

Mental Health Care

Quick Reference Guide

This short guide will provide you with key information on how to bill for OHIP billing codes for mental health care.

Challenge

DoctorCare Best Practices and Recommendations

What are the codes to bill for mental health visits?

Primary Mental Health Care

Fee Codes	Description	Value
K005	Primary mental health care – individual care (per unit)	\$70.10

Notes:

- This code is payable to visits where physicians provide advice and information with respect to diagnosis, treatment, health maintenance and prevention.
- It is a time-based code that requires a minimum of 20 minutes of direct patient contact.
- Unit means ½ hour or major part thereof.
- The code is not payable in conjunction with other consultations and visits rendered by a physician during the same patient visit unless there are clearly different diagnoses for the two services.
 - For example, if a patient comes in to discuss their anxiety for 20 minutes and then discusses symptoms of a fever unrelated to the anxiety, you can bill the intermediate assessment (A007) with the K005 fee code.

Psychotherapy

Fee Codes	Description	Value
K007	Psychotherapy – Individual care (per unit)	\$70.10
K019	Psychotherapy – Group of 2 (per unit)	\$35.10
K020	Psychotherapy – Group of 3 (per unit)	\$23.35
K012	Psychotherapy – Group of 4 (per unit)	\$17.65
K024	Psychotherapy – Group of 5 (per unit)	\$14.55
K025	Psychotherapy – Group of 6 to 12 (per unit)	\$12.35
K010	Additional units per member	\$11.20
K004	Psychotherapy – 2 or more family members (per unit)	\$76.10

Notes:

- Unit means ½ hour or major part thereof.
- Psychotherapy outside hospital and hypnotherapy may not be claimed as such when provided in conjunction with a consultation or other assessment rendered by a physician during the same patient visit unless there are clearly defined different diagnoses for the two services.

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DoctorCare Best Practices and Recommendations

What are the codes to bill for mental health visits? (continued)

Interviews and Counselling

Fee Codes	Description	Value
K008	Diagnostic interview and/or counselling with child and/or parent for psychological problem or learning disabilities	\$70.10
K013	Counselling – Individual Care – first three units of K013 and K040 combined per patient per provider per 12-month period (per unit)	\$70.10
K033	Counselling – Individual Care – additional units per patient per provider per 12-month period (per unit)	\$49.35
K040	Group counselling – 2 or more persons, where no group members have received more than 3 units of any counselling paid under codes K013 and K040 combined per provider per 12-month period (per unit)	\$70.10
K041	Group counselling – 2 or more persons, additional units where any group member has received 3 or more units of any counselling paid under codes K013 and K040 combined per provider per 12-month period (per unit)	\$50.20

Notes:

- Unit means ½ hour or major part thereof.
- The code K008 is claimed using the child’s health number. Psychological testing is not an insured service.

Application for Psychiatric Assessment

Fee Code	Description	Value
K623	Application for psychiatric assessment – Form 1	\$117.05

For a patient to receive a psychiatric assessment, a physician must fill out the Form 1 application. The application for psychiatric assessment in accordance with the Mental Health Act includes necessary history, examination, notification of the patient, family, and relevant authorities and completion of form.