

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Interviews

Interviews are *not eligible for payment* when the information being obtained is part of the history normally included in the consultation or assessment of the patient. The interview must be a booked, separate appointment lasting at least 20 minutes. Unit means ½ hour or major part thereof - see General Preamble GP6, GP45 to GP50 for definitions and time-keeping requirements.

K002 Interviews with relatives or a person who is authorized to make a treatment decision on behalf of the patient in accordance with the *Health Care Consent Act*per unit 62.75

Payment rules:

K002 is *only eligible for payment* if the physician can demonstrate that the purpose of the interview is not for the sole purpose of obtaining consent.

K003 Interviews with Children's Aid Society (CAS) or legal guardian on behalf of the patient in accordance with the *Health Care Consent Act* conducted for a purpose other than to obtain consentper unit 62.75

Note:

K002, K003 are claimed using the patient's health number and diagnosis. These listings apply to situations where medically necessary information cannot be obtained from or given to the patient or guardian, e.g. because of illness, incompetence, etc.

K008 Diagnostic interview and/or counselling with child and/or parent for psychological problem or learning disabilitiesper unit 62.75

Note:

K008 is claimed using the *child's* health number. Psychological testing is not an insured service.

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

CASE CONFERENCES

PREAMBLE

Definition/Required elements of service:

Where the conditions set out in this *Schedule* are met, a case conference is an insured service despite paragraph 6 of s. 24(1) of Regulation 552. A case conference is a pre-scheduled meeting, conducted for the purpose of discussing and directing the management of an individual patient. The required elements are applicable for all case conferences, except in circumstances where these requirements are modified for specific case conferences, as indicated. A case conference:

- must be conducted by personal attendance, videoconference or by telephone (or any combination thereof);
- must involve at least 2 other participants who meet the eligible participant requirements as indicated in the specific listed case conference services; and
- at least one of the physician participants is the physician most responsible for the care of the patient.

[Commentary:

Case conferences for educational purposes such as rounds, journal club, group learning sessions, or continuing professional development, or any meeting where the conference is not for the purpose of discussing and directing the management of an individual patient is not a case conference.]

For case conferences where the time unit is defined in 10 minute increments, the following payment rules and medical record requirements are applicable, except in circumstances where these requirements are modified for specific listed case conference services, as indicated.

Note:

"Regulated social worker" refers to a social worker regulated under the *Social Work and Social Service Work Act* and who holds a current certificate of registration from the Ontario College of Social Workers and Social Service Workers.

Case conferences are time based services calculated in time units of 10 minute increments. In calculating time unit(s), the minimum time required is based upon consecutive time spent participating in the case conference as follows:

# Units	Minimum time
1 unit	10 minutes
2 units	16 minutes
3 units	26 minutes
4 units	36 minutes
5 units	46 minutes
6 units	56 minutes
7 units	66 minutes [1h 6m]
8 units	76 minutes [1h 16m]

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Payment rules:

1. A case conference is *only eligible for payment* if the physician is actively participating in the case conference, and the physician's participation is evident in the record.
2. A case conference is *only eligible for payment* in circumstances where there is a minimum of 10 minutes of patient related discussion.
3. A case conference is *only eligible for payment* if the case conference is pre-scheduled.
4. Any other insured service rendered during a case conference is *not eligible for payment*.
5. A case conference is *not eligible for payment* in circumstances where the required participants necessary to meet the minimum requirements of the case conference service receive remuneration, in whole or in part, from the physician claiming the service.
6. The case conference is *not eligible for payment* to a physician who receives payment, other than by fee-for-service under this *Schedule*, for the preparation and/or participation in the case conference.
7. Where payment for a case conference is an included element of another service, services defined as case conferences are *not eligible for payment*.

[Commentary:

1. Chronic dialysis team fees are all-inclusive benefits for professional aspects of managing chronic dialysis and includes all related case conferences (see page J35).
2. "Payment, other than by fee-for-service" includes compensation where the physician receives remuneration under a salary, primary care, stipend, APP or AFP model.]

Medical record requirements:

A case conference is *only eligible for payment* where the case conference record includes all of the following elements:

1. identification of the patient;
2. start and stop time of the discussion regarding the patient;
3. identification of the eligible participants, and
4. the outcome or decision of the case conference.

[Commentary:

1. In circumstances where more than one patient is discussed at a case conference, claims for case conference may be submitted for each patient provided that the case conference requirements for each patient have been fulfilled.
2. One common medical record in the patient's chart for the case conference signed or initialled by all physician participants (including listing the time the service commenced and terminated and individual attendance times for each participant if different) would satisfy the medical record requirements for billing purposes.]

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Hospital in-patient case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, a hospital in-patient case conference is participation by the physician most responsible for the care of the patient and at least 2 other participants that *include* physicians, regulated social workers and/or regulated health professionals regarding a hospital in-patient.

