SGFP Billing Guide

OHIP SCHEDULE OF BENEFITS · APRIL 2026

April 2026 Edition

CODE OHIP fee code **FHN** Fee code inside FHN basket **FHO** Fee code inside FHO basket

COMMON FEE CODES

CODE	DESCRIPTION	FHN	FHO	2026 FEE
A001	Minor Assessment	✓	✓	$26.80
A007	Intermediate Assessment	✓	✓	$44.55
A003	General Assessment with diagnosis other than 917, all ages	✓	✓	$95.60
A004	General Reassessment	✓	✓	$39.35
A008	Mini Assessment - Billed with WSIB minor Assessment	✓	✓	$13.40
E080	First Post Hospital Premium - within 2 weeks			$25.90

E080 First Post Hospital Premium - within 2 weeks
Payment rules:
1. E080 is only eligible for payment when rendered with the following services: A001, A003, A004, A007, A008, A261, A262, A263, A264, A888, A900, K004–K008, K013, K014, K022, K023, K028-K030, K032, K033, K037, K623, P003, P004, P008.

COUNSELLING / MENTAL HEALTH

CODE	DESCRIPTION	FHN	FHO	2026 FEE
K013	Counselling - up to 3 units/yr	✓	✓	$80.00
K005	Primary Mental Health Care	✓	✓	$80.00
K002	Interview with Authorized Individual		✓	$80.00
K007	GP Psychotherapy	✓	✓	$80.00
K033	Counselling - When billing more than 3 units/yr (K013)			$56.30
K040	Group counselling, per unit, where no group member received > 3 units K013 or K040 per 12 month period			$80.00
K041	Group counselling additional units where any group member received > 3 units K013 or K040 per 12 months period			$57.30
K623	Form 1 - Application for Psychiatric Assessment			$133.60
K028	STD Management (max 2units/pt/doc/day & 4 units/pt/doc/yr)			$80.00
K022	HIV - Primary Care			$80.00

CONSULTATIONS

CODE	DESCRIPTION	FHN	FHO	2026 FEE
A005	Consultation			$95.60
A911	Special family and general practice consultation (min. 50 Minutes)			$164.95
A912	Comprehensive Family & General Practice consultation(min. 75 mins)			$247.40
K730	Referring Physician (Telephone Consultation)	✓	✓	$37.05
K731	Consulting Physician (Telephone Consultation)	✓	✓	$47.75
K738	Referring Physician (E Consultation)			$16.45
K739	Consulting Physician (E Consultation)			$20.50
K732	Referring Physician (Criticall Consultation)	✓	✓	$37.05
K733	Consulting Physician (Criticall Consultation)	✓	✓	$47.75

WEEKEND COVERAGE

CODE	DESCRIPTION	FHN	FHO	2026 FEE
A888	Emergency Department Equivalent			$44.55
Q888	FHO Weekend/Public Holiday Coverage (Rostered Patients only)			$44.55
Q012	Weekend/After Hours Premium (FHO Rostered Patients only)			50% premium
Q012	Weekend/After Hours Premium (FHN/FHG Rostered Patients only)			30% premium
Q016	Weekend/After Hours Premium (CCM Rostered Patients only)			30% premium

PERIODIC HEALTH VISITS

CODE	DESCRIPTION	FHN	FHO	2026 FEE
A002	18 month Developmental Assessment			$73.95
K017	Child(2 - 15 yo) Periodic Health Assessment	✓	✓	$49.55
K130	Adolescent (16 - 17 yo) Periodic Health Assessment	✓	✓	$87.10
K131	Adult (18 - 64 yo) Periodic Health Assessment	✓	✓	$64.25
K132	Adult (>65 yo) Periodic Health Assessment	✓	✓	$91.35
K133	Annual Exam Intellectual and Developmental Disability		✓	$164.25
E089	Add on to K131 & K132 when rendered to a cisgender female or a transgender, gender fluid or agender patient		✓	20%

