

SULTAN PASHA'S GUIDE TO OHIP BILLING (PSYCHIATRY)



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Introduction

This guide has been compiled from the experience and knowledge of several recent graduates. It is absolutely free of charge. The reproduction or sale of this document is illegal. We welcome any further feedback and improvements to make this guide more accurate and helpful.

This is not an official document and is not meant to be exhaustive. Please refer to the OHIP Schedule of Benefits for further details. All tables and graphs have been copied from the OHIP Schedule of Benefits for educational purposes ([Click for source](#)).

Submit claims at your own risk. We are not responsible for any billing errors, or penalties that may apply if audited.

General Preamble - FAQs:

- ***"How are units calculated?"***

| # Units | Minimum time |
|----------|----------------------|
| 1 unit: | 20 minutes |
| 2 units: | 46 minutes |
| 3 units: | 76 minutes [1h 16m] |
| 4 units: | 106 minutes [1h 46m] |
| 5 units: | 136 minutes [2h 16m] |
| 6 units: | 166 minutes [2h 46m] |
| 7 units: | 196 minutes [3h 16m] |
| 8 units: | 226 minutes [3h 46m] |

- ***"When can travel premiums and special visit premiums (SVPs) be billed?"***
 - Travel premium - only billed when need to travel to hospital for an urgent visit, and **cannot** be billed if going from one area of hospital to another.
 - **SVPs - SEE BOTTOM OF DOCUMENT FOR OFFICIAL OHIP BULLETIN.**
- ***"If I am monitoring a patient through a camera feed (ie. in PICU) can I count this time as part of my K199 assessment?"***
 - Yes - make sure to document this clearly in your note.
 - If you see a patient twice while on call, for a total of 20 minutes across both encounters, you can combine these in and bill a single K199.
- ***"Can I claim multiple encounters for the same patient on the same day?"***
 - OHIP will **NOT** allow you to bill multiple codes for the same patient on the same day, these will get rejected. If you bill a consult, and then an A194 on the same day, they will reject the HIGHER code.
- ***"Patient returns to ER after initial consultation <12 months before... can I bill another consultation?"***
 - A new consultation CAN be billed IF a different diagnosis is used. Otherwise you would need to bill a "repeat consultation" or time-based outpatient/inpatient codes (K198/K199).

- ***"What should I do if the patient's OHIP number and/or version code is invalid?"***
 - UPDATE: ServiceOntario previously provided updated version codes. At this point, they are no longer doing this consistently and we do not recommend contacting them.
 - We suggest contacting the patient and/or their family physician at a later date to obtain an updated version code. You may then re-submit the claim.
 - For further info on HCV: <http://ohiphcv.ca>
- ***"Can I bill for patients who have a valid health card number from out of province?"***
 - Yes - this can be done through MDBilling WEBSITE interface (but not the app).
- ***"What App/Service do you use for submitting claims?"***
 - MDbilling.ca - 0.25% per claim, maximum \$600 per year (first \$15k worth of claims are FREE).
 - A billing clerk will use MDBilling or CabMD to do the same thing you would do on your own, and charge a significant premium for this service.
 - Many alternatives exist - please do a google search and compare to find what works best for your practice.
- ***"Can I bill for speaking to patient/caregiver by phone?"***
 - No.
 - You can bill a telephone consultation (K731A) if you speak to a physician directly and give advice, but you must have a referring physician and document this as a note. The patient would have to be registered in the hospital where you are working).
- ***"There is a 4.45% reduction in my total OHIP reimbursement every month"***
 - See below:
 - <https://support.mdbilling.ca/hc/en-us/articles/208252983-OHIP-Billing-Tip-42-Accounting-Transactions-Payment-Reduction-Opted-In->
- ***"I made a mistake in my claim... but it has already been submitted. What shall I do?"***
 - Contact MOHLTC and find the contact information for your billing officer.
 - Submit an RAI request to request a correction (this can be done for encounters that were done within the past 6 months.
 - Most corrections can be done directly by phone to speed up the process, but the billing officer will ask you to submit an RAI form as a formality
 - RAI forms can be auto-generated through MDBilling (unsure about other services).

