**Rules governing the structure**

**Rule A:**

**Consultations/visit:**
*New and established patients in and out of hospital:* A consultation/visit refers to a clinical situation where a psychiatrist personally obtains a patient’s medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient.

**Interpretation:**
Consultations/visits include the taking of a history and performing a mental state examination and/or a physical examination and prescribing investigations and treatment including psychotherapy and the giving of advice.

The codes include new and established (follow up) patients as there are no separate codes for new or established patients.

Separate codes exist for outpatients and inpatients. The times and the complexities of the consultations should be observed. The complexity factor of the codes refers to what would be complex for a psychiatrist to manage.

Codes 0161-0164 and 0166-0169 refer to “New and established patients”. The codes 0161-0164 should be used for outpatients first and follow-up consultations/visits and codes 0166-0169 should be used for first and follow up hospital consultations/visits.
Rule B:

a) Normal hours and after hours: Normal working hours comprises the periods 08:00 to 17:00 on Mondays to Fridays, and 08:00 to 13:00 on Saturdays. All other periods are regarded as after hours.
b) Public holidays are not regarded as normal working days and work performed on these days is regarded as after-hours work.
c) When after-hours visits/consultations are requested by patients for their own convenience, after-hours visits/consultation fees are justified.
d) Patients will be personally responsible for payment of the applicable after-hours levy if their medical scheme refuses to do so.

Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient at any time, may attract a fee as specified in items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0161-0164, 0166-0169)

Interpretation:

After hours services can be coded for if the patient requests an after hours consultation. If the psychiatrist would normally book patients after hours as specified above, it would not be considered as after hours but normal working hours as this would be considered within the normal working hours of the psychiatrist.

These codes can only be used once per patient as further consultations can be scheduled within normal working hours.

Rule D:

Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be coded for. In the case of a psychiatrist it would be 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no code shall be used. If a patient has not turned up for a procedure, each member of the ECT team is entitled to code for a visit at or away from psychiatrist’s rooms as the case may be.

Interpretation:

Where patients do not cancel an appointment 24 hours before the scheduled appointment, the relevant code for the appointment can be used unless good reason can be given by the patient.

The fee the psychiatrist normally would charge for the first or follow up consultation and/or psychotherapy should be charged.

Rule F:

Administering of injections and/or infusions:
Where applicable, codes for administering injections and/or infusions may only be used when done by the psychiatrist him/herself

Interpretation:

Psychiatrists can code for injections and infusions if done by the psychiatrist personally.
Procedures performed at time of visits:
If a procedure is performed at the time of a consultation/visit, the code for the visit PLUS the code for the procedure is used.”

Interpretation:
Consultation codes and psychotherapy codes can be used together if both were performed at the same time. These include codes 0161-0164 and 0166-0169. See rule V.

Rule V:

Psychotherapy:
a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be coded for in addition to the code for the procedure.
b) When adding psychotherapy items after a first or follow-up consultation, the clinician must ensure that the time stipulated for the psychotherapy items are adhered to.

Interpretation:
a) Consultation codes as well as psychotherapy codes can be coded for with the electro-convulsive treatment codes (a procedural code) on the same day if both have been performed on the same day.
b) At least the minimum time for medical psychotherapy must be adhered to as specified. When added to a consultation, first or follow-up, the minimum time for the consultation must be firstly adhered to fully including the complexity and then the time spend with psychotherapy for at least the minimum time as specified. The codes 0161-0164 and 0166-0169 does not only specify complexity but how the complexity is defined and the time usually spent to address the complexity.

Consultation Codes

0161
RVU 15
New and established patients: Consultation/visit of new or established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the psychiatrist personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166)

0162
RVU 27.5
New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the psychiatrist personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0167)

0163
RVU 40
New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the psychiatrist personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0168)

0164
RVU 52.5
New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a psychiatrist personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0169)
0166  RVU 15
New and established patients: Hospital consultation/visit of new or established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the psychiatrist personally with the patient between 10 and 20 minutes.

0167  RVU 27.5
New and established patients: Hospital consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the psychiatrist personally with the patient between 21 and 35 minutes.

0168  RVU 40
New and established patients: Hospital consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the psychiatrist personally with the patient between 36 and 45 minutes.

0169  RVU 52.5
New and established patients: Hospital consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a psychiatrist personally with the patient between 46 and 60 minutes.

