

## **Billing E078 for virtual visits where the base fee is billed in K083 units**

According to the OMA website and the letter on this topic from the OMA CEO on July 9, 2020, the next steps are:

- The MOH will take steps to permit an eligible physician to bill for the above noted premiums and management fees (such as E078 and K481).
- The MOH will begin drafting an INFOBulletin, to be shared in advance with the OMA, to communicate this agreement to physicians and provide information on the process for physicians to bill for the amount of these premiums and management fees for virtual K-code services.

We are receiving many questions regarding the implementation of this agreement, and there is no clarity yet. The best advice is to wait for the promised OMA Bulletin.

For billings not previously submitted, you can bill on one line in K083 units for the total value of the base code + E078:

Common examples:

A483+E078 = 25 K083 units

A481+E078 = 22 K083 units

A484+E078 = 19 K083 units

A488+E078 = 12 K083 units

This could be modified by a future OHIP Bulletin, but this approach has worked when billed by our members since May 2020 i.e. full payment was made as billed.

For billings previously submitted without E078, the best advice is to wait for the promised OMA Bulletin. This is because any attempt to bill now will likely be rejected:

If you now bill using the actual E078 code, for a visit previously billed using K083 units covering the base fee (A483, 481, 484 or 488), your billing is

highly likely to be rejected, as E078 can only be billed in rheumatology when associated with the fee codes A483, 481, 484 and 488.

If you now bill the equivalent of E078 in K083 units, for a visit previously billed using K083 units covering the base fee (A483, 481, 484 or 488), your billing is also highly likely to be rejected. The computer will see that you have already billed for the same patient on the same date and with the same diagnosis using the same K083 code, which will make your new billing look like a duplicate billing to the OHIP computer, even though the number of K083 units will be different.

Until this is worked out, you may waste a lot of your time creating bills for E078 which are destined to be rejected. A likely solution may involve the creation of yet another fee code, which will be used specifically to bill for the E078 portion of visits previously billed without E078 due to the prior OHIP position that non-OTN virtual visits did not qualify for E078 premiums.

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