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Psychiatry Billing Cheat Sheet

Knowing which codes are available in your speciality 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.



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Outpatient

A195 Consultation

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

Visit to Emergency 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

| | Weekdays (07:00 - 17:00) | Weekdays (07:00 - 17:00) With sacrifice of Office Hours | Evenings M-F (17:00 - 24:00) | Weekends & Holidays (07:00 - 24:00) | Nights (0:00 - 7:00) |
|---------------------------|-----------------------------|---|------------------------------|-------------------------------------|----------------------|
| Travel Premium | K960: \$36.40 | K961: \$36.40 | K962: \$36.40 | K963: \$36.40 | K964: \$36.40 |
| First Seen Person | K990: \$20.00 | K992: \$40.00 | K994: \$60.00 | K998: \$75.00 | K996: \$100.00 |
| Additional Person(s) Seen | K991: \$20.00 | K993: \$40.00 | K995: \$60.00 | K999: \$75.00 | K997: \$100.00 |
| Max. Travel Premiums | 2 | 2 | 2 | 2 | 6 |



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| | | | | | |
|--|----|----|----|----|-----------|
| Persons Seen (1 st person and additional persons) | 10 | 10 | 10 | 10 | Unlimited |
|--|----|----|----|----|-----------|

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

In Patient: Special Visit Premium

**When using a premium for time and travel for In Patients make sure the consult/assessment is the prefix A:

| | Weekdays (07:00 - 17:00) | Weekdays (07:00 - 17:00) With sacrifice of Office Hours | Evenings M-F (17:00 - 24:00) | Weekends & Holidays (07:00 - 24:00) | Nights (0:00 - 7:00) |
|--|-----------------------------|--|---------------------------------|---|----------------------|
| Travel Premium | C960: \$36.40 | C961: \$36.40 | C962: \$36.40 | C963: \$36.40 | C964: \$36.40 |
| First Seen Person | C990: \$20.00 | C992: \$40.00 | C994: \$60.00 | C986: \$75.00 | C996: \$100.00 |
| Additional Person(s) Seen | C991: \$20.00 | C993: \$40.00 | C995: \$60.00 | C987: \$75.00 | C997: \$100.00 |
| Max. Travel Premiums | 2 | 2 | 2 | 2 | 6 |
| Persons Seen (1 st person and additional persons) | 10 | 10 | 10 | 10 | Unlimited |



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- [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.

| Consultation | Minimum time with Patient | Minimum time 1 unit K630 | Minimum time 2 unit K632 |
|------------------|---------------------------|--------------------------|--------------------------|
| A190, C190, W190 | 90 mins. | 106 mins. | 136 mins. |



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| | | | |
|------------------------------------|-----------|-----------|-----------|
| A195 | 60 mins. | 76 mins. | 106 mins. |
| A197 Sole Service | 60 mins. | 76 mins. | 106 mins. |
| A198 Sole Service | 60 mins. | 76 mins. | 106 mins. |
| A197/ A198 same patient, same day. | 120 mins. | 136 mins. | 166 mins. |
| A695, C695, W695 | 120 mins. | 136 mins. | 166 mins. |
| A795, C795, W795 | 90 mins. | 106 mins. | 136 mins. |
| A895, C895, W895 | 60 mins. | 76 mins. | 106 mins. |
| A191 | 60 mins. | 76 mins. | 106 mins. |
| A192 | 60 mins. | 76 mins. | 106 mins. |
| A191/A192 same patient, same day. | 120 mins. | 136 mins. | 166 mins. |

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)



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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 1/2 hour

[K198](#) Outpatient per unit

[K199](#) In patient per unit



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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



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[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.