OHIP Payments for Case Conference Services

Quick Reference Guide
Quick Reference Guide\(^1\):

**OHIP Payments for Case Conference Services**

The purpose of this reference guide is to provide a general overview on the payment rules for billing OHIP case conference services. The OHIP Schedule of Benefits\(^2\) (the “OHIP Schedule”) lays out the payment rules in the Family Practice & Practice in General section under the sub-section heading *Case Conference*\(^3\).

The guide is broken down into the following parts:

(A) Case Conference Definition
(B) Payment Requirements
(C) Eligible Participants and Patients
(D) Multidisciplinary Cancer Conferences (MCC)

### A: Case Conference Definition

The Schedule defines a case conference as “a pre-scheduled meeting, conducted for the purpose of discussing and directing the management of an individual patient”\(^4\).

Case conferences are time-based services calculated in 10 minute increments with a maximum of 8 units per individual case conference and a maximum of 4 case conferences\(^5\) per 12 month period, per patient, per physician.

In calculating time unit(s), the minimum time required is based upon consecutive time spent participating in the case conference as follows:

<table>
<thead>
<tr>
<th># of units</th>
<th>Minimum Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 unit</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2 units</td>
<td>16 minutes</td>
</tr>
<tr>
<td>3 units</td>
<td>26 minutes</td>
</tr>
<tr>
<td>4 units</td>
<td>36 minutes</td>
</tr>
<tr>
<td>5 units</td>
<td>46 minutes</td>
</tr>
<tr>
<td>6 units</td>
<td>56 minutes</td>
</tr>
<tr>
<td>7 units</td>
<td>66 minutes</td>
</tr>
<tr>
<td>8 units</td>
<td>76 minutes</td>
</tr>
</tbody>
</table>

Specific case conference fee codes are available for:

---

\(^1\) **Disclaimer**: Every effort has been made to ensure that the contents of this Guide are 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 and Long-Term Care (MOHLTC), 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.

\(^2\) This Quick Reference Guide is based on the OHIP Schedule of Benefits (SOB), Physician Services, October 1, 2015 (effective December 21, 2015) ([http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/physserv_mn.html](http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/physserv_mn.html)).

\(^3\) OHIP SOB, October 1, 2015, page A22-A28

\(^4\) OHIP SOB, October 1, 2015, page A22

\(^5\) Maximum applies to each type of conference.
Fee Code | Descriptor | Additional Restrictions
---|---|---
K121 | Hospital inpatients |  
K124 | Long-Term Care/Community Care Access Centre (CCAC) patients |  
K700 | Palliative care outpatients |  
K701* | Mental health outpatients | • Restricted to Psychiatry (19)  
K702 | Bariatric outpatients | • Restricted to physicians identified as working in a Bariatric RATC  
K703* | Geriatric outpatients | • Restricted to Geriatrics (07) or a physician with an exemption to access bonus impact in Care of the Elderly from the MOHLTC  
K704* | Paediatric outpatients | • Restricted to Paediatrics (26) and Psychiatry (19)  
K705 | Long-term care, high risk patient conference |  
K706 | Convalescent care program case conference |  
K707 | Chronic pain out-patient case conference |  

* Other physicians are eligible to bill K701, K703 and K704 as long as the physician of the appropriate specialty and most responsible for the care of the patient is participating in the case conference.

Services rendered in support of multidisciplinary cancer conferences (MCCs) are discussed under Section D below.

**B: Payment Requirements**

**Payment Eligibility**
Each case conference is subject to specific payments requirements listed under the respective fee code; however, the following service requirements must be satisfied by all case conferences:

- A case conference must be conducted by personal attendance, videoconference or by telephone (or any combination thereof)
- It must involve at least 2 other eligible participants as specified in the specific case conference service (see Section C below for additional details)
- At least one of the physician participants is the physician most responsible for the care of the patient
- The physician must actively participate in the case conference and such participation is evident in the medical record
- There must be a minimum of 10 minutes of patient related discussion
- Case conference must be pre-scheduled

**Payment Exclusions**
A case conference is not eligible for payment:

- In circumstances where a physician claiming the service remunerates other participants who are necessary to meet the minimum requirement
• To a physician who receives payment for the preparation and/or participation in the case
  conference other than by fee-for-service (includes compensation where the physician receives
  remuneration under a salary primary care, stipend, APP or AFP model)
• Where it is an included element of another service (e.g., Chronic dialysis team fees)
• When the service is rendered for educational purposes such as rounds, or continuing
  professional development, or any meeting where the conference is not for the purposes of
  discussing and directing the management of an individual patient
• If another case conference or telephone consultation has already been paid for the patient on
  that day

Medical Record Requirements
In order to fully satisfy payment requirements, the medical record must include all of the following
elements:
• identification of the patient
• start and stop time of the discussion regarding the patient
• identification of the eligible participants, and
• the outcome or decision of the case conference

For billing purposes, one common medical record in the patient’s chart for the case conference signed
or initialed by all physician participants (including listing the time the service commenced and
terminated and individual attendance times for each participant if different) would satisfy the medical
record requirements.

