

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Specific neurocognitive assessment

A specific neurocognitive assessment is an assessment of neurocognitive function *rendered personally by the physician* where all of the following requirements are met:

- a. test of memory, attention, language, visuospatial function and executive function.
- b. a minimum of 20 minutes (consecutive or non-consecutive) and must be dedicated exclusively to this service (including administration of the tests and scoring) and must be completed on the same day; and
- c. the start and stop time(s) must be recorded in the patient's medical record.

K032 Specific neurocognitive assessment..... 62.75

[Commentary:

Examples of neurocognitive assessment batteries which would be acceptable are the short form of the Behavioral Neurology Assessment (BNA) or the Dementia Rating Scale (DRS). The Mini-Mental State Examination ("Folstein") test is not considered acceptable for this purpose.]

Home care application

The service rendered by the *most responsible physician* for completion and submission of an application for *home care* to a Community Care Access Centre (CCAC) on behalf of a patient for whom the physician provides on-going medical care. The amount payable for this service is as shown and is in addition to the assessment fee payable, where applicable. The amount payable for completion of the application for *home care* if completed in whole or in part by a person other than the physician or the physician's employee is nil.

K070 Application 31.75

Note:

1. K070 is limited to one per *home care* admission per patient.
2. K070 is *not eligible for payment* if the patient is currently receiving *home care*.

Home care supervision

The service rendered by a physician for personally providing medical advice, direction or information to health care staff of a Community Care Access Centre (CCAC) or CCAC contractor on behalf of a patient for whom the physician provides on-going medical care. The date, medical advice, direction or information provided must be recorded in the patient's medical record. If the information is provided verbally to staff, the name of the staff person must be recorded. The amount payable for *home care* supervision without the required record of service in the patient's medical record is nil. The amount payable for *home care* supervision rendered on the same *day* as a consultation or visit by the same physician with the same patient is nil.

K071 Acute home care supervision (first 8 weeks following admission to home care program) 21.40

K072 Chronic home care supervision (after the 8th week following admission to the home care program) 21.40

Payment rules:

1. K071 is limited to a maximum of one service per patient per physician per *week* for 8 *weeks* following admission to the *home care* program.
2. K071 is limited to a maximum of two services per patient per *week* for 8 *weeks*.
3. K072 is limited to a maximum of 2 services per *month* per patient per physician after the 8th *week* following admission to the *home care* program.
4. K072 is limited to a maximum of four services per patient per *month*.

Mandatory reporting of medical condition to the Ontario Ministry of Transportation (MTO)

Mandatory reporting of medical condition to the Ontario Ministry of Transportation (MTO) requires providing to MTO information that satisfies the requirements of the *Highway Traffic Act* or any applicable regulations, and includes providing any additional information to MTO regarding a previous report related to the same medical condition.

K035 Mandatory reporting of medical condition to the Ontario Ministry of Transportation 36.25

Claims submission instructions:

Claims in excess of one per 12 *month period* by the same physician for the same patient should be submitted using the manual review indicator and accompanied by supporting documentation.