

SULTAN PASHA'S GUIDE TO OHIP BILLING (FOR SHRINKS)



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Introduction

This guide has been compiled from the experience and knowledge of several recent graduates. It is absolutely free of charge. The reproduction or sale of this document is illegal. We welcome any further feedback and improvements to make this guide more accurate and helpful.

This is not an official document and is not meant to be exhaustive. Please refer to the OHIP Schedule of Benefits for further details. All tables and graphs have been copied from the OHIP Schedule of Benefits for educational purposes ([Click for source](#)).

Submit claims at your own risk. We are not responsible for any billing errors, or penalties that may apply if audited.

General Preamble - FAQs:

- ***"Sultan, how does one of your loyal followers calculate the number of units?"***

# Units	Minimum time
1 unit:	20 minutes
2 units:	46 minutes
3 units:	76 minutes [1h 16m]
4 units:	106 minutes [1h 46m]
5 units:	136 minutes [2h 16m]
6 units:	166 minutes [2h 46m]
7 units:	196 minutes [3h 16m]
8 units:	226 minutes [3h 46m]

- ***"O great Sultan, when can one of your humble servants bill a travel premium and Special Visit Premiums?"***
 - Travel premium - only billed when need to travel to hospital for an urgent visit, and **cannot** be billed if going from one area of hospital to another.
 - **SVPs - SEE BOTTOM OF DOCUMENT FOR OFFICIAL OHIP BULLETIN.**
- ***"O Venerable one, if I am monitoring a patient through a camera feed (ie. in PICU) can I count this time as part of my K199 assessment?"***
 - Yes - make sure to document this clearly in your note.
 - If you see a patient twice while on call, for a total of 20 minutes across both encounters, you can combine these in and bill a single K199.
- ***"Can I claim multiple encounters for the same patient on the same day?"***
 - OHIP will **NOT** allow you to bill multiple codes for the same patient on the same day, these will get rejected. If you bill a consult, and then an A194 on the same day, they will reject the HIGHER code.
- ***"Patient returns to ER after initial consultation <12 months before... can I bill another consultation?"***

- A new consultation CAN be billed IF a different diagnosis is used. Otherwise you would need to bill a "repeat consultation" or time-based outpatient/inpatient codes (K198/K199).
- ***"O Knowledgeable one, my patient's OHIP version code is invalid! What shall I do?"***
 - You can obtain the most up-to-date version code by calling ServiceOntario's **top secret** direct line - **1-866-532-3161**.
- ***"Can I bill for patients who have a valid health card number from out of province?"***
 - Yes - this can be done through MDBilling WEBSITE interface (but not the app).
- ***"What App/Service do you use for submitting claims?"***
 - MDbilling.ca - 0.25% per claim, maximum \$600 per year (first \$15k worth of claims are FREE).
 - A billing clerk will use MDBilling or CabMD to do the same thing you would do on your own, and charge a significant premium for this service.
 - Many alternatives exist - please do a google search and compare to find what works best for your practice.
- ***"Can I bill for speaking to patient/caregiver by phone?"***
 - No.
 - You can bill a telephone consultation (K731A) if you speak to a physician directly and give advice, but you must have a referring physician and document this as a note. The patient would have to be registered in the hospital where you are working).
- ***"STOP! THIEF! There is a 4.45% reduction in my total OHIP reimbursement every month! What is the meaning of this?!"***
 - See below:
 - <https://support.mdbilling.ca/hc/en-us/articles/208252983-OHIP-Billing-Tip-42-Accounting-Transactions-Payment-Reduction-Opted-In->
- ***"O Sultan... I have made a mistake in my claim... but it has already been submitted. What shall I do?"***
 - Contact MOHLTC and find the contact information for your billing officer.
 - Submit an RAI request to request a correction (this can be done for encounters that were done within the past 6 months).
 - Most corrections can be done directly by phone to speed up the process, but the billing officer will ask you to submit an RAI form as a formality
 - RAI forms can be auto-generated through MDBilling (unsure about other services).

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On-Call Billing Tips:

1. Always document **start** and **stop** times for assessments **when required** for billing code.
 2. Always document **referring physician** (and their **billing number**) in **consultation note**. You cannot bill a consultation note unless there is a **written request** from the referring physician.
 3. Always include **all** elements of a consultation when dictating a full consult note.
 4. Always document **diagnosis**.
 5. If billing Special Visit Premiums, must document that either the **patient (or representative)** or **staff** has asked you to see patient, and **why**.
 6. If billing for **inpatients**, must enter **date of admission**.
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Commonly Used Diagnostic Codes in Psychiatry:

- Anxiety Disorders - 300
- Adjustment Disorder - 309
- Psychoses - 298
- Bipolar - 296
- Dementia - 290
- SUDs - 303
- Personality Disorders - 301
- Schizophrenia - 295
- Depressive Disorders - 300 or 311
- Overdose - 977

Encounter Locations

- HED - Hospital ED
- HIP - Hospital Inpatient
- HOP - Hospital Outpatient
- IHF - Independent Healthcare Facility
- OTN - Ontario Telemedicine Network

Bread & Butter Codes

- **Consultation in ER or on IP** Floor While On Call - **A895** (no timing requirements - do not need to document a start/stop time) - **\$232**
- **Special Consultation** (min. 75 min - start/stop time **required**) - **A190** - **\$300**
- **Consultation Extensions** - **K630** - **\$105 per unit** (see below):

