OHIP Payments for Requesting E-Consultation Services (K738 Referring Physician)

Quick Reference Guide

Economics, Policy & Research

OMA
ONTARIO MEDICAL ASSOCIATION

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Quick Reference Guide[1]

The purpose of this guide is to provide a general overview on the payment rules for billing OHIP when requesting an e-consultation service from another physician (the "consultant physician").

The guide contains the following sections:

(A) Physician to Physician Electronic Consultation ("E-Consultation")
(B) K738 Payment Rules and Medical Record Requirements
(C) Examples
(D) Questions & Answers

Please note that although this guide is most relevant to physicians working in fee-for-service models, it has applicability to those required to submit "shadow billing". Family physicians working within one of the primary care models are eligible to bill for the e-consultation codes.

A: Physician to Physician Electronic Consultation ("E-Consultation") [2]

The OHIP Schedule of Benefits[3] (the "Schedule") lists two services for Physician to Physician E-Consultation: "K738" for the referring physician[4] and "K739" for the consultant physician.

Descriptor	Code	Fee
Physician to Physician E-Consultation – Referring Physician	K738	$16.00
Physician to Physician E-Consultation – Consultant Physician	K739	$20.50

The OHIP Schedule describes an e-consultation as a service where a physician (the "referring physician") requests another physician (the "consultant physician") to provide their "*opinion/advice/recommendations on patient care, treatment and management of a patient*" where both the request and the response are sent by electronic means through a secure server.

With respect to electronic technology and relevant security standards, physicians are encouraged to refer to the following College of Physicians and Surgeons of Ontario (CPSO) policy statements:

[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] OHIP Schedule of Benefits, Physician Services, March 19, 2020 (effective April 1, 2020) page A45

[3] The current version of the OHIP Schedule of Benefits can be accessed at http://www.health.gov.on.ca/en/pro/programs/ohip/sob/

[4] The descriptor for K738 was altered on May 1, 2015 to "Physician/Nurse Practitioner to physician e-consultation" to allow for e-consultation requests from nurse practitioners. This billing guide only references physicians as the referring practitioner as the billing guide was produced for the purposes of providing guidance to physicians on OHIP billing from the *Physician* Schedule of Benefits.

- "Confidentiality of Personal Health Information" which addresses technology and the maintenance and communication of personal health information: https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Confidentiality-of-Personal-Health-Information

- "Telemedicine" which addresses security and how to ensure the privacy and confidentiality of a patient's personal health information: https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Telemedicine

Please note that K739 is not eligible for payment to Dermatologists or Ophthalmologists; these specialists would claim the appropriate specialty specific e-assessment code.[5]

B: K738 Payment Rules and Medical Record Requirements

As described in the OHIP Schedule, the purpose of an e-consultation request by the referring physician is to seek the opinion of the consultant physician with the intent of the referring physician to continue the care, treatment and management of the patient. The K738 e-consultation service includes the transmission of relevant data (including family/patient history, history of the presenting complaint, laboratory and diagnostic tests) to the consultant physician and all other services rendered by the referring physician to obtain the advice of the consultant physician.

The referring physician is eligible to bill the K738 e-consultation service in addition to visits or other services provided to the same patient on the same day.

The OHIP Schedule explicitly states that a K738 e-consultation service is not eligible for payment where the intent of the e-consultation is for one of the following reasons:
- The purpose of the electronic communication is to arrange transfer of care of the patient to any physician.
- Rendered in whole or in part to arrange for another service such as a face-to-face consultation (e.g. A005) or a procedure.
- Rendered primarily to discuss results of a diagnostic investigation

K738 e-consultation service is also not eligible for payment in the following circumstances:
- The consultant renders a face to face consult, assessment or K-prefix time-based procedure the same day or the day after the e-consultation.
- The physician receives compensation other than fee for service under the Schedule for participating in the e-consultation.
- The consultant physician cannot or does not reply with advice or patient management options to the referring physician within 30 days
- K739 is not eligible for payment to specialists in Dermatology or Ophthalmology.

The OHIP Schedule includes the following service limits on K738:
- K738 & K739 are each limited to a maximum of one (1) service per patient per day.

[5] OHIP Schedule of Benefits, April 2020, pages GP35-GP39

- K738 & K739 are each limited to a maximum of six (6) services per patient, any physician, per 12 month period.
- K738 & K739 are each limited to a maximum of four hundred (400) services per physician, per 12 month period.

