Ontario

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Requirements for time-based services

This guide will assist you in understanding time-based insured services, requirements when claiming services which have specific time requirements, determining the time period that may be claimed and identifying common concerns leading to incorrect submissions.

The Ministry of Health (MOH) and the Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). This educational resource has been prepared by the EPC to provide general advice and guidance to physicians on specific billing matters.

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Objectives

At the completion of this module, the learner will be able to:

1. Identify time-based insured services.
2. Outline the medical records requirements when claiming services which have specific time requirements.
3. Accurately determine the time period that may be claimed for a specific time-based service.
4. Identify common concerns that lead to incorrect submission of claims for time-based services.

Overview

Some insured physician services have minimum time requirements in order to be claimed or are paid based on time-based units. For both types of services, **the physician must record on the patient's permanent medical record or chart the time when the insured service started and ended** for payment purposes**.** Without this documentation, the service is not eligible for payment (some services may be payable at a lesser fee).

When specific time requirements must be met for a service to be paid, the time claimed **must not overlap** with any separately billable services and must constitute **direct personal contact** between the provider and the patient (and/or caregiver/family if specified for a particular service).

Services with time requirements may be claimed when performed by postgraduate medical trainees in accordance with the payment rules described in the Schedule in the section entitled *Time-based Services and Supervision of Postgraduate Medical Trainees.*

Common concerns

- Absence of medical records supporting claims for time-based services. For example: start stop times not included on medical record, or a total time listed ("I spent 20 minutes with this patient" etc.) instead of start and stop time.
- Claiming time-based services which would add up to hours of service exceeding typical office hours.
- A concern that there is a discrepancy between the number of time units claimed and the time spent with the patient.
- Claiming time associated with time-based services overlapping with claims for other services paid under a separate fee code at the same encounter.
- Inappropriate delegation of services.

Minimum time requirement	Examples of services with time requirements
10 minutes	Physician/nurse practitioner to physician telephone consultation (e.g. K730; K731); wound and ulcer debridement (e.g. Z080)
50 minutes	Special consultations (e.g. A935)
75 minutes	• Comprehensive consultations (e.g. A400) • Special genetic consultation (e.g. A220) • Geriatric psychiatric consultation (e.g. A795)
90 minutes	• Extended special/comprehensive consults (e.g. A770) • Extended special genetic consultation (e.g. A223) • Neurodevelopmental consultation (e.g. A667)
Variable	Select surgical procedures such as: • E554 – Synovectomy associated with selected procedures (minimum 30 minutes) • E483 – Synovectomy for inflammatory arthritis (minimum 90 minutes) • E481 – Osteochondroplasty (minimum 2 hours) • Z187/Z188 - Complex laceration repair (minimum 20 minutes)

Category	Examples of time-unit-based services
Surgical	• Surgical Assistants' Services (surgical service with B suffix) • Anaesthesiologists' services (surgical service with C suffix) • R226 – Orthopaedic Tumour Surgery • R691/R692/R693 - Debridement, excision and/or grafting in Operating Room - burn • R698 - Debridement, excision and/or grafting in Operating Room for necrotizing fasciitis
Detention/related	• K001 -Detention • Detention-in-ambulance (e.g. K101) • E101 - Surgical assistant standby
Counselling/Mental Health/ Interviews	• Psychotherapy/psychiatric services • Primary mental health care • Counselling services (must be pre-booked appointment) • Interviews (must be pre-booked appointment)
Condition-specific support	• K022 - HIV primary care • K037 - Fibromyalgia /chronic fatigue syndrome care • K023 - Palliative care support • K028 - STD management • K029 - Insulin therapy support • K680 - Substance abuse – extended assessment • K077 - Geriatric telephone support
Genetic services	• K016 - Genetic assessment, patient or family • K022 - Genetic care • K233 - Clinical interpretation by a geneticist • K229 - Complex genetic test interpretation • K044 - Genetic family counselling
Critical/related	• Life/other threatening critical care (e.g. G521) • A384/K181 - Consultation and management for acute cerebral vascular syndrome
Miscellaneous	• Case conferences (e.g. K124) • Individual or family developmental and/or behavioural care (e.g.K122; K123) • K630 -Psychiatric consultation extension • Chronic disease shared appointment (e.g. K144; must be pre-booked appointment

For services that are described using **time-based units**, the description of the service in the Schedule describes the time required to claim a unit. Payment rules will describe any other conditions required for payment. For some services such as life-threatening critical care time units may include time which is consecutive or non-consecutive.

