

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Alexander Donskoy (CPSO #55133)
General Practice
(the Respondent)**

INTRODUCTION

The College received information from the Ministry of Health and Long-Term Care raising concerns about the Respondent's medical practice, specifically psychotherapy, which he billed to the Ontario Health Insurance Plan (OHIP) under code K007 (individual psychotherapy). In particular, it was reported that the Respondent was billing psychotherapy codes in addition to the usual assessment codes for 70 percent of his patients. This included many patients where he billed two units of psychotherapy per visit.

Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a review of the Respondent's practice.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of February 19, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to billing fees without sufficient documentation and to complete a specified continuing remediation and education program (SCERP) consisting of:

- Clinical supervision for a minimum of three months (including chart review and direct observation of patient encounters);
- Review of the College's policy, *Medical Records*, as well as the College's Practice Guide;
- Completion of the University of Toronto's Medical Record-Keeping course; and
- A reassessment of his practice three months after completion of the SCERP.

The Committee also directed staff to notify the General Manager of OHIP of its concerns with the Respondent's OHIP billing.

COMMITTEE'S ANALYSIS

As part of this investigation, the Registrar appointed an independent Assessor to review, among other things, a number of the Respondent's patient charts and OHIP claims, and submit a written report to the Committee.

In his report, the Assessor found that the Respondent billed double K007 codes 88 times in 15 of the 18 patient charts reviewed, and that this did not meet the requirements for the OHIP billing codes. However, the Assessor concluded that the Respondent met the billing requirements for the single unit K007 OHIP billing codes he submitted.

The Committee was unsure why the Assessor concluded that the Respondent met the requirements for billing one K007 code per visit when the Assessor's individual chart review indicated that, universally, the Respondent's psychotherapy documentation was minimal, repetitive and did not tell the story of the patient. This was the case in all K007 patients – not just the ones who were billed two units of psychotherapy per visit. The Committee was of the view that the Respondent's notes were insufficient to support billing for any psychotherapy, whether one or two units.

The Committee found that the Respondent failed to adequately represent the care/supportive psychotherapy he indicated he provided. The Respondent should have ensured that his documentation was thorough and reflected the psychotherapy being done, including indications, the techniques used, details of the issues, treatment modalities, homework, whether there was improvement at further visits, start and stop times of sessions, and so on. The absence of these details in the record resulted in the Committee having concerns about the quality of care the Respondent provided to his patients.

The Committee was therefore of the view that it would be appropriate to caution the Respondent in person and require him to complete the SCERP, as outlined above.