

Health Service Code 08.19G

Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof

NOTE:

1. May be claimed:
 - if the intent of the session is the therapy of one individual patient, whether or not more than one person is involved in the session.
 - when a physician assessment has established (during the same or previous visit) that the patient is suffering from a psychiatric disorder.
2. For treatment of non-psychiatric disorders, the appropriate office visit health service code should be claimed.

Category:	V Visit
Base rate:	\$47.54

AMA billing tips:

- The time claimed for 08.19G is ONLY the face-to-face time with the patient. Time spent on charting or other patient management services MAY NOT be claimed in the total time for the 08.19G.
When claiming for one call of psychotherapy a minimum of 8 minutes MUST be spent. If more than one call is submitted, each unit must represent 15 minutes with the balance of the minutes being 8 or more in order to submit a claim for an additional call.
When claiming for time based codes and modifiers, be sure that the total time claimed for the day doesn't exceed the actual time spent. For example, you spent a total of 6 hours of face to face time for 08.19G, you may only submit claims for 6 hours worth of time.

Fee modifiers:

Type	Code	# of calls	Explicit	Action	Amount
SKLL	GP			Replace Base	\$47.54
SKLL	PED			Replace Base	\$50.10
CALL	M15	1 - 12		For Each Call Pay Base At	100%
TELE	TELES		Yes	Increase Base To	120%

Governing Rules:

- **4.11.1**
A physician may submit claims for group psychotherapy, psychiatric management and/or indirect services for the same patient on the same day.
- **4.11.2**
Psychotherapy or psychiatric management claims for time units may be submitted for separate encounters for the same patient on the same day.

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