

# OHIP E-Assessment Billing Information for Otn.teledermSF

*Note: Please always consult the Schedule of Benefits for Physician Services under the Health Insurance Act for the most current billing information.*

[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)

## E-Consultation (Physician to Physician):

This is a service where the referring Physician, in light of his/her professional knowledge of the patient, requests the opinion of another Physician. The "consultant Physician" is able to offer competent advice to provide an accurate opinion. Both the request and the opinion are sent electronically through the use of a secure server.

For a complete picture of the problem, "relevant data" includes family/patient history, history of the presenting complaint, laboratory and diagnostic tests/images.

- The referring Physician initiates the e-consultation with the intention of continuing the care, treatment and management of the patient.
- If and only if, the consultant Physician has provided an opinion and/or recommendation for patient treatment/management within thirty (30) days from the date of the e-consultation request, then this service is eligible for payment.
- This service is eligible for payment in addition to visits or other services provided to the same patient on the same day by the same referring Physician.
- The service is not payable for transferring the patient to another Physician, arranging a consultation, assessment or K-prefix time-based service, or if a K-prefix time-based service is performed within 30 days of the E assessment Service.

## Billing Code:

K738 Physician to Physician e-consultation (Referring Physician) \$16.00

## Payment Rules:

- 1) K738 is limited to a maximum of one (1) service per patient per day.
- 2) K738 is limited to a maximum of six (6) services per patient with any Physician per year.
- 3) K738 is limited to a maximum of four hundred (400) services per Physician per year.

- 4) This service is not eligible for payment to the referring or consultant Physician in the following circumstances:
- a) When the purpose of electronic communication is to arrange for transfer of the patient's care to any Physician;
  - b) When rendered in whole or part to arrange for a consultation, assessment, visit, or K-prefix time-based services, procedure(s), or diagnostic investigation(s);
  - c) When rendered primarily to discuss results of diagnostic investigation(s); or
  - d) When a consultant Physician renders a consultation, assessment, visit, or K-prefix time-based service, on the same day or next day following the Physician to Physician e-consultation or the same patient.

*Disclaimer: Every effort has been made to ensure that the contents of this Guide are accurate. OTNhub members should, however, be aware that the laws, regulations and other agreements may change over time. The Ontario Telemedicine Network 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.*