

Diabetes billing codes

During COVID-19¹⁻³

Ministry of Health (MOH) is allowing the **K081 temporary intermediate assessment code to qualify providers to bill the Q040 diabetes management incentive code** in 2021 (provided that you have used the Diabetic Diagnostic Code -250 with it, and documented care with a diabetic flow sheet*), for those patients with diabetes who you are actively managing.

- What does this mean to you?
 - If you have seen a diabetic patient and completed a diabetic flow sheet* a minimum of three times between April 1, 2020 – March 31, 2021 you can submit a Q040 code following the third visit.
 - If you saw your diabetic patient in-person then you would have billed the K030 but after March 17, 2020 you may have only seen them by telephone or video and as a result, you would have had to bill the K081 code.
 - So, your billing history for that patient during that 12-month period could look like any of the following combinations, which would all qualify you to bill the Q040:
 - K030, K081, K081 OR
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 - K030, K030, K081
 - There are no specific limits to the number of K081 codes you can bill per patient, however when combining this code with the diabetes diagnostic code (250), follow the maximums set for the regular diabetes billing codes (K030 and Q040). K030 is limited to a maximum of 4 per patient per 12-month period, and Q040 is limited to a maximum of 1 per patient per 12-month period.

Ministry of Health (MOH) is allowing the **K081 temporary intermediate assessment code to be billed by providers when insulin therapy support is provided to a diabetic patient by telephone or video (in place of K029).**

- What does this mean to you?
 - If you saw your diabetic patient for insulin therapy support in-person then you would have billed the K029 but after March 17, 2020 you may have only seen them virtually and as a result, you would have had to bill the K081 code (in combination with the Diabetic Diagnostic Code -250).
 - There are no specific limits to the number of K081 codes you can bill per patient, however when combining this code with the diabetes diagnostic code (250), follow the maximum set for the regular insulin therapy billing code (K029). K029 is limited to a maximum of 6 per patient per 12-month period.

Other notes:

- The K081 code is included in-basket for capitated and salaried primary care enrolment models. K029, K030 and Q040 are out of basket.
- When you are billing for virtual visits via OTN then use the K030 and K029 codes.
- The new K codes can be used for follow-ups. Use the code with the closest workflow and dollar value.

*A completed flow sheet or documentation tool demonstrating that all required elements of comprehensive diabetes care, as per the most current Diabetes Canada guidelines, has been provided to the patient for the previous 12-month period.

Details on all diabetes related billing codes³

Fee code	Descriptor	Value
K081	Temporary intermediate assessment code <ul style="list-style-type: none"> • Providing: <ul style="list-style-type: none"> ○ Intermediate assessment of an insured patient by telephone or video, or advice or information by telephone or video to a patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis, or ○ Psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone or video • Service must last a minimum of 10 minutes • Maximum: there are no specific limits to the number of K081 codes you can bill per patient, however when combining this code with the diabetes diagnostic code (250), follow the maximums set for the regular diabetes billing codes (K029, K030 and Q040) 	\$36.85
K029	Insulin therapy support <ul style="list-style-type: none"> • Providing: <ul style="list-style-type: none"> ○ Assessment, support and counselling on intensive insulin therapy requiring at least 3 injections per day or using an infusion pump, or ○ Training on insulin for patients who use glucose meters, insulin pumps or insulin pens • Calculated and payable per 30-minute increments or major part thereof (20-minute minimum required for first payment) • Maximum: 6 per patient, per 12-month period 	\$67.75/ 30 mins or major part thereof
K030	Diabetic management assessment <ul style="list-style-type: none"> • Intermediate or partial assessment focusing on: <ul style="list-style-type: none"> ○ Diabetic target organ systems ○ Relevant counselling, and ○ Maintenance of a diabetic flow sheet (in patient's medical record) that documents/tracks lipids, cholesterol, A1C, urinalysis, blood pressure, fundal examination, peripheral vascular examination, weight, BMI and medication dosage • Maximum: 4 per patient, per 12-month period 	\$40.55
Q040	Diabetes management incentive <ul style="list-style-type: none"> • Ongoing management using a planned care approach, consistent with Diabetes Canada's clinical practice guideline • Requires documentation/a diabetic flow sheet (in patient's medical record) that indicates the following elements have been provided for the previous 12 months: <ul style="list-style-type: none"> ○ Lipids, cholesterol, A1C, blood pressure, weight, BMI, albumin to creatinine ratio and medication dosage 	\$60.00

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- Discussion and offer of preventive measures including vascular protection, influenza and pneumococcal vaccination
 - Health promotion counselling and patient self-management support, and
 - Discussion and offer of referral for dilated eye examination, foot examination and neurologic examination
- Maximum: 1 per patient, per 12-month period
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References

1. Government of Ontario, Ministry of Health. Ontario Health Insurance Plan INFOBulletin: COVID-19 virtual care k-codes and management fee equivalents [Internet]. [cited 2021 Apr 6]. Available from: <http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/redux/bul201101.aspx>
2. Government of Ontario, Ministry of Health. Ontario Health Insurance Plan INFOBulletin: Keeping health care providers informed of payment, policy or program changes [Internet]. [cited 2021 Apr 6]. Available from: <http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4764.aspx>
3. Government of Ontario, Ministry of Health. Ontario Health Insurance Plan: OHIP schedule of benefits and fees [Internet]. [cited 2021 Apr 6]. Available from: <https://www.health.gov.on.ca/en/pro/programs/ohip/sob/>