Psychiatry Billing Cheat Sheet

Knowing which codes are available in your specialty is essential in order to maximize your earning potential. Use this cheat sheet as a quick reference guide to the available codes in Psychiatry.

Consultations & Assessments

Consultations are allowed 1 per 12-month period.

Requirements: written request from a referring physician or nurse practitioner.

***2nd Consultation is payable in a 12-month period if the diagnosis is completely different than the first.

Repeat Consultations are allowed 1 per 12-month period following a consultation in respect to the same diagnosis.

Requirements: written request from a referring physician or nurse practitioner.

Limited Consultations are allowed 1 per 12-month period.

Requirements: written request from a referring physician or nurse practitioner.

General Assessments are allowed 1 per 12-month period.

Requirements: less time spent with the patient than a consultation.

General Re-assessments are allowed 2 per 12-month period.

Partial Assessments are unlimited.
Outpatient

**A195 Consultation**
**A895 Consultation** when using a special visit to a hospital inpatient, long term care inpatient or emergency department patient.

**Visit to Emergence Department for Consultation or Assessment**

*Use the A prefix and add a premium for time and travel if you were outside the hospital when called.

**Emergency Department: Special Visit Premium**

<table>
<thead>
<tr>
<th></th>
<th>Weekdays (07:00 - 17:00)</th>
<th>Weekdays (07:00 - 17:00) With sacrifice of Office Hours</th>
<th>Evenings M-F (17:00 - 24:00)</th>
<th>Weekends &amp; Holidays (07:00 - 24:00)</th>
<th>Nights (0:00 - 7:00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Seen Person</td>
<td>K990: $20.00</td>
<td>K992: $40.00</td>
<td>K994: $60.00</td>
<td>K998: $75.00</td>
<td>K996: $100.00</td>
</tr>
<tr>
<td>Additional Person(s) Seen</td>
<td>K991: $20.00</td>
<td>K993: $40.00</td>
<td>K995: $60.00</td>
<td>K999: $75.00</td>
<td>K997: $100.00</td>
</tr>
<tr>
<td>Max. Travel Premiums</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>
### In Patient: Special Visit Premium

**Example:** You see a patient in emerg at 10:00. You would bill A895 with K990.

<table>
<thead>
<tr>
<th>Persons Seen (1st person and additional persons)</th>
<th>10</th>
<th>10</th>
<th>10</th>
<th>10</th>
<th>Unlimited</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Travel Premium</strong></th>
<th><strong>Weekdays (07:00 - 17:00)</strong></th>
<th><strong>Weekdays (07:00 - 17:00) With sacrifice of Office Hours</strong></th>
<th><strong>Evenings M-F (17:00 - 24:00)</strong></th>
<th><strong>Weekends &amp; Holidays (07:00 - 24:00)</strong></th>
<th><strong>Nights (0:00 - 7:00)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>C960: $36.40</td>
<td>C961: $36.40</td>
<td>C962: $36.40</td>
<td>C963: $36.40</td>
<td>C964: $36.40</td>
<td></td>
</tr>
<tr>
<td><strong>First Seen Person</strong></td>
<td>C990: $20.00</td>
<td>C992: $40.00</td>
<td>C994: $60.00</td>
<td>C986: $75.00</td>
<td>C996: $100.00</td>
</tr>
<tr>
<td>C991: $20.00</td>
<td>C993: $40.00</td>
<td>C995: $60.00</td>
<td>C987: $75.00</td>
<td>C997: $100.00</td>
<td></td>
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<td><strong>Additional Person(s) Seen</strong></td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>6</td>
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<td>2</td>
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<td>6</td>
</tr>
</tbody>
</table>

**Persons Seen (1st person and additional persons)**

<table>
<thead>
<tr>
<th>10</th>
<th>10</th>
<th>10</th>
<th>10</th>
<th>Unlimited</th>
</tr>
</thead>
</table>
• **A190 Special Psychiatric Consultation** (required time spend a minimum of 75 minutes of direct contact with patient).

• **A795 Geriatric Psychiatric Consultation** patient of 75 years or older, minimum of 75 minutes of direct contact with patients and must be scheduled a minimum of 24 hours prior to visit.

• **A695 Neurodevelopment Consultation** patient with complex neurodevelopment conditions eg: autism, global developmental disorders etc. Minimum of 90 minutes of direct contact with the patient.

Stop and start times must be recorded in medical record. Maximum 1 per patient per physician every 5 years.

• **A395 Limited Consultation**
• **A196 Repeat Consultation**
• **A193 Specific Assessment**
• **A194 Partial Assessment**
• **A197 Consultative interview with parent(s) or patient representative less than 22 years**
• **A198 Consultative interview with a patient less than 22 years.**
• **A191 Consultative interview with caregiver(s) of a patient at least 65 years or a patient less and 64 years with a diagnosis of dementia.**
• **A192 Consultative interview with patient of 64 years or a patient less than 64 years with a diagnosis of dementia.**

***Billing Reminder:** A197, A198, A191, A192 not eligible for payment with family psychiatric care or family psychotherapy.

**K630 Psychiatric Consultation Extension:** per unit (1/2 hour + 1 unit), limited to a maximum of 6 units per patient per physician per day.