K121 Hospital in-patient case conferenceper unit 31.35

Payment rules:

1. K121 is eligible for payment for a case conference regarding a hospital in-patient at an acute care hospital, chronic care hospital, or rehabilitation hospital. K121 is *not eligible for payment* for a resident in a long term care institution.
2. K121 is limited to a maximum of 4 services per patient, per physician, per 12 month period.
3. A maximum of 8 units of K121 are payable per physician, per patient, per day.
4. K121 is *not eligible for payment* for radiation treatment planning services listed in the Radiation Oncology section of this *Schedule*.
5. Services described in the team care in teaching units section of this *Schedule* are *not eligible for payment* as K121.

[Commentary:

1. For case conferences regarding out-patients, see K700, K701, K702, K703, K704 and K707 for applicable services.
2. For case conferences regarding an in-patient in a long term care institution, see K124.]

Palliative care out-patient case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, a *palliative care* out-patient case conference is participation by the physician most responsible for the care of the patient and at least 2 other participants that *include* physicians, regulated social workers and/or regulated health professionals regarding a *palliative care* out-patient.

K700 Palliative care out-patient case conferenceper unit 31.35

Payment rules:

1. K700 is *only eligible for payment* for case conference services regarding a *palliative care* out-patient.
2. No other case conference or telephone consultation service is eligible for payment with K700 for the same patient on the same day.
3. K700 is limited to a maximum of 4 services per patient, per physician, per 12 month period.
4. A maximum of 8 units of K700 are payable per physician, per patient, per day.
5. K700 is *not eligible for payment* for radiation treatment planning services listed in the Radiation Oncology section of this *Schedule*.

[Commentary:

1. For definitions related to *palliative care*, see General Definitions in the General Preamble of the *Schedule*.
2. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital, or rehabilitation hospital, see K121.
3. For case conferences regarding an in-patient in a long term care institution, see K705 or K124.]

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Paediatric out-patient case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, a paediatric out-patient case conference is participation by the physician most responsible for the care of the patient with at least 2 other participants that *include* physicians, regulated social workers regulated health professionals, education professionals, and/or personnel employed by an accredited centre of Children's Mental Health Ontario, regarding an out-patient less than 18 years of age.

K704 Paediatric out-patient case conferenceper unit 31.35

Payment rules:

1. No other case conference or telephone consultation service is eligible for payment with K704 for the same patient on the same *day*.
2. K704 is limited to a maximum of 4 services per patient, per physician, per *12 month period*.
3. A maximum of 8 units of K704 are payable per physician, per patient, per *day*.
4. K704 is *only eligible for payment* to physicians in the following specialties: Paediatrics (26) and Psychiatry (19).

[Commentary:

1. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital, or rehabilitation hospital, see K121.
2. For case conferences regarding an in-patient in a long term care institution, see K705 or K124.
3. For a list of mental health centres accredited by Children's Mental Health Ontario, see the following link: http://www.kidsmentalhealth.ca/about_us/memberslist.php.]

Mental health out-patient case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, a mental health out-patient case conference is participation by the physician most responsible for the care of the patient with at least 2 other participants that *include* physicians, regulated social workers, regulated health professionals, and/or personnel employed by a mental health community agency funded by the Ontario Ministry of Health and Long-Term Care, regarding an *adult* out-patient.

K701 Mental health out-patient case conferenceper unit 31.35

Payment rules:

1. No other case conference or telephone consultation service is eligible for payment with K701 for the same patient on the same *day*.
2. K701 is limited to a maximum of 4 services per patient, per physician, per *12 month period*.
3. A maximum of 8 units of K701 are payable per physician, per patient, per *day*.
4. K701 is *only eligible for payment* to physicians in the following specialties: Psychiatry (19).

[Commentary:

1. For case conferences regarding an out-patient aged less than 18 years of age, see K704.
2. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital, or rehabilitation hospital, see K121.
3. For case conferences regarding an in-patient in a long term care institution, other than a patient meeting the definition of a K705 service, see K124.]

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Bariatric out-patient case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, bariatric out-patient case conference is participation by the physician most responsible for the care of the patient with at least 2 other participants that are working at a *Bariatric Regional Assessment and Treatment Centre (RATC)* and include physicians, regulated social workers and/or regulated health professionals regarding an out-patient registered with a Bariatric RATC for the purpose of pre-operative evaluation and/or post-operative follow-up medical care.

K702 Bariatric out-patient case conference.....per unit 31.35

Payment rules:

1. K702 is *only eligible for payment* when rendered for a patient registered in a Bariatric RATC.
2. K702 is *only eligible for payment* for physicians identified to the ministry as working in a Bariatric RATC.
3. No other case conference or telephone consultation service is eligible for payment with K702 for the same patient on the same day.
4. K702 is limited to a maximum of 4 services per patient, per physician per 12 month period.
5. A maximum of 8 units of K702 are payable per physician, per patient, per day.

[Commentary:

1. For the definition of a Bariatric RATC, see Definitions in the General Preamble.
2. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital, or rehabilitation hospital, see K121.
3. For case conferences regarding an in-patient in a long term care institution, see K124.]

Geriatric out-patient case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, geriatric out-patient case conference is participation by the physician most responsible for the care of the patient with at least 2 other participants that include physicians, regulated social workers and/or regulated health professionals regarding an out-patient who is at least 65 years of age or, a patient less than 65 years of age who has dementia.