The basic unit of time for **psychotherapy/hypnotherapy/counselling/primary mental health and psychiatric care and interview 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.

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 when claiming services such as psychotherapy/hypnotherapy/counselling/primary mental health and psychiatric care and interview services which are remunerated in 30 minute units.

# Units	Minimum Time with Patient
1 unit	20 minutes
2 units	46 minutes
3 units	76 minutes [1h 16 m]
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]

Anesthesia and surgical assistant's services are based on the number of basic units associated with each procedure (if applicable) as well as time units calculated for each 15 minutes or part thereof. The unit value of each 15-minute period or part thereof is:

Time	Surgical Assistant	Anaesthesiologist
During the first hour or less	1 unit	1 unit
After the first hour	2 units	2 units
After 1.5 hours	2 units	3 units
After 2.5 hours	3 units	3 units

When different operative procedures are done by two different surgeons under the same anaesthesia for different conditions, each surgeon should claim the appropriate surgical fee for the procedure that they perform primarily. If a surgeon acts as an assistant for the remainder of the procedure, they may claim time units for the portion of the procedure spent assisting but may not claim basic surgical assistant units. When elective bilateral procedures are performed by two surgeons at the same time, one surgeon should claim for the surgical procedure and the other surgeon should claim the assistant's benefit.

To aid in calculating units of time-based services for assisting at surgery and anaesthesia, refer to Appendix H of the Schedule.

Time-based services and supervision of postgraduate medical trainees

Payment rules related to services provided by postgraduate medical trainees being supervised by a physician are outlined specifically in the General Preamble this will be addressed in additional detail in a separate module.

Key points for services with time requirements

- Services must be personally rendered (unless rendered by postgraduate medical trainees in accordance with current payment requirements and rules).
- Claims for time-based services must not be concurrent with time spent providing another service that is separately claimed.
- Time-units claimed must meet the minimum time specified in the Schedule.
- The physician must record on the patient's permanent medical record or chart the time when the insured service started and ended.

Case examples

Scenario 1

Dr. Lennon is a family physician who assesses Mrs. Kasic, an 85-year old patient whose chief complaints are fatigue and weight loss. She performs an intermediate assessment in her office, noting that Mrs. Kasic is not able answer many of her questions and seems a little confused. Dr. Lennon obtains the patient's permission to contact her daughter, Ashley, for additional information and schedules a separate in person 30-minute interview with Ashley. What fee codes can Dr. Lennon claim for both visits?

Answer 1

A007A and K002A x 1 unit (providing that interview is at least 20 minutes in length, start and stop times are documented in the medical record, and is a booked, separate appointment).

Scenario 2

Dr. Lennon provides the same services (intermediate assessment for Mrs. Kasic that lasts at least 10 minutes and interview with Ashley) virtually using Zoom. What fee codes can Dr. Lennon claim for both visits?

Answer 2

K081A and K082A x 1 unit (providing that interview is at least 20 minutes in length, start and stop times are documented in the medical record, and is a booked, separate appointment). Note that if claimed on the same day, should be submitted for manual review with explanation to avoid rejection of the second claim as a duplicate. K002A may not be claimed for an interview conducted virtually.

Scenario 3

Dr. Gonzales sees Emma Bruno, a 26-year old regular patient in his practice for a scheduled appointment to discuss concerns related to the patient's risk of breast cancer, given her mother's recent mastectomy and positive BRCA gene tests. Dr. Gonzales spends 35 minutes counselling Ms. Bruno. Following this, he administers her annual influenza immunization. What fee codes can Dr. Gonzales claim for this visit?

