

Virtual Care Webinar FAQs

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BILLING

1. When will MOH accept the new codes?

MOH has asked physicians to hold their billings for 30 days. This is required for the K codes to be integrated into the OHIP computers. OHIP and the OMA will advise when the bills can be submitted.

2. The MOH bulletin states that for new K codes, the visit must be initiated by the patient. Can I recall patients for blood work or patients with diabetes using the K codes for virtual care?

Yes, the virtual care K codes can be used for follow-ups as if they were conducted in the office setting. Use the code with the closest workflow and dollar value.

3. Do we have to record the times in the patient encounter note for any codes to fulfil billing requirements?

K080 and K081 do not need a time stamp. K082 does require a time stamp. Notes should match the care given.

4. For palliative care focused care K023 and A945, would we bill K083 or K082?

Focus practice physicians can bill as specialists using K083. For regular palliative care codes, K081 and K082 could be used depending on the depth of the visit.

5. Do you know how focused practice palliative care physicians should bill the K023? Would the consult fee A945 be billed as the K083? Are the new fee codes "out of basket" for FHTs and FHOs?

This is variable as many palliative care physicians are family physicians. They would not immediately be eligible for specialist codes unless they have a focused practice designation. If they do, they may bill with the K083 code.

6. How can we bill to do group psychotherapy on other e-platforms such as Zoom Healthcare (HIPAA/PIPEDA compliant) and where can we find guidance for this?

There is no billing code for virtual group work. You may want to ask the OMA about this. The closest is K082 billed on one patient in the group.

7. If I had been billing and using OTNinvite already in a PEM, can I still bill the old B100 or B200 or are these finished and can I bill the new K080 or K082 and get paid now?

While you can bill to the new K codes, you should continue to bill the B100/B200. New people on OTNinvite will bill K codes. The advantage to billing existing codes is you will not have to wait the 30 days for the K codes to be integrated into the OHIP.

8. When billing K083, do we also specify the procedure - like K197 X 2?

You may want to record this in your note. It's not a requirement, but a good idea to have back up if audited.

9. Do these new codes apply to both telephone and OTN video consults?

K codes can be billed for both phone and video (Note: previous OTN codes can still be billed by a previous OTNinvite provider. All other video and telephone consults are billed with new Virtual Care K codes.

10. Do we bill K081 or K082 for 20-minute appointments (i.e., most of a 30-minute appointment)?

K081 and is an intermediate assessment regardless of time but must be at least 10-minutes long. K082 is for counselling, mental health, psychotherapy, etc. Just as K005, K007 and K013 were used before.

11. Is B100 or B200 included in the basket for primary care?

These codes are tracking codes, paid at zero.

12. For primary care billing, if we do a diabetes management visit virtually, which would normally involve an out-of-basket K030 code, can we still bill the K030 code if we complete the diabetes management template rather than billing the in-basket K081?

K030 is an in-person visit so the equivalent code is K081, which is in the basket. Not every visit type has a virtual equivalent.

13. Can charting be included in the time?

Charting time should not be counted, just as it is not for in person A001 and A007 codes.

14. Since Residents do not have OHIP billing codes, can Residents participate in virtual care/calls instead of staff physician?

Residents need to be supervised for virtual care. They can do this work and it would be billed by the supervising physician as it would have been for an in-person visit in the teaching clinic.

15. Can specialists bill K080 or K081 or for short stuff just K083? Can specialists add the premium amounts into K083 billing?

Specialists should use K083 for all care. Consider the code you would have billed before, add them together, convert to \$5 increments, round to the closest \$5 and bill that many units.

16. Does the specialist code K083 include those submitted for GP-focused practice consultations?

It does.

17. I'm using Zoom. Is there any benefit of switching to OTN right now (immediate access to billing, etc.), seeing as everything will be transferring to Ontario Health in April?

There is no specific reason to choose OTN over any other product. The priority right now should be choosing a software that works best for you and your patients.

