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

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

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

IMMUNIZATION CODES

CODE	DESCRIPTION	FHN	FHO	2026 FEE
G538	Other Immunizing Agents	✓	✓	$8.80
G840	DTaP-IPV (Adacel-Polio)	✓	✓	$8.80
G841	DTaP-IPV-Hib (Pediacel)	✓	✓	$8.80
G842	Hepatitis B (Engerix)	✓	✓	$8.80
G843	Human Papilloma Virus(HPV)(Gardasil-9)	✓	✓	$8.80
G844	Meningococcal C Conjugate (Men-C) (Menjugate, NeisVac-C, Meningitec)	✓	✓	$8.80
G845	Measles, Mumps, Rubella (MMR, Priorix)	✓	✓	$8.80
G846	Pneumococcal Conjugate (Prevnar-15)	✓	✓	$8.80
G847	Tdap (Adacel, Boostrix)	✓	✓	$8.80
G848	Varicella (VAR, Varivax)	✓	✓	$8.80
G849	Respiratory Syncytial Virus (RSV, Arexvy)	✓	✓	$8.80
G462	Oral Polio or Rotavirus (Rotarix)	✓	✓	$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

CONSULTATIONS

CODE	DESCRIPTION	FHN	FHO	2026 FEE
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

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.

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)		✓	$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)	✓	✓	$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		✓	$11.50
Z315	Epistaxis - unilateral anterior packing		✓	$15.35
G403	Epley (BPPV) Particle repositioning			$21.70
Z543	Proctoscopy		✓	$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

OFFICE PROCEDURES *(cont'd)*

CODE	DESCRIPTION	FHN	FHO	2026 FEE
G371	each additional injection, aspiration up to 5		✓	$19.90
Z114	Foreign body removal - local anaesthetic		✓	$27.65
Z101	Abscess, Haematoma I&D (one)	✓	✓	$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		✓	$32.45
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		✓	$47.50
G552	Removal of IUD		✓	$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

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**
Q023A	Unattached Patient From Hospital Fee **			**$150.00**
Q043A	New Patient Fee FIT Positive or increased colorectal risk (age-tiered †)			**$150-$230**
Q053A	HCC Complex Vulnerable — ended Oct. 31, 2026, replaced by Q058A ‡			**$150.00**

* New unattached-patient fee codes (Q027A, Q037A, Q051A, Q052A, Q058A — effective 01 July 2025) opened for billing Nov. 1, 2026 — see below.
** The Primary Health Care Unattached Patient Declaration Form must be completed.
† Q043A age-tiered fee: $150 up to age 64, $170 age 65–74, $230 age 75+.
‡ Q053A ended Oct. 31, 2026, replaced by Q058A ($500, see New Unattached Patient Fees). The $150 shown reflects the OHIP bulletin's statement that previously paid Q053A claims are adjusted to $150.

New Unattached Patient Fees

Source: OHIP INFOBulletin 261102 — *New Patient and Attachment Bonus Fee Schedule* (Nov. 2, 2026). Codes effective July 1, 2025; claims open Nov. 1, 2026. **Note:** the bulletin's text on Q053A is ambiguous between a $500 retroactive figure and a $150 adjusted amount; this guide uses $150, per the bulletin's statement that previously paid Q053A claims will be adjusted to that amount.

CODE	DESCRIPTION	FHN	FHO	2026 FEE
Q027A	Patient Attachment Bonus – Established Doctors (age/RIO tiered *)			**$100–$180**
Q037A	Patient Attachment Bonus – New Graduate, ≤3 yrs post-residency (age/RIO tiered *)			**$150–$270**
Q051A	Mother/Newborn New Patient Fee (one-time pair; bill under mother's HIN)			**$350.00**
Q052A	Multiple/Newborn New Patient Fee (each additional newborn; bill under that newborn's HIN)			**$150.00**
Q058A	HCC Complex/Vulnerable Unattached New Patient Fee (replaces Q053A as of Nov. 1, 2026)			**$500.00**

NEW UNATTACHED PATIENT FEES

Age/RIO Fee Tiers (Q027A / Q037A)

Bill at the lowest value shown; the ministry adjusts automatically for patient age and your Rurality Index for Ontario (RIO) score.

