

Psychiatry OHIP Billing Cheat Sheet 2026

OHIP specialty 19 · Consultative interview · Psychotherapy or psychiatric care · Group psychotherapy · Updated October 2026

Interactive version: <https://verismo-apex.com/resources/ohip-billing-cheatsheet/psychiatry>

Pick the visit, tick what you did, bill the codes at the bottom. Ontario fees effective July 1, 2026.

Office consultation

A195A	Consultation Written referral from a physician or NP; written report back (GP16).	\$254.30
A190A	Long consultation, 75+ min All of A195A plus 75+ min face to face with the patient. Start and stop times charted (A183).	\$342.25
A795A	Geriatric psychiatric consultation, 75+ min Patient 75+. Booked 24+ hours ahead; 75+ min with the patient, not counting caregiver time (A183). Limit: 1 per patient every 5 years.	\$342.25
A695A	Adult neurodevelopmental consultation, 90+ min Adult with a complex neurodevelopmental condition (autism, global delay). 90+ min with patient and caregiver (A183). Limit: 1 per patient every 5 years.	\$456.80
A196A	Repeat consultation Same problem, new written referral, after another doctor cared for the patient in between (GP19).	\$120.30
A395A	Limited consultation Less demanding referral, much less time than a full consult (GP19).	\$120.30

- 75 minutes with the patient? A190A pays \$342.25, \$88 more than A195A. Chart start and stop times or it pays a lesser fee (A183).
- Ran past the time? K630A pays \$134.00 per extra half hour: after A195A, 1 unit at 76 min total and 2 at 106; after A190A or A795A, at 106 and 136; after A695A, at 136 and 166. Up to 6 units a day (A185).
- Time counts face to face only, not chart review or other billable services (A183).
- Seen within 4 weeks of a psychiatric discharge, urgently, by a new psychiatrist who will follow 6 months? Add K189A (\$216.30), once a year (A188).
- Consultations (and K630A) can be done by video, not phone (Appendix J).

Consultative interview

A198A	Patient under 22 Disturbed patient who can't give a reliable history: emotional, cognitive or behavioural disturbance. Includes a report (A184).	\$271.35
A197A	Parents or representative of a patient under 22 Consultative interview with parent(s) or representative (A184).	\$271.35
A192A	Patient 65+, or with dementia Consultative interview with the patient (A184).	\$271.35
A191A	Caregivers of a patient 65+, or with dementia Consultative interview with caregiver(s) (A184).	\$271.35

- These are consultations (\$271.35 each) and pay more than A195A. Interviewed the patient and the parents or caregivers separately the same day? Bill both (A185).
- Not the same day as family psychotherapy or family psychiatric care K191A, K193A, K195A, K196A (A184).
- K630A extension: one interview alone, 1 unit at 76 min and 2 at 106; both interviews the same day, at 136 and 166 (A185).
- No detention (K001A) the same day as these interviews (GP31).

Psychotherapy or psychiatric care

K198A	Psychiatric care, individual Assessment and treatment: meds, monitoring, supportive care (GP56).	\$102.35
K197A	Psychotherapy, individual Structured psychotherapy (GP56).	\$102.35
K196A	Family psychiatric care With family or outside caregivers in the room. On the patient's number and diagnosis (A190).	\$116.15
K195A	Family psychotherapy 2+ household members present (A190).	\$116.15
K192A	Hypnotherapy In person only (A191).	\$102.35
K002A	Interview with relatives or substitute decision-maker Patient's care, not only consent. Booked, separate appointment (A28).	\$80.00
K003A	Interview with a Children's Aid Society worker or legal guardian On the patient's behalf, not to get consent. Booked, separate appointment; billed on the patient's number (A28).	\$80.00

- 20 minutes of K198A or K197A pays \$102.35, more than double a partial assessment A194A (\$47.05). 46 min = 2 units (\$204.70) (GP55).
- Count face-to-face time in one stretch: 20 min = 1 unit, 46 = 2, 76 = 3, 106 = 4. Under 20 minutes, bill A194A (GP55).
- Within 4 weeks of a psychiatric discharge: K187A (+15%). Within 6 months of a suicide attempt: K188A (+15%). Both can apply (A188).
- Same day as a consult or assessment only for a clearly different diagnosis (GP55). A separately booked interview with relatives (K002A) isn't an assessment: it is paid on top (A28, GP61).
- By phone, K197A and K198A pay 95% (not 85%); add K301A. Video: K300A, 100%. K192A hypnotherapy isn't payable virtually (Appendix J).