18. How does a specialist normally billing A185, A183, A184 and A188 billing codes bill using telephone billing codes?

Specialists bill their usual code equivalent in \$5 increments. Figure out what you would bill for the visit (i.e., is it a medical specific reassessment, is it a complex medical reassessment) and round that to the nearest "\$0" or "\$5."

19. Can specialists add the E078 amount to the K083 billing?

Add the total dollar value of all work done. Bill using K083 in \$5 increments.

20. Can I bill K030 and P004 still if using the phone?

No. Only Virtual Care K codes can be billed for phone visits.

21. How do you bill for diabetes in FHO model?

Use K081 to bill for diabetes, which is in the basket.

22. Are K080 and K081 codes considered an in basket or out of basket for FHO physicians?

The K080 and K081 codes are considered in basket.

23. Can a family physician in an patient enrolment model (FHO and FHG) seeing a patient over OTN virtual care on the weekend for a "virtual walk-in" visit, claim A888 + Q012 + B099?

Currently only VC K codes K080 - 083 can be used for this work unless you are an existing OTN Invite user. Then bill as you did before.

24. Can I bill A001 or B099, for example, instead of OHIP 080 for using OTN directly with patients and get paid as it is funded differently?

Yes, if you were a previous OTN Invite client continue to bill as before.

25. Can you bill E080a for post admission on a virtual code?

No you cannot.

26. Can we bill other services in addition to K codes such as smoking codes (K039, etc.), and follow-up post hospital admission (E080)?

You cannot.

27. How does OTN pay us and will there be any changes?

If you are NEW to OTN you will be using the K codes but if you were previously on OTN continue to use the codes you billed directly through OTN in the past.

28. For a specialist billing a consult (A185) a physical exam is required. Under the circumstances, what should we bill for a consult?

Do the most work you can do for the visit. Bill the closest code you have for your specialty using K083.

29. Do the after-hours premium billing codes apply, i.e., Q012?

These only apply to your rostered patients at this time.

30. Can more than one provider bill on the same day if they use different codes (e.g., one bills telephone code K081, and the other bills an A code)?

There is no restriction on different providers billing on the same patient. Same providers billing on the same patient on the same day will need to flag the bill for independent consideration.

31. Is there a cap on the number of K082 codes billed?

No

32. Do we need a time stamp for a 10-minute visit?

K080 and K081 do not need a time stamp. K082 does require a time stamp. Notes should match

the care given.

33. Do we need to record start and stop times for K083?

No, you do not have to record start and stop times for K083 but record the bill you would have submitted in your note for audit purposes.

34. Can you bill the usual A and E codes with B tracker through OTN?

If are a preexisting OTN Invite client, then yes. If not, then bill VC K codes.

35. How many units can you bill for prescription refills?

This would be an A001 equivalent, so K081.

36. If you're using OTN, can you bill FFS codes even if you haven't started billing / using it yet?

New OTN Invite clients are using VC K codes.

37. Will being in an FHO/FHG NOT be negated by an FFS physician billing the new codes?

Yes, being in an FHO/FHG will not be negated by an FFS physician billing the new codes.

38. For diabetes visits, if you use OTN and are in a PEM, can you bill K030 with SLI = OTN as per non-virtual care rules?

You can do this if a previous OTN Invite user.

39. What is the difference between OTN billing vs. K code billing?

Some physicians signed onto OTNinvite before COVID that allowed PEM doctors to bill for the care that was previously uninsured. It was a provincially funded uninsured service. OTN paid them directly.

40. Do these virtual care codes apply to long-term care where a monthly basket fee is billed?

If already capitated this would take this care into account. If an A001 or A007 code would have been billed in the past and seeing the patient now virtually, use K080 or K081. LTC codes FFS should use the closest VC K code.

41. If K codes can't be used for new/referred patients with whom initial consultation appointments have already been arranged, how should sport med physicians (family physicians with a focused practice) bill for these patients not on OTN?

