OHIP Billing: Assessments vs. Consultations
Family Physician Edition

Quick Reference Guide

This short guide will help you understand the difference between assessments and consultations for family physicians and assist you in identifying specific elements.

	DoctorCare Best Practices and Recommendations
Why should I know the difference between consultations and assessments?	By understanding the different elements of both consultations and assessments, you can not only prevent numerous billing errors, but also gain insights into the specific patient circumstances that determine whether an assessment or a consultation should be applied.
What is an assessment?	**Assessments** are encounters with a patient in which a full or brief history regarding health maintenance, diagnosis, treatment and/or prognosis and physical exam are performed.
What are the specific elements of an assessment?	• Assessments require additional investigations regarding the patient's condition, whether conducted before, during or after the encounter involving the physical examination. • Performing any medically necessary procedure during the same encounter as the physical examination (e.g. obtaining specimens, diagnostic/therapeutic or surgical services). **Note**: If the procedure is separately listed in the Schedule of Benefits with a fee payable in conjunction with an assessment, this may be claimed in addition to the assessment. • Facilitating the scheduling of relevant assessments, procedures, or therapy, interpreting results, and coordinating follow-up care.

Assessments

Key features	General assessment (A003)	General Re-assessment (A004)	Minor Assessment (A001)	Intermediate Assessment** (A007)
History and Physical examination/other elements	Full history* AND examination of all body parts and systems (not including breast, genital or rectal exams where not medically indicated or refused).	Includes all the services listed for a general assessment, with the exception of the patient's history, which was already obtained in the original assessment.	Brief history and examination of the affected part or region or related to a mental or emotional disorder; **AND/OR** Brief advice or information regarding health maintenance, diagnosis, treatment **AND/OR** prognosis	History of the presenting complaint(s), inquiry concerning, **AND** examination of the affected part(s), region(s), system(s), or mental or emotional disorder as needed to make a diagnosis, exclude disease, and/or assess function.
Limits	**One per patient per physician per 12 months unless**: The second assessment is unrelated to the diagnosis made at the first assessment AND At least 90 days have elapsed since date of last general assessment and the 2nd assessment is a hospital admission assessment.	Two per patient per physician per 12-month period unless rendered for a hospital admission.	No limits	No limits

Note: *A full history must include all of the following elements: history of the presenting complaint, family medical history, past medical history, social history, and functional inquiry into all body parts and systems.
** An intermediate assessment requires a more extensive examination than a minor assessment.

Consultations

	DoctorCare Best Practices and Recommendations
What is a consultation?	**Consultations** are assessments requested (in writing) by a referring physician or nurse practitioner who has professional knowledge of the patient and identifies the consultant physician as competent to provide advice regarding the patient's complaint/condition.
What are the specific elements of consultation?	• General, specific or medical-specific assessments (except where otherwise specified). • Review of all relevant data. • Written report to the referring physician. • A copy of the consultation request*, signed by the referring physician or nurse practitioner. **Note:** *Consultations may not be requested exclusively by a medical trainee; they require the referring physician's or nurse practitioner's signature.

Key features	Consultation (A005)	Repeat Consultation (A006)	Limited Consultation (A905)
Definition	Includes the services necessary to prepare a written report by performing a general, specific or medical-specific assessment and the review of all relevant data.	Additional consultation by the same consultant for the same presenting problem, following care rendered to the patient by another physician in the interval following the initial consultation but preceding the repeat consultation.	The service rendered by any physician who is ***not a specialist***, where the service meets all the requirements for a consultation and is less demanding in terms of time than an A005, but because of the nature of the referral, only those services which constitute a specific assessment are rendered.
Referral requirements/limits	Consultations rendered to the same patient by the same physician for the same diagnosis are limited to one service per two consecutive 12-month periods except when the additional consultation service(s) is a repeat consultation.	A repeat consultation has the same requirements as a consultation including the requirement for a new written request by the referring physician, nurse practitioner or dental surgeon.	Written request by referring physician or nurse practitioner.

Case Examples

Problem	Options	Solution
You see a patient referred to you by another physician for weight loss management and conduct an assessment. What code do you bill?	A. A002 – Enhance 18-month Development Assessment B. A001 – Minor Assessment C. A005 – Consultation D. A006 – Repeat Consultation	You would bill A005, as the patient was referred to you by another physician and you conduct an assessment.
The same patient from the previous example returns with another referral within the year for an appointment with the same issue. What code do you bill?	A. A002 – Enhance 18-month Development Assessment B. A001 – Minor Assessment C. A005 – Consultation D. A006 – Repeat Consultation	You would bill A006 as the patient was already seen by you previously and is returning for the same issue.
A non-enrolled patient comes in for a visit relating to the pain they are experiencing in their joints. You examine the patient's joints and review their medical history. What code do you bill?	A. A001 – Minor Assessment B. A007 – Intermediate Assessment C. A003 – General Assessment	You would bill A003 because you conduct a full examination, including the affected joints and a complete medical history.
A patient with hypertension attends the regularly scheduled follow-up of her chronic condition. You perform a focused history and physical to assess the patient's symptoms and identify any problems or complications. What code do you bill?	A. A001 – Minor Assessment B. A007 – Intermediate Assessment C. A003 – General Assessment	You would bill A007 as based on the services rendered, this visit would qualify for an intermediate assessment.