

Common Billing Codes 2015

Common Fee Codes

A001	Minor Assessment	21.70
A007	Intermediate Assessment	33.70
A003	General Assessment with diagnosis other than 917, all ages	77.20
A004	General Reassessment	38.35
K013	Counselling - Up to 3 units/yr	62.75
K033 n o	Counselling - When billing more than 3 units/yr	38.15
K040 n o	Group counselling, per unit, where no group member received more than 3 units K013 or K040 per 12 months period	62.75
K041 n o	Group counselling additional units where any group member received more than 3 units K013 or K040 per 12 months period	38.80
A005 n o	Consultation family practice and practice in general	77.20
A911 n o	Special family and general practice consultation (minimum 50 minutes)	144.75
A912 n o	Comprehensive family and general practice consultation (minimum 75 minutes)	217.15
A008	Mini Assessment - Billed with WSIB minor assess.	13.05
A888 n o	Emergency Dept Equivalent	33.70
A903	Preoperative Assessment	65.05
E080 n o	First Post Hospital Premium - within 2 weeks	25.00
A901 n	House Call Assessment (1st Patient) + Premiums	45.15
MENTAL HEALTH		
K005	Primary Mental Health Care	62.75
K002 n	Interview with authorized individual	62.75
K007	Psychotherapy	62.75
K623 n o	Form 1 - Application for Psychiatric Assessment	104.80

SCREENING, HEALTH PROMOTION, CHRONIC DISEASE MANAGEMENT

A002 n o	18 Month Developmental Assessment	62.20
K017	Child Periodic Health Visit 2 to 15 years - no diagnostic code needed	43.60
K130	Adolescent Periodic Health Visit 16 or 17 years - no diagnostic code needed	77.20
K131	Adult Periodic Health Visit age 18-64 - no diagnostic code needed	50.00
K132	Adult Periodic Health Visit age 65 and older - no diagnostic code needed	77.20
K030 n o	Diabetic Management Assessment 4 per year	39.20
K032 n o	Neurocognitive Assessment	62.75
K037 n o	Chronic fatigue/fibromyalgia care	62.75
Q150 n o	FOBT distribution and counselling	7.00
Q152 n o	FOBT completion (see restrictions)	5.00

FOCUSED PRACTICE

A957	Addiction Medicine - focused practice assessment	33.70
A927	Allergy - focused practice assessment	33.70
A967	Care of the Elderly - focused practice assessment	33.70
A937	Pain Management - focused practice assessment	33.70
A947	Sleep Medicine - focused practice assessment	33.70
A917	Sports Medicine - focused practice assessment	33.70

SUBSTANCE ABUSE

E079 n o	Smoking Cessation Premium	15.40
K039 n o	Smoking Cessation Followup	33.45
A680 n o	Initial Assessment - Substance Abuse	144.75
K680 n o	Extended Assessment- Substance Abuse	62.75
A957	Family practice - focused practice assessment- Addiction Medicine	33.70
K683 n o	Family practice - focused practice assessment- opioid agonist maintenance (per month)	38.00

SEXUALLY TRANSMITTED ILLNESS

K022 n o	HIV - Primary Care	62.75
K028 n o	STD Management Max 2 Unit/Patient/Doc/Day & 4 Units/Patient/Doc/Yr	62.75

OBSTETRICS

P004 n o	Minor Prenatal Assessment	33.70
P003 n o	Major Prenatal	77.20
P005 n o	Antenatal Preventative Assessment	45.15
P007 n o	Postnatal Care Hospital	55.15
P008 n o	Postnatal Care Office	33.70
P006 n o	Vaginal Delivery	498.70
P009 n o	Attendance labour and delivery, c-section	498.70
P023 n o	Oxytocin Stimulation	67.75
P030 n o	Cervical Ripening (max 1 per pregnancy)	58.60
C989 n o	Sacrifice Office Hours	76.40
E409 n o	Premium Days (0500-1200), 24 hours Sat. Sun * 50%	249.35
E410 n o	Premium Nights (midnight-0700) *75%	374.03
E411 n o	Sole Del Premium * 100%	498.70

* dollar value calculated for P006

n common fees outside the FHN basket
o common fees outside the FHO basket

Fee amounts are subject to MOHLTC imposed reductions

For further information on CCMs, FHGs, FHNs and FHOs, you may access the OMA Primary Care Renewal Tutorials at www.oma.org/Member/Resources/PrimaryCareModels/Pages/default.aspx or contact your Primary Health Care Team Ministry Site at 1-866-766-0266

Common Fees - Palliative Care

COMMON FEES-PALLIATIVE CARE

K023	n o	Palliative Care Support (>20 min)	62.75
K015	n o	Counseling of Relatives (scheduled visit)	62.75
G512	n o	Palliative Care Case Management (weekly)	62.75
G511	n o	Telephone Management of Palliative Care (per call)	17.75
A945	n o	Special Palliative Care Consultation (office, home, OPD)	144.75
C945	n o	Special Palliative Care Consultation (hospital)	144.75

CASE CONFERENCE, TELEPHONE MANAGEMENT, FORMS-PALLIATIVE CARE

K121	n o	In-Hospital Case Conference - acute, chronic or rehab (per unit)	31.35
K700		Outpatient Palliative Case Conference (per unit)	31.35
K708	n o	Multidisciplinary Cancer Conferences (per patient)	31.35
G511	n o	Telephone Management of Palliative Care	17.75
K070	n o	Home care application	31.75
K071	n o	Acute home care supervision	21.40