K codes can be used for referred patient assessments, but NOT for the call to a patient to set up the referral.

42. Will IFH patients be eligible for phone codes?

There are new codes for IFH patients. These are K087 (minor assessment), K088 (intermediate) and K089 (counselling).

43. Can the codes be used for secure email services?

No, the codes do not apply to emails and text messages.

44. For children and geriatric patients, is it acceptable to deal with the caregiver and bill for the patient?

Delegates for patients are considered acceptable for VC K codes.

45. Can I bill for a virtual appt and then a physical assessment if the patient is in need to be assessed in clinic?

Yes. Same patient, same day should flag the bill for individual consideration.

46. When will video visits be used for non-rostered patients?

Video visits are available for all patients, both rostered and non-rostered as well as any Primary Care Model. If using OTN Invite, bill the same way. If using another platform, use the new VC K codes.

47. As a psychiatrist, do I bill K083 or K082?

Psychiatry bills K083 in increments of \$5. GP focused practices can also bill specialist codes, i.e., palliative care, sports med, etc.

48. Is there a 20/40% bonus depending on time of day?

The Q codes for bonuses can be applied to the K codes. These are the usual after-hours codes for patients enrolled to your practice.

49. If we would normally have an after 5pm or after midnight code, can we also add on for this on top of normal telehealth code?

Yes, Q codes are applied as before. Special visit premiums like A994 etc. do not apply. This is answered in the OMA FAQs.

50. Do all temporary K codes have to be submitted by mid-April?

K codes are temporary for the COVID-19 crisis. We have to hold these until we hear from OHIP that their computers are ready to accept them. This will be widely announced.

51. Is there a code for prescription refills? Is it K081/K082/K083?

Many of these will fall under the K080. As a family practitioner you will quickly assess and speak to the patient in less than 10 minutes.

52. Would specialists providing advice or counselling guidance use a K081 or K082 code?

Specialist to other physicians would use eConsult codes. Specialists to patients, bill using K082.

53. Would a specialist providing care to a patient use K082 or K083?

Specialists providing care to patients use K082 in \$5 increments.

54. Can a PA provide virtual care?

Yes, they can, but they cannot bill OHIP. If hired by a doctor, then the doctor can bill as a delegate as long as the doctor has reviewed and "cast eyes" on the patient. If the PA is government-funded, then no billing.

55. Can my NP provide virtual care that I can bill for if she is paid by the hospital?

NPs are generally paid externally by an FHT or a hospital. You cannot bill for them if they are already funded by MOH or equivalent. The same rules apply as for in-person visits. If you see the patient after the NP, then you can bill for that time.

56. If you bill K083 as a consult equivalent but need the patient to come in to do an exam that cannot be done virtually, can you bill a consult again with the same diagnosis?

Same patient same day same doc can be done but has to be flagged for manual review with a written explanation why.

57. OMA sent an email saying the OHIP computers have been updated should we still wait to submit?

That was for the OTN codes B203, not for the K codes. The email said to continue to hold these.

CONSENT

1. When I send an email invitation to a patient for their e-visit, is there some way to have them click off the disclaimer, or at least see the disclaimer in the email before their visit?

You could include the consent in the email and state that signing up implies consent or that the patient should reply to the email with 'yes' and record that in your EMR.

2. Is the disclaimer from the OMA just for FaceTime/Skype/etc., and not for OTN?

Many medical grade software intended for virtual care, collects consent upon patient sign-up. If you are not sure, please do so yourself and record that it was obtained.

3. What are the recommendations for getting email consent from patients who are not previously signed up for virtual care?

If you are not emailing PHI you do not need consent to email patients i.e. to book appointments. Obtain verbal consent if possible, for personal health information that needs to be shared over email. Even better, use a secure email platform.

4. Does OntarioMD support the use of FaceTime or Skype if proper consent is obtained using the disclaimer from the OMA website about unauthorized exposure and interception in the time of COVID?