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On-Call Billing Tips:

1. Always document **start** and **stop** times for assessments **when required** for billing code.
 2. Always document **referring physician** (and their **billing number**) in **consultation note**. You cannot bill a consultation note unless there is a **written request** from the referring physician.
 3. Always include **all** elements of a consultation when dictating a full consult note.
 4. Always document **diagnosis**.
 5. If billing Special Visit Premiums, must document that either the **patient (or representative)** or **staff** has asked you to see patient, and **why**.
 6. If billing for **in-patients**, must enter **date of admission**.
- =====

Commonly Used Diagnostic Codes in Psychiatry:

- Anxiety Disorders - 300
- Adjustment Disorder - 309
- Psychoses - 298
- Bipolar - 296
- Dementia - 290
- SUDs - 303
- Personality Disorders - 301
- Schizophrenia - 295
- Depressive Disorders - 300 or 311
- Overdose - 977

Encounter Locations

- HED - Hospital ED
- HIP - Hospital Inpatient
- HOP - Hospital Outpatient
- IHF - Independent Healthcare Facility
- OTN - Ontario Telemedicine Network* (Note: Dr must be registered with OTN to bill OTN codes).

Bread & Butter Codes

- **Consultation in ER or on IP** Floor While On Call - **A895** (no timing requirements - do not need to document a start/stop time) - **\$232**
- **Special Consultation** (min. 75 min - start/stop time **required**) - **A190** - **\$300**
- ***Admission Premium - E082 - Add 30%** (Can be billed on day of admission or day after if admission assessment takes place post-admission day 1).
- **Consultation Extensions - K630** - **\$105 per unit** (see below):

| Consultation | Minimum time with the patient before the start time for the first unit of K630 | Minimum time required for consultation service + 1 unit of K630 to be payable | [Commentary: Minimum time required for consultation service + 2 units of K630 to be payable] |
|-----------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| A190, C190, W190 | 90 minutes | 106 minutes | 136 minutes |
| A195 | 60 min | 76 min | 106 min |
| A197 – sole service | 60 min | 76 min | 106 min |
| A198 – sole service | 60 min | 76 min | 106 min |
| A197 + A198 same patient same day | 120 min | 136 min | 166 min |
| A695, C695, W695 | 120 min | 136 min | 166 min |
| A795, C795, W795 | 90 min | 106 min | 136 min |
| A895, C895, W895 | 60 min | 76 min | 106 min |
| A191 | 60 min | 76 min | 106 min |
| A192 | 60 min | 76 min | 106 min |
| A191+ A192 same patient same day | 120 min | 136 min | 166 min] |

Weekend Rounding (or when called to ward to see patients):

- Inpatient Psychiatric Care - **K199** (min. 20 mins, can bill 2 units if 46 min).
- Inpatient Psychiatric Care - **A194** (partial Assessment - <20 min).
- Involuntary Admission - **K624** (if placing patient on Form 3 or Form 4) - cannot combine with consultations or other assessment codes!

Weekend/Overnight Premiums

- Add these codes in addition to codes billed above. Note: different prefixes for inpatient (**C**), ED (**K**), and outpatient (**U**).
- **PRO TIP:** Assessments **STARTED** anytime between 00:00-07:00 qualify for a \$100 premium (you can bill an **unlimited** number of these).

