Billing for Time-Based Services

(excluding surgical assisting and anesthesia)

INTRODUCTION

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC's primary goal is to educate physicians about submitting OHIP claims that accurately reflect the services provided and that are in compliance with the law.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters. They are provided for education and information purposes only, and express the Ministry's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the July 1, 2011, Schedule of Benefits – Physician Services (Schedule). While the OMA and Ministry make every effort to ensure that this Bulletin is accurate, the Health Insurance Act (HIA) and Regulations are the only authority in this regard and should be referred to by physicians. Changes in the statutes, regulations, or case law may affect the accuracy or currency of the information provided in this Bulletin. In the event of a discrepancy between this Bulletin and the HIA or its Regulations and/or Schedule under the regulations, the text of the HIA, Regulations and/or Schedule prevail.

EPC Bulletins are available on the OMA website (http://www.oma.org/Resources/Pages/EPCbulletins.aspx). The Schedule is available on the Ministry website (http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html).

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with information on billing for services that are time-based or payable in time-based units. This Bulletin does not address time units for surgical assisting or anesthesia services.

Principles of billing for time-based services

Time-based services share the following common components/principles:

- The service is payable when the minimum amount of time (stated in the chart on p. 23) is spent in direct contact with the patient/patient relative or representative, or regarding the patient in a case conference (when the patient's presence is not required);
- The service must be rendered personally and cannot be delegated to a non-physician (with an exception for psychotherapy noted on the following page);
- The start and stop time of the direct patient encounter must be recorded on the patient's medical record or chart; and
- All other record-keeping requirements supporting the service are recorded on the patient's medical record or chart.

Minimum time required with the patient or patient relative/representative

The Schedule states the minimum required time for each service. In general, most unit-based services are payable in 30-minute time units (or major part thereof); however, some

case conferences are eligible for payment in blocks of 10 minutes, and other time-based services that are not payable in units have minimum time requirements stated in the Schedule (e.g., special surgical consultation, neurodevelopmental consultation).

For psychotherapy, hypnotherapy, psychiatry, primary mental health care, counseling and interviews, the following chart (on pages GP44 and GP48 of the Schedule) shows the number of units eligible for payment based on the time recorded in the patient's medical record:

Number of Units	Minimum time in direct contact with the patient(s) or patient's relative/representative
1	20 minutes
2	46 minutes
3	76 minutes *(1 hour 16 minutes)*
4	106 minutes *(1 hour 46 minutes)*
5	136 minutes *(2 hours 16 minutes)*
6	166 minutes *(2 hours 46 minutes)*
7	196 minutes *(3 hours 16 minutes)*
8	226 minutes *(3 hours 46 minutes)*

As stated on page GP44, time must be spent in direct contact with the patient, or in the case of an interview, with the patient's relative/representative. Where less than 20 minutes is spent in direct contact with the patient or relative/representative, the service is not eligible for payment as a time-based service; however, the service may be billed as the appropriate assessment rendered (see page GP6 and definitions of assessments on pages GP18-20 and GP23). Note that the second (or subsequent) unit of time does not begin until the previous time unit of 30 minutes is complete. In other words, for two units to be eligible for payment, the first unit of 30 minutes must be completed and the major part of the next unit (16 minutes) must be spent in direct contact; 40 minutes does not constitute two units.

For most case conferences, the following chart (on page A23 of the Schedule) illustrates the number of units eligible for payment based on the time recorded in the patient's medical record or chart:

Number of Units	Minimum time in discussion about the patient (non LTC/CCAC)
1	10 minutes
2	16 minutes
3	26 minutes
4	36 minutes
5	46 minutes
6	56 minutes
7	66 minutes *(1 hour 6 minutes)*
8	76 minutes *(1 hour 16 minutes)*

Where less than 10 minutes is spent in discussion of the patient in a case conference, the service is not eligible for payment. See EPC Bulletin Vol. 9, No. 3 (available online at: https://www.oma.org/Resources/Pages/EPCbulletins.aspx) for more information on case conferences. Case conferences for patients in Long-Term Care (LTC) or Community Care Access Centres (CCACs) are eligible for payment in 30-minute time units; for these services, refer to the first chart illustrated for psychotherapy, hypnotherapy, etc.

Must the time spent be consecutive?

Time spent must be consecutive with the exception of inpatient individual psychotherapy by a psychiatrist (K190) and inpatient individual psychiatric care (K199) provided by a psychiatrist. These may be either consecutive or non-consecutive time spent directly with the patient. If non-consecutive, the total time spent (over the course of the day) with the patient is accumulated, and the appropriate number of units claimed according to the chart above.

Recording the start and stop time(s)

To be eligible for payment of time-based services, the physician must record (on the patient's permanent medical record or chart) the start and stop time of the service. For

non-consecutive times, all start and stop times for the day must be recorded. If start and stop times are not recorded on the patient's record/chart, the service remains insured, but is not eligible for payment.