*Can be billed concurrently for a home visit to a palliative care patient

HOME VISITS-PALLIATIVE CARE

B998	n o	Special visit, first person seen, for purpose of providing palliative care (0700-2400)*	82.50
B997	n o	Special visit, first person seen - nights (2400-0700)*	110.00
B966	n	Travel premium*	36.40
K023	n o	Palliative Care Support (>20 min)	62.75
A900	n	Complex Housecall Assessment	45.15

HOSPITAL VISITS-PALLIATIVE CARE

C122	n o	Most Responsible Physician Day 1	58.80
C123	n o	Most Responsible Physician Day 2	58.80

C124	n o	Subsequent visit – day of discharge (not for deceased patients)	58.80
C945	n o	Special Palliative Care Consultation (hospital)	144.75
C882	n	Palliative Care Assessment - GP, acute care	31.00
C982	n o	Palliative Care Assessment Specialist, acute care	31.00
W882	n o	Palliative Care Assessment GP, chronic care/rehab	32.20
W982	n o	Palliative Care Assessment Specialist, chronic care/rehab	32.20
W872	n o	Palliative Care Assessment - GP, LTC	32.20
W972	n o	Palliative Care Assessment - Specialist, LTC	32.20
K023	n o	Palliative Care Support (>20 min)	62.75

PRONOUNCEMENT AND DEATH CERTIFICATES

A902	n o	Pronouncement of death in the home (includes death certificate)	45.15
A777	n	Pronouncement of death other than patients home (includes certificate)	33.70
A771	n o	Certification of death (Completion of death certificate alone)	20.60
C777	n o	Hospital Pronouncement of death - subject to the same conditions as A777 (includes certificate)	33.70
C771	n o	Certification of death - subject to same conditions as A771	20.60
W777	n o	Long Term Care Pronouncement of death - subject to the same conditions as A777 (includes certificate)	33.70
W771	n o	Certification of death - subject to same conditions as A771	20.60

Special Visit Premiums

HOME VISIT PREMIUMS

			Maximum Patients	Maximum Travel	Additional Patient	Travel Premium
B990	n	27.50 Daytime Monday-Friday elective home visit	10	2	visit fee	B960
B994	n	66.00 Evenings Monday - Friday	10	2	visit fee	B962
B996	n	110.00 Night every day	no limit	no limit	visit fee	B964
B997	n o	110.00 Palliative care patient - night	no limit	no limit	no limit	B966
B998	n o	82.50 Palliative care patient (all other times)	no limit	no limit	no limit	B966
B992	n	44.00 Sacrifice office hours	10	2	visit fee	B961
B993	n	82.50 Saturday, Sunday, Holidays	20	6	visit fee	B963

OFFICE VISIT PREMIUM

For other non-professional sites substitute "Q" for "A"

					Additional Patient	Travel Premium
A990		20.00 Day Monday - Friday	1	1	visit fee	A960
A994		60.00 Evenings Monday - Friday	1	1	visit fee	A962
A996		100.00 Night every day	no limit	no limit		A964
A998		75.00 Saturday, Sunday, Holidays	1	1	visit fee	A963

HOSPITAL PREMIUM C=HOSP, K=ER, U=OPD, W=LTC -

Substitute appropriate site prefix for "C"

					Additional Patient	Travel Premium
C990	n o	20.00 Day Monday - Friday	10	2	C991	C960
C994	n o	60.00 Evenings Monday - Friday	10	2	C995	C962
C996	n o	100.00 Night	no limit	no limit	C997	C964
C992	n o	40.00 Sacrifice office hours	10	2	C993	C961
*C986	n o	75.00 Sat, Sun, Holidays	20	6	*C987	C963

*Please note that the numbers and C987 apply only to the "C" codes because C998 and C999 were already assigned to Surgical Assistants. For all other letters i.e. A, B, K, U & W the numbers remain 998 and 999.

Geriatric Premiums (automatically applied)

The amount payable for the following services to an insured person who is at least 65 years of age increases by 15%: (A003, A903, C003, W102, W109, or W903) (A004, C004, W004) (A007) (A901) (A917, A927, A937, A947, A957 or A967) (K132)

Forms

K071	n o	Acute Home Care Supervision (1 per patient per week per MD for 8 weeks)	21.40
K072	n o	Chronic Home Care Supervision (2 per month per patient per MD after 8 weeks)	21.40
K051	n o	Health Status Report (HSR) Form	80.00
K070	n o	Home Care Application	31.75
K038	n o	Long Term Care Application	45.15
K052	n o	MCFSC Activities Of Daily Living (ADL) Index	20.00
K050	n o	MCFSC HSR & ADL Amalgamated Form	100.00
K054	n o	MCFSC Mandatory Special Necessities Benefit Form	25.00
K056	n o	MCFSC Pregnancy, Breast Feeding Allowance Application Form	20.00
K055	n o	MCFSC Special Diet Application Form	20.00
K035	n o	MTO Mandatory Reporting Medical Condition	36.25
K036	n o	Northern Travel Grant Application	10.25
K053	n o	Ontario Works Program - Limitation to Participation	15.00

