



Optimizing your Billing: Family Physicians (FHG/FHO)

October 2024

Introduction

This resource is a companion document to OMA's webinar Enhancing your Bottom Line and offers considerations to help you optimize your billing.

Watch the webinar at: [OMA Learns](#).

To optimize your OHIP billing, ensure you bill for all services provided in a timely manner and explore ways to work smarter, not harder.

1. Health cards
2. Billing a visit
 - a. Before the encounter ends
 - b. Out of basket billing codes
 - c. Weekend coverage
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Disclaimer:

Every effort has been made to ensure that the contents of this document is accurate. Members should, however be aware that the laws, regulations and other agreements may change over time. The Ontario Medical Association assumes no responsibility for any discrepancies or differences of interpretation of applicable. Regulations with the Government of Ontario including but not limited to the Ministry of Health (MOH) and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing = by contacting their regional OHIP office.

[OHIP Schedule of Benefits February 2024](#)

Health cards

Ensure your staff is always validating and updating health cards at check-in. Invalid version codes are one of the most common errors in most clinics.

Resources:

[OntarioMD health card validation decommissioned](#)

[Ministry of Health's Health Card Validation Reference Manual](#)

[Dr Bill health card validation](#)

Billing a visit

Review your patient charts prior to the visit to determine if there are any additional services you can quickly offer your patients that are out of basket but relevant?

- Does time need to be documented?
- Does the patient have diabetes, CHF or fibromyalgia? Do they smoke? Are they due for a colon cancer screening?
- **FHO:** Are there concerns that can be handled now to prevent patients from returning soon (e.g. month). For example, refill medications, order screening labs.

Some common out of basket billing codes

Diabetes

Title	Code	Amount	Notes
Diabetes Management	K030	\$40.55	<ul style="list-style-type: none">• Maximum 4 per patient per 12-month period• Not time based• Eligible for after-hours (Q012 30% extra)• Add Q040 (\$60) after 3 billed (at least one must be in person, not virtual); 1 per 12-month period.
Insulin Therapy Support	K029	\$70.10/unit	<ul style="list-style-type: none">• For patients on insulin therapy requiring at least 3 injections per day or using an infusion pump• Time based• Maximum 6 units per patient, per physician, per year

Chronic Diseases

Title	Code	Amount	Notes
Fibromyalgia/ myalgic encephalomyelitis care	K037	\$70.10	<ul style="list-style-type: none"> Time based No other consultation, assessment, visit or time-based service is eligible for payment when rendered the same day as K037 to the same patient by the same physician
Specific neurocognitive assessment	K032	\$70.10	<ul style="list-style-type: none"> Time based Acceptable tests are BNA and DRS 'Folstein' test is not acceptable
Initial assessment - substance abuse	A680	\$144.75	<ul style="list-style-type: none"> Service must be pre-booked at least one day before service is rendered Limited to one per patient per physician except where a 12-month period has elapsed since the most recent insured service rendered by the same physician Limited to a maximum of two per patient per 12-month period. Not eligible for the assessment of substance abuse related to smoking cessation
Substance abuse - extended assessment	K680	\$70.10	<ul style="list-style-type: none"> For patients receiving therapy for substance abuse (excluding smoking abuse) Time based Cannot be billed in conjunction with assessment, visit or time based service.

Perinatal Care

Title	Code	Amount	Notes
Minor prenatal assessment	*P004	\$38.15	
Major prenatal assessment	*P003	\$80.35	
Antenatal preventative health assessment	P005	\$47.70	<ul style="list-style-type: none"> Add on to P004/P003 Once per pregnancy
<i>*These codes activate the perinatal care special premium (FHO only)</i>			
Post-Natal Care in Office	P008	\$36.85	<ul style="list-style-type: none"> Medically necessary visits (as many as needed) in the 6 weeks following birth
Medical management of early pregnancy	A920	\$161.15	
Medical management of early or ectopic pregnancy - follow up visit	A921	\$36.85	<ul style="list-style-type: none"> Follow- up visit that is a follow-up of A920/A922. Cannot be rendered same day to same patient by same physician.

