

CONSULTATIONS AND VISITS

FAMILY PRACTICE & PRACTICE IN GENERAL (00)

Primary mental health care

Primary mental health care is not to be billed in conjunction with other consultations and visits rendered by a physician during the same patient visit unless there are clearly different diagnoses for the two services. Unit means ½ hour or major part thereof - see General Preamble GP5, GP37 to GP41 for definitions and time-keeping requirements.

K005	Individual care..... per unit	62.75
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Counselling

Unit means ½ hour or major part thereof - see General Preamble GP5, GP37 to GP41 for definitions and time-keeping requirements.

Individual care

K013	- first three units of K013 and K040 combined per patient per provider per 12 month period..... per unit	62.75
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K033	- additional units per patient per provider per 12 month period..... per unit	38.15
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Group counselling - 2 or more persons

K040	- where no group members have received more than 3 units of any counselling paid under codes K013 and K040 combined per provider per 12 month period..... per unit	62.75
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K041	- additional units where any group member has received 3 or more units of any counselling paid under codes K013 and K040 combined per provider per 12 month period..... per unit	38.80
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K014	Counselling for transplant recipients, donors or families of recipients and donors - 1 or more persons..... per unit	62.75
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K015	Counselling of relatives - on behalf of catastrophically or terminally ill patient - 1 or more persons..... per unit	62.75
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GENERAL PREAMBLE

PSYCHOTHERAPY, PSYCHIATRIC AND COUNSELLING SERVICES

Psychotherapy, Hypnotherapy and all forms of Counselling, Primary Mental Health, and Psychiatric Care rendered by telephone, other electronic communications or in the physical absence of the patient (or patient's relative or *patient representative* as the case may be) are not insured services unless otherwise specifically listed in the Schedule.

SPECIFIC ELEMENTS

In addition to the *common elements*, all Psychotherapy, Hypnotherapy, Counselling, Primary Mental Health, and Psychiatric Care include the following *specific elements*.

- A. Performing the appropriate therapy or interaction (described below) with the patient(s) or, in the case of K014, K015, and H313, the patient's relative(s) or *patient's representative*, which *may include* the appropriate inquiries (including obtaining a patient history, and a brief physical examination) carried out in order to arrive at an opinion as to the nature of the patient's condition (whether such inquiry takes place before, during or after the encounter during which the therapy or other interaction takes place); any appropriate procedure(s), related service(s), and/or follow-up care.
- B. Performing any procedure(s) during the same encounter as the therapy or other interaction unless the procedure(s) is(are) separately listed in the Schedule and an amount is payable for the procedure in conjunction with the therapy or interaction.
- C. Making arrangements for any related assessments, procedures, or therapy.
- D. Making arrangements for follow-up care.
- E. Discussion with, and providing advice and information, including prescribing therapy to the patient or the *patient's representative*, whether by telephone or otherwise, on matters related to:
 - a. the service; and
 - b. in circumstances in which it would be professionally appropriate that results can be reported upon prior to any further patient visit, the results of related procedure(s) and/or assessment(s).
- F. When medically indicated, monitoring the condition of the patient and intervening, until the next insured service is rendered.
- G. Providing premises, equipment, supplies, and personnel for the *specific elements* of the service.

While no occasion may arise for performing elements B, C, D and F, when performed in connection with the other *specific elements* they are included in the service.

Payment rules:

1. These services are calculated and payable in time units of 30 minute increments. In calculating the time unit(s), the minimum time required in direct contact with the patient (or patient's relative or *patient's representative* as the case may be) and the physician in person is as follows:

# Units	Minimum Time with Patient
1 unit	20 minutes
2 units	46 minutes
3 units	76 minutes [1h 16m]
4 units	106 minutes [1h 46m]
5 units	136 minutes [2h 16m]
6 units	166 minutes [2h 46m]
7 units	196 minutes [3h 16m]
8 units	226 minutes [3h 46m]

2. Except for in-patient individual psychotherapy by a psychiatrist or in-patient individual psychiatric care for which the time can be consecutive or non-consecutive, for all other services in this section the time units must be calculated based upon consecutive time spent rendering the service.
3. Psychotherapy performed outside a hospital, psychiatric care, primary mental health care, or hypnotherapy rendered the same day as a consultation or other assessment by the same physician to the same patient is *not eligible for payment* unless there are clearly defined different diagnoses for the two services.