Group psychotherapy

K208A	2 people Per member, per unit: bill each member on their own number (A190).	\$51.20
K209A	3 people Per member, per unit (A190).	\$34.10
K203A	4 people Per member, per unit (A190).	\$25.60
K204A	5 people Per member, per unit (A190).	\$20.45
K205A	6 to 12 people Per member, per unit (A190).	\$18.45

- These rates cover the first 12 units per day; extra units are K206A (\$16.40), max 6 per member per day (A190).
- Only one group at a time is payable (A190).
- In-patient groups pay a little more: K210A, K211A, K200A, K201A, K202A (A190).
- Out-patient group codes K203A–K206A, K208A, K209A can be billed by video or phone (Appendix J).

Assessment or rTMS start

A193A	Full specialist assessment Full history of the problem and exam (GP23). Limit: 1 per 12 months (2 if new, unrelated diagnosis).	\$98.70
A194A	Partial assessment History of the problem, needed exam, advice (GP25).	\$47.05
A199A	Started rTMS for treatment-resistant depression 30+ min with the patient: education, motor threshold, coil placement; you stay available through the first session (A184). Limit: 1 per treatment course, 2 per 12 months.	\$159.80

- Spent 20+ minutes? Pick Psychotherapy or psychiatric care: K198A pays \$102.35 vs A194A \$47.05.
- A199A needs treatment-resistant depression documented in the chart. Indirect or shared time doesn't count toward the 30 minutes (A184).
- A193A and A194A can be billed by video or phone (Appendix J).
- E078A (chronic disease premium) isn't payable to psychiatry (19): GP25 limits it to geriatrics, endocrinology, neurology, paediatrics, pathology, physical medicine, radiation oncology, medical oncology, infectious disease, respirology, rheumatology, haematology and clinical immunology, so OHIP won't pay it.

Hospital in-patient consult

C895A	Consultation Written request on the hospital chart; report back (GP16).	\$297.00
C190A	Long consultation, 75+ min Same rules as A190A (A186).	\$342.25
C795A	Geriatric psychiatric consultation, 75+ min Same rules as A795A: 75+, booked 24 h ahead (A186).	\$342.25
C695A	Adult neurodevelopmental consultation, 90+ min Same rules as A695A (A186).	\$456.80
C193A	Full specialist assessment Also used as the admission assessment (GP40).	\$98.70
C196A	Repeat consultation New written request after another doctor's care in between (GP19).	\$120.30

- An in-patient consult (C895A) pays \$297.00, \$42.70 more than the office A195A.
- K630A extends C895A (1 unit at 76 min, 2 at 106) and C190A/C795A (at 106 and 136) (A185).
- You admitted the patient and are MRP? E082A adds 30% to the admission consult or assessment, once per admission (GP42).

In-patient care

K199A	Psychiatric care, individual Time can be added up over the day (GP55).	\$118.00
K190A	Psychotherapy, individual Time can be added up over the day (GP55).	\$107.25
K191A	Family psychiatric care Family or outside caregivers present; one stretch of time (A190).	\$134.00
K193A	Family psychotherapy 2+ household members present (A190).	\$121.65
C192A	Short visit, weeks 1–5 Under 20 min. Weeks 6–13: C197A (3 a week); after week 13: C199A (6 a month) (A186).	\$40.05
C124A	MRP, discharge day Discharge summary within 48 h, stay over 48 h (GP45). Complex (7+ days, 3+ diagnoses, 45+ min): C126A \$95.10.	\$71.80
C142A	MRP, 1st visit after transfer out of ICU E.g. after an overdose. Patient was getting critical, ventilatory or comprehensive care there, not just monitoring. Instead of C122A; not if you gave that care (GP46).	\$71.80
C143A	MRP, 2nd visit after transfer out of ICU Instead of C123A; same conditions as C142A (GP46).	\$71.80

- 20 minutes of K199A pays \$118.00, almost 3 times C192A (\$40.05). In-patient individual time can be added up across the day (GP55).
- A subsequent visit the same day as K199A or K190A pays \$0; bill the time code (GP56).
- As MRP, C122A and C123A (\$71.80 each) on the 2 days after admission beat C192A (GP44). E083A/E084A add 30%/45% to MRP visits, not to K199A (GP47).
- The 17% focused practice premium doesn't apply to K190A–K199A; it's only for the family practice K codes (GP57).
- Patient came to you from the ICU? C142A/C143A (\$71.80) replace C122A/C123A: one of each pair per admission, not on discharge day (GP46). Palliative care as MRP: C982A (GP50).
- Pre-booked team meeting about the patient (MRP + 2 others, 10+ min): K121A \$37.05 per 10-minute unit, on top of that day's K199A or visit, as long as they weren't during the meeting (A31–A33).

