Substance Abuse Assessments

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 April 1, 2012, 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, particularly those treating patients for substance abuse, with information on assessments specific to addiction medicine.

Assessments specific to addiction medicine

The Schedule lists two time-based assessments specifically for treating patients with addictions to substance abuse.

These services, introduced into the Schedule on October 1, 2010, are:

- A680 and C680 – Initial Assessment – Substance Abuse. and
- K680 – Substance Abuse – Extended Assessment.

A680 and C680 – Initial Assessment – Substance Abuse

To recognize the in-depth and comprehensive level of assessment required for a patient who is beginning substance abuse treatments, this service has been introduced into the Schedule and is eligible for payment to physicians attending new patients for substance abuse treatment.

This service is an assessment requiring a physician to spend a minimum of 50 minutes assessing a patient related to substance abuse. The 50 minutes must be spent in personal contact with the patient (and/or the patient's representative), and this time must be exclusive of time spent rendering any other service to the patient. For example, the 50 minutes cannot include time spent rendering urine tests or other in-office laboratory tests. Furthermore, this service

is only eligible for payment to the physician who intends to continue treating the patient's substance abuse.

In addition to the time requirement, there are many elements of the service which must be included and documented in the patient's medical record, as listed on page A48-A49, including:

- A complete history of illicit drug use, abuse and dependence, ensuring that an assessment/diagnosis, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis, is recorded for each problematic drug;
- A complete addiction medicine history;
- Past medical history;
- Family history;
- Psychosocial history, including education;
- Review of systems;
- A focused physical examination, when indicated;
- Review of treatment options;
- Formulation of a treatment plan;
- Communication with the patient and/or family to obtain information for the assessment as well as for support staff working in the treatment environment; and
- Communication with previous care providers, including family doctors, as necessary.

The patient's permanent medical record must contain:

- The start and stop times of the service;
- A DSM diagnosis for each problematic substance; and
- Any relevant information obtained while fulfilling each of the above elements.

In the absence of all of the above information in the patient's record, the service will be adjusted to a lesser assessment fee.

Limits/Maximums (for either A680 or C680):

For the physician	A limit of one service per patient	Exception: the professional relationship ceases and the physician does not render any services insured under the HIA to the patient in over a year.
For the patient	A maximum of two services per 12-month period	For example: the physician or patient moves and another physician attends to the patient's substance abuse treatment.

When is this service not eligible for payment?

This service is not eligible for payment when:

- It is not pre-booked at least one day in advance;
- It is rendered for the assessment of substance abuse related to smoking cessation (see fee codes A957 or E079 and K039 for smoking cessation);
- The medical record requirements are not met;
- The maximums have been exceeded; or
- It is not rendered personally by the physician submitting the claim to OHIP.

Note: when the initial assessment for substance abuse is rendered to a non-emergency hospital inpatient, the correct fee code is C680. C680 is only eligible to a physician who will be continuing to treat the patient for substance abuse.

K680 – Substance Abuse – Extended Assessment

The extended assessment for substance abuse, defined on page A49, is also a time-based code for providing care to patients who are receiving therapy for substance abuse (not management of smoking cessation). The service includes the specific elements of assessments that are listed on page GP16 (e.g., a direct physician encounter [by the physician submitting the claim] with the patient, including taking a patient history and performing the required physical examination, etc.).

This service is payable in units of time. A unit is 30 minutes — see the chart on page GP46 to determine the number of units eligible for payment based on the amount of time spent in direct contact with the patient. The start and stop time of the service must be recorded on the patient's permanent medical record or payment will be adjusted to reflect the service documented.

No other consultation, assessment, or time-based service rendered by the physician to the same patient on the same day as K680 is eligible for payment to the physician.

Examples

Example 1

Mr. A has been a patient of Dr. B, a family/general practitioner, since November 2010, and has been seen by Dr. B once in that period for a minor health issue (sore throat). At the visit, Mr. A indicates that he has a substance abuse addiction for which he is seeking assistance. He books an appointment for the following week. At this visit, Dr. B renders a physical assessment, as well as documents the full history of drug use/abuse, past medical and family history.

He also documents the DSM diagnosis for the drug(s) of abuse. He further discusses treatment options and formulates the plan of treatment, which he discusses with Mr. A. This appointment lasts for one hour, and Dr. B records the start and stop time in Mr. A's record.

Is Dr. B eligible for payment of A680 (Initial Assessment — Substance Abuse)?
Yes, Dr. B has met all of the payment requirements for A680 (including that he has not previously rendered an initial assessment for substance abuse to Mr. A).

Example 2
Continuing with Example 1, Mr. A attends about twice a week in the first few weeks, and sees Dr. B personally once every two weeks for approximately 20 to 30 minutes. During this time, Dr. B renders the appropriate assessment, discusses the treatment with Mr. A, and documents the encounter, including the start and stop time, in Mr. A's medical record.

What payment is Dr. B eligible for in this encounter?
Dr. B is eligible for payment of one unit of K680 (Substance Abuse — Extended Assessment) as he is treating a patient who is receiving therapy for substance abuse, and has met the payment requirements for the service.

Please reference EPC Interpretive Bulletin Volume 10, Number 5, which provides information on other services relating to addiction medicine that were introduced into the Schedule in September 2011.

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 (referencing this Bulletin) to:

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The PSC Secretariat will anonymously forward all EPC Interpretive Bulletin comments, questions 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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