Q027A: age 0–64 — $100 (RIO<40) / $150 (RIO≥40); age 65+ — $120 (RIO<40) / $180 (RIO≥40)
Q037A: age 0–64 — $150 (RIO<40) / $225 (RIO≥40); age 65+ — $180 (RIO<40) / $270 (RIO≥40)

NEW UNATTACHED PATIENT FEES

Already in your Q-codes list

Q023A and Q043A (table above) stay active and are assessed in the same one-per-patient family as the new codes below. Unlike the new codes, they still receive relativity paid separately; relativity is already built into Q027A, Q037A, Q051A, Q052A and Q058A. Q053A ended Oct. 31, 2026 and is replaced by Q058A ($500); previously paid Q053A claims are adjusted to $150.

NEW UNATTACHED PATIENT FEES

Eligibility & Key Rules

- Patient must be new to you **and** your group — never previously enrolled to you or any physician in the group, even after a gap.
- **Only one** attachment bonus/new-patient fee is payable per patient, ever, group-wide. Assessed together: Q013A, Q023A, Q027A, Q033A, Q037A, Q043A, Q051A, Q052A, Q053A, Q054A, Q055A, Q056A, Q057A, Q058A.
- Needs the Primary Health Care New Patient Declaration form + Patient Enrolment & Consent to Release PHI form on file.
- Q027A/Q037A: bill on the same date as an in-person (FFS or shadow-billed) visit on/after enrolment — need not be the first visit.
- Locums and nurse practitioners are **not eligible** (reject codes EPA/ENP).
- **12-month clawback:** de-enrolment within 12 months of original enrolment recovers the fee (code "ID"); a roster transfer doesn't restart this clock.
- Q027A and Q037A are scheduled to expire March 31, 2028.

NEW UNATTACHED PATIENT FEES

Retroactive Billing Window

Service dates from July 1, 2025 to Oct. 31, 2026 can be billed retroactively starting Nov. 1, 2026, up to the **May 2027 claims processing cut-off** — stale-date rules are waived for this window. No signed Declaration form yet? You have 12 months from Nov. 1, 2026 to file one; payment isn't held up waiting for it. Enrolments on/after Nov. 1, 2026 revert to the standard 3-month submission period.

NEW UNATTACHED PATIENT FEES

Questions

Service Support Contact Centre — 1-800-262-6524, Mon–Fri 8:00 a.m.–5:00 p.m. ET (closed holidays).

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

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

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

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

SURGICAL ASSISTS

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

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%

Diagnostic Codes

Alphabetical index of the diagnostic codes from SGFP's 2015 Common Family Practice Codes reference — the shorter, everyday-use set rather than the Ministry's full ~700-code list. Codes predate 2015 and have not been re-verified against the current OHIP Schedule of Benefits; confirm before billing an unfamiliar one.

Abdominal Pain	787
Abortion (incomplete)	634
Abortion(Therapeutic)	635
Abortion(Threatened)	640
Abrasions, Contusions	919
Abscess(Skin)	685
Acne	706
Adenitis	289
Adjustment reaction	309
Adverse Drug Reaction	977
AIDS	042
Alcoholism	303
Alopecia	704
Amenorrhea	626
Anemia (aplastic)	284
Anemia (Iron Defic)	280
Anemia (Pernicious)	281
Angina	413
Animal Bite	919
Ankle Strain	845
Anorexia	787
Anxiety	300
Appendicitis	540
Apthous Ulcer	528
Arrythmia	427
Arteriosclerosis	440
ArteritisTemporal	446
Arthritis(Osteo)	715
Arthritis(Rheumatoid)	714
ASHD	412
Asthma	493
Astigmatism	367
Ataxia	780
Athletes foot	110
Bakers Cyst	727
Balanitis	608
Behaviour Disorder	313
Biliary Colic	574
Birth Control	895
Bleeding (Post Menop)	627
Bleeding (rectal)	569
Blepharitis	373
Blocked Tear Duct	375
Boil	680
BPH	600
Breast Abscess	611
Breast Disorder	611
Breast Lump(benign)	217
Bronchitis (Acute)	466
Bronchitis (chronic)	491
Bunions	727
Burns	949
Bursitus	727
Calculus (biliary)	576
Cancer Basal Cell	173
Cancer Breast	174
Cancer Cervix	180
Cancer Colon	153
Cancer Lung	162
Cancer Prostate	185
Cancer Uterus	182
Candidiasis	112
Cardiac Arrest	427
Carpal Tunnel Syndrome	739
Cataracts	366
Cellulitus	682
Cervical Disc Disease	847
Cervical Erosion/dysplas	622
Cervicitis	616
Chalazion	373
Chest Pain	785
Chicken Pox	052
Chlamydia	099
Cholelithiasis	574

