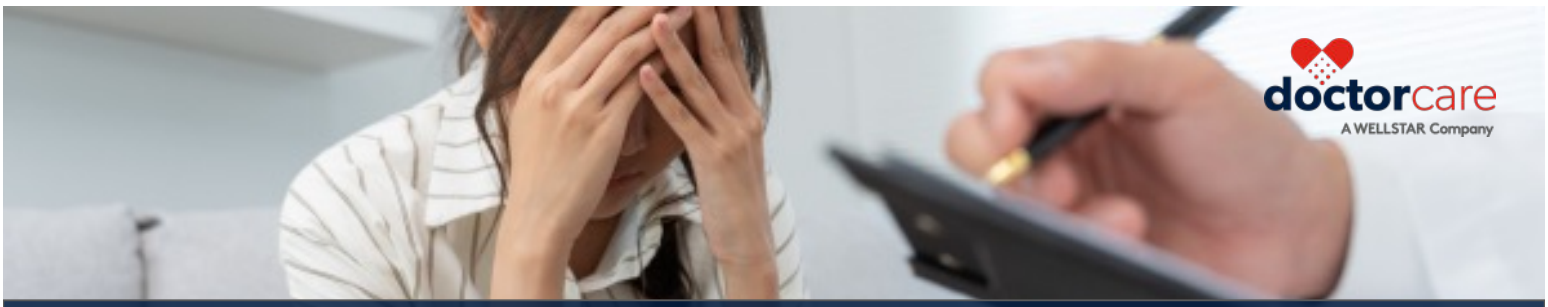

OHIP Billing: Mental Health Codes

Quick Reference Guide

This short guide will provide you with key information on how to bill for mental health care in your practice.

Mental health care is an essential part of many physicians' practices, whether through scheduled visits or conversations that arise during general appointments. Without a strong understanding of mental health billing, it's easy to miss eligible codes and leave revenue on the table.

What are the codes to bill for mental health visits?

Mental health care codes can be divided into three categories: Primary Mental Health Care, Psychotherapy, and Counselling/Interviews.

Primary Mental Health Care

Primary mental health care is a service 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.

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

- Pays at 95% for a virtual audio visit, similar to K007.
- A unit means ½ hour or a major part of the visit, and there is no maximum per 12-month period.
- The code is not payable in addition to 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

Psychotherapy includes narcoanalysis, psychoanalysis, or treatment of sexual dysfunction. Like the K005 code, it is a time-based code that requires a minimum of 20 minutes.

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

Counselling/Interviews

This is a patient visit dedicated solely to an educational dialogue with a physician. This service is offered to develop awareness of the patient's problems or situation and of modalities for prevention and/or treatment, and to provide advice and information.

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 unites 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

- If a patient is being billed more than three K013, they will likely be flagged on the high inside use list. In this case, the doctor may want to consider derostering those patients.

Application for Psychiatric Assessment

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.

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