



## Dementia Related Billing Codes

### A Quick Reference for Primary Care

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CATEGORY		BILLING CODE	GUIDELINES/DETAILS	OHIP SOB reference	FEE
<b>DEMENTIA ASSESSMENT and ONGOING CARE</b>	Assessments GP15	A007	Intermediate Assessment Physical exam Or Cognitive Assessment (MOCA/MMSE) if <20 minutes	A6 GP23	\$33.70
	Rule out Delirium, medical causes, focal neurologic findings	A967	Focused practice Assessment if focus practice in care of the elderly	A7 GP23	\$33.70
		A003	General Assessment Physical examination	A2 GP18	\$71.25
		K005	Primary mental health if focus is on behavioural symptoms, ruling out depression	GP 50 A18 Not pre-booked	\$62.75 per 20 min unit
		K132	Periodic Health Visit age 65+	A7	\$77.20
	Cognitive Assessment	K032	Specific Neurocognitive Assessment MMSE alone not sufficient	A47 Pre-booked	\$62.75
		A007	Cognitive Assessment (MOCA/MMSE) if <20 minutes	A6 GP23	\$33.70
	Diagnosis disclosure and counseling	K013	Diagnosis disclosure, discussion of prognosis and treatment	GP 50 A18 Pre-booked	\$62.75 per 20 min unit
	Interview with family	K002	Interview with relative to obtain family history/to make a decision regarding treatment when patient incapable (not just to obtain consent)	GP 50 A24 Pre-booked	\$62.75 per 20 min unit
	Consultation GP 16	A005	Consultation	A1	\$77.20
		A911	Special family and focus practice consultation, minimum 50 minutes with patient	A1	\$144.75
		A912	Comprehensive family and focus practice consultation, min 75 min with patient	A1	\$217.15

<b>BEHAVIOURS ASSESSMENT AND MANAGMENT</b>	Assessment and Follow up	K005	Focused on mental health issues and behaviours	-	\$62.75 per 20 min unit
		K002	Interview with family/relatives or substitute decision maker	A24	\$62.75 per 20 min unit
		A007	Intermediate assessment	-	\$33.70
		A003	General Assessment	-	\$71.25
	Form 1	K623	Application under the Mental Health Act	A21	-
	Consultations	* See below			
<b>HOUSE CALL CODES</b>	Special visits	-	Travel premium + Special visit premium + Assessment code	GP 63	-
	House-call Assessment	A901	First person seen at a location only	A3	\$45.15
	Complex house-call assessment	A900	For frail elderly or housebound patient	A3	\$45.15
	Pronouncement of death in the home	A902	For the pronouncement of death and related family counseling	A4	\$45.15
<b>CONSULTATION</b>	Physician to physician consultation	K730	Phone Consult -Referring physician	A35	\$31.35
		K731	Phone Consult -Consulting physician	A35	\$40.45
		K738	E-consultation - Referring physician Please read GP30-32 for requirements	A39-40 GP30-32	\$16.00 Limited to 6 per patient per year
		K739	E- Consultation - Consulting physician Please read GP30-32 for requirements	A39-40 GP30-32	\$20.50 Limited to 6 per patient per year
<b>CCAC</b>	CCAC application	K070	Application and referral to services	A48	\$31.75
	Acute Home care supervision	K071	For first 8 weeks Provision of medical advice, direction or information to CCAC staff	A48	\$21.40 Max 1/week x 8 weeks
	Chronic Home care supervision	K071	As above but following the 9 <sup>th</sup> week	A48	\$21.40 Max 2 per month
	Long Term Care Application form	K038	Application for Long term Care (Physician must complete the form to bill it)	A48	\$45.15

DRIVING	<b>*See above for physical exam, cognitive assessments and counseling.</b>				
	Mandatory Reporting	K035	Completion of Medical Condition Report for Ministry of Transport*	A48	\$36.25
PALLIATIVE CARE	Weekly management fee	G512	Palliative care case management for active end of life care See requirements in J93	J93	\$62.75
	Special visit premiums for home visits	-	Travel premium + Special visit premium + Assessment code	GP 64	-
	Counseling and support	K023	Palliative care support	41A	\$62.75 per 20 min unit
	Referral to CCAC	K070	Application and referral to services	-	\$31.75
	Pronouncement of death in the home	A902	For the pronouncement of death and related family counseling	A4	\$45.15
	Pronouncement of death	A777		A6 GP23	\$33.70
	Death certificate	A771		A6	\$20.60
	Case conference	K700	Palliative care case conference See requirements in section A29	A29	\$31.35 Per 10 minute unit

- For more detailed information and specific billing instructions please follow this link:  
[http://www.health.gov.on.ca/english/providers/program/ohip/sob/physerv/a\\_consul.pdf](http://www.health.gov.on.ca/english/providers/program/ohip/sob/physerv/a_consul.pdf)
- PLEASE note these fee codes reflect the most current OHIP Schedule of Benefits effective April 1, 2013.
- Link to MTO Medical Condition Report  
[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/023-SR-LC-097~1/\\$File/SR-LC-097.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetAttachDocs/023-SR-LC-097~1/$File/SR-LC-097.pdf)
- For elements of assessments and consultations, please refer to OHIP SOB General Preamble pages 15, 16, 17, 18

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