Procedures

Title	Code	Amount	Notes
Chemical and/or cryotherapy treatment of skin lesions	Z117	\$11.65	<ul style="list-style-type: none"> Maximum of one service per patient per physician per day
Cryotherapy treatment of at least 5 pre-malignant actinic keratosis lesions on the same day, not to include freeze-thaw cycles	Z119	\$29.00	<ul style="list-style-type: none"> or actinic keratoses (AK) Submit with dx 232
Particle repositioning manoeuvre for benign paroxysmal positional vertigo (BPPV)	G403	\$21.15	<ul style="list-style-type: none"> Can bill it with G700 (\$5.60) if this is the sole reason for visit
Removal of IUD w/o GA	G552	\$20.00	
Insertion of IUD	G378	\$39.95	<ul style="list-style-type: none"> Can't be billed on same day as removal

These procedures may count towards Office Procedure Special Premium for applicable PEM models

Counselling & Psychotherapy

Title	Code	Amount	Notes
Primary Mental Health Care.	K005	\$70.10	<ul style="list-style-type: none"> Can be billed with A007 at same visit, if there are clearly different diagnoses for the 2 services. They cannot be for the same issue Time based For: Depression, anxiety, schizophrenia, bipolar, grief, relationship issues, burnout, stress
Individual counseling	K013	\$70.10	<ul style="list-style-type: none"> First three units of K013 and K040 combined per patient per provider per 12-month period K033 (\$49.35) for additional units per 12-month period Appointment must be pre-booked Time based
Individual psychotherapy	K007	\$70.10	<ul style="list-style-type: none"> Time based
Group Counselling	K040	\$70.10	<ul style="list-style-type: none"> Where no group members have received more than 3 units of any counselling paid under codes K013 and K040 combined per provider per 12-month period K041 (\$50.20) for additional units
STD or potential blood-borne pathogen management	K028	\$70.10	<ul style="list-style-type: none"> Time based. maximum of two units per patient per physician per day and four units per patient, per physician, per year

HIV - Primary Care	K022	\$70.10	<ul style="list-style-type: none"> Time based.
Colorectal Cancer Screening Fee	Q150	\$7.00	<ul style="list-style-type: none"> Once per patient every two years unless a patient has a negative colonoscopy

Smoking Cessation

Title	Code	Amount	Notes
Smoking cessation premium	E079	\$15.55	<ul style="list-style-type: none"> 1st visit: Add-on code, once per 365 days for the MRP if you ask the following 3 questions: <ol style="list-style-type: none"> Are you a smoker? Do you plan on quitting? If yes, when do you plan on quitting by? Cannot bill with K030 DM code
Smoking cessation counselling fee	Q042	\$7.50	2/year
Smoking cessation Follow-up	K039	\$33.45	follow-up visit is the service rendered by a primary care physician in the 12 <i>months</i> following E079

Weekend Coverage

Title	Code	Amount	Notes
Weekend & Holiday Access for FHO Patients	Q888	\$37.95	<ul style="list-style-type: none"> Saturday, Sunday and public holidays Rostered patients only
Emergency department equivalent	A888	\$37.95	<p>Emergency department equivalent</p> <ul style="list-style-type: none"> These cannot be booked, and these must be the only thing claimed during the shift (no patients 'scheduled') You can only bill A888 for those patients if you choose to take on additional weekend shifts beyond your required schedule
After Hours Fee	Q012	additional 30%	<ul style="list-style-type: none"> Weekend/after-hours premium for FHO/FHG/FHN rostered patients only

Bonuses and forms

Review your patient roster and ensure you are submitting all applicable codes to receive your bonuses and special premiums.