Yes, OntarioMD supports the use of these apps if proper consent is obtained from the patient. **Answer provided on March 24:** You can use Skype and other platforms included on [OntarioMD.News](#). Non-medical grade tools need to have the consent from the patient.

5. Where can I find the disclaimer to read to patients when using non-medical apps, e.g., Google Hangouts to do consult?

The disclaimer (i.e., standard consent language template) is on [OntarioMD.News](#) and [OMA.org](#).

6. Can my admin read the recommended paragraph to patients before a short phone visit?

Phone call assessments do not require verbal express consent.

7. Is the consent language available in other languages or for deaf patients?

Not currently.

8. Do we need to use the disclaimer for phone call visits?

No, you don't need the disclaimer for phone visits because they are considered a secure point to point.

GENERAL

1. Where can I find recordings of past webinars?

Recorded webinars are available [here](#).

2. Where can I find the slides that were presented at past webinars?

Slides can be found [here](#).

3. Will there be other webinars?

Yes, OntarioMD will be hosting more of these webinars for as long as physicians and their staff need them. The schedule for upcoming webinars and recordings of past webinars can be found [here](#).

4. Is each webinar the same?

The webinars present the same basic content while incorporating any updates since previous webinars. While the content is the same, each webinar is presented by different physicians and participants may ask different questions.

5. Can I join the webinar anonymously or do I have to provide my name?

You can join the webinar anonymously or you can provide your name.

MISCELLANEOUS

1. For seeing patients in person for non-COVID-19 related issues, what PPE are you wearing? What cleaning protocols are you using?

Please visit the OMA Members' website at OMA.org for guidance.

2. Is virtual care being used in the in-patient setting?

Yes, many hospitals are using medical grade Zoom in their Epic environment.

PATIENT ACCESS TO VIRTUAL CARE

1. Can physicians offer virtual care for patients outside of Ontario?

Physicians must be licensed in the province where the patient is located to provide service. A physician cannot serve patients who are outside Ontario unless the physician is licensed there. Quebec has recently announced that they will allow cross border.

2. Can we use our personal phones (i.e. cell or home phones) for these visits? Can you block your number?

Yes people are using their cell phones or home phones for these calls. To block an iPhone number, you can enter #31# then the phone number. Also - with the iPhone you can go into Settings, scroll down to Phone and tap "off" on "Show My Caller ID".

3. Can we text our patients if we are calling them anyways?

Using a secure messaging platform that patients also have access to is a more secure way of communicating with patients. That being said, if you are not sharing personal health information this is an option. Texting is not billable.

4. For platforms that were private pay by patients, are these now funded by OHIP?

Platform fees are not funded. Care delivery using any platform is.

5. If I block my phone number for regular calls, would it also be blocked for FaceTime?

No, blocking your caller ID for regular calls does not block it for FaceTime. You can create a

FaceTime account using an email address and make calls from that address as an alternative.

6. If I am in quarantine and parents don't want to go to walk-in clinic for something like otitis media, can I prescribe antibiotics?

OntarioMD cannot comment of standard of medical care questions. Please follow your best judgement based on your best assessment, document well (and consider guidelines like Choosing Wisely) during this exceptional time.

7. Do we need to explain the risks if not using secure methods?

There is no real risk of harm to patients, but there is small chance that information could be intercepted. Inform patients of this chance and ask for their consent to use an unsecure method of communication.

8. Is WhatsApp video secure for virtual care?

Many platforms are actually "secure" (e.g., Zoom, etc.), but have not undergone HIPA or PHIPA compliance testing. Medical grade products have undergone this compliance testing.

9. What are the limitations to using a non-secure platform for emailing patients?

You can email personal health information to patients via email if you receive consent from patients. You can email patients without personal health information without consent. Email is not billable.

10. Do patients have to be at a special site for the OTN virtual visit?

You can send an OTNinvite directly to patients with no need for a special site or OTN equipment.