| Emergency Department | | | | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------|
| <i>Not eligible for payment to Emergency Department Physicians (see definition GP46)</i> | | | | | |
| | Weekdays Daytime (07:00- 17:00) | Weekdays Daytime (07:00 - 17:00) with Sacrifice of Office Hours | Evenings (17:00- 24:00) Monday through Friday | Sat., Sun. and Holidays (07:00- 24:00) | Nights (00:00- 07:00) |
| Travel Premium | \$36.40 K960 | \$36.40 K961 | \$36.40 K962 | \$36.40 K963 | \$36.40 K964 |
| First Person Seen | \$20.00 K990 | \$40.00 K992 | \$60.00 K994 | \$75.00 K998 | \$100.00 K996 |
| Additional Person(s) seen | \$20.00 K991 | \$40.00 K993 | \$60.00 K995 | \$75.00 K999 | \$100.00 K997 |
| Maximums (per time period) | | | | | |
| Travel premiums | 2 | 2 | 2 | 6 | unlimited |
| Persons seen (first person and additional person(s)) | 10 | 10 | 10 | 20 | unlimited |

| Hospital In-Patient | | | | | |
|------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------|
| | Weekdays Daytime (07:00- 17:00) | Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours | Evenings (17:00- 24:00) Monday through Friday | Sat., Sun. and Holidays (07:00- 24:00) | Nights (00:00- 07:00) |
| Travel Premium | \$36.40 C960 | \$36.40 C961 | \$36.40 C962 | \$36.40 C963 | \$36.40 C964 |
| First person seen | \$20.00 C990 | \$40.00 C992 | \$60.00 C994 | \$75.00 C986 | \$100.00 C996 |
| Additional person(s) seen | \$20.00 C991 | \$40.00 C993 | \$60.00 C995 | \$75.00 C987 | \$100.00 C997 |
| Maximums (per time period) | | | | | |
| Travel premiums | 2 | 2 | 2 | 6 | unlimited |
| Persons seen (first person and additional person(s)) | 10 | 10 | 10 | 20 | unlimited |

| Hospital Out-Patient Department | | | | | |
|------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------|
| | Weekdays Daytime (07:00- 17:00) | Weekdays Daytime (07:00- 17:00) with Sacrifice of Office Hours | Evenings (17:00- 24:00) Monday through Friday | Sat., Sun. and Holidays (07:00- 24:00) | Nights (00:00- 07:00) |
| Travel Premium | \$36.40 U960 | \$36.40 U961 | \$36.40 U962 | \$36.40 U963 | \$36.40 U964 |
| First person seen | \$20.00 U990 | \$40.00 U992 | \$60.00 U994 | \$75.00 U998 | \$100.00 U996 |
| Additional person(s) seen | \$20.00 U991 | \$40.00 U993 | \$60.00 U995 | \$75.00 U999 | \$100.00 U997 |
| Maximums (per time period) | | | | | |
| Travel premiums | 2 | 2 | 2 | 6 | unlimited |
| Persons seen (first person and additional person(s)) | 10 | 10 | 10 | 20 | unlimited |

Family Psychotherapy Codes

- Use these if family members are present during f/u visits:
 - **K191 (IP) or K196 (OP) per unit - \$91** (can bill in lieu of K198/K199 - cannot combine).

Outpatient (Not On-Call) Billing Codes

- General Consultation (<60 min) **A195 - \$199**
- Special Consultation (>=75 min) **A190 - \$300**
- Outpatient follow-up (20+ mins) **K198 - \$80**

Special Situations

- Consultation for <22 y/o - **A198 - \$212**
 - IF pt <22y/o... Can ADD: Consultative interview with caregiver of pt <22y/o (must be booked >24h in advance) - **A197 - \$212 EXTRA.**
 - **You do not need to have fellowship in C&A to bill these.**
 - **If you enter "HED" as location, this will get rejected.**
 - **You CANNOT combine the A198/197 combination plus an SVP!**
- Geri Consultation (>=75 min) - **A795 (must be booked >24h in advance) - \$300**
 - Consultative Interview with patient >65 - **A192 - \$212**
 - Consultative interview with caregiver of patient >=65 - **A191 - \$212 EXTRA.**
 - **You only need to have fellowship in Geri to bill the A795, anyone can bill the A192/A191 combo.**
 - **See exceptions above. A191/A192 combination will NOT go through on-call UNLESS you REMOVE location indicator and REMOVE any SVPs. (That being**

said... A197/198 or A191/192 combinations are worth more than an A895+K999.)