Mental Health Act forms

K623A	Form 1: application for psychiatric assessment Includes history, exam, notifying patient, family and authorities, the form (A189).	\$133.60
K624A	Form 3: certification of involuntary admission Includes history, exam, notifications and the form (A189).	\$164.50
K629A	Re-certification (Form 4 and others) Each later re-certification, forms included (A189).	\$48.75
K620A	Consultation for involuntary treatment Per half hour. A Form 1 on the chart counts as the referral (A189).	\$108.35

- A consult or assessment billed the same day as K624A or K629A pays \$0 (A189). Bill the certification.
- K623A can be billed by video or phone (Appendix J).
- Certifying financial incompetence isn't insured (A189).
- Community treatment orders: see Case conference, CTO or doctor's call.

Called to the ED

A895A	Consultation, called in Consult with a special visit premium. Bill with the K-prefix ED premiums (A183).	\$297.00
A190A	Long consultation, 75+ min 75+ min face to face, start and stop times (A183).	\$342.25
A193A	Full specialist assessment Your own patient, or no consult request (GP23).	\$98.70
A194A	Partial assessment (GP25).	\$47.05

- A895A pays \$297.00 vs \$254.30 for A195A, plus travel and first-patient premiums. It needs a premium on the claim (A183).
- Set 'Called in' and 'I travelled there': premiums add \$58 to \$140 depending on the time (GP70).
- Did a Form 1 too? Bill K623A on top (A189).
- Called urgently to a ward or LTC home instead? A895A with the C-prefix (Table III) or W-prefix (Table IV) premiums (A183).

Case conference, CTO or doctor's call

K701A	Mental health out-patient case conference Pre-booked; you (psychiatrist) are MRP; 2+ others incl. community mental health agency staff. Adult (A34). Limit: 4 per 12 months, 8 units a day.	\$37.05
K887A	CTO initiation All your time on starting the CTO, added up: assessments, plan, meetings, calls, Form 45 (A26–A27). Limit: 1 claim per 6 months, IC.	\$107.90
K888A	CTO supervision, this month All CTO visits, therapy, meetings and calls this month, added up (A26–A27). Limit: 1 claim a month, IC.	\$107.90
K889A	CTO renewal All your time on the renewal, added up (A26–A27). Limit: 1 claim per 6 months, IC.	\$107.90
K731A	Phone advice to another doctor or NP 10+ min. Not to arrange a visit or transfer (A42–A43).	\$47.75
K739A	e-Consult answered Secure electronic request; answer within 30 days (A48).	\$20.50

- Case conference units are 10 minutes: 10 min = 1, 16 = 2, 26 = 3, 36 = 4 (A31). Chart start/stop times, who attended and the outcome (A32).
- A visit or therapy session the same day is paid on top of the case conference, as long as it wasn't during the conference (A32).
- CTO units are counted differently: add up all CTO time, divide by 30, round to the nearest unit. Submit as IC with the MOH elapsed-time form (A27).
- CTO codes include all CTO-related visits and therapy; urgent ED or ward calls, Form 1/Form 3 and unrelated problems are billed on top (A26).
- Patient under 18? Use K704A for the case conference (A34). K731A/K739A pay \$0 if you see the patient that day or the next (A43, A49).