Bonuses - Special Premiums

FHG + FHO	
Labour & Delivery (\$5000, \$8000)	P006, P007, P009, P018, P020
Palliative Care (4 patients \$2400, 10 patients \$6000)	A945, B998, C882, C945, K023, W872, W882
Home Visits (\$1500, \$3000, \$5000, \$8000)	A901, A902, B910, B914, B916, B990, B992, B994, B996
Long Term Care (\$2400, \$6000)	W001, W002, W003, W004, W008, W010, W102, W104, W107, W109, W121, W777, W903
Serious Mental Illness (5 patients \$1200, 10 patients \$2400)	Q020, Q021 (tracking codes)
FHO only	
Hospital Care	\$5000
Office Procedures	\$2000 Must bill \$1200 of eligible codes during fiscal year (April-March)
Prenatal Care	\$2000

Automatically paid based on billings, when fee/tracking codes above are submitted to OHIP.

Add on Fees

Title	Code	Amount	Notes
First post hospital premium - within 2 weeks	E080	\$25.25	<ul style="list-style-type: none"> Cannot bill for newborns or mothers admitted to L&D, unless NICU/ICU stay Only in person or video
Newborn care episodic fee	Q015	\$13.99	<ul style="list-style-type: none"> Add-on for newborn care (first 12 months of life, max 8) FHO rostered patients only
Heart failure management incentive (annual)	Q050	\$125.00	

Forms

All of the below forms are covered by OHIP and are considered out of basket for FHG and FHOs.

FORMS

K071	n	o	Acute home care supervision (1 per pt per week per MD for 8 weeks)	\$ 21.40
K072	n	o	Chronic Home Care Supervision (2 per month per pt per MD after 8 weeks)	\$ 21.40
K051	n	o	Health Status Report (HSR) form	\$ 84.50
K070	n	o	Home Care Application	\$ 31.75
K038	n	o	Long Term Care Application	\$ 45.15
K052	n	o	MCFSC Activities of Daily Living (ADL) Index	\$ 21.10
K050	n	o	MCFSC HSR & ADL Amalgamated Form	\$ 105.65
K054	n	o	MCFSC Mandatory Special Necessities Benefit Form	\$ 26.40
K056	n	o	MCFSC Pregnancy, Breastfeeding Allowance Application Form	\$ 21.10
K055	n	o	MCFSC Special Diet Application Form	\$ 21.10
K035	n	o	MTO Mandatory Reporting Medical Condition	\$ 36.25
K036	n	o	Northern Travel Grant Application	\$ 10.25
K053	n	o	Ontario Works Program - Limitation to Participation	\$ 15.85
E077	n	o	Request for Major Eye Examination	\$ 10.25

Source: [SGFP billing guide 2023](#)

Tip for success:

- ✓ Digitally enable your EMR to create reports to track your bonuses. OMD or your EMR provider can help you generate these reports.

Billing Tips

Error Reports

- The Ministry of Health provides an error report approximately 4 business days after your submission
- Physicians have three months to amend and resubmit.
- There is an unlimited time to correct an error code, 3-character code, from your error report.
- There is a different submission process, if resubmission is after the 3-month time period from initial visit:
<https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-231001-update-three-month-submission-timeframe-province>
- Physicians have seven months to submit a RAI via eSubmit to correct an explanatory code, two-character code, when it appears on your RA.

Common Billing Mistakes

- Patients with an out of province health card cannot be rostered.
- Regularly reconcile your roster with the Ministry of Health's list to ensure you are compensated for all patients rostered to you.
- Joint injection - G370 for 1st injection; G371 for 2nd injection
- P003 + P005 can be billed together once only per 12 months
- E077 major eye exam is only for age 20-64 years
- Q012 only applies to a specific set of codes

Tips for success: Establish a billing process

- ✓ Develop a workflow process to bill for the services you provide on time.
- ✓ Develop a workflow process to manage errors
- ✓ You will only receive payment when you submit, so the longer you wait to submit, the longer it will take to get paid.

Resources

- [Schedule of Benefits – February 20, 2024](#)
- [OMA FHO/FHN In Basket Fee Codes](#)
- [GP Focused Practice Program, Policies and Codes](#)
- [Special Visit Premium Guide](#)
- For more information, email info@oma.org