Sports Medicine and MSK

CONSULTATIONS AND VISITS

A917		Sports medicine focused practice assessment	33.70
A937		Pain management focused practice management	33.70
A005	n o	Consultation	77.20
K013		Counselling up to 3 units/year	62.75
K033	n o	Counselling - When billing more than 3 units/year	38.15
+ G700	x x	Basic Fee	5.10
> E542	n	Office Premium (tray fee)	11.15

INJECTION & ASPIRATION

> E542	n	Outside of hospital: injection, aspiration of joint, ganglion, tendon or bursa add	11.15
>+G370	n	Injection Bursa, Aspiration joint, ganglion, tendon sheath	20.25
> G371	n	each additional injection, aspiration up to 5	19.90
> G328	n o	Aspiration bursa or complex joint, with or without injection	39.80
> G329	n o	Each additional bursa/complex joint up to 2	20.25
E446	n o	Injection joint with image guidance, (following a failed attempt without imaging) add to G370/G371	30.00
G372		Injection im, sc, intradermal, with visit	3.89
G373		Injection, sole reason	6.75
G372		Each additional injection	3.89
G384		Infiltration of tissue for trigger point	8.85
G385		Infiltration of tissue for trigger point, each additional site, max 2, add	4.55

Notes: Only one of G370, G371, G328, G329 are payable for the same site

NERVE BLOCKS

G227	n	Cranial nerve block	54.65
G243	n o	Femoral nerve unilateral	54.65
G244	n o	Femoral nerve bilateral	81.95
G264	* n o	Occipital nerve first block per day	34.10
G265	** n o	Occipital nerve, each additional per spinal level, max 3/day	17.10
G238	n o	Scapular nerve	34.10
G230	n o	Sciatic nerve, unilateral	54.65
G226	n o	Sciatic nerve, bilateral	82.45

G231	n	Somatic or peripheral nerve, one nerve or site, not otherwise specified	34.10
G223	n	Somatic or peripheral nerve, nerve(s) or site(s), not otherwise specified, additional	17.10
G228	n	Spinal: paravertebral, cervical, thoracic, lumbar, sacral, coccygeal	34.10
G123	n	Spinal: peripheral, cervical, thoracic, LS, for each additional one, max 4	17.10
E958	n o	When alcohol or other sclerosing agents are used	add 50%

Notes: *G264 maximum one per day, up to 16 per calendar year. Use G291/G292 when more than 16 per year.

**G265 for each additional, up to 3, when G264 is payable in full.

REDUCTION OF FRACTURES SEE SCHEDULE OF BENEFITS

DISLOCATIONS

D009	n o	Elbow closed reduction	84.45
D012	n o	Radial head, closed reduction pulled elbow	39.00

CASTS

E584	n o	Application of plaster cast outside of hospital	11.15
Z201	n o	Cast finger	10.25
Z202	n o	Cast hand	14.90
Z203	n o	Cast, forearm or wrist	24.10
Z208	n o	Cast, shoulder spica	97.35
Z205	n o	Cast, head and torso	97.35
Z213	n o	Cast below knee, knee splints	24.10
Z211	n o	Cast whole leg	28.80
Z199	n o	Cast foot	14.90
Z198	n o	Cast toes	10.25
Z200	n o	Unna's paste	14.90
Z204	n o	Cast removal	10.25

- > E542 may be charged with these fees
- + add G700 to these fees if sole reason for visit
- n common fees outside the FHN basket
- o common fees outside the FHO basket
- x Pays 15% for FHN/FHO on rostered patients

Hospital Care, Surgical Assists, LTC and Continuing LTC

HOSPITAL CARE

C002	n o	Hospital Care - subsequent visit for first 5 weeks	31.00
C008	n o	Concurrent Care	31.00
C010	n o	Supportive Care	18.85
C122	n o	Most Responsible Physician Day 1	58.80
C123	n o	Most Responsible Physician Day 2	58.80
C124	n o	Most Responsible Physician Discharge Day	58.80
C933	n o	On-Call Admission Assessment	79.90
E082	n o	Admission assessment by the MRP, to admission assessment	add 30%
E083*	n o	Subsequent visit by the MRP to subsequent visit	add 30%
H001	n o	Newborn Care (In hospital or in home)	52.20

SURGICAL ASSISTS - per unit

(x2 after 1 hour; x3 after 2.5 hours)	12.04	
E400B n o	Evenings Monday - Friday (5 pm - 12am), Saturday/Sunday/Holidays	50%
E401B n o	Nights - Midnight to 7 am	75%

LONG TERM CARE (LTC)

K124	n o	LTC Case Conf./10 min. unit max. 4/year	31.35
W003	n o	First 2 visits/month	32.20
W008	n o	Additional 2 subsequent visits/month	21.20
W010**	n o	Monthly Management Fee	108.85
W102	n o	Admission Assessment Type 1	69.35
W107	n o	Admission Assessment Type 3/readmit from acute	30.70
W109	n o	Periodic Health Visit	70.50
W121	n o	Intercurrent illness additional visit	31.00
W771	n o	Cert. of Death (other HP pronounced) (LTC)	20.60
W777	n o	Pronouncement of Death (LTC)	33.70
W872	n o	Palliative Care visit -no limit	32.20
W903	n o	Preoperative general assessment (2 per year)	65.05