Answer 3

K013A x 1 unit (does not meet the threshold of 46 minutes to qualify for second unit) and G590A for the immunization. The start and the stop times of the counselling must be documented in the medical records. Note that only specific fee codes (including G590A) are eligible for payment when rendered by the same physician the same day as any type of counselling service (such as K013A). These are listed in the Psychotherapy, Psychiatric and Counselling Services section of the General Preamble.

Scenario 4

Another patient, Mr. Bezos attends Dr. Gonzales' office to receive an influenza immunization during a nurse run clinic. Mr. Bezos' wife has recently passed away, and the nurse (who is employed by Dr. Gonzales) spends 20 minutes with him, in addition to the time spend for the immunization, talking to him about his reaction to grief. What fee codes can Dr. Gonzales claim for this visit?

Answer 4

G590A for the immunization; this is a procedure which may be delegated to the nurse, Dr. Gonzales' employee. No other fee codes are eligible as counselling services may not be delegated to a non-physician for payment purposes.

Scenario 5a

Dr. Shaw is an anesthesiologist. She provides anesthesiology services for Mr. LaFleur who is undergoing a primary total hip replacement (R440). Start and stop times for anesthesia services are documented in the medical record as 07:35 and 10:00 respectively (145 minutes). How many anesthesia units are eligible to be claimed by Dr. Shaw for this procedure?

Answer 5a

Dr. Shaw may claim 10 basic units + 4 units (1 unit per 15 minutes for the first 60 minutes) + 4 units (2 units per 15 minutes for the next 30 minutes) + 12 units (3 units per 15 minutes for the remaining 55 minutes) or a total of 30 units.

Scenario 5b

During Mr. Lafleur's surgery, Dr. Ruest provides surgical assistant services. Start and stop time for the surgical procedure are documented in the medical record as 7:50 and 9:50 (120 minutes). Dr. Ruest spent an additional 10 minutes in direct contact with the patient in the operating room assisting with patient preparation prior to scrub time, for a total time of 130 minutes. How many surgical assistant units are eligible to be claimed by Dr. Ruest for this procedure?

Answer 5b

Dr. Ruest may claim 8 basic units + 4 units (1 unit per 15 minutes for the first 60 minutes) + 10 units (2 units per 15 minutes after the first 60 minutes, but before 150 minutes) or a total of 22 units. The operating room nursing record may be used as suitable documentation of surgical start and stop times if a surgical assistant participates as such for the entire procedure. If a surgical assistant claims additional time as assistant in accordance with the payment rules, they must document the additional start and stop times in the medical record, like any other time-based service.

Scenario 5c

Dr. Ruest assists during a second orthopaedic case on the same day as Mr. Lafleur's surgery. There is a 45-minute wait between surgical cases for room change-over. Can Dr. Ruest claim a fee for this waiting time?

Answer 5c

No. Surgical assisting fee codes may only be claimed when the assistant is required to be in attendance with the patient. There is no fee code for time spent waiting during routine operating room change-over.

Scenario 6

A neurologist performs a complex neuromuscular assessment of a repeat patient with a diagnosis of amyotrophic lateral sclerosis. The physician spends 75 minutes in direct contact with the patient who has experienced deterioration of her conditions since her previous appointment. What fee codes are eligible to be claimed for this extended appointment?

Answer 6

The physician may claim A113A for the complex neuromuscular assessment. As the appointment lasted more than 60 minutes, she consults the Detention table in the General Preamble and determines that she may also claim K001A (detention) x 1 unit (15 minutes). She should document the start/stop time of the assessment in the patient medical record and submit the claim and a written explanation with a manual review indicator for review by a ministry medical consultant. Note that detention is only payable when the physician is required to spend considerable extra time in active treatment and/or monitoring of the patient to the exclusion of all other work and in this section is based on full 15-minute time units. Detention is not payable for time spent waiting.

