

# PSYCHIATRY

These listings cannot be correctly interpreted without reference to the Preamble.

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## Referred Cases

### Full Consultations

	<b>Individual:</b> Diagnostic interview or examination, including history, mental status exam and treatment recommendation, with written report:	
00610	Private office or hospital out-patient .....	303.31
00611	Extended Adult Psychiatry Consultation > 68 minutes .....	410.62
	<b>Notes:</b>	
	i) Payable only to patients 18 years of age and older.	
	ii) Start and end times must be entered in both the billing claims and the patient's chart.	
00615	Hospital/institution in-patient or home .....	303.31
00613	Geriatric consultation (patients 75 years or older).....	454.98
00622	<b>Emotionally disturbed child:</b> Diagnostic interview or examination, including mental status and treatment recommendation, assessment of parents, guardian, or other relatives and written report.....	530.80
00623	<b>Multiple disturbed family (three or more members):</b> Simultaneous diagnostic interviews or examination, including mental status of the members, their interactions, and written report .....	530.80

### Repeat or Limited Consultations

	Where a formal consultation for the same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee:	
00625	Individual (see 00610 and 00615) .....	154.58
00614	Geriatric (see 00613).....	227.48
00626	Emotionally disturbed child (see 00622) .....	265.40
00627	Multiple disturbed family (see 00623).....	265.40

## Continuing care by consultant:

### Psychiatric Treatment

00607	Office visit to include services such as chemotherapy management and/or minimal psychotherapy .....	65.14
00608	Hospital visit.....	65.14
00609	Home visit .....	87.26
00605	Emergency visit when specially called .....	170.45
	(not paid in addition to out-of-office hours premiums)	
	<b>Note:</b> Claim must state time service rendered.	
	<b>Individual (office or hospital out-patient):</b>	
00630	- per 1/2 hour .....	132.44
00631	- per 3/4 hour .....	198.67
00632	- per 1 hour .....	264.89

**Note:** Start and end times must be entered in both the billing claims and the patient's chart.

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**Individual (hospital or institution in-patient or home):**

00650	- per 1/2 hour .....	132.44
00651	- per 3/4 hour .....	198.67
00652	- per 1 hour .....	264.89

**Note:** The start time of the first patient seen and the end time of the last patient seen each day must be entered in the billing claims and the patient's chart should have sufficient documentation around the timing of the patient interaction (See Psychiatry Preamble 1.).

**Family/Conjoint Therapy - (two or more family members):**

00633	- per 1/2 hour .....	132.44
00635	- per 3/4 hour .....	198.67
00636	- per 1 hour .....	264.89
00638	- per 1 ¼ hour .....	331.04
00639	- per 1 ½ hour .....	397.32

**Notes:**

- i) Start and end times must be entered in both the billing claims and the patient's chart.
- ii) A note record is required for sessions longer than one hour.

**Group Psychotherapy**

Fee per patient, per 1/2 hour:

00663	Three patients .....	64.52
00664	Four patients .....	50.48
00665	Five patients .....	42.05
00666	Six patients .....	36.44
00667	Seven patients .....	32.43
00668	Eight patients .....	29.40
00669	Nine patients .....	27.07
00670	Ten patients .....	25.19
00671	Eleven patients .....	23.67
00672	Twelve patients .....	22.39
00673	Thirteen patients .....	21.32
00674	Fourteen patients .....	20.39
00675	Fifteen patients .....	19.59
00676	Sixteen patients .....	18.88
00677	Seventeen patients .....	18.26
00678	Eighteen patients .....	17.71
00679	Nineteen patients .....	17.22
00680	Twenty patients .....	16.78
00681	Greater than 20 patients (per patient) .....	16.38

**Notes:**

- i) A separate claim should be submitted for each patient.
- ii) Where two co-therapists are involved in a group of eight or more patients, the group should be divided for claims purposes, with each co-therapist claiming the appropriate rate per patient for the reduced group size. Each claim should indicate "co-therapy" and also identify the other co-therapist.
- iii) Where a group psychotherapy session extends beyond two hours or involves more than 20 patients, a written explanation of need is required by the Plan.
- iv) Start and end times must be entered in both the billing claims and the patient's chart.

**Telehealth Service with Direct Interactive Video Link with the Patient:****Full Telehealth Consultations:**

60610	Telehealth individual full consultation: Diagnostic interview or examination, including history, mental status exam and treatment recommendation, with written report.....	303.31
60613	Telehealth Geriatric consultation (patients 75 years or older).....	454.98
60622	Telehealth consultation - Emotionally disturbed child: Diagnostic interview or examination, including mental status and treatment recommendation, assessment of parents, guardian, or other relatives and written report .....	530.80

**Repeat or Limited Telehealth Consultations:**

Where a formal consultation for the same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee.