HEALTH PROMOTION, CHRONIC DISEASE MANAGEMENT

CODE	DESCRIPTION	FHN	FHO	2026 FEE
K030	Diabetic Management Assessment 4 per year			$45.75
K032	Neurocognitive Assessment			$82.25
K037	Chronic Fatigue/Fibromyalgia care			$80.00
E079	Smoking Cessation Premium			$15.95
Q042	Smoking Cessation Counselling Fee			$7.70
K039	Smoking Cessation Follow up			$39.25
Q150	FOBT distribution & counselling			$7.00
Q152	FOBT completion (see restrictions in SOB) (billable for FHO patients)			$5.00

E079 Initial discussion with patient, to eligible services ..... add 15.95
Payment rules:
1. E079 is only eligible for payment when rendered in conjunction with one of the following services: A001, A003, A004, A005, A006, A007, A008, A905, K005, K007, K013, K017, K130, K131, K132, K133, P003, P004, P005, P008, W001, W002, W003, W004, W008, W010, W102, W104, W107, W109 or W121.
2. E079 is limited to a maximum of one service per patient per 12 month period.

K039 Smoking cessation follow-up visit 39.25
Payment rules:
1. K039 is only eligible for payment when E079 is payable to the same physician in the preceding 12 month period.
2. K039 is limited to a maximum of two services in the 12 months following E079.

FORMS

CODE	DESCRIPTION	FHN	FHO	2026 FEE
K071	Acute home care supervision (1 per pt per week per MD for 8 weeks)			$21.95
K072	Chronic Home Care Supervision (2 per month per pt per MD after 8 weeks)			$21.95
K051	Health Status Report (HSR) form			$92.90
K070	Home Care Application			$34.75
K038	Long Term Care Application			$46.35
K052	MCFSC Activities of Daily Living (ADL) Index			$23.20
K050	MCFSC HSR & ADL Amalgamated Form			$116.15
K054	MCFSC Mandatory Special Necessities Benefit Form			$29.05
K056	MCFSC Pregnancy, Breastfeeding Allowance Application Form			$23.20
K055	MCFSC Special Diet Application Form			$23.20
K035	MTO Mandatory Reporting Medical Condition			$36.25
K036	Northern Travel Grant Application			$10.25
K053	Ontario Works Program - Limitation to Participation			$17.45
E077	Request for Major Eye Examination			$10.25

LABORATORY IN GP'S OFFICE

CODE	DESCRIPTION	FHN	FHO	2026 FEE
G010	Urinalysis	✓	✓	$2.64
G002	Glucose	✓	✓	$2.26
G012	Wet Prep	✓	✓	$1.93
G004	Stool for O.B.	✓	✓	$1.58
G005	Pregnancy Test (only insured & payable when an immediate determination of pregnancy is required)	✓	✓	$3.88
G014	Rapid Strep	✓	✓	$6.80
G480	Venipuncture - Infant - < 2 years			$9.90
G482	Venipuncture - Child 2 - 15 years	✓	✓	$7.35
G489	Venipuncture - Adult - 16+ years	✓	✓	$3.54