Check your understanding

1. Dr. Edwards is a plastic surgeon who sees Mrs. Monroe in consultation regarding options for reconstruction after an unusual tumour removal planned by another surgeon. In order to support a claim for a special surgical consult (A935A), which of the following must Dr. Edwards document in the patient's permanent medical record?

   a. The time spent in direct contact with the patient in clinic which must be at least 50 minutes.
   b. The time spent in direct contact with the patient in clinic as well as any time required to research the patient's condition or medical record, which must be at least 50 minutes.
   c. The start and stop time of the time spent in direct contact with the patient in clinic which must be at least 50 minutes.
   d. The start and stop time of the time required to research the patient's condition or medical record which must be at least 50 minutes.

2. Dr. Kroeger is an orthopaedic surgeon who assesses Mr. Eisenhauer in consultation in the Emergency Room following an acute shoulder dislocation. He documents that his assessment begins at 3:30 pm and is completed at 4:25 pm. During this time, he performs a closed reduction of the patient's dislocated shoulder without anesthetic – nursing notes identify that the procedure is performed between 4:00 and 4:15 pm. What fee codes appropriately reflect the service(s) provided?

   a. A935A + D015A
   b. A065A + D015A
   c. only A935A
   d. only A065A

3. Ms. Benway visits her Family Physician, Dr. Hennig, for a scheduled visit. Ms. Benway (whose partner has recently suggested that they start a family) reveals that she is concerned about post-partum depression as she has recently learned that her mother experienced this following her first pregnancy. Dr Hennig spends 30 minutes providing educational counselling on this topic to Ms. Benway who is accompanied by her sister for support. Ms. Benway feels somewhat relieved but identifies that she has many follow-up questions. Dr. Hennig has not provided counselling services to Ms. Benway In the preceding 12-months. They plan three x 30 minute follow up visits over the next few weeks for additional counselling. Dr. Hennig may claim the following fee codes for the four 30-minute counselling sessions:

   a. K013A x 4
   b. K033A x 4
   c. K040A x 1, K013A x 2, K033A x 1
   d. K013A x 3, K033A x 1

4. Dr. Rolande provides chronic disease shared appointments to a group of 6 patients with diabetes. As part of the appointment, each patient has a brief assessment performed by Dr. Rolande related to their diabetes which is documented in their medical record. The appointment includes information provided by a diabetic educator. Dr. Rolande is in constant personal attendance for the duration of the appointment which begins at 8:30 am and ends at 9:20 am. Dr. Rolande may claim the following fee codes for this session:

   a. K140A x 2 units should be claimed for 3 of the 6 patients
   b. K140A x 2 units should be claimed for each of the 6 patients
   c. K144A x 2 units should be claimed for each of the 6 patients
   d. K144A x 12 units should be claimed for only one of the 6 patients

5. Dr. Paul (a general surgeon) and Dr. Edelweiss (a plastic surgeon) both participate in a surgical procedure that includes a mastectomy followed by immediate breast reconstruction. Dr. Paul performs the mastectomy between 8:00 and 10:00 and then Dr. Edelweiss completes the reconstructive procedure between 10:00 and 13:00. Each surgeon acts as the surgical assistant during the part of the procedure that the other performs as primary surgeon. In addition to the primary surgical codes reflecting the portion of the procedure that each performed, how should each surgeon bill for the portion of the procedure where they provided assistance?

    a. Both surgeons may claim the number of assistant basic units associated with one of the primary procedures as well as time units reflecting the duration of the case (5 hours).
    b. Both surgeons may claim the number of assistant basic units associated with one of the primary procedures; each surgeon may claim the number of assistant basic units associated with the time each spent as surgical assistant: 3 hours for Dr. Paul and 2 hours for Dr. Edelweiss.
    c. Neither surgeon may claim assistant basic units, but they may both claim time units reflecting the duration of the case (5 hours).
    d. Neither surgeon may claim assistant basic units, but each surgeon may claim the number of assistant time units associated with the time each spent as surgical assistant: 3 hours for Dr. Paul and 2 hours for Dr. Edelweiss.

Check you understanding online

Check your understanding online. Answer these questions in an online version of the quiz. Get your score and feedback on your answers at: Check your understanding: Requirements for time-based services.

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