

FACT SHEET

Title: GP Psychotherapy Fact Sheet

Date: October 2007

Background

Appendix E, Section 8.1 of the 2004 Physician Services Agreement states that effective April 1, 2005, GP Psychotherapists' billings will no longer impact the Access Bonus of physicians eligible for it under their primary care payment model. In order to accomplish this, the Ministry of Health and Long-Term Care (ministry) has designated physicians who provide primarily psychotherapy services as GP Psychotherapists for billing and payment purposes. Additionally, a new fee code (K099A) was implemented effective October 1, 2005, to pay designated GP Psychotherapists a premium on relevant Practice in General K-prefix fee codes. The same eligibility criteria have been established to identify a physician as a GP Psychotherapist for the purposes of these two initiatives.

Why was fee code K099A introduced?

Per the 2004 Physician Services Agreement, the premium fee code K099A was implemented to pay a premium for a specified list of Practice in General psychotherapy codes effective October 1, 2005. The K099A premium currently pays 15% of the corresponding K-prefix fee value.

How does the ministry determine my eligibility to submit the K099A code?

The ministry and the OMA agreed that in order to be identified as a GP Psychotherapist effective November 1, 2007, the following criteria must be met:

- A physician is considered a GP Psychotherapist if their professional fee-for-service payments over a 12-month period reflect 50% or more of the following fee codes: K004A, K006A, K007A, K010A, K011A, K012A, K019A, K020A, K024A and K025A.
- The 12-month period reflects payments for services rendered from April 1, 2006 through March 31, 2007.
- Technical diagnostic services, primary care Q-prefix codes, K099A and lab code claims billed with commercial labs clinic code have been excluded from calculation of total professional billings.

What happens if my K-prefix billings do not meet the 50% target?

The ministry and the OMA have agreed that physicians previously designated as GP Psychotherapists whose billings remain above 40% will be given a one year grace period to increase their billing ratio. If at the end of a 24-month period (April 1, 2006 to March 31, 2008), their billings consistently fall below 50%, they will no longer be identified as a GP Psychotherapist.

Physicians whose K-prefix billings have fallen below 40% for 2006/07 fiscal year will no longer be identified as a GP Psychotherapist, and are ineligible for payment of K099A for services provided after October 31, 2007. All K-prefix services processed prior to receipt of the letter will be eligible for K099A premium payment if it has already been billed to OHIP.

Physicians newly identified as GP Psychotherapists under this program will be eligible to bill K099A for all services provided on or after November 1, 2007. Claims for K-prefix services already submitted to OHIP must be resubmitted with K099A on the claim for the premium to be eligible for payment.

What period of claim payments has been used to determine a physician's eligibility to submit the K099A code for the period from November 1, 2007 to October 31, 2008?

Service dates between April 1, 2006 to March 31, 2007.

How often will the ministry review my eligibility to submit the K099A code?

Physician eligibility is reviewed annually in the fall and communicated to physicians in writing. A physician is not eligible to bill the K099A code until they receive communication from the ministry.

How will I know which service dates are applicable for K099A payment?

Newly identified physicians for this data refresh may bill K099A for eligible services provided on or after November 1, 2007.

I have been eligible to submit the K099A code for some time but have not billed any claims. What should I do?

Physicians that were eligible last year and have not been billing the K099A code may submit claims for service dates up to six months prior to November 1, 2007, according to the ministry's stale dated claims policy.

Will I be eligible to receive a retroactive payment because I didn't realize I was eligible to bill the K099A code?

No - retroactive payments are not applicable.

How do I bill the premium fee code K099A?

For K-prefix codes with a service date after October 31, 2007, that are eligible to receive the K099A premium and have been assessed and paid by OHIP, please submit the K099A service with the date that the original service was provided, health number of the patient receiving the service and the estimated fee billed. K099A claims must be submitted with a fee billed greater than \$0 to trigger the medical rule to look for the original service and calculate the premium payment based on approved payment of the psychotherapy service(s).

Do the processing fees apply to paper claims submissions?

Processing fees apply unless you have been advised otherwise by your Regional Office - reference Section 38.3 (5) Regulation 552 of the *Health Insurance Act*.

What is the purpose of the Access Bonus?

The Access Bonus is an incentive payment provided to physicians in some primary care models for maximizing the primary care services provided personally to their patients, and those of other physicians in their group, rather than by physicians outside their group. By separate communication, physicians who are identified as GP Psychotherapists may voluntarily complete a "Consent for Release of Information Regarding GP Psychotherapist Status" so that their name and designation can be shared with interested primary care physicians by the ministry and the OMA. The goal of this information sharing is to enable physicians participating in primary care models with an Access Bonus element to refer patients to other general practitioners for psychotherapy without incurring a reduction in their Access Bonus payments.

Where do I send my completed "Consent for Release of Information Regarding GP Psychotherapist Status"?

Please send the completed form to Primary Health Care, 80 Queen Street, 3rd Floor, Kingston, ON K7K 6W7. This information will be captured, shared with OMA and updated on their website.

How can I find out which physicians have given consent to share their names?

Those physicians that have submitted consent forms will be identified on the OMA website at <http://www.oma.org/> and select Legal Services – Primary Care models. Information will be updated quarterly.

Where do I direct my questions regarding GP Psychotherapy identification and associated programs?

- Questions regarding billing of K099A (including stale dated claims) should be directed to your local ministry Regional Office.
- For questions related to your Access Bonus or consent forms, please contact the Primary Health Care Team at 1-866-766-0266
- If you wish to request a review of your current GP Psychotherapy designation, please contact:
Mr. David Mackey, Director
Physician Services Committee Secretariat
4th Floor, 525 University Avenue
Toronto, ON M5G 2K7