The medical record requirements for billing K738 include:

- The medical record includes the patient's name, health number, names of referring and consultant physician, reason for the consultation and opinion and recommendations of the consultant physician.
- The billing number of the referring physician is included in the consultant's claim for K739.

Payment rule #7

E-consultation[6] service payment rule #7 pertains only to e-consultation requests with a Dermatologist or an Ophthalmologist and states:

> "*K738 is eligible for payment to the primary care physician when this physician is required to collect additional data (for example dermatology or ophthalmology images not present in the primary care physician's records) to support a specialist's initial, repeat, follow-up or minor e-assessment (see page GP24). K738 is not eligible for payment where existing data is already available in the primary care physician's records for submission to the specialist*."

In order for a primary care physician to be eligible to bill K738 when requesting an e-consultation with a Dermatologist or Ophthalmologist additional information not already contained in the patient's medical record must be obtained. For example, a patient sees their primary care physician regarding a new skin rash. The primary care physician renders an assessment, takes a photograph of the skin rash and then requests an e-consultation with a Dermatologist. Since the primary care physician has "collected additional data to support" a Dermatologist's e-assessment, then K738 is eligible for payment.

C: Examples

Example 1

Dr. A has a patient with severe diabetes and would like treatment advice from Dr. B, an endocrinologist. Dr. A prepares an e-consultation request that includes background history, current medications, recent lab work etc. and sends it to Dr. B through a secure server.

Dr. B reviews all of the information provided by Dr. A, and prepares and sends his report electronically to Dr. A the following day.

What fee codes are eligible for payment to Dr. A and Dr. B for these services?

[6] OHIP Schedule of Benefits, April 2020, page A46

Dr. A may claim **K738** for preparing a request for an e-consultation.
Dr. B may claim **K739** for rendering an e-consultation requested by Dr. A.

Example 2

Dr. C is a family physician who assessed a patient and sent the patient to have a same-day Doppler Ultrasound to determine if the patient has deep vein thrombosis (DVT). After the test was completed, Dr. C e-mails the radiologist (Dr. D) for the test results. The radiologist advises Dr. C that the patient does not have DVT.

Are Dr. C and Dr. D eligible to claim K738 and K739 (respectively)?

Dr. C and Dr. D are not eligible for payment of the e-consultation codes **K738** and **K739** as the purpose of the e-mail exchange was to discuss the results of the diagnostic test.

Example 3

Dr. F (a family physician) sees a patient with a suspicious mole. Upon assessment of the patient Dr. F decides to take a photograph of the suspicious more and request an e-consultation with Dr. D (a dermatologist).

Dr. D reviews the picture and information provided by Dr. F and sends an electronic report back to Dr. F within 30 days of the request from Dr. F.

What fee codes are eligible for payment to Dr. F and Dr. D for these services?

Dr. F may claim **K738** because new additional information was gathered that was not already present in the patient's chart (e.g., the assessment findings and photograph).

Dr. D would not claim **K739**, as dermatology and ophthalmology specialists are restricted to the appropriate e-assessment codes. For example, in this case since Dr. D is a dermatologist, the appropriate claim may have been **U025** (dermatology initial e-assessment). For additional information on the definitions and payment rules for the dermatology and ophthalmology e-assessment codes, please refer to the OHIP Schedule of Benefits[7].

What fee codes would Dr. F and Dr. D be eligible to claim if Dr. F was a specialist and not a family physician?

Dr. F and Dr. D would not be eligible to claim any fee code because a request directed to an ophthalmologist or dermatologist must come from a primary care physician. However, if Dr. F had requested Dr. D's opinion by telephone, both physicians may be eligible to claim the physician to physician telephone consultation codes (e.g., **K730** and **K731**, respectively) if the payment requirements were met[8].

[7] OHIP Schedule of Benefits, April 2020, page GP35-39
[8] OHIP Schedule of Benefits April 2020, page A39-A41

Example 4

Dr. G (a family physician) performed an eye exam on Ms. H, who suffers from type 1 diabetes and suspects the patient has a non-proliferative diabetic retinopathy (NPDR) but requires another opinion. Dr. G prepares an e-assessment request, complete with photographs of the eye and sends it to Dr. J who is an ophthalmologist.

Dr. J reviews the images and the other information provided by Dr. G, and concludes that additional photographs are required and communicates this to Dr. G. Dr. G already has additional photographs in the medical record; the photographs are retrieved and forwarded to Dr. J.