11. Can an FHO close a walk-in clinic and conduct it virtually?

Some patients require an exam. Use your best judgement.

12. For locum walk-in physicians who don't have a family practice yet, is there an option to assign to any virtual walk-in?

Physicians can sign up individually with VC care companies (listed on [OntarioMD.News](#)). OMA is also sponsoring a provincial clinic.

13. Can we do group visits (e.g., counselling) via video on OTN? Does OTN offer multiple users at once?

Zoom, etc., offer multiple users at once. You could bill K082 on one patient.

14. What do you do with elderly patient who may not be able to use virtual care technology?

You can use the telephone with patients who do not have internet.

15. What's the most secure way to message patients? ONE Mail or something else?

For a list of secure messaging platforms, please visit [OntarioMD.News](#).

PHYSICIAN ACCESS TO VIRTUAL CARE

1. How should physicians without an EMR conduct virtual visits?

Virtual visits do not require an EMR. You just need to record the visit the way you would have in the past. This may be on paper. You can bill through your normal billing system.

2. What portal can patients use to send physicians photos for rashes securely?

Most Virtual Care platforms allow this.

3. How can I insert a photo that was emailed to me from my phone into the patient chart?

Each EMR has a different workflow. Consult your EMR documentation.

4. What are the steps to apply for OTN and what is the registration time?

See the following [website](#) for registration details. Any VC product can be used at this time for care of patients.

5. Can all physicians use OTN, regardless of whether they are in Fee-For-Service or PEM models?

OTNinvite is only for Primary Care model enrolled physicians. OTN Novari is for any doctor. B codes can only be billed with OTNinvite.

6. Can't the province have a single virtual care platform instead of numerous platforms to access virtual care to avoid different logins and passwords and patients downloading apps?

At this time, we are not advocating for any one virtual platform. We believe there is risk in any one platform with being able to handle the anticipated load. It is best to spread the volume around for stability. For a full listing of the available platforms, please visit [OntarioMD.News](#).

7. Is it acceptable to use RingCentral for phone calls using our own phones and documenting consents in the echart?

It is acceptable to use any telephone program to call. Obtain consent if it is not a real telephone.

8. Is there a way for admin staff to book patients for virtual visits on OTN and where can we find instructions on how to do it?

Yes, you can delegate scheduling OTN virtual visits to your admin staff. Instructions can be found on the [OTN website](#).

9. What is the cost range for non-OTN platforms?

There is not cost for OTN. Other platforms may have a licensing fee.

10. I have my ONE ID but haven't used it yet. What do I need to do before I can use it with patients?

One ID is not used with patients. It is needed to sign up for OTN invite. Make sure your account is active and password is correct. Other platforms do not require One ID.

11. Do FFS primary care providers need an OTN user ID or the OTN platform to do telephone consults or virtual care? Can we use our phone for telephone consults and other video platforms providing we get consent?

Yes, FFS primary care providers do not need an OTN user ID or the OTN platform to do telephone consults or virtual care. Yes, you can use your phone and video platforms providing you obtain the patient's consent.

12. Why are some of the features on OTN, like a call button to start the calls for scheduled appointments, not visible to physician assistants who are delegates?

Please contact ONT for this answer.

13. As you are unable to do a physical exam using virtual care, are chart documentation requirements the same as an in-person exam? Should we trust home BP monitors, glucometers, etc., results as being accurate to use for management changes?

See disclaimer to paste in EMR, which says: We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understand.

14. How do you connect to OTN at a scheduled visit time? I sent an OTNinvite for the current time and it connects right away, but if I want to schedule for later. How can I do that?

Please contact OTN for this answer.

15. What type of hardware do I need for video visits through OTN? Should I get a Mac or a PC laptop?

OTN is a web based as well so any computer will work. The best browsers to use with OTN are Safari and Chrome. You also need a strong Internet connection and high speed.