OFFICE PROCEDURES

CODE	DESCRIPTION	FHN	FHO	2026 FEE
G700	Basic fee per visit Premium if sole reason for procedure			$8.80
E542	Office Premium (Tray Fee)		✓(50%)	$12.65
G271	Anticoagulation supervision	✓	✓	$13.10
G202	Allergy inj. (1 or more) with visit	✓	✓	$7.15
G212	Allergy Injection alone	✓	✓	$12.85
Z117	Chemical/Cryotherapy Rx wart (plantar, genital)		✓	$12.75
Z119	Cryotherapy Rx of 5 or more premalignant lesions			$31.80
G372	Injection IM, SC, intradermal, with visit OR each additional injection	✓	✓	$4.55
G373	Injection, sole reason	✓	✓	$7.90
G365	Pap Smear - periodic (25-69 yo)	✓	✓ (50%)	$12.00
E430	Pap Smear Tray Fee (G365)			$11.95
G394	Pap - if prev abnormal/inadequate			$12.00
E431	Pap Smear Tray Fee (G394)			$11.95
E432	Pelvic exam with speculum outside of hospital			$5.00
Z770	Endometrial sampling			$38.85
Z139	Breast Cyst Aspiration			$37.20
G420	Ear Syringe, curette (only payable when medically necessary)	✓	✓	$13.15
Z314	Epistaxis - nasal cauterization		✓(50%)	$11.50
Z315	Epistaxis - unilateral anterior packing		✓(50%)	$15.35
G403	Epley (BPPV) Particle repositioning			$21.70
Z543	Proctoscopy		✓(50%)	$8.70
Z104	Abscess, Haematoma I&D perianal			$33.25
Z106	Abscess, Haematoma I&D ischiorectal/pilonidal			$48.60
G375	Intralesional infiltration - 1 or 2 lesions	✓	✓	$10.50
G377	Intralesional infiltration - 3 or more lesions	✓	✓	$15.80
G384	Infiltration of tissue for trigger point	✓	✓	$8.85
G385	Infiltration of tissue for trigger point, each add site, max 2, add	✓	✓	$4.55
G370	Injection Bursa, Aspiration joint, ganglion, tendon sheath		✓	$20.25
G371	each additional injection, aspiration up to 5		✓	$19.90
Z114	Foreign body removal - local anaesthetic		✓(50%)	$27.65
Z101	Abscess, Haematoma I&D (one)	✓	✓(50%)	$28.20
Z080	Debride wound or ulcer to s.c tissue 10 min 1			$21.90
Z081	Debride wound or ulcer to s.c tissue 10 min 2			$32.90
Z082	Debride wound or ulcer to s.c tissue 10 min 3			$49.30
Z113	Biopsy(ies) - any method, when sutures are not used		✓	$32.45
Z116	Biopsy(ies) - any method, when sutures are used		✓(50%)	$32.45

OFFICE PROCEDURES *(cont'd)*

CODE	DESCRIPTION	FHN	FHO	2026 FEE
R048	Malignant lesion Face - single, simple excision		✓	$100.95
R094	Malignant lesion Other - single, simple excision		✓	$63.70
Z176	Repair of lacerations - up to 5cm	✓	✓	$21.90
Z154	Repair of lacerations - up to 5cm (face and/or requires tying of bleeders and/or closure in layers)		✓	$39.35
Z128	Simple, partial or complete nail plate excision req. anaesthesia		✓	$36.30
G378	I.U.D. Insertion		✓(50%)	$47.50
G552	Removal of IUD		✓(50%)	$23.80
G398	Pessary fitting - initial or re-fitting (1 per 12 month per patient)			$65.35
G550	Pessary care - removal, care & reinsertion (up to 6X per 12 months per pt.)			$10.00
J301**	Simple Spirometry P		✓	$7.85
J301**	Simple Spirometry T		✓	$10.85
J324**	Repeat After Bronchodilator P		✓	$4.20
J324**	Repeat After Bronchodilator T		✓	$3.25
J304**	Flow Volume Loop P		✓	$21.55
J304**	Flow Volume Loop T		✓	$12.85
J327**	Repeat After Bronchodilator P		✓	$7.65
J327**	Repeat After Bronchodilator T		✓	$3.25

IMMUNIZATION CODES

CODE	DESCRIPTION	FHN	FHO	2026 FEE
G538	Other Immunizing Agents	✓	✓(50%)	$8.80
G840	DTaP-IPV (Adacel-Polio)	✓	✓(50%)	$8.80
G841	DTaP-IPV-Hib (Pediacel)	✓	✓(50%)	$8.80
G842	Hepatitis B (Engerix)	✓	✓(50%)	$8.80
G843	Human Papilloma Virus(HPV)(Gardasil-9)	✓	✓(50%)	$8.80
G844	Meningococcal C Conjugate (Men-C)(Menjugate, NeisVac-C, Meningitec)	✓	✓(50%)	$8.80
G845	Measles, Mumps, Rubella (MMR, Priorix)	✓	✓(50%)	$8.80
G846	Pneumococcal Conjugate (Prevnar-15)	✓	✓(50%)	$8.80
G847	Tdap (Adacel, Boostrix)	✓	✓(50%)	$8.80
G848	Varicella (VAR, Varivax)	✓	✓(50%)	$8.80
G849	Respiratory Syncytial Virus (RSV, Arexvy)	✓	✓(50%)	$8.80
G462	Oral Polio or Rotavirus (Rotarix)	✓	✓(50%)	$8.80
G700	Basic fee per visit Premium if sole reason for procedure/immunization			$8.80
G590	Influenza	✓		$8.80
Q590	FHO/FHN ONLY if influenza is sole reason add to G590			$8.80
G593	Covid-19 Vaccine			$13.00
Q593	FHO/FHN ONLY if Covid-19 vaccine is sole reason add to G593			$8.80