Diagnostic Codes *(cont'd)*

Cirrhosis	571
Coccydynia	774
Colon Cancer- Family History	547
Colon Pos. Fecal Occult Blood	545
Colon Screening	548
Colon Surveillance	546
Concussion	850
Condylomata	79
Congestive Heart Failure	428
Conjunctivitis	372
Constipation	564
Contraception	895
Contusion	919
COPD	496
Corneal Ulcer	370
Corns, Calluses	700
Coronary Artery Disease	412
Cough	786
Crohn's disease	555
Croup	464
CVA	436
Cystitis	595
Cystocoele	618
Deafness	389
Dementia	290
Dental Abscess	525
Dental Caries	521
Depression	300
Dermatitis (Contact)	692
Dermatitis (Seborrhea)	690
Deviated Nasal Septum	470
Diabetes	250
Diabetes (Pre)	249
Diaper Rash	691
Diarrhea	009
Disc Disease	722
Diverticulitis	562
Divorce	901
Dizziness	780
Drug Dependence	304
Drug Reaction	977
DVT	451
Dysmenorrhea	625
Dyspareunia	625
Dyspepsia	536
Dysphagia	787
Dyspnea	786
Eczema	691
Edema	785
Emphysema	492
Endometriosis	617
Enuresis	307
Epididymo-orchitis	604
Epilepsy	345
Epistaxis	786
Esophagitis	530
Failure to Thrive	799
Family Planning	895
Fatigue	796
Feeding Problem(Infant)	799
Fever	796
Fibroids	218
Fibrositis	729
Fissure in ano	565
Flatfeet	734
Flu	487
Food Poisoning	005
Foreign Body	930
Fractured Finger	816
Frequency	788
Frostbite	998
Frozen Shoulder	729
Fungal Infection	117
Furunculosis	680
Gall Stone	574
Ganglion	727
Gastric Ulcer	531
Gastritis	535

Diagnostic Codes *(cont'd)*

Gastroenteritis	009
Gastrointestinal	787
Gingivitis	523
Glaucoma	365
Glossitis	529
Goitre	240
Gout	274
Grief Reaction	300
Gynecomastia	611
Hair Loss	704
Hallux Valgus	735
Head Injury	854
Headache NYD	780
Headache(Migraine)	346
Headache(Tension)	307
Heart Failure	428
Heart Murmur	429
Heartburn	787
Hemangioma	228
Hematoma	919
Hematuria	599
Hemiplegia	599
Hemoptysis	786
Hemorrhoids	455
Hepatitis	070
Hernia (Inguinal)	550
Hernia(other)	553
Herpes Genitalis	099
Herpes Simplex	054
Herpes Zoster	053
HIV	43
Hives	708
Hydrocele	603
Hyperactivity	314
Hypercholesterolemia	272
Hyperemesis	643
Hypertension	401
Hypertensive Heart	402
Hyperthyroid	242
Hyperventilation	786
Hypothyroid	244
Hysteria	300
Immunization	896
Impetigo	684
Impotence	306
Incontinence	599
Indigestion	536
Infertility (Female)	628
Infertility(male)	606
Influenza	487
Ingrown Toe Nail	703
Insect Bite	919
Insomnia	307
Intertrigo	695
Iritis	364
Irritable Colon	564
Jaundice	787
Joint Pain	781
Keloid	701
Keratitis	370
Keratosis	701
Kidney Stone	592
Knee Pain	844
Labyrinthitis	386
Laceration Lower	894
Laceration Other	879
Laceration Upper	884
Laryngitis	464
Leg Cramps	781
Legal Problems	906
Leukorrhea	629
Lipoma	214
Liver Disease (other)	573
Low Back Pain	724
Lupus	695
Lymphangitis	457
Malaise	799
Marital Problems	898

