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Ministry of Health

Ministry of Long-Term Care

Ontario Health Insurance Plan

INFOBulletin

Hospitalist & Focused Practice Psychotherapy Premium Changes

Temporary changes to eligibility for the hospitalist and focused practice psychotherapy premiums effective November 1, 2021.

To: All Physicians

Category: Physician Services

Written by: Provider Services Branch; OHIP, Pharmaceuticals and Devices Division

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Temporary Changes to Eligibility

The Ministry of Health (ministry) and the Ontario Medical Association (OMA) have reached an agreement to modify the eligibility criteria for the Hospitalist Premium and the Focused Practice Psychotherapy Premium. This will assist with impacts to physician services due to COVID-19.

The following temporary changes to eligibility are effective November 1, 2021.

Hospitalist Premium During COVID-19

- Hourly sessionals for in-hospital in-patient attending physician services are being included as qualifying services for the purpose of determining eligibility (in addition to E082, C122, C123, C124, C002, C007, C009, C132, C137, C139, C142, C143, A/C933 and C882/C982). These services are reported by hospitals under the Temporary Physician Funding for Hospitals During COVID-19 Funding Program.
- Each hour of in-hospital in-patient attending physician sessional services reported is equal to two (2) qualifying services and will contribute to both day and service eligibility requirements.
- For the 12-month period following determination of eligibility on November 1, 2021, the 17% premium will be paid automatically on the following services: C122, C123, C124, C002, C007, C009, C132, C137, C139, C142, C143, A/C933 and C882/C982.

Focused Practice Psychotherapy Premium During COVID-19

- Physicians who were eligible for the Focused Practice Psychotherapy Premium payment last year will continue to be eligible this year.
- Additional eligibility criteria have been added as follows:
 - a. When the sum of payments for qualifying services made to the physician in the qualifying year exceeds 50% of the sum of all payments made to the physician (payments made for K080, K081, K082 and K083 are excluded from these calculations); or
 - b. i. When the sum of payments for qualifying services and K082 psychotherapy services made to the physician in the qualifying year exceeds 50% of the sum of all payments made to the physician; and
ii. The sum of payments for qualifying services (excluding K082) made to the physician in the qualifying year exceeds 25% of the sum of all payments made to the physician.

Qualifying services means K004A, K006A, K007A, K010A, K012A, K019A, K020A, K024A, K025A, K122A and K123A.

- Eligibility for the Focused Practice Psychotherapy Premium During COVID-19, will be determined by a review of diagnostic codes that accompanied K082 claims. K082 claims submitted with diagnostic codes under the categories of mental health disorders in the ranges from 290 to 319 and from 897 to 909 will be considered a service for psychotherapy. K082 claims submitted with other diagnostic codes outside this specified range are not considered a psychotherapy service.
- For the 12-month period following determination of eligibility on November 1, 2021, the 17% premium will be paid automatically on the following services: K004, K006, K007, K010, K012, K019, K020, K024 and K025.
- K082 claims submitted with diagnostic codes under the categories of mental health disorders in the ranges from 290 to 319 and from 897 to 909 will also have the 17% premium applied. The agreement with the OMA related to temporary K082 focused practice psychotherapy premium expires on September 30, 2022.

Keywords/Tags

Hospitalist Premium; Focused Practice Psychotherapy Premium

Contact Information

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