Also bill, if it's true

K630A	Consult ran long: extension units After A195A, A895A, C895A or one interview alone: 1 unit at 76 min total, 2 at 106, then every 30 min. Max 6 units a day (A185).	\$134.00
K630A	Consult ran long: extension units After A190A or A795A: 1 unit at 106 min total, 2 at 136. Max 6 units a day (A185).	\$134.00
K630A	Consult ran long: extension units After A695A: 1 unit at 136 min total, 2 at 166. Max 6 units a day (A185).	\$134.00
K630A	Both interviews today ran long: extension units A197A + A198A, or A191A + A192A, same day: 1 unit at 136 min total, 2 at 166 (A185).	\$134.00
A197A	Also interviewed the parents separately Second consultative interview the same day (A184–A185).	\$271.35
A198A	Also interviewed the patient separately Second consultative interview the same day (A184–A185).	\$271.35
A192A	Also interviewed the patient separately Second consultative interview the same day (A184–A185).	\$271.35
A191A	Also interviewed the caregivers separately Second consultative interview the same day (A184–A185).	\$271.35
K187A	Within 4 weeks of a psychiatric hospital discharge +15% on K195A–K198A (A188).	+15%
K188A	Within 6 months of a suicide attempt +15%. Intent to die or high-lethality self-harm. Not with K189A the same day (A188).	+15%
K189A	Urgent follow-up within 4 weeks of a psychiatric discharge You didn't see them during that admission and will follow 6+ months. Once per 12 months (A188).	\$216.30
K300A	Done by video Paid 100%. Patient asked for it; modality charted (A70).	
K301A	Done by phone OHIP pays 95% for K197A/K198A, 85% for others; the total shows what is paid. Not for consultations (A70).	
K198A	Also gave the patient psychiatric care, per unit A separate session from the family interview: assessment and treatment, meds, monitoring, supportive care (A28, GP56, GP61).	\$102.35
K197A	Also gave the patient psychotherapy, per unit A separate session from the family interview: structured psychotherapy (A28, GP56, GP61).	\$102.35
K002A	Also interviewed relatives or the substitute decision-maker, per unit Separately booked appointment, 20+ min (46 for 2 units), about the patient's care, not only consent or the history today's session needed. On the patient's number (A28, GP61).	\$80.00
K121A	Pre-booked in-patient case conference, per 10-minute unit You and 2+ others (physicians, social workers or regulated health professionals), the MRP among the physicians; 10+ min about this patient; start/stop times, attendees and outcome charted. 4 per patient per 12 months, 8 units a day. Not if you're paid other than fee-for-service for it (A31–A33).	\$37.05
E082A	I admitted the patient and I'm the MRP +30% on the admission consult or assessment. Once per admission (GP42).	+30%
E083A	I'm the MRP, weekday +30% on MRP subsequent visits (GP47).	+30%
E084A	I'm the MRP, Saturday, Sunday or holiday +45% in place of E083A (GP47).	+45%
C101A	Patient is in the ICU or CCU Not with critical care team fees (GP103).	\$9.10

Did a procedure or form?

G479A	ECT, out-patient Anaesthesia billed separately by the anaesthetist (J7).	\$118.00
G478A	ECT, in-patient (J106).	\$102.35
G372A	Long-acting injection with a visit Each injection.	\$4.55
G373A	Injection was the only reason for the visit First injection.	\$7.90
G489A	Blood draw (clozapine, lithium)	\$3.54
G310A + G313A	ECG with your interpretation	\$12.25
K623A	Form 1 also completed Application for psychiatric assessment (A189).	\$133.60
K038A	LTC health assessment form (A60).	\$46.35
K070A	Home care referral form (A58).	\$34.75
K035A	Reported a driving concern to the MTO Mandatory medical report, paid on top of the visit. More than 1 per 12 months: manual review with notes (A59).	\$36.25

Can I bill these together?