Consultation	Minimum time with the patient before the start time for the first unit of K630	Minimum time required for consultation service + 1 unit of K630 to be payable	[Commentary: Minimum time required for consultation service + 2 units of K630 to be payable]
A190, C190, W190	90 minutes	106 minutes	136 minutes
A195	60 min	76 min	106 min
A197 – sole service	60 min	76 min	106 min
A198 – sole service	60 min	76 min	106 min
A197 + A198 same patient same day	120 min	136 min	166 min
A695, C695, W695	120 min	136 min	166 min
A795, C795, W795	90 min	106 min	136 min
A895, C895, W895	60 min	76 min	106 min
A191	60 min	76 min	106 min
A192	60 min	76 min	106 min
A191+ A192 same patient same day	120 min	136 min	166 min]

Weekend Rounding (or when called to ward to see patients):

- Inpatient Psychiatric Care - **K199** (min. 20 mins, can bill 2 units if 46 min).
- Inpatient Psychiatric Care - **A194** (partial Assessment - <20 min).
- Involuntary Admission - **K624** (if placing patient on Form 3 or Form 4) - cannot combine with consultations or other assessment codes!

Weekend/Overnight Premiums

- Add these codes in addition to codes billed above. Note: different prefixes for inpatient (**C**), ED (**K**), and outpatient (**U**).
- **PRO TIP:** Assessments **STARTED** anytime between 00:00-07:00 qualify for a \$100 premium (you can bill an **unlimited** number of these).

Emergency Department					
<i>Not eligible for payment to Emergency Department Physicians (see definition GP46)</i>					
	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00 - 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 K960	\$36.40 K961	\$36.40 K962	\$36.40 K963	\$36.40 K964
First Person Seen	\$20.00 K990	\$40.00 K992	\$60.00 K994	\$75.00 K998	\$100.00 K996
Additional Person(s) seen	\$20.00 K991	\$40.00 K993	\$60.00 K995	\$75.00 K999	\$100.00 K997
Maximums (per time period)					
Travel premiums	2	2	2	6	unlimited
Persons seen (first person and additional person(s))	10	10	10	20	unlimited

Hospital In-Patient					
	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 C960	\$36.40 C961	\$36.40 C962	\$36.40 C963	\$36.40 C964
First person seen	\$20.00 C990	\$40.00 C992	\$60.00 C994	\$75.00 C986	\$100.00 C996
Additional person(s) seen	\$20.00 C991	\$40.00 C993	\$60.00 C995	\$75.00 C987	\$100.00 C997
Maximums (per time period)					
Travel premiums	2	2	2	6	unlimited
Persons seen (first person and additional person(s))	10	10	10	20	unlimited

Hospital Out-Patient Department					
	Weekdays Daytime (07:00- 17:00)	Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours	Evenings (17:00- 24:00) Monday through Friday	Sat., Sun. and Holidays (07:00- 24:00)	Nights (00:00- 07:00)
Travel Premium	\$36.40 U960	\$36.40 U961	\$36.40 U962	\$36.40 U963	\$36.40 U964
First person seen	\$20.00 U990	\$40.00 U992	\$60.00 U994	\$75.00 U998	\$100.00 U996
Additional person(s) seen	\$20.00 U991	\$40.00 U993	\$60.00 U995	\$75.00 U999	\$100.00 U997
Maximums (per time period)					
Travel premiums	2	2	2	6	unlimited
Persons seen (first person and additional person(s))	10	10	10	20	unlimited

Family Psychotherapy Codes

- Use these if family members are present during f/u visits:
 - **K196 per unit - \$91** (can bill in lieu of K198/K199 - cannot combine).

Outpatient (Not On-Call) Billing Codes

- General Consultation (<60 min) **A195 - \$199**
- Special Consultation (>=75 min) **A190 - \$300**
- Outpatient follow-up (20+ mins) **K198 - \$80**

Special Situations

- Consultation for <22 y/o - **A198 - \$212**
 - IF pt <22y/o... Can ADD: Consultative interview with caregiver of pt <22y/o (must be booked >24h in advance) - **A197 - \$212 EXTRA.**
 - **You do not need to have fellowship in C&A to bill these.**
 - **If you enter "HED" as location, this will get rejected.**
 - **You CANNOT combine the A198/197 combination plus an SVP!**
- Geri Consultation (>=75 min) - **A795** (must be booked >24h in advance) - **\$300**
 - Consultative Interview with patient >65 - **A192 - \$212**
 - Consultative interview with caregiver of patient >=65 - **A191 - \$212 EXTRA.**
 - **You only need to have fellowship in Geri to bill the A795, anyone can bill the A192/A191 combo.**
 - **See exceptions above. A191/A192 combination will NOT go through on-call UNLESS you REMOVE location indicator and REMOVE any SVPs. (That being**

said... A197/198 or A191/192 combinations are worth more than an A895+K999.)

Super Special Bonus Codes

- *Acute post-discharge from inpt.* (<=4wk post-discharge) - ADD **K187** - **extra 15%**.
- *High Risk Community Care* (<=6 months post suicide attempt) - ADD **K188** - **extra 15%**.
- *Urgent Community Care* (<=4wk post-discharge AND will follow as outpatient for 6+ months) - ADD **K189** - an extra \$200!

OTN Codes (One MUST be registered through OTN Network to be eligible!):

- https://support.otn.ca/sites/default/files/ohip_telemedicine_billing_information_manual.pdf
- https://support.otn.ca/sites/default/files/ohip_telemedicine_billing_information_sheet_qa_fact_sheet.pdf
- NOTE: You can bill a missed/cancelled appointment premium!

IMPORTANT: OHIP EDUCATION BULLETIN

Please read below about how to interpret OHIP SOB and when SVPs are applicable:

- https://www.oma.org/wp-content/uploads/0103epc_bulletin.pdf

Ongoing work:

- Add nursing home info