[Commentary:

Except as noted in payment rule #2 (where non-consecutive services can be cumulated), services less than 20 minutes do not constitute any of the services defined in this section and constitute the type of assessment rendered in the circumstances.]

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PSYCHOTHERAPY, PSYCHIATRIC AND COUNSELLING SERVICES

HYPNOTHERAPY

Definition:

Hypnotherapy is a form of treatment that has the same goals as psychotherapy but is rendered with the patient under hypnosis.

Payment rules:

Hypnotherapy is *not eligible for payment* when rendered on the same day to the same patient by the same physician as obstetrical delivery.

COUNSELLING

Definition/Required elements of service:

Counselling is a patient visit dedicated solely to an educational dialogue with a physician. This service is rendered for the purpose of developing 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.

[Commentary:

1. Advice given to a patient that would ordinarily constitute part of a consultation, assessment, or other treatment, is included as a common or constituent element of the other service, and does not constitute counselling.
2. Detention time may be payable following a consultation or assessment when a physician is required to spend considerable extra time in treatment or monitoring of the patient. See GP20 for further information.]

Payment rules:

1. With the exception of the codes listed in the table below, no other services are eligible for payment when rendered by the same physician the same day as any type of counselling service.

E080	G010	G039	G040	G041	G042	G043	G202	G205	G365	G372	G384
G385	G394	G462	G480	G489	G482	G538	G590	G840	G841	G842	G843
G844	G845	G846	G847	G848	H313	K002	K003	K008	K014	K015	K031
K035	K036	K038	K682	K683	K684	K730					

2. Individual and group counselling services are limited to 3 units per patient per physician per year at the higher fee (K013 or K040 respectively); the amount payable for services rendered in excess of this limit will be adjusted to a lesser fee (K033 or K041 respectively).
3. If the patient does not have a pre-booked appointment, the amount payable for this service will be adjusted to a lesser assessment fee.

A. Individual Counselling

Definition:

Individual counselling is counselling rendered to a single patient.

B. Group Counselling

Definition:

Group Counselling is counselling rendered to two or more patients with a similar medical condition or situation.

Payment rules:

1. Group counselling is *only eligible for payment* when all of the following conditions are fulfilled:
 - a. The group counselling is pre-booked; and
 - b. When there is an ongoing physician-patient relationship.
2. In addition to meeting the usual medical record requirements for the service, the physician must also maintain a separate record (independent of the patient's medical record) of the names and health numbers of all persons in attendance at each group counselling session or the service is *not eligible for payment*.

Claims submission instruction:

The claim must be submitted under the health number of the group member for whom, when the service was rendered, the largest number of counselling units had previously been claimed by the physician during the year in which the service is rendered.

[Commentary:

Group counselling does not apply to lectures.]

GENERAL PREAMBLE

PSYCHOTHERAPY, PSYCHIATRIC AND COUNSELLING SERVICES

C. Transplant Counselling

Definition/Required elements of service:

Transplant counselling is payable in circumstances where transplant or donation is imminent, for the purpose of providing the recipient, donor or family member with adequate information and clinical data to enable that person to make an informed decision regarding organ transplantation.

Claims submission instruction:

The claim must be submitted under the health number of the recipient or donor.

D. Counselling of Relatives on Behalf of a Catastrophically or Terminally Ill Patient

Definition:

Counselling of relatives on behalf of a catastrophically or terminally ill patient is counselling rendered to a relative or relatives or representative of a catastrophically or terminally ill patient, for the purpose of developing an awareness of modalities for treatment of the patient and/or his or her prognosis.

Claims submission instruction:

The claim must be submitted under the health number of the patient who is catastrophically or terminally ill.

E. Rehabilitation Counselling

Definition:

Rehabilitation counselling is counselling rendered for the purpose of developing an awareness of the modalities for treatment of the patient and/or his or her prognosis.