Do NOT Bill:

- A197/A198/A191/A192 in combination with SVPs
- Never bill E083, C123, C122

Super Special Bonus Codes

- *Acute post-discharge from inpt.* (<=4wk post-discharge) - ADD **K187** - **extra 15%**.
- *High Risk Community Care* (<=6 months post suicide attempt) - ADD **K188** - **extra 15%**.
- *Urgent Community Care* (<=4wk post-discharge AND will follow as outpatient for 6+ months) - ADD **K189** - an extra \$200!
- *Cognitive Assessment* - ADD K032 - \$62.75 (must document start/stop time of cognitive testing, >=20min)
- *Mandatory MTO reporting* - K035 - \$36.25

OTN Codes (One MUST be registered through OTN Network to be eligible!):

- https://support.otn.ca/sites/default/files/ohip_telemedicine_billing_information_manual.pdf
- https://support.otn.ca/sites/default/files/ohip_telemedicine_billing_information_sheet_qa_fact_sheet.pdf
- NOTE: You can bill a missed/cancelled appointment premium!

IMPORTANT: OHIP EDUCATION BULLETIN

Please read below about how to interpret OHIP SOB and when SVPs are applicable:

- https://www.oma.org/wp-content/uploads/0103epc_bulletin.pdf

FURTHER READING:

Dementia-related billing codes (credit: Mount Sinai Hospital):

<https://www.mountsinai.on.ca/care/psych/patient-programs/geriatric-psychiatry/prc-dementia-resources-for-primary-care/dementia-toolkit-for-primary-care/billing-codes-and-dementia/dementia-related-billing-codes>

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A895 - Use this code for ER only!

C895- Use this code for inpatient consults (i.e., on call or on C.L service), not time based consult (\$232.70). You don't have to use travel premium + first/additional person seen premium codes with this - as it may not apply such as during the day on C.L.

Psychiatric Care - time based units

K198 - outpatient follow-up visits (\$80.30/unit)

K199 - inpatient follow-up visits (\$92.60/unit)

Outpatient (not on-call) billing codes

K196 - outpatient follow-up visits with family - 1 or more family or caregiver (i.e., case manager from another agency other than the one you are involved with. Such as group home worker, CAS, etc. (\$91.10/unit)

K191 - inpatient follow-up visits with family - 1 or more family or caregiver (i.e., case manager from another agency other than the one you are involved with. Such as group home worker, CAS, etc. (\$105.10/unit)

Case Conferences

K121 - hospital in-patient case conference (\$31.35/unit). Document in patient chart: start/stop times of discussion, participants of the conference (must include psychiatrist and the MRP for patient), outcome/decision of meeting. Must have at least 2 other people there.

K701 - CANNOT be used by psychiatrists!!!!

Phone Consults

K730 - Referring Physician (usually family doctor)

K731 - Consulting Physician (psychiatrist) (\$40.45/unit). Must document: patient name & health number, start/stop times of discussion, name of referring physician/NP, reason for consult, opinion/recommendations.

E-Consults

K738 - for referring physicians (usually family doctors consulting psychiatrists)

K739 - Consulting physician code (\$20.50/unit). Documentation same as for phone consults.

| # Units | Minimum time |
|---------|---------------------|
| 1 unit | 10 minutes |
| 2 units | 16 minutes |
| 3 units | 26 minutes |
| 4 units | 36 minutes |
| 5 units | 46 minutes |
| 6 units | 56 minutes |
| 7 units | 66 minutes [1h 6m] |
| 8 units | 76 minutes [1h 16m] |