Consultation Services - Interpretation and/or Comments

Interpretation:
“New and established patients”. The codes 0161-0164 should thus be used for first and follow-up outpatients and codes 0166-0169 should be used for first and follow-up inpatients.

0161 and 0166 do not include a detailed or comprehensive history and clinical examination but only a problem focused history and examination. Only code 0164 and 0169 include a comprehensive history and clinical examination.

0162 and 0167 does not include a complete clinical examination but a detailed history and clinical examination. 0163 and 0168 includes a detailed history and complete examination.

In cases where complex decisions have to be made due to a complex problem or problems, but the history is difficult to obtain and it is difficult to do a full clinical examination as would be the case in delirious patients in ICU (as an example), collateral information must be obtained from the family of the patient or staff in the ICU or the treating physician to inform the decision of the psychiatrist. In such patients it would be permissible to use the code 0169 for the first consultation if it fulfils the criteria for obtaining a comprehensive history and clinical examination. Subsequent consultations should be coded for with code 0169 only if the history and examination are again as comprehensive.

When a psychotherapy code is added to any of the consultation codes, the maximum time for the consultation code should be adhered to as well as at least the minimum time specified for the psychotherapy code.
**0129**  
**RVU 15**  
*Prolonged face-to-face attendance to a patient:* ADD to either item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes

**Interpretation:**  
Can be added to the code 0164 and the code 0169 for outpatients and inpatients. It can only be added if the psychiatrist has exceeded 60 minutes and not before 60 minutes have lapsed. The code can be added after a minimum of 10 minutes, and before the next 0129 can be added for the next 15 minutes, the full time of 15 minutes should have lapsed. The code can be used several times if the consultation last long.

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**0145**  
**RVU 6**  
*For consultation/visit away from the psychiatrist's home or rooms (non-emergency): Add only to the consultation/visit items 0161-0164 or items 0166-0169, as appropriate.*  
Note: Only one of items 0145, 0146 or 0147 may be charged

**Interpretation:**  
Please note that this code is not a stand alone code. It must be added to the codes 0161-0164 or 0166-0169. If the psychiatrists’ rooms are in the hospital, this code cannot be used.

This code can only be added once if a patient is in hospital or if home visits are planned for a patient.

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**0146**  
**RVU 8**  
*For an unscheduled or emergency consultation/visit at the psychiatrists’ home or rooms, all hours: Add only to the consultation/visit items 0161-0164, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be used.*

**Interpretation:**  
The consultation/visit must be an unscheduled or emergency. This code cannot be merely used when the psychiatrist is on call as the psychiatrist should schedule time to see patients as emergencies. The code should thus be used if the psychiatrist consults a patients if it a consultation or visit that is truly an emergency and unscheduled and at the psychiatrists’ home or rooms.

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**0147**  
**RVU 14**  
*For an emergency consultation/visit away from the psychiatrist's home or rooms, all hours: Add only to the consultation/visit items 0161-0164, items 0166-0169, as appropriate. Note: Only one of item 0145, 0146 or 0147 may be used.*

**Interpretation:**  
As for 0146 but away from the psychiatrists’ home or rooms.
0148

For elective after-hours services on the request of the patient or family (non-emergency) (refer to rule B). Add another 50% of the relative value units to the code used (0161-0164 or 0166-0169). Add only to the consultation/visit items 0161-0164, items 0166-0169, as appropriate.

Interpretation:
Please note this item is not a stand alone code. This item is used when, for example, a patient or the family requests the psychiatrist for a non-emergency consultation/visit outside of the psychiatrist’s normal hours period. It must be added to items 0161-0164, items 0166-0166 when a non-emergency visit is made at the patient or family’s request (not applicable to medical scheme benefits and Compensation Fund cases). The patient is responsible for the payment if his/her medical scheme do not grant benefits for this service.

0130

RVU 12

Telephone consultation (all hours)

Interpretation:
The code to be used if patients consult the psychiatrist on the phone. The patient must be informed from the onset of the phone call that the consultation will be coded and has a cost implication.

0132

RVU 5

Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) (“Consultation” via SMS or electronic media included)

Interpretation:
Usually letters or prescriptions requested by the patient without the patient physically present. Also used if patients consult with the psychiatrist via electronic media. Only to be used once per communication and not per each SMS or email if the communication is ongoing on that day. Also used if the patient requests that the psychiatrist organises pre-authorisation.