COMPLEX CONTINUING CARE & CONVALESCENT CARE IN LTC

W002	n o	First 4 visits/month	32.20
W001	n o	Additional Subsequent Visits - 4/month	21.20
W882	n o	Palliative Care Visit - no limit	32.20

*E083 applies to C002,C007,C009,C122,C123,C124,C143 C882 or C982

**If you are billing the W010 monthly LTC code, the following services are included in the code and may not be billed as separate services: W003; W008; W121; W872; W102; W104; W107; W903; W109; W004; W777; W771; G271; K070; K071; K072; G489; G372; G373; G538; G539; G590; G365; G394; E430; G379; G001; G002; G481; G003; G004; G005; G006; G007; G008; G009; G010; G011; G012;& G014.

n common fees outside the FHN basket

o common fees outside the FHO basket

Home Care, Case Conferences, Telephone and E-Consultations

CCAC HOME CARE FORMS

K070	n o	Home care application	31.75
K038	n o	Long-Term Care health report form	45.15

CCAC HOME CARE SUPERVISION

K071	n o	Acute home care supervision (first 8 weeks)	21.40
K072	n o	Chronic home care supervision (after 8 weeks)	21.40

CASE CONFERENCES OUT-PATIENTS* (MAY INVOLVE CCAC) 31.35 PER UNIT

K703	o	Geriatric out-patient case conference
K700		Palliative care out-patient case conference
K707	n o	Chronic pain out-patient case conference
K701	n o	Mental health out-patient case conference
K704	n o	Paediatric out-patient case conference
K702		Bariatric out-patient case conference

CASE CONFERENCES LTC PATIENTS* (MAY INVOLVE CCAC) 31.35 PER UNIT

K124	n o	Long-term care/CCAC-client case conference
K705	n o	Long-term care - high risk patient conference

CASE CONFERENCES CONVALESCENT CARE* (MAY INVOLVE CCAC) 31.35 PER UNIT

K706	n o	Convalescent care program case conference
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CASE CONFERENCES IN-PATIENTS* (MAY INVOLVE CCAC) 31.35 PER UNIT

K121	n o	Hospital in-patient case conference
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TELEPHONE CONSULTATION

K730		Referring physician	31.35
K731		Consulting physician	40.45

E-CONSULTATION

K738	n o	Referring physician	16.00
K739	n o	Consulting physician	20.50

CRITICAL TELEPHONE CONSULTATION

K732		Referring physician	31.35
K733		Consulting physician	40.45

*Physicians are advised to consult with the OHIP Schedule of Benefits for the specific details of each of these codes. The Schedule of Benefits describes mandatory service requirements and billing restrictions.

See www.health.gov.on.ca/english/providers/program/ohip/sob/physerv/physerv_mn.html

Commonly Billed Q Codes

ENROLLMENT Q CODES - MANDATORY FOR ROSTERING PATIENTS

Q200A	Per Patient Rostering Fee	no payment*
Q202A	FHN and FHO Long Term Care Patient Rostering	no payment*

CCM, FHG, FHN & FHO (ALL MODELS):

Q023A	Unattached pt. fee, from hospital, no max	150
Q043A	New patient fee FOBT + or colorectal increased risk	150-230**
Q053A	HCC Complex vulnerable new patient	350***
Q150A	FOBT distribution and counselling fee	7
Q050A	Heart Failure Management Incentive	125
Q040A	Diabetes Management incentive - Annual Flow Sheet	60/yr
Q042A	Smoking Cessation Counselling Fee	7.50

AFTER HOURS PREMIUM

Q014A	Newborn Episodic Care (<1year old, max 8)	15.05
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FHO ONLY:

Q015A	Newborn Episodic Care (<1year old, max 8)	13.99
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FHG ONLY:

FHGS - 10% PREMIUM AUTOMATICALLY ADDED TO

A001, A002, A003, K130, K131, K132, A007, A008, A888, A900, A901, A902, C010, C882, G365, G538, G539, G590, G840, G841, G842, G843, G844, G845, G846, G847, G848, K005, K013, K017, K022, K023, K030

Q012A/Q016A APPLY TO:

A001A, A003A, K130A, K131A, K132A, A004A, A007A, A008A, A888A, K005A, K013A, K017A, K030A, K033A, Q050A

**Q043A

Patients 75 years and over:	230.00
Patients over 64:	170.00
Patients up to 64:	150.00

***Q053

Same payment regardless of age.

Requires patient be registered with Health Care Connect.

No maximum number

* reduced from \$5.00 as part of MOHLTC unilateral action

Telephone/Critical Consultations

Minimum 10 minutes

Type and/or Location of Call	Referring Physician 31.35	Consulting Physician \$40.45
Office or other Locations	K730 One/ patient/day	K731 One/patient/day
Emergency, Hospital, Urgent Care Clinic	K734 One/patient/day	K735 One/patient/day
Criticall	*K732 Two/patient/day	*K733 One/MD/ patient/day
Criticall, Emergency, Hospital, Urgent Care Clinic	*K736 Two/patient/day	*K737 One/MD/ patient/day

Consultant physicians can bill these fees for referrals and e-consults from physicians or nurse practitioners.

