

PSYCHIATRY

FEE GUIDE - PREAMBLE

1. Time Units

Some psychiatry fee item descriptions specify nominal time units of 15/30/45/60 minutes. For these listings to be applicable, the psychiatrist must spend at least 12.5 out of each 15 minutes actually engaged in the designated activity for that fee (ie., 25 out of 30 minutes, 37.5 out of 45 minutes, 50 out of 60 minutes). The designated activities are:

Psychiatric Treatment, Family Therapy and Group Psychotherapy

actual patient/group contact time
billing for individual therapy is permitted for only one person within a specified time frame;
psychotherapy or counselling by telephone is not an insured service.
Psychoanalysis is not an insured benefit under the Plan.

Patient Management Conference

actual meeting time

2. Psychiatric Treatment

Psychiatric Treatment is defined as a series of medical interventions carried out by a psychiatrist trained to treat mental, emotional, and psychosomatic illness through a relationship with the patient in an individual, group, or family setting, utilizing verbal or non-verbal communication with the patient.

Psychiatric Treatment always entails continuing medical diagnostic evaluation and responsibility and may be carried out in conjunction with drug and other physical treatments. Psychiatric Treatment/Group Psychotherapy recognizes that the psychological and physical components of an illness are intertwined and that at any point in the disease process psychological symptoms may give rise to, substitute for, or run concurrently with physical symptoms and vice versa.

Family/Conjoint Therapy and Group Psychotherapy are defined as Psychiatric Treatment rendered to a family or other group.

Where a therapy session extends beyond one hour in a day, a written explanation of need is required by the Plan. Typical situations are:

- a) patient is from out of town,
- b) emergency or like situations,
- c) extended time required due to nature of clinical problem (explanation needed in each such case),
- d) a particular type of psychiatric therapy is being rendered, requiring extended sessions.

Approval from the Plan will be necessary in each such case.

Psychiatric treatment/psychotherapy sessions in excess of two hours in any one week require an explanation of need to the Plan and approval from the Plan in each such case. Typical situations are:

- a) patient is from out of town;
- b) emergency or like situation;
- c) patient in an acute care facility.

3. Prolonged Time-Intensive Psychiatric Treatment

The BC Psychiatric Association has adopted the following principle:

Due to the unmet demand for psychiatric services, prolonged time-intensive psychiatric treatment must be provided only to the extent that it is justified and cost-effective in the context of limited psychiatric treatment resources and waiting lists.

4. Re-referral for Prolonged Psychiatric Treatment

1. Continuation of payment of specialist fees beyond six months is dependent on re-referral by a physician. This procedure is required in all specialties and is, in fact, a requirement of the BC Medical Association rather than of the Medical Services Commission who, however, have agreed to accept this as an adequate procedure for ensuring the need for continuing medical care by the specialist.
2. While the judgment concerning the medical necessity of continuation of psychiatric treatment may, in effect, be that of the psychiatrist, the referring physician must concur to ensure continued payment at specialist rates. In practice, it would be advisable for the specialist who sees the need to continue treatment beyond six months to ensure that the referring physician is contacted just prior to that time and to maintain contact with the referring physician's office until he/she is sure that a referral has been sent.
3. Re-referral at the six month interval does not necessarily require a visit by the patient to the referring physician, who can, in effect, send in a "no charge" re-referral. It is obvious, however, that the referring physician must be aware of the need for continuing care by the specialist, and this would be best achieved by the specialist sending the referring physician a written report of his/her treatment, of the present status of the patient and of the prognosis.
4. In cases where confusion is likely to arise; for example, where the patient has changed his general physician from the time of the original referral, or when the specialist is unable to ensure that a re-referral is being made, it would be advisable for the specialist to cover the situation by writing directly to the Medical Advisor of MSP concerned, indicating the circumstances and supplying whatever information he/she thinks necessary to ensure continued payment at specialist rates.

PSYCHIATRY

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

**Total
Fee \$**

Full Consultations

| | | |
|-------|--|--------|
| | Individual: Diagnostic interview or examination, including history, mental status exam and treatment recommendation, with written report: | |
| 00610 | Private office or hospital out-patient | 209.35 |
| 00615 | Hospital/institution in-patient or home | 230.27 |
| 00613 | Geriatric consultation (patients 75 years or older)..... | 288.73 |
| 00622 | Emotionally disturbed child: Diagnostic interview or examination, including mental status and treatment recommendation, assessment of parents, guardian, or other relatives and written report..... | 361.00 |
| 00623 | Multiple disturbed family (three or more members): Simultaneous diagnostic interviews or examination, including mental status of the members, their interactions, and written report..... | 361.02 |

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) | 105.74 |
| 00614 | Geriatric (see 00613)..... | 144.35 |
| 00626 | Emotionally disturbed child (see 00622) | 180.50 |
| 00627 | Multiple disturbed family (see 00623)..... | 180.51 |