In circumstances where more than one patient is discussed at a case conference, separate claims for
each patient are eligible for payment provided all payment requirements are fulfilled for each
individual patient.

Any other insured service rendered during a case conference is not eligible for payment.

C: Eligible Participants and Patients

Eligible Participants
For all case conferences, there must be one physician participating and at least two other eligible
participants. The two other eligible participants may include physicians, regulated social workers,
regulated health professionals or participants specified in the service being rendered, as noted below:

<table>
<thead>
<tr>
<th>Case Conference</th>
<th>Additional Eligible Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>K124 Long-Term Care/Community Care Access Centre (CCAC) patients</td>
<td>Employees of a CCAC</td>
</tr>
<tr>
<td>K701 Mental health outpatients</td>
<td>Personnel employed by a mental health community agency funded by the Ministry of Health and Long-Term Care</td>
</tr>
<tr>
<td>K702 Bariatric outpatients</td>
<td>Members of the Bariatric Regional Assessment Treatment Centre (RATC) team involved with the patient’s care (e.g. social worker, psychologist)</td>
</tr>
<tr>
<td>K704 Paediatric outpatients</td>
<td>Educational professionals and/or personnel employed by an accredited centre of Children’s Mental Health Ontario</td>
</tr>
</tbody>
</table>
### Eligible Patients

Each case conference is applicable to a specific patient as follows:

- **K121** – Hospital in-patient in an acute care, chronic care or rehabilitation hospital
- **K124** – Long-term care institution in-patient or CCAC patient
- **K700** – Palliative care out-patient
- **K701** – Mental health adult out-patient (see K704 for mental health out-patient case conferences involving a patient less than 18 years of age)
- **K702** – Out-patient registered with a Bariatric RATC for the purpose of pre-operative evaluation and/or post-operative follow-up medical care
- **K703** – Geriatric out-patient at least 65 years of age or a patient less than 65 with dementia
- **K704** – Paediatric out-patient less than 18 years of age
- **K705** – Long-term care institution high risk inpatient (as identified by staff in the long term institution with clinical instability based on a change in the Resident Assessment Instrument – Minimum Data Set (RAI-MDS) for Nursing Homes)
- **K706** – Patient enrolled in a Convalescent Care Program funded by the MOHLTC
- **K707** – Chronic pain out-patient (as defined as a pain condition with duration of symptomatology of at least 6 months)

### D: Multidisciplinary Cancer Conferences (MCC)

**MCC Definition**

OHIP Schedule stipulates that “**MCC is a service conducted for the purpose of discussing and directing the management of one or more cancer patients...**”\(^6\) Participation may either be in person, by telephone or by videoconference and must meet attendance requirements established by Cancer Care Ontario\(^7\).

The fees for the provision of the services are set as follows:

- **K708** MCC Participant, per patient ($31.35)*
- **K709** MCC Chairperson, per patient ($40.45)*
- **K710** MCC Radiologist Participant, per patient ($31.35) – restricted to Diagnostic Radiology (33) physicians only

* K708 and K709 are not eligible for payment to physicians from the following specialties: Radiation Oncology (34), Diagnostic Radiology (33) and Laboratory Medicine (28).

**Payment Requirements**

The following criteria must be satisfied in order to be eligible for payment:

- The conference must be pre-scheduled

---

\(^6\) OHIP Schedule, October 1, 2015, page A20

• There is a minimum of 10 minutes total time of discussion regarding one or more patients (for a participant or chairperson making a claim). The physician must be actively participating in the case conference, and their participation is to be documented in the record.

• MCC meets the minimum standards, including attendance and documentation requirements, established by Cancer Care Ontario. These may be accessed at www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=14318

Please note that the time spent per patient does not have to be 10 minutes. For example, if the physician participates in discussion about three patients and patient A is discussed for 5 minutes, patient B is discussed for 15 minutes and patient C for 10 minutes, the total time of discussion is 30 minutes and a claim may be submitted for each of the three patients. The time spent at the MCC should be recorded as 30 minutes. Likewise, if the physician participates in a discussion about four patients and the total time of discussion is 20 minutes the physician should only submit a claim for two patients.

Medical Record Requirements
In order to fully satisfy payment requirements, the medical record must include the following elements:

• identification of the patient and physician participants
• total time of discussion for all patients discussed
• start time and stop time of the discussion regarding the patient, and
• the outcome or decision of the case conference related to each of the patients discussed

One common medical record that includes all the necessary information would satisfy the medical record requirements for billing purposes.

Either the medical record or a separate sign-in sheet should be signed/initialed by all participating physicians (indicating where appropriate if an attendee(s) was not present for the complete MCC).

