Ontario
Ministry of Health and Long-Term Care

OMA

Education and Prevention Committee

Interpretive Bulletin

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Time-Based Services

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.

Time-Based Services

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with specific information on time-based services. This discussion will only deal with those services found in the General Preamble, Section 7, under the heading of Psychotherapy/Hypnotherapy/Counseling/Primary Mental Health and Psychiatric Care. Other time-based services, such as detention, anesthesia and surgical assists, will be topics for future Bulletins.

General Principles

The specific elements for time-based services for Psychotherapy/Hypnotherapy/Counseling/Primary Mental Health and Psychiatric Care are found in the General Preamble, Section 7.

These services must be personally rendered in the physical presence of the patient (or for specific services, the patient's relatives). The services cannot be delegated to a non-physician or another physician with the following exception: Psychiatric services may be delegated to an intern or resident under the conditions described in "Team Care in Teaching Units," found in the General Preamble, Section 14. Please note that only the staff physician may make a claim to the Ministry of Health and Long-Term Care for services rendered by his or her intern or resident. For time-based services, the patient's medical record must include the time that the insured service commenced and ended.

The basic unit of time for these services is defined as 30 minutes. To be eligible for payment for the first unit, the physician must personally spend at least twenty (20) minutes with the patient. To be eligible for payment for more than one 30-minute time unit, the physician must personally spend a minimum of sixteen (16) minutes of the last time unit, and the full 30 minutes of the earlier time units, with the patient.

The following chart demonstrates the minimum times that a physician must spend with a patient in order to be eligible for payment for the following time unit increments.

Time Unit Increments

1 unit:	20 minutes	
2 units:	46 minutes	
3 units:	76 minutes	[1 hour, 16 minutes]
4 units:	106 minutes	[1 hour, 46 minutes]
5 units:	136 minutes	[2 hours 16 minutes]
6 units:	166 minutes	[2 hours, 46 minutes]
7 units:	196 minutes	[3 hours, 16 minutes]
8 units:	226 minutes	[3 hours, 46 minutes]

For the majority of services, the time must be continuous. The exception to this requirement is for inpatient psychotherapy or inpatient individual psychiatric care, when these services are provided by a psychiatrist (K199, K190). In all instances, start times and stop times must be recorded in the patient record.

The service includes gathering any history, whether before or after the encounter with the patient, as well as any physical examination. This does not mean that each visit must have a history or physical examination, but, if performed, gathering the history and performing any physical examination is included in the service.

If the patient has an additional medical concern, then an appropriate assessment may be paid with a different diagnostic code. The exception to this statement is for counseling codes (K013, K033, K040, K041, K014, K015 and H313). Please refer to item 5. v. under Section B7 of the General Preamble for specific exception details. In addition, if a patient is a hospital inpatient, and a claim for individual psychotherapy or individual psychiatric care is submitted and paid (K199, K190), a subsequent visit (C192) is not eligible for payment in addition to K199 or K190 for the same patient on the same day.

Psychotherapy is defined in the Schedule of Benefits as a service where the physician attempts to remove, modify, or retard existing symptoms, or attenuates or reverses disturbed patterns of behaviour and promotes positive personality growth and development. The medical record must demonstrate that this service was performed.

Individual counseling (K013, K033) 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 providing advice and information in respect of diagnosis, treatment, health maintenance and prevention. In order for a

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physician to be eligible for payment for counseling, the patient must have a pre-booked appointment. If less than twenty (20) minutes is spent with the patient, an appropriate assessment is eligible for payment instead of K013/K033. Medical records must demonstrate that the service for which payment was made was in fact the service performed.

Common Concerns

- A consistent pattern of claiming time-based services which would add up to hours of service exceeding typical office hours, while also submitting many claims for other assessments or consultations on the same day.
- Information from other sources suggests that there is a discrepancy between the number of time units claimed and the time actually spent with the patient.

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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