Does not include the writing of letters or reports that patients request for work, insurance or other purposes. If patients request these, the time it took to write the report or letter should be recorded and the cost calculated according to the time spent and the usual per minute fee used for the practice for writing reports to calculate the fee.

0133

RVU 10

Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent.

Interpretation:
Letters or requests for motivations or documentation by a third party funder or its agent and not the patient. Does not include the writing of letters or reports that patients request.
Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent

**Interpretation:**
This code can be used if the patient is with the psychiatrist or not. Please note that if the form is completed at the time of a consultation/visit or psychotherapy session, the minimum times should be adhered to for either the consultation/visit or psychotherapy session separate from the time to complete the chronic medication form. If the consultation/visit codes are combined with a psychotherapy code, the maximum time for the consultation should be completely be adhered to and at least the minimum time for the psychotherapy code should be adhered to.

This code can also be used for electronic submissions of chronic medication.

<table>
<thead>
<tr>
<th>Code</th>
<th>RVU</th>
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<tr>
<td>0199</td>
<td>21.43</td>
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**Psychotherapy Codes**

### 2957

**Psychotherapy (specify psychotherapy with approved evidence based method): Per short session (10-20 minutes)**

**Interpretation:**
To be used when psychotherapy is performed. Can be added to codes 0161-0164 or 0166-0169. When adding the code to consultation/visit codes, please ensure that the maximum time for the consultation lapses before the psychotherapy code is added. Adhere to at least the minimum time of 10 minutes for the psychotherapy session before this code is used.

### 2974

**Psychotherapy (specify psychotherapy with approved evidence based method): Per intermediate session (21-40 minutes)**

**Interpretation:**
To be used when psychotherapy is performed. Can be added to codes 0161-0164 or 0166-0169. When adding the code to consultation/visit codes, please ensure that the maximum time for the consultation lapses before the psychotherapy code is added. Adhere to at least the minimum time of 21 minutes for the psychotherapy session before this code is used.

### 2975

**Psychotherapy (specify psychotherapy with approved evidence based method): Per extended session (41 minutes or longer)**

**Interpretation:**
To be used when psychotherapy is performed. Can be added to codes 0161-0164 or 0166-0169. When adding the code to consultation/visit codes, please ensure that the maximum time for the consultation lapses before the psychotherapy code is added. Adhere to at least the minimum time of 41 minutes for the psychotherapy session before this code is used.
Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session

Interpretation:
Group therapy to adhere to the standards of group therapy and to the full time of at least 80 minutes. Groups should be small enough to address all participants needs and queries. If psycho-education groups done, groups should be small enough to be therapeutic and address all participants needs. Group therapy to adhere to the principles of therapy and to be distinguished from a lecture.

Depending on the subject to be covered, groups can vary in size. Groups by psychiatrists to have an average of 6 participants with a maximum of 12 participants. Groups should be limited to 12 participants.

Modifier 0079

Modifier governing the medical psychotherapy section:

When a first or follow-up consultation/visit proceeds into or is immediately followed by a medical psychotherapeutic procedure, fees for both the consultation/visit and the psychotherapy codes (items 2957, 2974 or 2975) may be charged. Please note: When adding psychotherapy items after a first or follow-up consultation the clinician must ensure that the time stipulated for the psychotherapy items are adhered to (i.e. item 2957 - minimum 10 minutes, item 2974 - minimum 21 minutes and item 2975 minimum 41 minutes) and that the maximum time as specified for the consultation is spent.

Codes not in use any longer

2962
2963
2976
2977
0109 (still in use - but not for Psychiatry)
The Psychiatry Management Group (PsychMg) is an organisation that serves the interests of its members. Membership is open to psychiatrists in full and part time private practice. The PsychMg is closely aligned to the South African Society of Psychiatrists (SASOP) and has an agreement of cooperation in place with SASOP to represent the interest of psychiatrists in private practice. All members of the PsychMg are members of SASOP.

Both these organisations have board representation on both boards of directors.

PsychMg is the only organisation that solely serves the interest of psychiatrist in private practice with the full support of SASOP.

PsychMg is a member of the South African Private Practitioners Forum (SAPPF)

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