

Changes to Virtual Care on October 1, 2022

What's Changing?

The temporary COVID virtual care codes (K080, K081, K082 and K083) that were introduced to help manage the pandemic will expire on September 30, 2022. As of October 1, 2022, the permanent virtual care framework negotiated as part of the 2021 Physician Services Agreement will come into force.

Comprehensive Virtual Care

Where a virtual care service is rendered to a patient with whom the physician has an established **physician-patient relationship**, the service will pay:

- 100% of the corresponding in person OHIP Schedule rate for services rendered by video;
- 85% of the corresponding in person OHIP Schedule rate for services rendered by phone; and
- 95% of the corresponding in person OHIP Schedule rate for K007 GP psychotherapy, K005 primary mental health care, K197 individual outpatient psychotherapy, and K198 outpatient psychiatric care when rendered by phone.

For the purposes of the virtual care payment framework, an existing **physician-patient relationship** is defined as:

- Where a patient has had at least one insured service with a direct physical encounter with the physician in the preceding 24 months; or
- Where a patient is enrolled to a physician or another physician in the same group (and has signed the Ministry's Patient Enrolment and Consent to Release Personal Health Information form); or
- Where a specialist or GP focused practice physician provides an eligible insured consultation by video; or
- Where a physician provides any of the following services:

Service	Modality
A920 Medical management of early pregnancy – initial service	Video or phone
A945 Special palliative care consultation	Video
C945 Special palliative care consultation	Video
A680 Initial assessment – substance abuse	Video
C680 Initial assessment – substance abuse	Video
NEW fee codes Www1-Www2 Midwife-requested assessments	Video
A802 Extended midwife-requested genetic assessment	Video
A801 Comprehensive midwife-requested genetic assessment	Video
A800 Midwife-requested genetic assessment	Video
A253 Optometrist-requested assessment	Video
A256 Special optometrist-requested assessment	Video

Limited Virtual Care

Where a physician renders a service to a patient where there **is not an existing physician-patient relationship**, the services are to be claimed using the new limited virtual care codes:

- NEW Xxx1 Limited virtual care service – video \$20.00
- NEW Xxx2 Limited virtual care service – phone \$15.00

New Codes for GPs with a Focused Practice Designation

Where a physician with a GP Focused Practice Designation renders a consultation by video, the following new codes are applicable and pay at 100% of the corresponding in person GP consultation codes (A005, A006, A905, A911 and A912):

- NEW Zzz1 GP Focused practice designated consultation \$84.45
- NEW Zzz2 GP Focused practice designated repeat consultation \$45.90
- NEW Zzz3 GP Focused practice designated limited consultation \$72.10
- NEW Zzz4 GP Focused practice designated special consultation \$144.75
- NEW Zzz5 GP Focused practice designated comprehensive consultation \$217.15

Premiums and Management Fees for GPs

The following premium payments will be applied when the qualifying service is provided virtually:

Premium / Management Fee	Rate
E080 First visit by primary care physician after hospital discharge	\$25.25 (video only)
Q012 Primary care after-hours fee	30% of virtual fee paid
Q016 CCM after-hours fee	30% of virtual fee paid
Q017-After Hours Premium HIV	30% of virtual fee paid
Q018-After Hours Premium Care of Elderly AFP	30% of virtual fee paid
Q020 Serious mental illness premium; special payment - bipolar disorder	\$1,000 - \$2,000
Q021 Serious mental illness premium; special payment – Schizophrenia	\$1,000 - \$2,000
Q150 Colorectal Cancer Screening Fee	\$7.00
Q152 Colorectal Cancer Screening Test Completion Fee	\$5.00
Q042 Smoking cessation counselling fee	\$7.50
E079 Smoking cessation: initial discussion with patient (add on)	\$13.22 (phone), \$15.55 (video)
xxxx Age-based fee premiums	10 – 30%
xxxx Focused practice psychotherapy premium	17% of virtual fee paid
- FHG in-basket premium	10% of virtual fee paid
Q040 Diabetes management incentive ¹	\$60.00

Outside Use

All new family practitioner Virtual Care Services will be introduced as core services and in-basket for all Primary Care Models. Existing core services selected as eligible for virtual care will remain in basket. Virtual Care Services will contribute towards outside use and will be negated for all Primary Care Models with an Access Bonus Payment, at an amount equal to the payment made for outside virtual care services.

¹ Q040 is eligible when at least one K030 service is in person; virtual K030 is only eligible when an in person K030 has been rendered in the preceding 12 months

Verified Virtual Visit Solution

To be eligible for payment, physicians must use a verified virtual visit solution provider for video services from one of the vendors listed here: <https://www.ontariohealth.ca/verified-vendor-list>.

Source: [PSA section B. Virtual Care; p. 29](#).

For all PSA related FAQs please visit [here](#).