COMMONLY BILLED Q CODES

New Patient Fees

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q200	Per Patient Rostering			no payment
Q202	FHN & FHO Long Term Care Patient Rostering			no payment
Q023	Unattached Patient From Hospital Fee **			$150.00
Q043	New Patient Fee FIT Positive or increased colorectal risk			$150-$230
Q053	HCC Complex Vulnerable New Patient Fee			$350.00

* The New Unattached Patients Fee Codes (effective 01 July 2025) are not available at this time.
** The Primary Health Care Unattached Patient Declaration Form must be completed.

COMMONLY BILLED Q CODES

Patient De-Rostering Fee

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q401	De-Roster - Member Deceased			$0.00
Q402	De-Roster - Ended by Provider			$0.00
Q403	De-Roster - Patient left Province			$0.00

COMMONLY BILLED Q CODES

After Hours fees

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q012*	After Hours fees (FHO)			50% premium
Q012*	After Hours fees (FHN / FHG)			30% premium
Q016*	After Hours Fees (CCM)			30% premium
Q017	HIV After Hours Fees			30% premium

COMMONLY BILLED Q CODES

Weekend & Holiday Access for FHO Patients

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q888	Weekend & Holiday Access for FHO Patients			$45.55

COMMONLY BILLED Q CODES

Chronic Disease Management

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q042	Smoking Cessation Counselling Fee (2/year)			$7.70
Q050	Heart Failure Management Incentive (Annual)			$125.00
Q040	Diabetes Management Incentive (Annual) Flow Sheet. Min K030 X 3			$65.70

COMMONLY BILLED Q CODES

Newborn Care Fees

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q014	Newborn Episodic Care (FHN, SEAMO) (max 8 in first year of life)			$15.05
Q015	Newborn Care Episodic Fee (FHO) (max 8 in first year of life)			$13.99

COMMONLY BILLED Q CODES

Preventative Care Fees & Bonuses

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q150	Colorectal Cancer Screening (Once per patient every 2 years)			$7.00
Q152	Colorectal Cancer Screening Test Completion(Once per pt per 2 years) (if not met min. roster size - <650 in FHG & CCM)			$5.00

COMMONLY BILLED Q CODES

Preventative Care Tracking Codes

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q130	Influenza Vaccine (65 & over)			$0.00
Q011	Pap Smear (21 - 69 years)			$0.00
Q131	Mammogram (50 - 74 years)			$0.00
Q132	Immunization (18 - 24 months)			$0.00
Q133	Colorectal Screening (50 - 74 years)			$0.00

COMMONLY BILLED Q CODES

Preventative Care Exclusion Codes

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q140	Pap			$0.00
Q141	Mammogram			$0.00
Q142	Colorectal Screening			$0.00

COMMONLY BILLED Q CODES

Serious Mental Illness

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q020	Bipolar			**
Q021	Schizophrenia (FHG Diagnostic Code 295)			**

