

# Temporary COVID-19 Physician Funding Extension **Frequently Asked Questions**

OMA, Economics Department July 2021



## Frequently Asked Questions

### 1. What has changed with this extension?

COVID physician funding initiatives currently in place have been extended with the following three modifications:

- the virtual K codes (K080, K081 and K082) will count towards outside use like all in-basket fee codes;
- the FFS Limit for Blended Salary Model, Family Health Network, Family Health Organization and Group Health Centre will be re-instated;
- the introduction of a tracking code to identify whether virtual care is provided via telephone or video.

### 2. Where can we find further information related to all the changes detailed in this document?

- a. A Ministry of Health Info Bulletin will be forthcoming with all specific details – once the link is known, this document will be updated.

### 3. Which codes have been extended?

- a. The Virtual Fee Codes (K080, K081, K082, K083) for certain primary care services and specialist consultations/visits provided to patients by telephone or video, as well as payments for specific premiums/management fees have been extended to September 30th, 2022.
- b. Assessment Centre (AC) Sessional Fee Codes (H409, H410) have been extended to September 30<sup>th</sup>, 2022.
- c. Special Palliative Care Consultation and support fees (K092, K093, K094, K095) provided by telephone or video have been extended to September 30<sup>th</sup>, 2022.
- d. The modifier payment fee codes (E404, E405) for Aerosol-Generating Medical Procedures (AGMP) performed in hospital and outside of hospital have been extended to September 30<sup>th</sup>, 2022.
- e. The premium fee code (E415) for resuscitation with intubation (G521, G522, and G523) in lieu of hospital hourly Protective or Pre-Emptive Code Blue Teams funding has been extended to September 30<sup>th</sup>, 2022.

### 4. What is the effective date of these extensions?

- a. October 1, 2021.

### 5. Are there any changes to the billing of K080, K081, K082 and K083?

- a. Yes, the MOH and OMA have agreed to capture whether these services are provided by phone or video. This will be done by introducing the requirement to submit one of two tracking codes K300 (video) or K301 (phone) to indicate modality with K080, K081, K082,

and K083. Additional information on submitting claims with a modality indicator tracking code will be provided by the MOH in a future INFOBulletin.

**6. Will K080, K081 & K082 cause Outside Use (Negation)?**

- a. Yes, effective October 1<sup>st</sup>, 2021.

However, if K080, K081 and/or K082 services are delivered by physicians through government funded pilots of Virtual Emergency Departments or if they are provided by a GP Focused Practice approved physician and billed with the respective exempted list of codes then they would not contribute to the deduction from access bonus payments.

**7. Will the Palliative Care Codes K092, K093, K094 & K093 cause Outside Use (Negation)?**

- a. No.

**8. Will the Fee for Service billing maximum be Reinstated in the capitation model?**

- a. Yes, this will be re-instituted as per the primary care group contract effective October 1 2021.

**9. Do K080, K081 & K082 count towards the Fee for Service billing maximum?**

- a. Yes, if billed on a non-rostered patient they will count towards the FHO group's fee-for-service maximum.

**10. Will the FHG 10% Premium be available with K080, K081 & K082?**

- a. Yes, for enrolled patients only.

**11. Will the 17% GP Psychotherapy Premium be payable on K082 services?**

- a. Yes, only for those GP Psychotherapists previously designated and only when billed with the following diagnostic codes: 290-319 and 897-909.

**12. Can we continue to use the sessional fees (H409/H410) for COVID19 vaccine administration?**

- a. Yes.

**13. Which COVID funding initiatives will be extended for hospital-based physicians?**

- a. The following will be extended to September 30<sup>th</sup>, 2022.
- i. Revised temporary agreement on Emergency Department Alternative Funding Agreements (EDAFAs).
  - ii. Hourly rates to replace regular fee-for-service (FFS) payments in Intensive Care Units (ICUs) and Inpatient Wards where conditions are met.
  - iii. Hourly rates to replace FFS payments for Protected or Pre-Emptive Code Blue Teams. Option for hospitals to have physicians receive a 30% modifier payment on resuscitation with intubation (G521, G522, G523) in lieu of hourly funding.
  - iv. Hourly rates for non-clinical assignments. Extended to physicians deployed by hospitals to conduct non-clinical work related to COVID-19 in LTCHs/CCSs
  - v. Hourly rates/additional FTE funding for Infectious Disease specialists.
  - vi. 30% Modifier Payment for Aerosol- Generating Medical Procedures (AGMP)

- vii. Hourly rates for residents on CPSO restricted registration certificates.

**14. Will the After-Hours Premium to address surgical backlogs be extended?**

- a. Yes, it will be extended until September 30<sup>th</sup>, 2022. These premiums are for physicians performing specified elective surgical and other procedures on evenings and weekends to reduce the procedure backlog. Please see the following MOH bulletin for more information:

<https://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/redux/bul201110.aspx>

**15. Has the Hospital payment for Aerosol Generating Medical Procedures (AGMP) – E405A- been extended?**

- a. Yes, until September 30<sup>th</sup>, 2022. E405A should only be billed for patients who are COVID-19 positive or who are treated as at risk of COVID-19 positive under local hospital policy. Please refer to the following bulletin for more information on this fee code and applicable procedures:

<https://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/redux/bul210302.aspx>