<table>
<thead>
<tr>
<th>Consultation</th>
<th>Minimum time with Patient</th>
<th>Minimum time 1 unit K630</th>
<th>Minimum time 2 unit K632</th>
</tr>
</thead>
<tbody>
<tr>
<td>A190, C190, W190</td>
<td>90 mins.</td>
<td>106 mins.</td>
<td>136 mins.</td>
</tr>
<tr>
<td>Service Description</td>
<td>Time 1</td>
<td>Time 2</td>
<td>Time 3</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>A195</td>
<td>60 mins.</td>
<td>76 mins.</td>
<td>106 mins.</td>
</tr>
<tr>
<td>A197 Sole Service</td>
<td>60 mins.</td>
<td>76 mins.</td>
<td>106 mins.</td>
</tr>
<tr>
<td>A198 Sole Service</td>
<td>60 mins.</td>
<td>76 mins.</td>
<td>106 mins.</td>
</tr>
<tr>
<td>A197/ A198 same patient, same day.</td>
<td>120 mins.</td>
<td>136 mins.</td>
<td>166 mins.</td>
</tr>
<tr>
<td>A695, C695, W695</td>
<td>120 mins.</td>
<td>136 mins.</td>
<td>166 mins.</td>
</tr>
<tr>
<td>A795, C795, W795</td>
<td>90 mins.</td>
<td>106 mins.</td>
<td>136 mins.</td>
</tr>
<tr>
<td>A895, C895, W895</td>
<td>60 mins.</td>
<td>76 mins.</td>
<td>106 mins.</td>
</tr>
<tr>
<td>A191</td>
<td>60 mins.</td>
<td>76 mins.</td>
<td>106 mins.</td>
</tr>
<tr>
<td>A192</td>
<td>60 mins.</td>
<td>76 mins.</td>
<td>106 mins.</td>
</tr>
<tr>
<td>A191/A192 same patient, same day.</td>
<td>120 mins.</td>
<td>136 mins.</td>
<td>166 mins.</td>
</tr>
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**In Patient**

- **C895** Consultation
- **C190** Special Psychiatric Consultation
- **C395** Limited Consultation
- **C196** Repeat Consultation
- **C795** Geriatric Psychiatric Consultation
- **C695** Neurodevelopmental Consultation
- **C193** Specific Assessment
- **C194** Specific Re Assessment

**Subsequent Visit**

- **C192** Daily for the first 5 weeks
- **C197** Week 6-13 (maximum 3 per week)
- **C199** After week 13 (maximum 6 per month)
- **C192** Daily for the first 5 weeks
- **C197** Week 6-13 (maximum 3 per week)
- **C199** After week 13 (maximum 6 per month)
Subsequent Visit by MRP

The MRP is the physician who admits the patient to the hospital. The MRP can transfer doctors and specialties throughout a patient’s hospital stay, but only one doctor can be MRP for the patient at one time. If you’re the MRP you’re eligible for the E083 premium that adds 30% to the subsequent visit code.

- **C122** Day following the hospital admission assessment…add E083
- **C123** Second day following the hospital admission assessment….add E083
- **C124** Day of discharge (patient must be in hospital for at least 48 hours)…add E083

Subsequent Visit by MRP following a transfer from ICU

- **C142** First day following transfer from ICU
  - add **E083**
- **C143** Second day following transfer from ICU
  - add **E083**
- **C121** Additional visit due to intercurrent illness
- **C198** Concurrent Care
- **C982** Palliative Care

Long Term Care In Patient

- **W895** Consultation
- **W190** Special Psychiatric Consultation
- **W795** Geriatric Psychiatric Consultation
- **W695** Neurodevelopmental Consultation
- **W395** Limited Consultation
- **W196** Repeat Consultation

Psychotherapy, Family Psychotherapy, Hypnotherapy, Psychiatric Care *units ½ hour

- **K198** Outpatient per unit
- **K199** In patient per unit
Family Psychiatric Care

- **K196** Outpatient per unit
- **K191** In patient per unit

Psychotherapy

- **K197** Individual outpatient psychotherapy per unit
- **K190** Individual in patient psychotherapy per unit
- **K195** Family psychotherapy outpatient (2 or more members) per unit
- **K193** Family psychotherapy in patient (2 or more members) per unit

Group Psychotherapy

*Outpatients/per member first/12 units per day*

- **K208** 2 people per unit
- **K209** 3 people per unit
- **K203** 4 people per unit
- **K204** 5 people per unit
- **K205** 6 to 12 people per unit
- **K206** additional units per member (max 6 per patient per day) per unit

*In patient/per member first/12 units per day*

- **K210** 2 people per unit
- **K211** 3 people per unit
- **K200** 4 people per unit
- **K201** 5 people per unit
- **K202** 6 to 12 people per unit
- **K207** Additional units per member (max 6 per patient per day) per unit

Hypnotherapy

- **K192** Individual per unit
- **K194** Group for induction and training for hypnosis per member (max of 8) per unit.

Community Psychiatric Care

*Acute post discharge Premium*
K187  Adds 15% to K195, K196, K197, K198

High risk Premium
(available during a 6 month period following a suicide attempt).

K188  Adds 15% to A190, A191, A192, A195, A197, A198, A695, A795, K195, K196, K197, K198

Urgent Community Psychiatric Follow up

K189  Adds $200 to A190, A195, A695, A795

Assessment under the Mental Health Act

K620  Consultation for involuntary psychiatric treatment per unit.
K623  Form 1 Application for psychiatric assessment.
K624  Form 3 Certification of involuntary admission.
K629  Form 3 All other re-certifications of involuntary admission including completion of forms.

Contact us if you have any questions regarding Psychiatry Billing codes.