<u>Psychiatric Codes</u> (July, 2010 schedule)

Daily Karde	ex Rounds					
08.19J	Primary psychiatrist 27.52					
	 State inpatient rounds) (naming personnel involved) 					
08.19K	All other psychiatrists attending 22.13					
	- State inpatient rounds					
	Combined Max. 6 patients in a 30 minutes period.					
Weekly Case Conference or Case Management						
08.19F	Discussion with health care professional 44.79/15 min (Max 8) - State nurse, social worker, etc. (naming personnel involved)					
08.19H	Second psychiatrist indirect patient contact 44.79/15 min (Max 8)					
00.1311	- State name of primary psychiatrist					
Daily Consu	ults and Follow-ups					
08.19A	Major Consultation 179.00/30 min, then 50.00/15 min (from 2-11)					
	- State referring physician. Prac ID #. (Name & Specialty if # not available					
	Increase by EV,NTAM,NTPM,WK					
08.19GA	Direct contact with a patient incl. psychotherapy 53.97/15 min (Max. 12)					
08.19GB	Complex modifier (use instead of GA for GAF<40) 58.28/15 min					
08.19D	Interview with relative in connection with the management of pt.					
	- State relationship to patient (e.g. mother). 48.03/15 min (max 8)					
	Max 2/hrs/pt/year					
08.45 Family	meeting/therapy 179.70/45 min, then 59.91/15 min (max.10)					
08.45A	Complex modifier (if 1+ PD) 194.27/45 min, then 64.76/15 min					
08.12A	Certification under the Mental Health Act. Any Form 1,2,11,26 57.03 Bill on top of consultation. Increase by EV,NTAM,NTPM,WK					
08.11B	Evidence from a Psychiatrist at a review panel 48.57/15 min (Max.12) Increase by EV,NTAM,NTPM,WK					
03.04N	Comprehensive Evaluation including forms to determine CAPACITY 180.78					
On-Call Ext	ra Codes					
08.11A	8.11A Mental Health Status Evaluation (e.g. on call rounds) 158.41/45 min,					
	then 38.52/15 min (Max. 9). Only initial visit. Every 6 months.					
	Increase by EV,NTAM,NTPM,WK					
08.11C	Complex modifier (for GAF<40) 171.17 /45 min, then 42.79/15 min (Max. 9). Increase by EV,NTAM,NTPM,WK					
03.04C	Psychiatric Admission (e.g. phone call with resident) 88.50 – only billed if no other billing code is used					
Other Code						
08.19B	Minor Consult 51.27/15 min (12 max). Increase by EV,NTAM,NTPM,WK - State referring physician or else 19BB					
08.19C	Repeat Consult 101.99/30 min. Increase by EV,NTAM,NTPM,WK (Max 6)					
	- State referring physician or else 19CC					
<mark>08.38</mark>	ECT 84.73 Increase by EV,NTAM,NTPM,WK					
Telephone Advice to Unit: nurse, social worker etc.						
	Weekdays 0700 to 1700 = 16.95					
	Weekdays 1700 to 2200/ weekends and stat holidays = 25.03					
	Any day 2200 to $0700 = 29.54$					
Telephone Consultation: Physician to Physician (Referring physician)						
03.01LG	Weekdays 0700 to 1700 = 35.50					
03.01LH 03.01LL	Weekdays 1700 to 2200 and weekends 0700 to 2200 = 52.54 Any day 2200 to 0700 = 62.01 Max $2/pt/phy/day$					
JJ.JILL	Any day 2200 to 0700 - 02.01 Plax 2/pg phy/day					

Telephone Consultation: Initiated by referring Physician to you (Accepting Physician)

03.01LJ Weekdays 0700 to 1700 = 74.18

03.01LK Weekdays 1700 to 2200 and weekends 0700 to 2200 = 109.80

03.01LL Any day 2200 to 0700 = 129.58

- if you are *not* the attending MD, then use LG, LH, or LI. Max 2/pt/phy/day

03.01AA <u>Surcharge Times</u>

Modifier		Time	Modifier	
TEV	21.42/15 min Max. 20	17:00-22:00	EV	46.70
TNPT	42.84/15 min Max. 8	22:00-24:00	NTPM	112.04
TNTA	42.84/15 min Max. 28	24:00-07:00	NTAM	112.04
TST	42.84/15 min Max. 60	07:00-22:00		
TWK	21.42/15 min Max. 60	07:00-22:00	WK	46.70

Group Therapy

08.44A Group therapy 68.00/15 min (Max. 32)

08.44B Second MD attendance at group 68.00/15 min (Max. 32)

08.44C Group Therapy, Complex modifier (use instead of 44A if 1+ PD)

73.39/15 min

08.44D Second MD for complex group 73.39/15 min

Home Care Advice: Community Mental Health Care Workers

03.01B Weekdays 0700 to 1700 hours = 27.52

03.01BA Any day 1700 to 2200 incl. weekends and stat holidays = 29.14

03.01BB Any day 2200 to 0700 = 34.00

** FOR CONSULTATION Always required:

Name of patient	Diagnosis			
Health Care Number	Date of Service			
Date of Birth	Referring Physician Prac ID #			
Length of Interview	Name and Specialty of Ref. Phys. if NO PRAC ID			
	#			
Make NOTE of Time seen Pts after	Complete address for OUT OF PROVINCE PTS			
17:00 hrs. eq. 23:00 ER.	including postal code			

Alberta Health billing questions health.practitionerinquiries@gov.ab.ca