



# Education and Prevention Committee

## ***Interpretive Bulletin***

*Volume 3, No. 1*

*Explaining: Individual Counseling (K013/K033)*

### **INTRODUCTION**

#### **What is the Education and Prevention Committee (EPC)?**

The Ministry of Health and Long-Term Care (MOHLTC) 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 service provided so that the need for recovery of inappropriately submitted claims is reduced.

#### **What is an Interpretive Bulletin?**

In order to achieve this goal, the EPC is developing a number of educational initiatives that are intended to help physicians submit accurate OHIP claims. One of these initiatives is the provision of regular "Interpretive Bulletins." Interpretive Bulletins will be jointly prepared by the Ministry and the OMA. The purpose of these Bulletins will be to provide general advice and guidance to physicians on specific billing matters.

Interpretive Bulletins 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 2003 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.

## **Explaining: Individual Counseling (K013/K033)**

### **Purpose**

The purpose of this Interpretive Bulletin is to provide physicians with specific information on Individual Counseling (K013). This fee code has specific requirements and limits which have resulted in billing errors.

## Common Problems

- Time units billed incorrectly;
- Billing K013, K033 for a patient encounter, simply because the visit extends beyond 20 minutes;
- Billing counseling when not performed personally by the physician.

## General Principles

Individual counseling has a fee code designation of K013 as is found in section GP B. 7. 5v. The specific definition is the following:

- Individual Counseling — is defined as a patient visit dedicated solely to an educational dialogue between the patient and a physician. This service is provided for the purpose of developing an awareness of the patient's problems or situation and of modalities for prevention and/or treatment, and to provide advice and information in respect of diagnosis, treatment, health maintenance and prevention. Advice provided to a patient that would ordinarily constitute part of a consultation, assessment or other treatment, is included as a common or constituent element of such other service, and does not constitute counseling in this context. In order for a physician to claim counseling, the patient must have a pre-booked appointment. If the appointment is not pre-booked, the claim for the service will be paid at the lesser assessment fee.

There is a limit of three units of counseling (individual and group combined) payable per patient per physician within a 12-month period. When that limit is exceeded, then K033 should be submitted for payment.

K013/K033 is eligible for payment under the following circumstances:

- The patient visit is dedicated solely to an educational dialogue between the patient and the physician;
- The patient has a pre-booked appointment. The pre-booked appointment does not have to be pre-booked for counseling;
- Counseling must be personally rendered by the physician in the physical presence of the patient.

K013/K033 is not eligible for payment under the following circumstances:

- A patient arrives in a walk-in clinic without an appointment;
- A patient arrives in his or her office without an appointment;

- When advice provided to a patient would be considered part of the constituent or common elements of a consultation, assessment or other treatment.

K013 cannot be substituted for an assessment fee such as A007 because of the length of the visit. The medical record must demonstrate that an educational dialogue took place. The number of units must be for the time spent with the patient. Start times and stop times must be recorded (General Preamble - B. 11. f)

The only fee codes that are eligible for payment in the same patient visit if K013/K033 is submitted for payment are:

- immunizations (G384, G385, G462, G538, G539, G590, G591);
- injections (G202, G205, G372);
- venipuncture (G480, G482, G489);
- pap tests (G365, G394);
- urinalysis (G010);
- and completion of Physician Report K031 (this is in relation to the Health Protection and Promotion Act.)

A future Interpretive Bulletin will address group counseling.

### 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 on this Bulletin, or suggestions for future Bulletin topics, etc., please contact:

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### For specific inquiries regarding claims submission, please submit your questions IN WRITING to:

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