time, normally requires substantially less of the physician's time than the full consultation. General/family practitioners should claim a limited consultation when the service they render to the patient does not meet the requirements for a general assessment but meets the requirements for a specific assessment.[5]

D: Emergency Room Consultations

An emergency room consultation is a consultation that is rendered to a patient in the emergency room, by an "emergency department physician", as defined in the OHIP Schedule.[6] Claims for this service are made using H055 when the physician is a specialist in emergency medicine (FRCP) or H065 by all other physicians.

An emergency room consultation fee is not eligible for payment when:

- The patient is referred by another ER physician in the same hospital; or
- The service is rendered in any location other than the emergency department or other critical care area in a hospital, or to a critically ill patient in a hospital.

E: Time-based Consultations

The OHIP Schedule contains a number of time-based consultation services, which are payable to a

[5] Required elements for a specific assessment are detailed in the General Preamble of the OHIP Schedule.
[6] The term "emergency department physician" does not refer to a specialist in emergency medicine (though, an emergency department physician could simultaneously be a specialist in emergency medicine). The definition of an "emergency department physician" is in the General Preamble of the OHIP Schedule under the heading "Emergency Department – 'H' Prefix Emergency Department Services".

physician who provides all the elements of a consultation but spends a defined number of minutes of direct contact with the patient exclusive of time spent rendering any other separately billable intervention to the patient. Start and stop times must be recorded in the patient's permanent medical record.

For example, general and family practice physicians can provide the following time-based consultation services:

- Special family and general practice consultation (A911), when the physician spends a minimum of fifty (50) minutes with the patient; and
- Comprehensive family and general practice consultation (A912), when the physician spends a minimum of seventy-five (75) minutes with the patient.

The calculated time excludes time devoted to any other service or procedure for which an amount is payable in addition to the consultation.

F: Payment Rules and Medical Record Requirements

If the following requirements are not met, the amount payable for a consultation will be reduced to a lesser assessment fee.

All consultations:

- The request for consultation must be in writing and signed by the referring physician or nurse practitioner (NP);
- The request must identify the consultant by name[7], the referring physician/NP by both name and billing number, and the patient by both name and health number;
- The request must clearly state information relevant to the referral and specify the service(s) required.
- A copy of the written request must be retained in the consulting physician's medical record except in the case of a consultation that occurs in a location where common medical records are maintained (e.g. hospital). In such cases, the request may be contained on the common medical record.

Emergency room consultations:

- ER reports constitute adequate documentation of the written report of the consultation as long as the rendering of all constituent elements is clearly documented on all copies of the report. Upon failure to provide the ER report to the referring physician/NP, the amount payable for the service will be adjusted to the amount payable for an assessment

Time-based consultations:

- The service must satisfy all the elements of a consultation;
- Start and stop times must be recorded in the patient's permanent medical record.

[7] In situations where a physician is referring a patient to a specialty clinic, for example, and it is unknown exactly which physician from the clinic will act as the consultant, the Ministry of Health has confirmed that it is acceptable to simply name the specialty clinic rather than the individual physician in the consultation request.

G: Service Limits

Consultations, except for repeat consultations, to the same patient by the same physician for the same diagnosis are limited to **one per two consecutive 12 month periods**.

When a consultant has rendered a consultation service to a patient in any location and the same consultant is referred to the same patient a second time with the same diagnosis, the number of consultations eligible for payment is **two per two consecutive 12 month periods** only when:

i. the second consultation is rendered for a hospital inpatient or a patient in an Emergency Department; and
ii. the consultation is rendered more than 12 months but less than 24 months following the first consultation.

Consultations rendered to the same patient by the same consultant with a clearly defined unrelated diagnosis are limited to **one service every 12 months**.

These limits are applicable to all consultations, including time-based and age-specific consultation services (e.g., special, extended and comprehensive consultations) but not repeat consultations.

H: Referrals for Consultation

The purpose of a consultation is to request an opinion from a physician (the "consultant physician") competent to give advice in this field because of the complexity, seriousness, or obscurity of the case, or because another opinion is requested by the patient or patient's representative.[8]

Consultations are not payable when:

- the consultation request was generated by any health care professional other than a physician or NP;
- the consultation request was generated after the service has already been provided;
- when a physician who has been paid for a consultation for the patient for the same diagnosis makes a request for a referral, from the referring physician, for ongoing management of the patient;
- when a physician takes over a practice from another physician, as this would be considered a transfer of care;
- when a physician routinely transfers care of their patients to another physician (e.g. admitting physician to another physician), the latter may not claim a consultation for these transferals; and
- when a physician is filling in or covering for another physician, the former may not claim a consultation for these transferals.

When the consultant physician has seen a patient as a result of a consultation service, and there continues to be ongoing or follow-up care by the consultant, the visits for ongoing or follow-up care are

[8] The referring physician or NP must determine if multiple requests by a patient or the patient's representative to different physicians in the same specialty for the same condition are medically necessary. Services that are not medically necessary are uninsured.

not considered consultations (and are not considered repeat consultations) for payment purposes regardless of whether:

- 12 months has elapsed; or
- The consulting physician requests a written update on the continuing care or health of the patient from the referring physician.

For example, the specialist who sees a patient in consultation and determines that the patient's diagnosis requires annual review, would claim a consultation for the first contact with the patient and the appropriate assessment fee for any subsequent follow up visits, regardless of how much time has elapsed in between visits.

I: Additional Resources

- OHIP Bulletin #4726 - Changes to the Schedule of Benefits for Physician Services (Schedule) effective October 1, 2019: http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4726.aspx

- OHIP Bulletin #4318 - Consultations: http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4318/bul4318.aspx

- Education and Prevention Committee Interpretive Bulletin Vol 4, No 4 - Referrals for Consultation: https://www.oma.org/wp-content/uploads/0404epc_bulletin.pdf

- Education and Prevention Committee Interpretive Bulletin Vol 5, No 4 - [Referrals for Consultation] Questions and Answers – Part B: https://www.oma.org/wp-content/uploads/0504bepc_bulletin.pdf

Document compiled by the OMA's Economics, Policy & Research department
Please forward questions to economics@oma.org