Review preamble for detailed payment rules 3 K733 or K737

(any combo)/patient/day. *No time restrictions

E-Consultation

Only eligible if provided within 30 days of e-consult request

K738 n o Referring Physician 16.00

K739 n o Consulting Physician 20.50

Consultant physicians can bill these fees for referrals and e-consults from physicians or nurse practitioners.

Review Schedule of Benefits for all Payment Rules

Preventive Care Tracking Codes

(optional to use) (Enrolled Patients Only)

Q130A	Influenza Vaccine	65 and over
Q011A	Pap	age 21-69 years
Q131A	Mammogram	age 50-74 years
Q132A	Immunization	age 18-24 months
Q1331	Colorectal Screening	age 50-74 years

EXCLUSION CODE:

(Improves efficiency when calculating yearly bonus payments)

Q140A	Pap	age 21-69 years
Q141A	Mammogram	age 50-74 years
Q142A	Colorectal Screening	age 50-74 years

SERIOUS MENTAL ILLNESS

Q020	Bipolar
Q021	Schizophrenia (for FHG Diagnostic Code 295)

5-9 Patients: \$1,000/year

10+ patients: \$2,000/year

Preventive Care Service Enhancement Fees

FHN, FHO, FHG & CCM Paid annually based on percentage of enrolled patients serviced.

INFLUENZA VACCINE

Q100A	60%	220
Q101A	65%	440
Q012A	70%	770
Q103A	75%	1,100
Q104A	80%	2,200

PAP SMEAR

Q105A	60%	220
Q106A	65%	440
Q107A	70%	660
Q108A	75%	1,320
Q109A	80%	2,200

MAMMOGRAM

Q110A	55%	220
Q111A	60%	440
Q112A	65%	770
Q113A	70%	1,320
Q114A	75%	2,200

CHILDHOOD IMMUNIZATIONS

Q115A	85%	440
Q116A	90%	1,100
Q117A	95%	2,200

COLORECTAL SCREENING

Q118A	15%	220
Q119A	20%	440
Q120A	40%	1,100
Q121A	50%	2,200
Q122A	60%	3,300
Q123A	70%	4,000

APPLIES TO FFS OR PATIENT ENROLLED MODEL WITH LESS THAN MINIMUM ROSTER SIZE

Q152	FOBT completion fee	5.00
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Immunization Codes

G840	DTaP-IPV (Quadracel)	4.50
G841	DTaP-IPV-Hib (Pediaceal)	4.50
G538	Hepatitis A (Havrix)	4.50
G842	Hepatitis B (Engerix)	4.50
G538	Hepatitis A and B (Twinrix)	4.50
G843	Human Papilloma Virus (HPV) (Gardasil, Gardasil-9, Cervarix)	4.50
G844	Meningococcal C Conjugate (Men-C) (Menjugate, NeisVac-C, Meningitec)	4.50
G538	Meningococcal conjugate quadrivalent (Men-C-ACYW) (Menactra, Menveo, Nimenrix)	4.50
G538	Meningococcal polysaccharide quadrivalent (Men-P-ACYW-135) (Menomune)	4.50
G538	Meningococcal B (4CMenB) (Bexsero)	4.50
G845	Measles, Mumps, Rubella (MMR, Priorix)	4.50
G538	Measles, Mumps, Rubella, Varicella (MMRV)	4.50
G846	Pneumococcal Conjugate (Prevnar-13)	4.50
G538	Pneumococcal Polysaccharide (Pneumovax)	4.50
G847	Tdap (Adacel, Boostrix)	4.50
G538	Tdap-IPV (Adacel-Polio, Boostrix-Polio)	4.50
G538	Td-IPV	4.50
G538	Td	4.50
G848	Varicella (Varilrix, Varivax)	4.50
G538	Varicella (Zostavax)	4.50
G538	Other immunizing agents	4.50
G590	○ Influenza	4.50
Q590	n ○ FHO/FHN ONLY If Influenza immunization is sole reason add to G590	5.10
G700	Basic fee per visit premium if sole reason for procedure	5.10

Emergency Room Codes

D= Day E=Evening N=Night
W=Holidays & Weekends

A100	n ○ Family Physician ER Department Assessment	76.90
D H101	n ○ Minor Assessment	15.00
D H102	n ○ Comprehensive Assessment	37.20
D H103	n ○ Multiple Systems Assessment	35.65
D H104	n ○ Reassess	15.00
N H121	n ○ Minor Assessment	29.80
N H122	n ○ Comprehensive Assessment	73.90
N H123	n ○ Multiple Systems Assessment	65.95
N H124	n ○ Reassess	29.80
E H131	n ○ Minor Assessment	18.70
E H132	n ○ Comprehensive Assessment	46.30
E H133	n ○ Multiple Systems Assessment	42.40
E H134	n ○ Re-Assessment	18.70
W H151	n ○ Minor Assessment	25.50
W H152	n ○ Comprehensive Assessment	63.30
W H153	n ○ Multiple Systems Assessment	56.95
W H154	n ○ Reassess	25.50
H105	n ○ Inpatient Interim Orders	26.25
G521	n ○ Life threatening emergency situation - first 1/4 hour	110.55
G522	n ○ Life threatening emergency situation after 1st half hour per 1/4 hour	36.35
G523	n ○ Life threatening emergency situation - 2nd 1/4 hour	55.20
G391	n ○ Other resuscitation after first 1/4 hour	28.35
G395	n ○ Other resuscitation - first 1/4 hour	56.80
E412	n ○ Premium evenings Monday - Friday (1700-2400) Saturday, Sunday, Holidays	*20%
E413	n ○ Premium nights 7 days (midnight-0700)	*40%