Q020 & Q021
5 patients - $1234
10 patients - $2468

VIRTUAL CARE

CODE	DESCRIPTION	FHN	FHO	2026 FEE
A101	Limited Virtual Care by Video		✓	$20.00
A102	Limited Virtual Care by Telephone		✓	$15.00
K300	Video visit code add (existing/ongoing Patient-Physician Relationship)			100% of fee
K301	Telephone visit code add on (ongoing Patient-Physcian Relationship)			85% of fee
K301	Telephone visit code add on (ongoing Patient-Physcian Relationship) (K007, K005, K917 & K198)			95% of fee
A010	GP Focused Practice Consultation by Video			$95.60
A011	GP Focused Practice Repeat Consultation by Video			$47.10
A906	GP Focused Practice Limited Consultation by Video			$80.15
A913	GP Focused Practice Special Consultation by Video			$164.95
A914	GP Focused Practice Comprehensive Consultation by Video			$247.40
A814	Midwife or Aboriginal Midwife-Requested Assessment by Video			$111.70
A817	Midwife or Aboriginal Midwife-Requested Special Assessment by Video			$186.95
A818	Midwife or Aboriginal Midwife-Requested Anaesthesia Assessment by Video			$106.80

PALLIATIVE CARE

Common Fees

CODE	DESCRIPTION	FHN	FHO	2026 FEE
K023	Palliative Care Support (>20 min)			$85.25
K015	Counselling of Relatives (scheduled visit)	✓	✓	$80.00
G512	Palliative Care Case Management (weekly)			$67.75
G511	Telephone Management of Palliative Care (per call)			$18.20
A945	Special Palliative Care Consultation (office,home, OPD)			$174.25
C945	Special Palliative Care Consultation (hospital)			$174.25
K121	In-Hospital Case Conference - acute,chronic or rehab (per unit)			$37.05
K700	Outpatient Palliative Case Conference (per unit)	✓	✓	$37.05
K708	Multidisciplinary Cancer Conferences (per patient)			$37.05
K070	Home Care Application			$34.75
K071	Acute home care supervision (1 per pt per week per MD for 8 weeks)			$21.95

PALLIATIVE CARE

Hospital Visits Palliative Care

CODE	DESCRIPTION	FHN	FHO	2026 FEE
C122	Most Responsible Physician Day 1			$71.80
C123	Most Responsible Physician Day 2			$71.80
C124	Subsequent visit - day of discharge (not for deceased patients)			$71.80
C945	Special Palliative Care Consultation (hospital)			$174.25
C882	Palliative Care Assessment - GP, Acute Care		✓	$40.05
C982	Palliative Care Assessment - Specialist, Acute Care			$40.05
W882	Palliative Care Assessment - GP, chronic care/rehab			$40.05
W982	Palliative Care Assessment - Specialist, chronic care/rehab			$40.05
W872	Palliative Care Assessment - GP,LTC			$40.05
W972	Palliative Care Assessment - Specialist, LTC			$40.05
K023	Palliative Care Support (>20min)			$85.25

PALLIATIVE CARE

Pronouncement & Death Certificates

CODE	DESCRIPTION	FHN	FHO	2026 FEE
A902	Pronouncement of Death in the home (incl. Death Certificate)			$64.80
A777	Pronouncement of Death other than patient's home (incl. Death Certificate)		✓	$44.55
A771	Certification of death (Completion of death certificate alone)			$24.20
C777	Hospital Pronouncement of Death - subject to the same conditions as A777 (incl. Certificate)			$44.55
C771	Certification of death (Subject to same conditions as A771)			$24.20
W777	LTC Pronouncement of death - subject to the same conditions as A777 (incl. death certificate)			$44.55
W771	Certification of death - subject to same conditions as A771			$24.20

OBSTETRICS

CODE	DESCRIPTION	FHN	FHO	2026 FEE
P004	Minor Prenatal Assessment			$44.55
P003	Major Prenatal			$93.85
P005	Antenatal Preventative Assessment			$55.70
P007	Postnatal care Hospital			$65.55
P008	Postnatal care Office			$43.80
P006	Vaginal Delivery			$512.65
P023	Oxytocin Stimulation			$67.75
P030	Cervical Ripening (max 1 per pregnancy)			$58.60
C989	Sacrifice office hours			$78.55
E409	Premium Days (0500 - 1200), 24 Hours Sat, Sun *50%			$249.35
E410	Premium nights (midnight -0700) *75%			$374.03
E411	Sole Delivery Premium *100%			$498.70