Psychiatric Treatment

| | | |
|-------|--|--------|
| 00607 | Office visit to include services such as chemotherapy management and/or minimal psychotherapy..... | 44.75 |
| 00608 | Hospital visit..... | 52.49 |
| 00609 | Home visit..... | 69.67 |
| 00605 | Emergency visit when specially called | 139.15 |
| | (not paid in addition to out-of-office hours premiums) | |
| | Note: Claim must state time call placed. | |
| | Individual (office or hospital out-patient): | |
| 00630 | - per 1/2 hour | 89.46 |
| 00631 | - per 3/4 hour | 124.69 |
| 00632 | - per 1 hour | 159.64 |

**Total
Fee \$**

| Individual (hospital or institution in-patient or home): | |
|---|----------------------------|
| 00650 | - per 1/2 hour104.99 |
| 00651 | - per 3/4 hour146.34 |
| 00652 | - per 1 hour187.52 |

| Family/Conjoint Therapy - (two or more family members): | |
|--|----------------------------|
| 00633 | - per 1/2 hour95.33 |
| 00635 | - per 3/4 hour132.86 |
| 00636 | - per 1 hour170.21 |
| 00638 | - per 1 ¼ hour.....189.93 |
| 00639 | - per 1 ½ hour..... 224.18 |

Notes:

- i) Start and end times will be recorded on the patients' 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.....30.51 |
| 00664 | Four patients.....24.66 |
| 00665 | Five patient21.17 |
| 00666 | Six patients18.85 |
| 00667 | Seven patients.....17.19 |
| 00668 | Eight patients15.95 |
| 00669 | Nine patients14.97 |
| 00670 | Ten patients14.17 |
| 00671 | Eleven patients12.41 |
| 00672 | Twelve patients.....11.67 |
| 00673 | Thirteen patients.....10.82 |
| 00674 | Fourteen patients.....10.62 |
| 00675 | Fifteen patients10.19 |
| 00676 | Sixteen patients9.88 |
| 00677 | Seventeen patients.....9.46 |
| 00678 | Eighteen patients.....9.25 |
| 00679 | Nineteen patients.....8.94 |
| 00680 | Twenty patients8.72 |
| 00681 | Greater than 20 patients (per patient)8.41 |

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.

Telehealth Service with Direct Interactive Video Link with the Patient

| Full Telehealth Consultations: | |
|---------------------------------------|--|
| P60610 | Telehealth individual full consultation: Diagnostic interview or examination, including history, mental status exam and treatment recommendation, with written report.....209.35 |

| | Total Fee \$ |
|---|--|
| P60613 | Telehealth Geriatric consultation (patients 75 years or older).....288.73 |
| P60622 | Telehealth consultation - Emotionally disturbed child: Diagnostic interview or examination, including mental status and treatment recommendation, assessment of parents, guardian, or other relatives and written report361.00 |
| 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. | |
| P60625 | Telehealth - Individual consultation105.74 |
| P60614 | Telehealth - Geriatric consultation.....144.35 |
| P60626 | Telehealth - Emotionally disturbed child.....180.50 |
| Telehealth Psychiatric Treatment: | |
| P60607 | Telehealth office visit to include services such as chemotherapy management and/or minimal psychotherapy44.75 |
| P60608 | Telehealth hospital in-patient visit52.49 |
| Individual Telehealth Psychiatric Treatment: | |
| P60630 | - per 1/2 hour89.46 |
| P60631 | - per 3/4 hour124.69 |
| P60632 | - per 1 hour159.64 |
| Family/Conjoint Telehealth Therapy - (two or more family members): | |
| P60633 | - per 1/2 hour95.33 |
| P60635 | - per 3/4 hour132.86 |
| P60636 | - per 1 hour170.21 |
| P60638 | - per 1 ¼ hour.....189.93 |
| P60639 | - per 1 ½ hour.....224.18 |
| Notes: | |
| i) Start and end times will be recorded on the patients' chart. | |
| ii) A note record is required for sessions longer than one hour. | |
| Telehealth – Miscellaneous: | |
| P60624 | Evaluation interview with family member without presence of patient – per 1/2-hour session82.17 |
| P60645 | Telehealth Patient Management Conference - meeting by specific appointment to discuss/plan patient management with third parties, which may include referring physicians or hospital staff (if an inpatient) or relatives <u>and</u> must include at least one professional or community agency representative - per 1/4 hour44.75 |
| 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 | |

Miscellaneous

| | | |
|-------|---|-------|
| 00624 | Evaluation interview with family member without presence of patient - per 1/2-hour session | 82.17 |
| 00641 | Electroconvulsive therapy..... | 79.55 |
| 00645 | Patient Management Conference - meeting by specific appointment to discuss/plan patient management with third parties, which may include referring physicians or hospital staff (if an inpatient) or relatives <u>and</u> must include at least one professional or community agency representative - per 1/4 hour..... | 44.75 |

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*