What fee codes are eligible for payment to Dr. G and Dr. J for these services?

Dr. G may claim **K738** for requesting the e-assessment from Dr. J because the e-referral required Dr. G to obtain information that was not already contained in the patient's medical record (e.g., the assessment findings and photographs of the suspected NPDR). The additional photographs requested by Dr. J do not necessitate another claim of K738 (by Dr. G) as the additional photographs were present in the medical record at the time of Dr. J's request.

Dr. J would not claim **K739**, as dermatology and ophthalmology specialists are restricted to the appropriate e-assessment code. In this case, since Dr. J is an ophthalmologist, the appropriate claim may have been **U235** (ophthalmology initial e-assessment). For additional information on the definitions and payment rules for the dermatology and ophthalmology e-assessment codes, please refer to the OHIP Schedule of Benefits[9].

Example 5

Dr. K is a family physician and has a patient with complex chronic back pain issues. Under Dr. K's direction, the patient has made several attempts to reduce the pain with alternative methods (e.g. exercises) but Dr. K believes the patient may require the use of an opiate. Dr. K contacts Dr. L, a chronic pain focus practice family physician with an interest in addiction medicine/management, to inquire about the medication (specifically advice on which opiate to use, how much, when to adjust, etc.). Dr. K and Dr. L discuss the patient's case over email and a medication plan is created, to be initiated by Dr. K. Dr. L requests to assess the patient in 4 weeks following the initiation of the opiate, in order to assess the progress.

Both physicians record all of the required information in a medical record for the patient, including Dr. L's opinion and advice.

What fee codes are eligible for payment to Dr. K and Dr. L for these services?

Dr. K may claim **K738** for preparing a request for an e-consultation.
Dr. L may claim **K739** for rendering an e-consultation as requested by Dr. K.

[9] OHIP Schedule of Benefits, April 2020, pages GP35-GP39

Dr. K and Dr. L are eligible to claim K738 and K739, respectively, even though one of the outcomes of the e-consultation service is as assessment of the patient by the consultant physician. The e-consultation service was not rendered with the purpose of arranging for a consultation/assessment; the intent of the e-consultation was to provide Dr. K with the tools/knowledge to continue the management of the patient. In this case, Dr. K will initiate and monitor the treatment plan until Dr. L can assess the patient and re-evaluate the course of care.

D: Questions & Answers

1. **Is the consultant physician required to have an existing relationship with the patient prior to rendering an e-consultation?**

   No. The consultant physician does not need to have any relationship with the patient in order to be eligible to bill for the provision of the e-consultation service.

2. **If the e-consultation service results in the need to refer the patient to the specialist would the e-consultation service still be payable?**

   This service is intended to assist in the diagnosis and/or treatment of the patient with the intention of the referring physician continuing the care, treatment and management of the patient. If the e-consultation results in the need to refer the patient to a specialist, physicians will need to use the existing manual referral process. An e-consultation cannot be used for the purpose of generating specialist referrals and will not expedite a referral either.

3. **With respect to billing K738, is one service considered the full conversation between the two physicians, regardless of the number of "back & forth" discussions occurring between the physicians (e.g., referring physician requests clarification from the specialist regarding treatment advice)?**

   Yes. The "back and forth" dialogue would be included and the physicians would not bill additional claims for K738/K739 for requesting clarification. However, if the referring physician requests a new opinion and/or treatment recommendation regarding the same patient from the same specialist, then K738 and K739 are eligible for payment (i.e., new medical issue).

   Please refer to Example 3 (page 4) for additional details on when a Dermatologist or Ophthalmologists request the referring physician for additional information/data.

4. **If the consultant physician has previously seen the patient for an unrelated issue, would the e-consultation service still be payable?**

   Yes. The e-consultation service is intended to be independent of whether the patient has an existing relationship with the specialist in question. As long as the e-consultation payment rules and requirements have been met (e.g., request was sent to assist in the diagnosis and/or treatment of the patient, with the intention of continuing the care, treatment and management of the patient) then the e-consultation fees are eligible for payment.

5. Are K738 claims eligible for payment when the patient is an inpatient, and if so, is the hospital facility number required for the claim?

Yes, K738 can be claimed for inpatient e-consultation requests. The OHIP payment rules do not require a physician to include the hospital facility number. Likewise, when the consultant physician is making a claim for K739 or any of the e-assessment codes specific to Dermatology and Ophthalmology, a hospital facility number is not required.

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