Code	With	Together ?	Why
E078A	A193A, A194A, A199A	No	E078A is only paid to the specialties listed in GP25; Psychiatry (19) isn't one of them (GP25).
A190A	A195A, A895A, A795A, A695A	No	A190A already includes all of A195A; bill one consultation (A183).
A795A,A695A,A895A	A195A	No	One consultation; these already include all of A195A (A183).
A198A	A197A	Yes	Both interviews are payable the same day; K630A then starts after 120 min (A185).
A192A	A191A	Yes	Both interviews are payable the same day; K630A then starts after 120 min (A185).
A191A,A192A,A197A,A198A	K191A, K193A, K195A, K196A	No	Consultative interviews aren't paid the same day as family psychotherapy or family psychiatric care (A184).
K630A	A190A, A195A, A895A, A795A, A695A, A191A, A192A, A197A, A198A, C190A, C895A, C795A, C695A	Sometimes	Only after the listed minimum time for that consult: 76 min for A195A/A895A, 106 for A190A/A795A, 136 for A695A or two interviews (A185).
K630A	A196A, A395A, A193A, A194A, C196A, C395A, C193A	No	K630A only extends the consults listed in the A185A table.
K001A	A190A, A191A, A192A, A195A, A197A, A198A, A695A, A795A, A895A	No	Detention isn't paid the same day as these psychiatric consults; use K630A (GP31).
K188A	K189A	No	K188A isn't paid with K189A for the same patient the same day (A188).
K187A	K188A	Yes	Both premiums apply to K195A–K198A when both conditions are met (A188).
K187A	A190A, A195A, A193A, A194A, K190A, K199A, K192A	No	K187A only adds to K195A, K196A, K197A or K198A (A188).
K189A	A193A, A194A, A196A, A395A, A191A, A197A, K197A, K198A	No	K189A only adds to A190A, A195A, A192A, A198A, A695A or A795A (A188).
K197A,K198A,K195A,K196A,K192A	A195A, A190A, A193A, A194A, A196A, A395A	Sometimes	Out-patient psychotherapy or psychiatric care the same day as a consult or assessment is paid only for clearly different diagnoses (GP55).
K199A,K190A	C192A, C197A, C199A, C122A, C123A, C124A, C142A, C143A	No	Your subsequent visit the same day as in-patient individual psychotherapy or psychiatric care pays \$0 (GP56).
K624A,K629A	A195A, A190A, A895A, A193A, A194A, C895A, C193A, C194A	No	A consult or assessment billed the same day as certification or re-certification pays \$0 (A189).
K887A,K888A,K889A	K197A, K198A, A193A, A194A, K002A, K701A	Sometimes	CTO codes include all CTO-related visits, therapy, interviews and meetings; bill these only for an unrelated problem (A26).
K887A,K888A,K889A	K623A, K624A, A895A	Yes	Form 1/Form 3 services and urgent ED or in-patient calls are billed on top of CTO codes (A26).
K701A	K731A, K704A, K121A	No	No other case conference or phone consult for the patient the same day as K701A (A34).
K701A	K739A	No	Your e-consult reply isn't paid when you also bill a K-prefix time-based service, such as this case conference, for the patient that day or the next (A49).
K731A,K739A	A195A, A190A, A193A, A194A, K197A, K198A	No	Phone or e-consult pays \$0 if you see the patient the same or next day (A43, A49).

Code	With	Together ?	Why
G373A	A193A, A194A, K197A, K198A	No	G373A is for an injection that was the only reason for the visit; with a visit bill G372A (J54).
G373A	G372A	Yes	G373A covers the first injection when it's the only reason for the visit; each extra injection is G372A (J54).
K701A,K704A	A195A, A190A, A795A, A695A, A196A, A395A, A193A, A194A, A199A, A191A, A192A, A197A, A198A, K197A, K198A, K195A, K196A, K192A, K002A, K003A	Yes	A case conference and a visit the same day are both paid, as long as the visit wasn't during the conference (A32).
K035A,K038A,K070A	A195A, A190A, A795A, A695A, A895A, A196A, A395A, A193A, A194A, A199A, A191A, A192A, A197A, A198A, K197A, K198A, K195A, K196A, K192A, K199A, K190A, C895A, C190A, C795A, C695A, C193A, C196A, C192A, C124A, C142A, C143A	Yes	Forms and reports are paid on top of the visit: the MTO report (A59), the LTC health assessment form (A60) and the home care referral form, which is paid in addition to the assessment (A58).
K002A,K003A	K197A, K198A	Yes	An interview isn't an assessment, so it is paid with the session when it is a separately booked appointment of 20+ minutes, not the history the session needed (A28, GP55, GP61).
E083A	E084A	No	Only one of E083A or E084A per patient per day (GP47).
E083A,E084A	K199A, K190A, K191A, K193A, C198A	No	E083A/E084A only add to subsequent and MRP visits (GP47).
C122A	C142A	No	Only one of C122A or C142A per admission (GP46).
C123A	C143A	No	Only one of C123A or C143A per admission (GP46).
C142A,C143A	C124A, C126A	No	C142A and C143A aren't paid the same day as the discharge visit (GP46).

Fees and rules from the Ontario Schedule of Benefits, July 1 2026 (page in brackets). Time units follow GP54–GP55 (20/46/76/106 min) except K630A (its own thresholds, A185), case conferences (10-minute units, A31) and CTO codes (total time ÷ 30, A27). Percentage premiums (K187A, K188A, E082A–E084A) are computed on the selected code. Interviews, forms (K035A, K038A, K070A) and case conferences come from Practice in General (A26–A60). Phone pays 95% for K197A/K198A and 85% for other codes; consultations are video only (Appendix J). The 17% focused practice psychotherapy premium (GP57) doesn't apply to psychiatry K codes. Check the Schedule for anything not shown.

Fees are the Ontario Schedule of Benefits amounts and may change. Billing codes, rules and rejections for every code: verismo-apex.com/resources/billing.