



Education and Prevention Committee Interpretive Bulletin

Volume 8, No. 2

Specific Neurocognitive Assessment (K032) and Smoking Cessation services (E079 and K039)

Introduction

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care 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 adjustment of inappropriately submitted claims is reduced.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters. They 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 October 1, 2009 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.

EPC Bulletins and all other Ministry bulletins are available on the Ministry website at: http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with specific information on billing codes for Specific Neurocognitive Assessment (K032), Initial Discussion with Patient re: Smoking Cessation (E079) and Smoking Cessation Follow-up Visit (K039).

Specific Neurocognitive Assessment (K032)

Specific Neurocognitive Assessment (K032) is defined on page A26 of the Schedule as an assessment of neurocognitive function rendered personally by the physician where testing is performed to evaluate memory, attention, language, visuo-spatial function and executive function. A minimum of 20 minutes (consecutive or non-consecutive) spent with the

patient is required and must be dedicated exclusively to this service, including administration of tests and scoring, and must be completed on the same day. The start and stop time(s) must be recorded in the patient's medical record.

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

For the purposes of calculation of time, other time-based codes are mutually exclusive of K032; for example, in the event

a Specific Neurocognitive Assessment is performed alongside a Special Neurology Consultation (A180), which has a 75-minute minimum time requirement, start and stop times for both services must be recorded separately within the patient record to show that the time components for each service were fulfilled adequately (e.g., 20-minute minimum for K032 plus 75-minute minimum for A180).

K032 is not eligible for payment under the following circumstances:

- The testing was not rendered by the physician personally;
- The testing did not encompass all of the following areas: memory, attention, language, visuospatial function and executive function;
- The service was provided in under 20 minutes;
- The service is provided alongside another service with a time requirement, and the start times and stop times are not recorded separately for each service.

Smoking Cessation

Initial Discussion with Patient re: Smoking Cessation (E079) and Smoking Cessation Follow-up Visit (K039)

These two services represent discussions between a patient and his or her primary care physician regarding smoking cessation. These codes are listed on page A25 of the Schedule, and are eligible for payment to the physician who is the primary health-care provider most responsible for the patient's ongoing medical care, even if the physician does not participate in a primary care payment model.

Common billing problems associated with E079 and K039:

- The Initial Discussion (E079) billed by a physician who is not the primary care physician most responsible for the patient's ongoing care.
- Physician B billing the Smoking Cessation Follow-up Visit (K039) when the Initial Discussion re: Smoking Cessation (E079) was rendered by Physician A.

Initial Discussion with Patient re: Smoking Cessation (E079)

The service described by E079 is eligible for payment when rendered to a smoker by the primary care physician who is most responsible for the patient's ongoing care.

Payment for E079 is limited to one service per 12-month period, per patient.

E079 is an add-on code that is only eligible for payment when rendered in conjunction with one of the following services: A001, A003, A004, A005, A006, A007, A008, A903, A905, K005, K007, K013, K017, P003, P004, P005, P008, W001, W002, W003, W004, W008, W010, W102, W104, W107, W109 or W121.

Smoking Cessation Follow-up Visit (K039)

The service described by K039 is eligible for payment when rendered by the primary care physician who is most responsible for the patient's ongoing medical care in the 12 months following the initial discussion (E079) that is dedicated to smoking cessation. An assessment may also be eligible for payment at the same visit if a separate assessment service is medically necessary and documented in the patient's medical record.

K039 is only eligible for payment when the initial discussion on smoking cessation (E079) has been provided to the patient and claimed by the same physician in the previous 12 months.

Payment for K039 is limited to a maximum of two services in the 12 months following E079.

Additional fee for physicians participating in eligible patient enrolment models

Q042 is an additional fee (\$7.50) eligible for payment to physicians participating in an eligible patient enrolment model for providing smoking cessation counselling to one of their enrolled patients. Q042 is payable in addition to K039, provided the service is rendered in the 12 months following E079 and limited to a maximum of two services in that 12-month period.

Q042 is only eligible for payment:

- To physicians participating in an eligible patient enrolment model providing the service to their enrolled patient; and
- When the initial discussion on smoking cessation (E079) has been provided to the patient and claimed by the same physician in the previous 12 months.

Medical record requirements common to E079 and K039

The medical record for these services must document that the service has taken place, either by completion of a flow sheet or other documentation consistent with the most current guidelines of the Clinical Tobacco Intervention (CTI) program, otherwise, the service is not eligible for payment.

A copy of a flow sheet meeting the medical record requirements and guidelines of the CTI program is available at <http://www.omacti.org/downloads/downloads.html>. Physicians may complete the flow sheet, or alternatively document that an initial discussion consistent with the "5As" model of the CTI program has taken place.

E079 is not eligible for payment:

- When the service is not provided by the physician who is most responsible for the ongoing medical care of the patient (the primary care physician);

- When a claim for E079 has already been paid to any physician for the same patient in the past 12 months;
- When the service has not been documented on the patient's medical record in compliance with the CTI program guidelines.

K039 is not eligible for payment:

- When the service is not provided by the physician who is most responsible for the ongoing care of the patient;
- When the initial discussion on smoking cessation (E079) was not rendered by that physician within the previous 12 months;
- When more than two claims for K039 are submitted in the 12 months following the initial discussion (E079);
- When the service has not been documented on the patient's medical record in compliance with the current CTI program guidelines.

Example 1

You are a family physician working in a walk-in clinic and see a patient with an upper respiratory infection who has smoked one package of cigarettes per day for 20 years. As part of your assessment, you discuss smoking cessation with the patient.

Is E079 eligible for payment with the assessment?

No. E079 is only eligible for payment when rendered by the physician who is most responsible for the ongoing care of the patient.

Example 2

You are an obstetrician who is providing antenatal care to a 23-year-old patient. She has smoked 1.5 packages of cigarettes per day for 10 years. As part of the antenatal preventive

care assessment (P005) of the patient, you discuss smoking cessation with her.

Are you eligible for payment of E079 or K039?

No. Although you are the physician responsible for ongoing antenatal care you are not her primary care physician who is most responsible for her overall ongoing medical care.

Example 3

You are a family physician seeing one of your patients for the smoking cessation follow-up visit in accordance with the CTI guidelines. You complete the flow sheet during the discussion. Four months ago, you provided the initial discussion on smoking cessation.

What is eligible for payment?

K039 is eligible for payment. No additional assessment is eligible for payment as the visit is dedicated to the discussion of smoking cessation.

Example 4

You are a family physician seeing one of your patients for chronic bronchitis. Three months ago, you had the initial smoking cessation discussion with this patient. After assessing the patient, you also have a dedicated discussion regarding smoking cessation with the patient in accordance with the CTI guidelines. You document the assessment in the patient's medical record, and also include the flow sheet from the smoking cessation discussion.

What is eligible for payment?

K039 and the appropriate assessment are eligible for payment.

Your feedback is welcome 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 or questions on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing to:

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The PSC Secretariat will anonymously forward all comments/suggestions to the Co-Chairs of the EPC for review and consideration.

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

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