Internal Medicine OHIP Billing Codes ‘Cheat Sheet’

Knowing which codes are available in your speciality is essential in order to maximize your earning potential. Use this cheat sheet as a quick reference guide to the available codes in Internal Medicine.

Consultations & Assessments

**Consultation** are allowed 1 per 12-month period.

Requirements: written request from a referring physician or nurse practitioner.

***2nd Consultation is payable in a 12-month period if the diagnosis is completely different than the first.

**Repeat Consultations** are allowed 1 per 12-month period following a consultation in respect to the same diagnosis.

Requirements: written request from a referring physician or nurse practitioner.

**Limited Consultations** are allowed 1 per 12-month period.

Requirements: written request from a referring physician or nurse practitioner.

**General Assessments** are allowed 1 per 12-month period.

Requirements: less time spent with the patient than a consultation.

**General Re-assessments** are allowed 2 per 12-month period.

**Partial Assessments** are unlimited.

Out Patient
Use service location code **HOP** – facility number of hospital AM

- **A135** Consultation
- **A765** Consultation patient 16 years and under
- **A130** Comprehensive Consultation – minimum time spent 75 mins. Stop and start times recorded in patient record.
- **A435** Limited Consultation
- **A136** Repeat Consultation
- **A133** Medical Specific Assessment
- **A134** Medical Specific Re-Assessment
- **A120** Colonoscopy Assessment – same day as colonoscopy.
- **K045** Diabetes Management by a Specialist

- Maximum of 1 service per patient per 12 month period, eligible for payment if the physician has rendered a minimum of 4 of the following – consultations, assessments, **K013**, **K033**, **K029**, **K002**, **K003** in the 12 month period.

- **K046** Diabetes Team Management

  - Maximum of 1 service per patient per 12 month period, eligible for payment if the physician has rendered a minimum of 4 of the following – consultations, assessments, **K013**, **K033**, **K029**, **K002**, **K003** in the 12 month period.

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**Visit to Emergence Department for Consultation or Assessment**

***Use the A prefix and add a premium for time and travel if you were outside the hospital when called.***

**Emergency Department: Special Visit Premium**

<table>
<thead>
<tr>
<th></th>
<th>Weekdays (07:00 - 17:00)</th>
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</thead>
<tbody>
<tr>
<td>First Seen Person</td>
<td>K990: $20.00</td>
<td>K992: $40.00</td>
<td>K994: $60.00</td>
<td>K998: $75.00</td>
<td>K996: $100.00</td>
</tr>
<tr>
<td>Additional Person(s) Seen</td>
<td>K991: $20.00</td>
<td>K993: $40.00</td>
<td>K995: $60.00</td>
<td>K999: $75.00</td>
<td>K997: $100.00</td>
</tr>
<tr>
<td>Max. Travel Premiums</td>
<td>2</td>
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<td>2</td>
<td>2</td>
<td>6</td>
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<tr>
<td>Persons Seen (1st person and additional persons)</td>
<td>10</td>
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**In Patient**

Use service location code **HIP**- admission date - facility number of hospital AT

- **C135** Consultation
- **C765** Consultation, patient 16 years of age and under
- **C130** Comprehensive Internal Medicine Consultation – minimum time spent 75 mins. Stop and start times recorded in patient record.
- **C435** Limited Consultation
- **C136** Repeat Consultation
- **C133** Medical Specific Assessment
- **C134** Medical Specific Re-Assessment
- **C131** Complex Medical Specific Re-Assessment
- **E082** MRP Premium – Add to Admission consultation or admission assessment.
## In Patient: Special Visit Premium

**When using a premium for time and travel for In Patients make sure the consult/assessment is the prefix A:**

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<td><strong>Travel Premium</strong></td>
<td>C960: $36.40</td>
<td>C961: $36.40</td>
<td>C962: $36.40</td>
<td>C963: $36.40</td>
<td>C964: $36.40</td>
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### Subsequent Visits

- **C132** First 5 weeks per visit.
- **C137** 6th to 13th week, 3 per week.
- **C139** After week 13, 6 per month.
MRP Premium – Add to subsequent visits when you are MRP.

**Subsequent Visits by MRP**

- **C122** Day 1 following MRP admission – add E083.
- **C123** Day 2 following MRP admission – add E083.
- **C124** Day of discharge – add E083 if the patient in hospital for at least 48 hours.

**Subsequent Visits by MRP following transfer from Intensive Care Unit**

- **C142** Day 1 after transfer – add E083.
- **C143** Day 2 after transfer – add E083.

***Note: the patient must be admitted to ICU by a different specialty.***

- **C121** Additional visits due to intercurrent illness.
- **C138** Concurrent Care.
- **C982** Palliative Care.

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**Long Term Care In Patients**

Use service location code HIP – must have admission date- facility number of Long Term Facility

- **W235** Consultation
- **W765** Consultation patient 16 years of age and under.
- **W130** Comprehensive Consultation – minimum time spent 75 mins.
  Stop and start times recorded in patient record.
- **W435** Limited Consultation
- **W236** Repeat Consultation

**Admission Assessment**

- **W232** Type 1
- **W234** Type 2
- **W237** Type 3
- **W239** Periodic health visit.
- **W134** General Re-Assessment.
**Long Term Care Facility: Special Visit Premium**

**When using a premium for time and travel for Long Term Patients make sure the consult/assessment is the prefix A.**

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**Subsequent Visits**
Common Billing Mistake: Getting rejections on Counselling Codes

We often see rejections of counselling codes due to the following reasons:

1. Billing special visit premiums on counselling codes.

2. Billing counselling (such as K013) on the same bill as an assessment with the same diagnosis code.

Counselling appointments are technically pre-booked and therefore no special visit premiums apply.

However, counselling codes CAN be billed on the same day as an assessment BUT:

- They need to be on separate claims.
- They need to have different and unrelated diagnostic codes.

***With the exception of the codes listed below, no other services are eligible for payment when rendered by the same physician on the same day as any type of counselling service.

Exceptions:
Final Takeaway:

Remember you have the option of "starring" your most commonly used billing codes.

Contact us if you have any questions regarding Internal Medicine Billing codes