Diagnostic Codes *(cont'd)*

Mastitis (Abscess)	611
Mastitis (Cystic)	610
Measles	055
Melena	787
Meniscal tear	718
Menopause	627
Menorrhagia	626
Menstrual Disorder	626
Mental Retardation	319
Migraine	346
Miscarriage	634
Mitral Valve Prolapse	429
Mononucleosis	075
Multiple Sclerosis	340
Mumps	072
Muscle Spasm	728
Myopia	367
Nausea or Vomiting	787
Nephritis	580
Neuralgia (Trigeminal)	350
Neuritis	365
Nevus	216
Nevus (Pigmented)	709
Nosebleed	786
Obesity	278
Occupational Problem	905
Oral Ulcers	528
Osteoarthritis	715
Osteomyelitis	730
Osteoporosis	733
Otitis Externa	380
Otitis Media	381
Ovarian Cyst	220
Overdose	977
Pain (chest)	785
Pain(joint,leg,muscle)	781
Pancreatitis	577
Parkinson's	332
Paronychia	686
PAT	427
Pediculosis	132
Pelvic Inflammatory Dis	614
Peripheral Vascular Dis	443
Personality disorder	301
Pharyngitis	460
Phimosis	605
Phlebitis	451
Pilonidal Abscess	682
Pinworms	127
Pleurisy	511
Pnuemonia	486
Poison Ivy, Oak	692
Poliomyelitis	045
Pregnancy (ectopic)	633
Pregnancy (normal)	650
Prolapse Uterus	621
Prostate Cancer	185
Prostate Hypertrophy	600
Prostatis	601
Pruritus	698
Psoriasis	696
Pulmonary embolism	459
Pyelonephtitis	590
Pyrexia	780
Pyuria	599
Rash	691
Raynaud's Phenomenon	443
Rectal Bleeding	569
Reflux Esophagitis	530
Renal Calculi	592
Renal Colic	788
Renal Failure	584
Rheumatoid Arthritis	714
Rhinitis	477
Ringworm (scalp, beard)	110
Ringworm(other)	117
Rosacea	695
Rubella	056

Diagnostic Codes *(cont'd)*

Scabies	133
Scarring	709
Schizophrenia	295
Sciatica	724
Scoliosis	737
Sebaceous Cyst	706
Seborrhea	690
Seizure Disorder	345
Senility	797
Sexual Dysfunction	306
Shingles	053
Shortness of Breath	786
Sickle Cell	282
Sinusitus	461
Sinusitus (acute)	461
Sinusitus (chronic)	473
Sleep Disorder	307
Smoking Cessation)	491
Social Maladjustment)	904
Sprain (Foot, ankle)	845
Sprain (Leg, Knee)	844
Sprain (lumbar)	724
Sprain (Neck)	847
Sprain (Wrist)	842
Sprain(Shoulder)	840
Sprain, Strain (Other)	848
STD	099
Stomatitis	528
Strabismus	378
Strep Throat	034
Stress incontinence	625
Stroke	436
Stye	373
Sunburn	691
Syncope	785
Tachycardia	427
TB test, conversion	010
Tendonitis	727
Tennis elbow	739
Tenosynovitis	727
Tension Headache	307
Threatened Abortion	640
Thrush	112
Thyroiditis	245
Thyrotoxicosis	242
TIA	435
Tonsillitis	463
Toothache	525
Torticollis	739
Tracheitis	464
Trichomonas	131
Trigger Finger	727
Ulcer (duodenal)	532
Ulcer (Gastric)	531
Ulcerative Colitis	556
Umbilical Hernia	553
Undescended testicle	608
Unemployment	905
Uremia	585
Urethral Stricture	598
Urethritis	597
URI	460
Urinary Infection	599
Urticaria	708
Vaginal Bleeding	626
Vaginitis	616
Varicose Vein, ulcer	454
Vasovagal attack	780
Venereal Disease	099
Vertigo	780
Viral illness	079
Viral Rash	057
Vomiting	787
Vulvitus	616
Warts	078
Wax	388
Weight Loss	796
Well Baby Visit	916
Whiplash	847
Whooping Cough	033
Wound Infection	998
Wry Neck	739
Yeast Vaginitis	616