Payment Exclusions and Limitations

• MCC is not eligible for payment to physicians in the following specialties: Radiation Oncology (34), Diagnostic Radiology (33) and Laboratory Medicine (28)
• Physicians receiving oncology-specific alternate funding under a salary, stipend, APP or AFP model are not eligible to claim for the preparation and/or participation in a MCC
• No other insured service rendered during an MCC is eligible for payment
• Specific limitations with respect to MCC services are as follows:
  o K708 and K710 (Participants) are each limited to a maximum of 5 services per patient per day, any physician (indicating that no more than five physicians may claim for these services for an individual patient on the same day)
  o K709 (Chair) is only eligible for payment once per day per patient, to a maximum of 8 patients per day
  o K708, K709, and K710 are each limited to a maximum of 8 services, per physician, per day, meaning that a physician is allowed to bill a maximum of 8 MCC patient discussions per day
  o It is not possible for the same physician to bill for more than one code (K708, K709 and K710) on the same day for the same patient

For additional clarification, refer to the 'Minimum Total Time of Discussion' table on page A21, OHIP SOB, October 1, 2015
<table>
<thead>
<tr>
<th>Fee Code</th>
<th>Eligible Participant</th>
<th>Eligible Patient</th>
<th>Eligible Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>K121</td>
<td>• Physicians</td>
<td>Hospital inpatient in an acute care, chronic care or rehabilitation hospital</td>
<td>All</td>
</tr>
<tr>
<td>K121</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K121</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K124</td>
<td>• Physicians</td>
<td>Long-term care institution in-patient or CCAC patient</td>
<td>All</td>
</tr>
<tr>
<td>K124</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K124</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K124</td>
<td>• Employees of a CCAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K700</td>
<td>• Physicians</td>
<td>Palliative care outpatient</td>
<td>All</td>
</tr>
<tr>
<td>K700</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K700</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K701</td>
<td>• Physicians</td>
<td>Mental health adult outpatient (18 +)</td>
<td>Psychiatry (19)</td>
</tr>
<tr>
<td>K701</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K701</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K701</td>
<td>• Personnel employed by a mental health community agency funded by the Ministry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K702</td>
<td>• Physicians</td>
<td>Outpatient registered with a Bariatric RATC for the purpose of pre-operative evaluation and/or post-operative follow-up medical care</td>
<td>Physicians identified as working in a Bariatric RATC</td>
</tr>
<tr>
<td>K702</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K702</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K702</td>
<td>• Members of the Bariatric RATC team involved in patient’s care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K702</td>
<td>• Members of the Bariatric RATC team involved in patient’s care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K703</td>
<td>• Physicians</td>
<td>Geriatric outpatient at least 65 years of age or a patient less than 65 with dementia</td>
<td>Geriatrics (07) or a physicians with an exemption to access bonus impact in Care of the Elderly</td>
</tr>
<tr>
<td>K703</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K703</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K704</td>
<td>• Physicians</td>
<td>Paediatric outpatient less than 18 years of age</td>
<td>Paediatrics (26) and Psychiatry (19)</td>
</tr>
<tr>
<td>K704</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K704</td>
<td>• Educational professionals and/or personnel employed by an accredited centre of Children’s Mental Health Ontario</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K704</td>
<td>• Educational professionals and/or personnel employed by an accredited centre of Children’s Mental Health Ontario</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K705</td>
<td>• Physicians</td>
<td>LTC inpatient identified by staff with clinical instability based on a change in the Resident Assessment Instrument – Min. Data Set (RAI-MDS) for Nursing Homes</td>
<td>All</td>
</tr>
<tr>
<td>K705</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K705</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K705</td>
<td>• Employees of a CCAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K706</td>
<td>• Physicians</td>
<td>Patient enrolled in a Convalescent Care Program funded by the MOHLTC</td>
<td>All</td>
</tr>
<tr>
<td>K706</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K706</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K706</td>
<td>• Employees of the Convalescent Care Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K707</td>
<td>• Physicians</td>
<td>Chronic pain condition with duration of symptomatology of at least 6 months</td>
<td>All</td>
</tr>
<tr>
<td>K707</td>
<td>• Regulated social workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K707</td>
<td>• Regulated health professionals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Other physicians are eligible to bill K701, K703 and K704 as long as the physician of the appropriate specialty and most responsible for the care of the patient is participating in the case conference.*
Additional Resources

- Multidisciplinary Cancer Conference Tools, Cancer Care Ontario: https://www.cancercare.on.ca/toolbox/mcc_tools/

Summary Points

✓ The case conference must involve at least 2 other eligible participants as specified in the specific case conference service
✓ There must be a minimum of 10 minutes of patient related discussion
✓ Case conference must be pre-scheduled
✓ At least one of the physician participants is the physician most responsible for the care of the patient
✓ A case conference fee cannot be billed for educational purposes such as rounds, or continuing professional development, or any meeting where the conference is not for the purposes of discussing and directing the management of an individual patient
✓ One common medical record in the patient’s chart for the case conference signed or initialed by all physician participants would satisfy the medical record requirements.

This document was prepared by the OMA’s Economics, Research & Analytics department.
Questions can be forwarded to economics@oma.org.