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Ministry of Health

Ministry of Long-Term Care

## Ontario Health Insurance Plan

### INFOBulletin

## COVID-19 Virtual Care K-Codes and Management Fee Equivalents

**Physicians can now submit claims for the equivalent management fee payments when related to the provision of the temporary virtual care K-code services**

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**To:** All Physicians

**Category:** Physician Services

**Written by:** Claims Services Branch, Ontario Health Insurance Plan Division

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To continue supporting the government's efforts in response to the COVID-19 outbreak in Ontario, the Ministry of Health (ministry) and the Ontario Medical Association (OMA) have reached an agreement to temporarily fund payments that are equivalent to the rates in the [Schedule of Benefits for Physician Services](http://www.health.gov.on.ca/en/pro/programs/ohip/sob/) [\(the Schedule\)](http://www.health.gov.on.ca/en/pro/programs/ohip/sob/) for eligible management fees when related to the provision of the temporary virtual care K-code services.

Further to [INFOBulletin 4764](#)

<http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4764.aspx>

titled '**Equivalent Payments for Selected Premiums and Management Fees related to the Temporary COVID-19 Virtual Care K-Codes**' a change has been implemented to allow the temporary virtual care K-codes to contribute towards the accumulations or limits for the corresponding consultations, assessments, and visits in the Schedule payment rules for the eligible equivalent to selected management fee codes.

### Equivalent Payments for Management Fees

Effective November 1, 2020, the ministry implemented changes to enable physicians to submit claims for payments equivalent to selected management fees when they have previously submitted one of the following K-codes as a patient encounter: K080A, K081A, K082A, and K083A. These codes are eligible to count towards equivalent to management fees when claimed since March 14, 2020.

As set out below, claims for the applicable management fee schedule codes can now be submitted for equivalent payments when all the necessary requirements in the Schedule have been met and the number of encounters on history, including K-codes and previously applicable fee schedule codes have been submitted.

## Claims Submission

1. If one or more of K080A, K081A, K082A, K083A have been claimed, they will count towards the requirements for the monthly equivalent to the Opioid Agonist Maintenance Program (OAMP) management fees K682A, K683A, K684A.
2. If a K083A has been claimed, this code will count towards the requirements for the following services:
  - Diabetes (specialist and team) management fee codes K045A & K046A
  - Paediatric developmental assessment incentive fee code K119A
  - Rheumatoid arthritis management by a specialist fee code K481A
3. If K081A has been claimed, this will be considered an eligible service that counts towards the requirements for the 'Q040A - Diabetes Management Incentive'.
4. The payments equivalent to management fees require that ALL applicable payment requirements in the Schedule continue to apply.
5. If the Schedule payment rules are met through a combination of the relevant in-person or virtual care services, physicians will be eligible for payments that are equivalent to the Schedule value of the applicable management fee(s).

## Primary Care

1. K045A is an excluded code for St. Joseph's Health Centre and will continue to pay fee-for-service when approved due to an eligible K083A.

## Important Additional Terms and Conditions

By claiming and accepting the payments that are equivalent to the above listed management fees, physicians will be deemed to agree to the following terms and conditions:

- Where the Schedule requires that specific element(s) of physical examination(s) be completed for the year that the management fee is claimed (For example, foot examination in diabetic patients), an in-person physical examination(s) must take place for physicians to qualify for payment equivalent to the management fee. All other payment requirements in the Schedule that are applicable to insured services also apply to these services. For these payments, virtual care K-codes will be accepted as meeting the requirements for listed consultations, assessments or visits in the Schedule.

The same claims submission requirements for insured services in Regulation 552 under the *Health Insurance Act* must also be met when submitting claims for the Management Fee payments described above (For example, including physician billing number, patient health number).

## Keywords/Tags

Virtual; K-code; K080A; K081A; K082A; K083A; management fees; COVID-19

## Contact Information

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