K703 Geriatric out-patient case conferenceper unit 31.35

Payment rules:

1. K703 is *not eligible for payment* with any other case conference or telephone consultation service for the same patient on the same day.
2. K703 is limited to a maximum of 4 services per patient, per physician, per 12 month period.
3. A maximum of 8 units of K703 are payable per physician, per patient, per day.
4. K703 is *only eligible for payment* to:
 - a. a *specialist* in Geriatrics (07); or
 - b. a physician with an exemption to access bonus impact in Care of the Elderly from the MOHLTC.

[Commentary:

1. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital or rehabilitation hospital, see K121.
2. For case conferences regarding an in-patient in a long term care institution, see K124.]

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Chronic pain out-patient case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, chronic pain out-patient case conference is participation by the physician most responsible for the treatment of the patient's chronic pain with at least 2 other participants that include physicians, regulated social workers and/or regulated health professionals regarding an out-patient.

K707 Chronic pain out-patient case conference.....per unit 31.35

Payment rules:

1. K707 is *not eligible for payment* with any other case conference or telephone consultation service for the same patient on the same *day*.
2. K707 is limited to a maximum of 4 services per patient, per physician, per *12 month period*.
3. A maximum of 8 units of K707 are payable per physician, per patient, per *day*.

[Commentary:

1. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital or rehabilitation hospital, see K121.
2. For case conferences regarding an in-patient in a long term care institution, see K124.
3. Chronic pain is defined as a pain condition with duration of symptomatology of at least 6 months.]

Long-term care/community care access centre (CCAC) case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, a long-term care/community care access centre (CCAC) case conference is participation by the physician most responsible for the care of the patient and at least 2 other participants that include physicians, regulated social workers, employees of a CCAC and/or regulated health professionals regarding a long-term care institution inpatient.

K124 Long-term care/CCAC case conferenceper unit 31.35

Payment rules:

1. K124 is limited to a maximum of 4 services per patient, per physician, per *12 month period*.
2. A maximum of 8 units of K124 are payable per physician, per patient, per *day*.
3. K124 is *not eligible for payment* for radiation treatment planning services listed in the Radiation Oncology section of this *Schedule*.
4. Services described in the team care in teaching units section of this *Schedule* are *not eligible for payment* as K124.

[Commentary:

1. For case conferences regarding out-patients, see K700, K701, K702, K703, K704, and K707 for applicable services.
2. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital or rehabilitation hospital, see K121.]

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Long-term care – High risk patient case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, a Long-term care – High risk patient case conference is participation by a physician and at least 2 other participants that include physicians, employees of a CCAC, regulated social workers and/or regulated health professionals regarding a long-term care institution high risk inpatient.

K705 Long-term care – high risk patient conference.....per unit 31.35

Payment rules:

1. K705 is limited to a maximum of 4 services per patient, per physician, per 12 month period.
2. A maximum of 8 units of K705 are payable per physician, per patient, per day.
3. K705 is *not eligible for payment* for radiation treatment planning services listed in the Radiation Oncology section of this *Schedule*.
4. Services described in the team care in teaching units section of this *Schedule* are *not eligible for payment* as K705.

Note:

1. In circumstances where the physician other than the physician most responsible for the care of the patient participates in the case conference, K705 is *only eligible for payment* when the physician's participation is for directing the care of the individual patient.
2. For the purposes of K705, a high risk patient is a patient identified by staff in the long term institution with clinical instability based on a change in the Resident Assessment Instrument – Minimum Data Set (RAI-MDS) for Nursing Homes.

[Commentary:

1. For case conferences regarding out-patients, see K700, K701, K702, K703, K704, and K707 for applicable services.
2. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital, or rehabilitation hospital, see K121.
3. For case conferences regarding an in-patient in a long term care institution, other than a patient meeting the definition of a K705 service, see K124.
4. The Resident Assessment Instrument – Minimum Data Set (RAI-MDS) for Nursing Homes can be found at the following internet link: https://www.cms.gov/NursingHomeQualityInits/20_NHQIMDS20.asp]

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Convalescent care program case conference

In addition to the definitions, required elements, payment rules, medical record requirements in the Preamble - Case conferences, a convalescent care case conference is participation by the physician most responsible for the care of the patient and at least 2 other participants that include physicians, regulated social workers, employees of the Convalescent Care Program and/or regulated health professionals regarding a patient enrolled in a Convalescent Care Program funded by the *MOHLTC*.

K706 Convalescent care program case conference..... 31.35

Payment rules:

1. K706 is limited to a maximum of 8 services per patient, per physician, per *12 month period*.
2. A maximum of 4 units of K706 are payable per physician, per patient, per *day*.
3. Services described in the team care in teaching units section of this *Schedule* are *not eligible for payment* as K706.

[Commentary:

1. For case conferences regarding out-patients, see K700, K701, K702, K703, K704 and K707 for applicable services.
2. For case conferences regarding an in-patient in an acute care hospital, chronic care hospital, or rehabilitation hospital, see K121.
3. For case conferences regarding an in-patient in a long term care institution, see K705 or K124.]