n common fees outside the FHN basket

○ common fees outside the FHO basket

***percentage Increase to procedural fee(s)**

Office Procedures

OFFICE PROCEDURES

+ G700	x x	Basic Fee	5.10
> E542	n	Office Premium (tray fee)	11.15
G271		Anticoagulation supervision	12.75
G202		Allergy inj. (1 or more) with visit	4.45
G212		Allergy injection alone	9.75
+ Z117	n	Chemical rx wart (plantar, genital)	11.65
> D012	n o	Pulled elbow	39.00

Immunization- see unique codes

+ G538		Other immunization with visit if sole reason add G700	4.50
+ G590	o	Flu shot with visit - sole reason + Q590	4.50
G372		Injection with visit	3.89
G373		Injection - sole reason	6.75
+ G365		Pap - ages 21-69 every 33 months	6.75
+ G394	n o	Pap - if prev abnormal/inadequate	6.75
E431		When Pap performed outside hospital/G394	11.55
E430	n o	Pap Smear Tray Fee Not payable if uninsured	11.55
> Z770	n o	Endometrial sampling	34.05
> G378	n	I.U.D. insertion	25.50
Z139	n	Breast cyst aspiration	37.20
+ G420		Ear syringe, curette	11.25
Z314	n	Epistaxis - nasal cauterization	11.50
Z315	n	Epistaxis - unil. anterior packing	15.35
G403	n o	Epley (BPV) particle repositioning	21.15
Z543	n	Proctoscopy	8.70
> Z104	n o	Haematoma, perianal	20.10
> Z106	n o	Abscess, ischioanal/pilonidal I&D	44.35
+ G375		Intralesional infiltration - 1 or 2 lesions	8.85
+ G377		Intralesional infiltration- 3 or more	13.30
G384		Injection trigger point	8.85
G385		Injection each additional trigger point (2 max) add	4.55
> G370	n	Injection bursa, joint, ganglion and/or aspiration	20.25
> G371	n	Each additional bursa, joint, ganglion, tendon up to 5	19.90
> Z114	n	Foreign body removal - local anesthetic	25.25
> Z101		Abscess, haematoma I&D (one)	25.75

Z080	n o	Debride wound or ulcer to s.c tissue 10 min 1	20.00
Z081	n o	Debride wound or ulcer to s.c tissue 10 min 2	30.00
Z082	n o	Debride wound or ulcer to s.c. tissue 10 min 3	45.00
Z113	n	Biopsy without sutures	29.60
> Z116	n	Biopsy with sutures	29.60
> R048	n	Malignant lesion Face - single, simple excision	92.15
> R094	n	Malignant lesion Other - single, simple excision	58.15
> Z176		Suture	20.00
Z154	n	Suture - Face, layers, bleeders	35.90
> Z128	n	Nail resection	33.10

LABORATORY IN GP'S OFFICE

G010		Urinalysis	2.07
G002		Glucose	2.18
G012		Wet prep	1.86
G004		Stool for O.B.	1.53
G005		Pregnancy test	3.88
G014		Rapid Strep	5.50
+ G480	n o	Venipuncture - Infant - <2 years	9.90
+ G482		Venipuncture - Child 2 - 15 years	7.35
+ G489		Venipuncture - Adult 16+ years	3.54

CARDIAC, PULMONARY FUNCTION

J301**	n	Simple Spirometry P	7.85
J301**	n o	Simple Spirometry T	9.30
J324**	n	Repeat After Bronchodilator P	4.20
J324**	n o	Repeat After Bronchodilator T	2.81
J304**	n	Flow Volume Loop P	10.75
J304**	n o	Flow Volume Loop T	18.55
J327**	n	Repeat After Bronchodilator P	6.45
J327**	n o	Repeat After Bronchodilator T	2.81

** Not payable without indication-see A2 Schedule of Benefits

- > E542 may be charged with these fees
- + add G700 to these fees if sole reason for visit
- n** common fees outside the FHN basket
- o** common fees outside the FHO basket
- x** pays 15% for FHN/FHO on rostered patients



150 Bloor St. West Toronto, Ontario M5S 3C1
 Tel: 800.268.7215 ext. 3048 Toronto: 416.599.2580 ext. 3048
 Fax: 416.340.2244 Email: sgfp@oma.org www.sgfp.ca