Does the appointment need to be pre-booked?
For counselling services (e.g., K013, K014, K015, K033, K040, K041) and interviews (e.g., K002, K003, K008) an appointment must be pre-booked with the patient or the amount payable will be adjusted to a lesser fee.

Can these services be delegated to a non-physician?
No, these time-based services must be personally and directly rendered by the physician; however, for psychotherapy, a resident may render the service, provided the payment rules under Team Care in Teaching Units are met (page GP62 of the Schedule). In this case, the responsible staff physician must record the start and stop times of his or her participation in order to meet the time-keeping requirement for payment.

The number of units eligible for payment cannot be greater than the time units spent by the resident with the patient, and cannot be greater than the time the responsible staff physician spent supervising the resident either in discussion with the resident or directly supervising the interview between the resident and the patient.

Do I need to see the patient or the patient's relative/representative in person?
For psychotherapy, hypnotherapy, psychiatry, primary mental health care, counseling, interviews, or any time-based consultation, you must be in personal contact with the patient or the patient's relative/representative for the periods marked on the chart. The only exception is for psychotherapy as noted above (for a responsible staff physician in a team care teaching unit supervising a resident). Case conferences, however, may be conducted by video-conference or teleconference.

What are the record-keeping requirements?
As stated on page GP6, the patient's medical record/chart must contain the start and stop time(s) or the service is not eligible for payment. The record must also document the encounter in order to support the claim submitted.

How do I know how many units I should include on my claim?
For services payable in time-units, calculate the time spent from the medical record and use the appropriate table in the Schedule to determine the number of units eligible for payment on the claim.

Examples

Example 1

Dr. P sees Patient A for individual psychotherapy once a month. Patient A's appointment is booked from 8:00 a.m. to 9:00 a.m., but the patient leaves abruptly at 8:40 a.m. Dr. P records the psychotherapy session in Patient A's medical record and indicates the start and stop time of the direct contact with the patient.

Dr. P is eligible for payment of one unit of individual psychotherapy (K007) in accordance with the chart.

Example 2

A psychiatry resident sees a patient for one hour for individual psychotherapy. Following the session, the resident discusses the case with the responsible attending physician, and they go over the session and discuss issues of transference and counter-transference, as well as options for the next appointment. The responsible attending staff physician spends 35 minutes with the resident, and this time is recorded on the patient's clinical record. What can the responsible staff physician bill?

The staff physician can bill for one unit of psychotherapy since, for payment purposes, the time units payable is the amount of time the responsible staff physician spends discussing the case with the resident, not the time the resident spent with the patient.

Example 3

A physician is stopped in the hall outside the intensive care unit of the hospital by a patient's guardian to ask how things are going. The physician takes 10 minutes to discuss some recent test results and discusses the treatment options with the guardian as the patient is unconscious. Is the physician eligible to claim K002 for an interview?

In this scenario, the requirements for billing K002 have not been met. The appointment has not been pre-booked and does not last a minimum of 20 minutes, which would be required to bill this fee code.

Example 4

A 21-year-old female patient is seen by an otolaryngologist for an acoustic neuroma. The surgeon spends considerable time discussing the various options, and that considering the size of the tumour, surgery is indicated. Complications are discussed since the patient also has facial nerve involvement as a result of the tumor, and facial nerve reconstruction to compensate for the paralysis is required in addition to removal of the tumour. The surgeon spends 50 minutes discussing the above. What can the surgeon bill?

The surgeon can bill A935, provided all the appropriate elements of a regular consultation are met, and the 50 minutes spent is exclusively with the patient and is not time devoted to any other service or procedure. For payment purposes, as this is a time-based service, the start and stop times of the service must be recorded on the patient's permanent medical record or the service is not eligible for payment.

Example 5

Dr. F attends to a patient, Mrs. R, for her blood pressure, arthritis and medication renewal. At the end of this 10-minute visit, Mrs. R loses her composure and begins to cry. Moments later, Dr. F becomes aware of significant family problems. Given 20 minutes of additional time was spent with Mrs. R on supportive psychotherapy and advice on stress management, what can Dr. F bill?

Dr. F is eligible for payment of A007 for the assessment (provided the requirements for A007 are satisfied), and one unit of K005 for the additional 20 minutes spent with Mrs. R, as long as two distinct diagnoses are rendered during this visit, and the start and stop times of the primary mental health-care session are recorded on Mrs. R's medical record.

Note that the 10 minutes spent assessing the patient at the beginning of the visit cannot be used as part of the time-based service. The start and stop time of the mental health-care session must be recorded separately, and this time is used to determine the number of units eligible for payment.

Your feedback is welcomed and appreciated!

The Education and Prevention Committee welcomes your feedback on the Bulletins in order to help ensure that these are effective educational tools. If you have comments or questions on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing to:

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The PSC Secretariat will anonymously forward all questions, comments or suggestions to the Co-Chairs of the EPC for review and consideration.

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

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