LONG TERM CARE (LTC)

CODE	DESCRIPTION	FHN	FHO	2026 FEE
K124	LTC Case conf./10 min. unit max. 4/year			$37.05
K705	Long term care - high risk patient conference			$37.05
K706	Convalescent care program case conference			$37.05
W003	First 2 visits/month			$40.05
W008	Additional 2 subsequent visits/month			$40.05
W010**	Monthly Management Fee			$135.30
W102	Admission Assessment Type 1			$71.20
W107	Admission Assessment Type 3/readmit from acute			$30.70
W109	Periodic Health visit			$72.35
W121	Intercurrent illness additional visit			$40.05
W771	Certification of death - subject to same conditions as A771			$24.20
W777	LTC Pronouncement of death - subject to the same conditions as A777 (incl. death certificate)			$44.55
W872	Palliative Care Assessment - GP,LTC			$40.05
W903	Preoperative general assessment (2 per year)			$65.05

LONG TERM CARE (LTC)

Complex continuing care & convalescent care in LTC

CODE	DESCRIPTION	FHN	FHO	2026 FEE
W002	First 4 visits/month			$40.05
W001	Additional subsequent visits - 4/month			$40.05
W882	Palliative Care Assessment - GP, chronic care/rehab			$40.05

EMERGENCY ROOM CODES

CODE	DESCRIPTION	FHN	FHO	2026 FEE
A100	Family Physician ER Department Assessment			$78.95
H101	Minor Assesment (Day)			$22.65
H102	Comprehensive Assessment (Day)			$56.70
H103	Multiple Systems Assessment (Day)			$46.65
H104	Reassess (Day)			$22.75
H121	Minor Assesment (Night)			$39.85
H122	Comprehensive Assessment (Night)			$99.60
H123	Multiple Systems Assessment (Night)			$80.95
H124	Reassess (Night)			$39.80
H131	Minor Assesment (Evening)			$30.05
H132	Comprehensive Assessment (Evening)			$75.40
H133	Multiple Systems Assessment (Evening)			$61.50
H134	Reassess (Evening)			$30.05
H151	Minor Assesment (Weekend)			$34.15
H152	Comprehensive Assessment (Weekend)			$85.70
H153	Multiple Systems Assessment (Weekend)			$69.60
H154	Reassess (Weekend)			$34.15
H105	Inpatient interim orders			$29.05
G521	Life Threatening emergency situation - first 1/4 hour			$125.10
G522	Life Threatening emergency situation - after 1st half hour per 1/4 hour			$42.50
G523	Life Threatening emergency situation - 2nd 1/4 hour			$64.50
G391	Other resuscitation after first 1/4 hour			$34.35
G395	Other resuscitation first 1/4 hour			$64.70
E412	Premium (Procedural Fees) evenings Mon - Fri(1700-2400), Sat, Sun, Holidays			*20%
E413	Premium (Procedural Fees)nights 7 days (midnight - 0700)			*40%

SURGICAL ASSISTS

per unit (x2 after 1 hour, x3 after 2.5 hours)

CODE	DESCRIPTION	FHN	FHO	2026 FEE
E400B	Evenings Monday - Friday (5pm - 12am), Sat, Sun, Holidays			50% premium
E401B	Nights - Midnight to 7am			75% premium

SPECIAL VISIT PREMIUMS HOME VISIT PREMIUMS

CODE	DESCRIPTION	FHN	FHO	2026 FEE
A900	Complex Housecall Assesment		✓	$64.80
B990	Home visit Premium (Daytime M-F elective home visit)		✓	$28.25
B992	Sacrifice Office Hours		✓	$45.25
B993	Home visit Sat, Sun, Holidays		✓	$84.80
B994	Home visit Premium (Evenings M - F)		✓	$67.85
B996	Home visit Premium (nights every day)		✓	$113.10
B998	Palliative Special visit, 1st person seen,(0700-2400)			$91.80
B997	Palliative Special visit, 1st person seen-nights(2400-0700)			$113.10