Abdominal pain	787	Cataracts	366	Fetal distress	656	Hyperventilation	786	Ophthalmology, other	379	Sleep disorder	327
Abortion (incomplete)	634	Cellulitis	682	Fever	796	Hypothyroid	244	Oral ulcers	528	Smoking addiction	305
Abortion (therapeutic)	635	Cervical disc disease	847	Fibroids	218	Iatrogenic	998	Osteoarthritis	715	Smoking cessation	491
Abortion (threatened)	640	Cervicitis	616	Fibrocystic breast	610	Immunization	896	Osteomyelitis	730	Social maladjustment	904
Abrasions, contusions	919	Cervix dysplasia	622	Fibrositis	729	Impetigo	684	Osteoporosis	733	Social problems, other	909
Abscess	685	Chalazion	373	Fissure in ano	565	Incontinence	599	Otitis externa	380	Spinal stenosis	724
Acne	706	Chest pain	785	Flatfeet	734	Indigestion	536	Otitis media	381	Sprain (foot, ankle)	845
Adenitis	289	CHF	428	Flu	487	Infertility (female)	628	Ovarian cyst	220	Sprain (leg, knee)	844
Adjustment reaction	309	Chicken pox	052	Food poisoning	005	Infertility (male)	606	Overdose	977	Sprain (lumbar)	724
Adrenal	255	Chlamydia	099	Foreign body	930	Influenza	487	Pain (chest)	785	Sprain (neck)	847
Adverse drug reaction	977	Cholelithiasis	574	Fracture ankle	824	Ingrown toe nail	703	Pain (joint, leg, muscle)	781	Sprain (shoulder)	840
AIDS	042	Chronic kidney disease	585	Fracture clavicle	810	Insect bite	919	Pancreatitis	577	Sprain (wrist)	842
Alcoholism	303	Cirrhosis	571	Fracture Colles'	813	Irritable bowel	564	Paranoia	297	Sprain, strain (other)	848
Alopecia	704	Coccydynia	774	Fracture elbow	832	Intertrigo	695	Parkinson's	332	STI/STD	099
Amenorrhea	626	Colon cancer +FOBT	545	Fracture femoral neck	820	Iritis	364	Paronychia	686	Stomatitis	528
Anemia (aplastic)	284	Colon cancer, fhx	547	Fracture femur	821	Insomnia	327	PAT	426	Strabismus	378
Anemia (iron deficiency)	280	Colon screening	548	Fracture fibula/tibia	823	ISHD (acute)	413	PCOS	256	Strep throat	034
Anemia (pernicious)	281	Concussion	850	Fracture finger	816	ISHD (chronic)	412	Pediculosis	132	Stress incontinence	625
Angina	413	Condylomata	079	Fracture humerus	812	Jaundice	787	Peripheral vasc. disease	443	Stroke	436
Animal bite	919	Conjunctivitis	372	Fracture metacarpal	815	Joint derangement	718	Personality disorder	301	Stye	373
Ankle strain	845	Constipation	564	Fracture metatarsal	825	Joint pain	781	Pharyngitis	460	Sunburn	691
Ankylosing spondylitis	720	Contraception	895	Fracture other	829	Keloid	701	Phimosi	605	Syncope	785
Ankylosis	718	Contusion	919	Fracture patella	822	Keratitis	370	Phlebitis	451	Synovitis, tenosynovitis	727
Anorexia	787	COPD	496	Fracture pelvis	808	Keratosis	701	PID	614	Tachycardia	427
Anxiety	300	Corneal ulcer	370	Fracture phalanges, foot	826	Kidney stone	592	Pilonidal abscess	682	TB test, conversion	010
Appendicitis	540	Corns, calluses	700	Fracture rib	807	Knee pain	844	Pinworms	127	Tendonitis	727
Aphthous ulcer	528	Costochondritis	733	Fracture vertebrae	805	Labyrinthitis	386	Pituitary	253	Tennis elbow	739
Arrythmia	427	Cough	786	Fracture wrist	814	Laceration arm	884	Placenta previa/abruptio	641	Tenosynovitis	727
Arteriosclerosis	440	CPD	653	Frostbite	998	Laceration leg	894	Pleurisy	511	Threatened abortion	640
Arteritis temporal	446	Crohn's disease	555	Frozen shoulder	729	Laceration other	879	Pneumonia	486	Thrombocytopenia	287
Arthritis (osteo)	715	Croup	464	Fungal infection	117	Laryngitis	464	Poison ivy, poison oak	692	Thrush	112
Arthritis (rheumatoid)	714	CVA	436	Furunculosis	680	Leg cramps	781	Poliovmyelitis	045	Thyroiditis	245
Asthma	493	Cystitis	595	Gall stone	574	Legal problems	906	Polymyalgia rheumatica	725	Thyrotoxicosis	242
Astigmatism	367	Cystocele	618	Ganglion	727	Leukemia	204	Post partum hemorrhage	660	TIA	435
Ataxia	780	Deafness	389	Gastric ulcer	531	Leukocytopenia	288	Pre-eclampsia	642	Tinea pedis	110
Athletes foot	110	Dementia	290	Gastritis	535	Leukorrhea	629	Pregnancy (ectopic)	633	TMJ	524
Bakers cyst	727	Dental abscess	525	Gastroenteritis	009	Leukorrhea	629	Pregnancy (normal)	650	Tonsillitis	463
Balanitis	608	Dental caries	521	Gastrointestinal	787	Lipoma	214	Pregnancy, other	646	Toothache	525