60625	Telehealth - Individual consultation .....	154.58
60614	Telehealth - Geriatric consultation.....	227.48
60626	Telehealth - Emotionally disturbed child.....	265.40

**Telehealth Psychiatric Treatment:**

60607	Telehealth office visit to include services such as chemotherapy management and/or minimal psychotherapy .....	65.14
60608	Telehealth hospital in-patient visit .....	65.14

**Individual Telehealth Psychiatric Treatment:**

60630	- per 1/2 hour .....	132.44
60631	- per 3/4 hour .....	198.67
60632	- per 1 hour .....	264.89

**Note:** Start and end times must be entered in both the billing claims and the patient's chart.

**Family/Conjoint Telehealth Therapy - (two or more family members):**

60633	- per 1/2 hour .....	132.44
60635	- per 3/4 hour .....	198.67
60636	- per 1 hour .....	264.89
60638	- per 1 ¼ hour .....	331.04
60639	- per 1 ½ hour .....	397.32

**Notes:**

- i) Start and end times must be entered in both the billing claims and the patients' chart.
- ii) A note record is required for sessions longer than one hour.

**Telehealth – Miscellaneous:**

60624	Telehealth Clinical evaluation/ interview of family member/close acquaintance/knowledgeable professional involved in the patient's care – per 15 minute or greater portion thereof .....	66.22
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**Notes:**

- i) When not the direct interactive focus of the interview, the patient may be present (e.g.: child or geriatric patient).
- ii) Payable in addition to other services when performed consecutively, not concurrently.
- iii) Maximum of one hour (4 units) may be claimed per patient per day.
- iv) This fee is payable when the interview occurs in person or by telephone.
- v) Start and end times must be included in the time fields.

60645	Telehealth Patient Management Conference - meeting by specific appointment to discuss/plan patient management with third parties, including referring physicians or allied hospital staff (if an inpatient) or relatives, and/or community agency representatives/providers including psychologists, counsellors, case managers, home or specialty-care nurses, social workers or other medical specialists or family practitioners - per 15 minutes or major portion thereof. ....	66.22
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**Notes:**

- i) *Not to exceed a maximum of four hours per patient per psychiatrist, per calendar year.*
- ii) *A written record of the meeting must be maintained and/or a report generated by the psychiatrist.*
- iii) *If multiple patients are discussed, the billings shall be for consecutive, non-overlapping time periods.*
- iv) *Not payable unless the patient has been seen by the Psychiatrist in the preceding 180 days.*
- v) *Names and positions of other participants in the Patient Management Conference must be recorded in the patient's chart.*
- vi) *Start and end times must be entered in both the billing claims and the patient's chart.*

**Miscellaneous**

00624	Clinical evaluation/interview of family member/close acquaintance/knowledgeable professional involved in the patient's care – per 15 minutes or greater portion thereof .....	66.22
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**Notes:**

- i) *When not the direct interactive focus of the interview, the patient may be present (e.g.: child or geriatric patient).*
- ii) *Payable in addition to other services when performed consecutively, not concurrently.*
- iii) *Maximum of one hour (4 units) may be claimed per patient per day.*
- iv) *This fee is payable when the interview occurs in person or by telephone.*
- v) *Start and end times must be included in the time fields.*

00641	Electroconvulsive therapy.....	107.05
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00645	Patient Management Conference - meeting by specific appointment to discuss/plan patient management with third parties, including referring physicians or allied hospital staff (if an inpatient) or relatives, and/or community agency representatives/providers including psychologists, counsellors, case managers, home or specialty-care nurses, social workers or other medical specialists or family practitioners - per 15 minutes or major portion thereof. ....	66.22
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**Notes:**

- i) *Not to exceed a maximum of four hours per patient per psychiatrist, per calendar year.*
- ii) *A written record of the meeting must be maintained and/or a report generated by the psychiatrist.*
- iii) *If multiple patients are discussed, the billings shall be for consecutive, non-overlapping time periods.*
- iv) *Not payable unless the patient has been seen by the Psychiatrist in the preceding 180 days.*
- v) *Names and positions of other participants in the Patient Management Conference must be recorded in the patient's chart.*
- vi) *This fee is payable when the case conference occurs in person or by phone.*
- vii) *Start and end times must be entered in both the billing claims and the patient's chart.*