

Diabetes billing codes^{1,2}

Fee code	Descriptor	Value
K900A	<p>Biosimilar support</p> <ul style="list-style-type: none"> • Support required to transition ODB program recipients from an originator biologic to a biosimilar version under the Biosimilar Policy, including but not limited to: <ul style="list-style-type: none"> ○ Identifying and contacting patients impacted by the policy ○ Researching or reviewing information relating to the biosimilar products described within the policy ○ If no concurrent insured service is provided, provision of prescription to impacted patients for the biosimilar products (as appropriate) and answering the patient's questions about the prescribed product ○ Answering the patient's questions about the biosimilar policy and the transition from originator biologics to biosimilar versions, and ○ If required, submitting a request to EAP on behalf of the ODB program recipient to receive ODB coverage for an originator biologic as an exception <ul style="list-style-type: none"> ▪ EAP requests to resume the ODB coverage for originator biologics that are subject to the policy will only be considered for patients who have trialed at least 2 available biosimilar versions and have experienced an adverse drug reaction to the biosimilar. Where an originator biologic only has one biosimilar, a patient would only be required to trial one biosimilar before an EAP request would be considered • Maximum: 1 per biologic transition and 6 per patient, per 12-month period • Claims must be submitted within 3 months of the date of service • This code is eligible for payment on the same date as other services, but it must be submitted on a separate claim to ensure payment³ • As of November 1, 2023, this code may also be billed with a video (K300A) or telephone (K301A) modality indicator when the services was provided using the respective modality (retroactive to March 31, 2023).⁴ <ul style="list-style-type: none"> ○ This code submitted with a telephone modality will be paid in full and not subject to the telephone reduction for virtual services. 	\$61.20
K029	<p>Insulin therapy support</p> <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 (when rendered personally by the physician claiming K029) • 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 	\$70.10/ 30 mins or major part thereof
K030	<p>Diabetic management assessment</p> <ul style="list-style-type: none"> • Intermediate assessment, level 2 pediatric assessment, 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	<p>Diabetes management incentive</p> <ul style="list-style-type: none"> • Ongoing management using a planned care approach, consistent with Diabetes Canada's clinical practice guideline 	\$60.00

- Requires documentation/a diabetic flow sheet (in patient’s medical record) that indicates the following elements have been provided for the previous 12 months:
 - Lipids, cholesterol, A1C, blood pressure, weight, BMI, albumin to creatinine ratio and medication dosage
 - Discussion and offer of preventive measures including vascular protection, influenza and pneumococcal vaccination
 - Health promotion counselling and patient self-management support
 - Discussion and offer of referral for dilated eye examination
 - Foot examination and neurologic examination
- Maximum: 1 per patient, per 12-month period

References

1. Government of Ontario, Ministry of Health. Bulletin 230302 – Biosimilar support fee code K900A [Internet]. [cited 2023 May 1]. Available from: <https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-230302-biosimilar-support-fee-code-k900a>
2. Government of Ontario, Ministry of Health. Ontario Health Insurance Plan: OHIP schedule of benefits and fees [Internet]. [cited 2023 May 1]. Available from: <https://www.health.gov.on.ca/en/pro/programs/ohip/sob/>
3. Government of Ontario, Ministry of Health. Bulletin 230504 – K900A biosimilar support fee billing requirements [Internet]. [cited 2023 June 14]. Available from: <https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-230504-k900a-biosimilar-support-fee-billing-requirements>
4. Government of Ontario, Ministry of Health. Bulletin 231101 – Virtual care updates [Internet]. [cited 2023 November 22]. Available from: <https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-231101-virtual-care-updates>