Behaviour disorder	313	Depression	311	Gingivitis	523	Liver disease (other)	573	Premature labor	644	Torticollis	723
Biliary calculus	576	DeQuervain's	727	Glaucoma	365	Low back pain	724	Premature/low birth wt.	765	Tracheitis	464
Biliary colic	574	Dermatitis (contact)	692	Glossitis	529	Lupus	695	Problem, aged parents	900	Trichomonas	131
Birth control	895	Dermatitis (seborrhea)	690	Goitre	240	Lymphangitis	457	Prolapse uterus	621	Trigger finger	727
Bleeding		Detached retina	361	Gout	274	Lymphoma	202	Prostate hypertrophy	600	Ulcer (duodenal)	532
(post menopausal)	627	Deviated nasal septum	470	Grief reaction	300	Malaise	799	Prostatitis	601	Ulcer (gastric)	531
Bleeding (rectal)	569	Diabetes	250	Gynecomastia	611	Malnutrition	263	Pruritus	698	Ulcerative colitis	556
Blepharitis	373	Diabetes (*prediabetes*)	249	Hair loss	704	Manic depression	296	Psoriasis	696	Umbilical hernia	553
Blocked tear duct	375	Diaper rash	691	Hallux valgus	735	Marital problems	898	Pulmonary embolism	459	Undescended testicle	608
Boil	680	Diarrhea	009	Head Injury	854	Mastitis (abscess)	675	Pyelonephritis	590	Unemployment	905
BPH	600	Disc disease	722	Headache	307	Measles	055	Pyrexia	780	Unknown	999
Breast abscess	611	Dislocation shoulder	831	Headache (migraine)	346	Melanoma	172	Pyuria	599	Uremia	585
Breast disorder	611	Diverticulitis	562	Headache (tension)	307	Melena	787	Rash	691	Uremia	585
Breast lump (benign)	217	Divorce, family disruption	901	Headache NYD	780	Meniscal tear	718	Raynauds	443	Urethral stricture	598
Bronchitis (acute)	466	Dizziness	780	Heart failure	428	Menopause	627	Rectal bleeding	569	Urethritis	597
Bronchitis (chronic)	491	Drug addiction	304	Heart murmur	429	Menorrhagia	626	Reflux esophagitis	530	URI	460
Bunions	727	Drug dependence	304	Heartburn	787	Menstrual disorder	626	Renal calculi	592	Urinary Infection	599
Burns	949	Drug reaction	977	Hemangioma	228	Mental retardation	319	Renal colic	788	Urticaria	708
Bursitis	727	Dupuytren's	728	Hematoma	285	Migraine	346	Renal failure	584	Vaginal bleeding	626
CAD (acute)	413	DVT	451	Hematoma	919	Miscarriage	634	Rheumatoid arthritis	714	Vaginitis	616
CAD (chronic)	412	Dysmenorrhea	625	Hematuria	599	Mitral valve prolapse	429	Rhinitis	477	Varicose vein, ulcer	454
Cancer Bladder	188	Dyspareunia	625	Hemiplegia	342	Mole	709	Ringworm (other)	117	Vasovagal attack	780
Cancer Bone	170	Dyspepsia	536	Hemoptysis	786	Mononucleosis	075	Ringworm (scalp, beard)	110	Vertigo	780
Cancer Brain	191	Dysphagia	787	Hemorrhoids	455	MSK, not yet diagnosed	781	Rosacea	695	Viral illness	079
Cancer Breast	174	Dyspnea	786	Hepatitis	070	Multiple myeloma	203	Rubella	056	Viral rash	057
Cancer Colon	153	Economic problems	897	Hernia (inguinal)	550	Multiple sclerosis	340	Scabies	133	Vomiting	787
Cancer Kidney	189	Eczema	691	Hernia (other)	553	Mumps	072	Scarring	709	Vulvitis	616
Cancer Lung	162	Edema	785	Herpes genitalis	099	Muscle spasm	728	Schizophrenia	295	Warts	078
Cancer Other	187	Educational problems	902	Herpes simplex	054	Myalgia	781	Sciatica	724	Wax	388
Cancer Ovarian	183	Empysema	492	Herpes zoster	053	Myopia	367	Scoliosis	737	Weight loss	796
Cancer Pancreas	157	Endometriosis	617	HIV	043	Nausea or vomiting	787	Sebaceous cyst	706	Well adult	917
Cancer Prostate	185	Enuresis	306	Hives	708	Nephritis	580	Seborrhea	690	Well baby	916
Cancer Rectal	154	Epididymo-orchitis	604	Hodgkins	201	Neuralgia (trigeminal)	350	Seizure disorder	345	Whiplash	847
Cancer Skin	173	Epilepsy	345	Hydrocele	603	Nervousness	365	Sexual dysfunction	306	Whooping cough	033
Cancer Stomach	151	Epistaxis	786	Hyperactivity/ADD	314	Neuropathy	356	Shingles	053	Wound infection	998
Cancer Thyroid	193	Erectile dysfunction	306	Hypercholesterolemia	272	Nevus	216	Shortness of breath	786	Yeast vaginitis	616
Cancer Uterine	182	Esophagitis	530	Hyperemesis	643	Nevus (pigmented)	709	Sickle cell	282		
Candidiasis	112	Failure to thrive	799	Hypertension	401	Nosebleed	786	Sinusitis (acute)	461		
Cardiac arrest	427	Fatigue	796	Hypertensive heart	402	Obesity	278	Sinusitis (chronic)	473		
Carpal tunnel syndrome	739	Feeding problem (infant)	799	Hyperthyroid	242	Occupational problem	905	Skin, other	709		