16. Why does the list of virtual care tools on OntarioMD.News list unsecure options, but not medical-grade options?

Both unsecure and medical-grade virtual care tools are listed on [OntarioMD.News](#). Those listed are examples of what physicians may already be familiar with.

17. What kind of cases are acceptable/not acceptable for virtual care (e.g., back pain and not being able to do a neurological exam, genitalia exam) and are there particular specialties that may not be able to use it?

Please use your best clinical judgement in these difficult times. Some problems require physical exam.

18. How can peer leaders help physicians with virtual care?

Peer leaders area available to by emailing info@ontariomd.com.

19. What should we be doing about Well Baby care and immunizations for infants now? Should we defer these?

Please use your best clinical judgement in these difficult times. Some problems require physical exam. Immunizations are quite important in early infancy. Keep these patients separate from other patients.

20. If I do a Well Baby visit over the phone, can I send patient to get immunizations at the office to see the nurse for their shots? Do I have to be there?

This depends on the medical directive used in your office for nursing work. Consideration of adverse events needs to be taken into account.

21. Should I give Prevnar 13 and pneumovax to the elderly now or wait?

We cannot answer specific clinical questions in this forum.

22. If I have a patient with ASCUS who needs a repeat PAP, how long can I delay?

We cannot answer specific clinical questions in this forum.

23. Do we have any guidelines for essential vs. non-essential care?

For information on guidelines for essential vs. non-essential care, please consult the OMA's FAQs [here](#).

24. Do you need special software for virtual care?

See our list on [OntarioMD.News](#) for information about virtual care tools. You can use FaceTime or Zoom or anything you like. Get consent for non-medical grade platforms if you will use them. Verbal consent from patients is fine. There is a consent disclaimer.

25. Which virtual care tools do you recommend (e.g., for scheduling, etc.)?

While OntarioMD has not evaluated the virtual care tools on [OntarioMD.News](#) and does not endorse one tool over another, we believe there is value in curating a list of tools to which OntarioMD has visibility based on our relationships and/or engagements with.

26. Does OTN offer training or webinars on how to use their tools?

Training videos and guides are supplied by the company, which offers the platform.

27. Where can I see an example of a virtual visit stamp and consent stamp?

An example of a virtual visit stamp and consent stamp is available on [OntarioMD.News](#) courtesy of Dr. Sharon Domb.

28. I am a cardiologist and need to examine most patients. Is there any solution/platform I can use if audio or video communication is not enough?

Some practices have telehome care or telemonitoring equipment in patient hands. There are virtual stethoscopes, but there are no standards. [OntarioMD.News](#) lists some of these products, which may or may not have all your needs included.

29. If I only work in a walk-in, how can we find patients from different locations or towns?

There is no way to seek patients. The OMA is setting up a virtual walk-in clinic. 900 doctors have signed up. Some other virtual clinics like Maple and Akira are also recruiting doctors for their services.

30. Can specialists use eConsult?

Yes, specialists should consult the Ontario eConsult Centre of Excellence at eConsultCOE@toh.ca.

31. I am an ophthalmologist. There are some findings like visual acuity or intraocular pressure will be very useful but cannot be obtained in a virtual visit. Any suggestion for possible virtual visit for these issues?

Not all care can be done virtually without special equipment that the patient usually does not have. Virtual care may be more useful in your case for assessing patients, and then bringing in only the people who need to be seen.

VIRTUAL WALK-IN CLINIC

1. For the Virtual Care Walk-In Clinics, which platform should we sign up for?

For your own clinic VC use, please see platforms on [OntarioMD.News](#).

2. When will the OMA virtual walk-ins start? How will patients be registered and on what EMR will the patient notes be written? Can patients be "seen" just using phone versus video?

OntarioMD is working on this now with Telehealth Ontario, the OMA, and OTN. The platform has been chosen, 900 physicians have volunteered, and the service will launch within a week. We are working on the details/reports being delivered to family physicians.