

Ontario Family Medicine Billing Guide

General Assessments

A001	Minor Assessment	\$23.75
A007	Intermediate Assessment	\$36.85
	Minor Assessment	
	+ Q015 <12 mo (max 8) \$13.99	
A003	General Assessment	\$84.45
	- two per patient/year, in-person	
A002	15 Month Visit (17-24mo)	\$62.20
	- need VBR, Routine, Nipissing	
Q008	UCC Sat/Sun/Holiday	\$36.85
A005	ED Equivalent	\$36.85
	- Add Q012 - Sat/Sun/Hol/Dec 25 - 31;	
	all visits need A005 that day	
A005	GP Consultation	\$84.45
	- need referring MD	
Chronic Illness Codes		
K0130	DM Management (max 4x/yr)	\$40.55
	- add Q040 1/year (need 3xK000)	\$65/year
K0129	Insulin Therapy Support	\$67.75
K0132	Neurocog Assessment	\$67.75
	- MCCA only, MD only	
K0137	Fibromyalgia/Chronic Fatigue	\$67.75
	- for any visit, regardless of reason	
K0122	HIV Primary Care	\$67.75
K0123	Palliative Care/Home Visit	\$72.15
Q010	Heart Failure Incentive Fee	\$125
	- once yearly, eligible with Q012	

Home Visits + Palliative Visits

A000	Complex Elderly/Homebound	\$45.15
D050	Travel Premium	\$36.40
D060	First Patient Seen Premium	\$27.50
D066	Palliative Travel Premium	\$36.40
D055	First Patient Seen Premium	\$82.50

Perinatal Care

P005	Antenatal Assessment	\$45.15
	- bill once with either P004/P003	
P004	Routine Prenatal Visit	\$36.85
P003	Fall Hx + Exam (1/ preg)	\$77.20
P006	Post-natal Care Office	\$36.85
	- P codes not eligible with Q012 after hours	
A020	Early Preg Medical Mgmt	\$161.15

Counselling

K0005	Primary Mental Health Care	\$67.75
K0007	Psychotherapy	\$67.75
K0013	Educational Counselling	\$67.75
K0033	Use if already billed 3 K0130/yr	\$67.75
K0002	Interview with Family	\$67.75
K0026	STD Counselling	\$67.75
A000	Substance Use Consult	\$144.75
	- 50 min assessment	
K0000	Substance Use Follow-up	\$67.75
K0071	Acute Homecare Supervision	\$21.40
K0072	Chronic Homecare Supervision	\$21.40
Smoking Cessation (MRP only)		
C075	Initial Visit (1 per 12 months)	\$15.55
	- Bill with A/JK codes; use flow sheet	
K0129	Follow-up visit (2/ 12 months)	\$33.45
	- Bill with A/JK codes; use flow sheet	
Q042	Counselling Fee	\$7.50
	- Bill with K000, subsequent to C075	

Serious Mental Illness

Q020	Bipolar	need min 5-9 pts = \$1200
Q021	Schizophrenia	10+ pts = \$2000
		Bill at Q020-Q021 April 1st

Virtual Care

K000	Video	A101 Limited Video	\$20.00
K001	Telephone	A102 Limited Telephone	\$15.00

Forms

K0134	Reportable Dx	\$36.00
K0135	MTO Mandatory	\$36.25
K0136	Northern Travel Grant	\$10.25
K0138	LTC Application	\$45.15
K0150	MCFSC HSR & ADL Form	\$103.55
K0151	Health Status Report (HSR)	\$82.85
K0152	ADL Form	\$20.70
K0153	OW Form	\$15.55
K0154	Special Necessities Form	\$25.90
K0155	Special Diet	\$20.70
K0156	Pregnancy Allowance	\$20.70
K0123	Form 1 + 42	\$113.35
K0170	CCAC/Home Care	\$31.75

Periodic Health Exam

No diagnostic code necessary

K0117	Child (2-15)	\$43.60
K0128	Adolescent (16-17)	\$77.20
K0131	Adult (18-64 inclusive)	\$54.00
K0132	Adult (65 and older)	\$77.20

Rostering Codes

Q000	FHO Rostering	
Q023	From Hospital	\$150
Q043	Abnormal Risk CAC	\$150-\$230
Q053	HCC Complex	\$350
De-Rostering: Q001 - Q002 - Q003		

Vaccines/Injections

Q500	Flu shot	
Q500	Flu shot reason (FHO)	
Q530	Other: Hep A, Tetanus, MMRV, Men B, Pneumovax, Tdap-IPV, Td, Zostavax	
Q540	DTaP-IPV (Quadracel)	
Q541	DTaP-IPV-Hib (Pediactel)	
Q542	Hep B (Egerix)	
Q543	HPV	
Q544	Men C (Menjugate)	
Q545	MMR (Priorix)	
Q546	Pneum-13	
Q547	Tdap (Adacel, Boostrix)	
Q548	Varicella (Varivax)	
Injections (allergy, joint, bursa)		
G202	Allergy inj (max 2)	\$4.45
G212	Allergy inj, sole	\$9.75
	- add Q070 at 1/ > 1 inj	
G372	Inj (ML, SC, ID) w/ visit	\$3.89
G373	Inj (sole reason), first	\$6.75
	- add Q070 for each additional inj	
G375	23 Lesion steroid inj	\$8.85
G376	Joint, Bursa, Ganglion	\$20.25
G371	Subsequent inj (max 5)	\$19.90
G320	Aspiration +/- inj	\$39.80
	add Q020 additional joint (max 2)	\$20.25

Office Procedures

G400	Ear syringe/curette	\$11.35
G403	Epsy	\$21.15
Z101	W.D Abscess/Hematomas	\$25.75
	2173 2 Abscess (\$20.85); 2174 23 (\$40.80)	
Z104	W.D Perianal	\$20.10
Z105	W.D Perianal Abscess	\$44.35
Z113	Skin Bx (no subcut)	\$29.60
Z116	Skin Bx (subcut)	\$29.60
Z114	FB Removal w/ local	\$25.25
Z120	Nail Resection	\$33.10

Malignant Pre-Malignant

	Face/Neck	Other
1	\$160 \$53.20	\$160 \$43.60
2	\$160 \$87.40	\$160 \$71.80
3	\$160 \$174.75	\$160 \$143.55
	Face/Neck	Other
1	\$245 \$92.15	\$245 \$58.15
2	\$245 \$139.20	\$245 \$95.70
3	\$245 \$233.00	\$245 \$191.40
Bill in addition to A/JK codes		
+ Q000 if sole reason		

Preventative Tracking Codes

Colon CA		
Q110	FIT Counselling	\$7.00
Q133/Q142	Tracking/exclusion (50-74)	
Mammogram		
Q131/Q141	Tracking/exclusion (50-74)	
Influenza		
Q130	Tracking code (> 64 yo)	
Pap Screens		
G265 + G430	\$8.65 + \$11.55	
Pap (every 30 months, 21 - 69)		
G264 + G431	\$8.65 + \$11.55	
If previous abnormal		
Q011/Q140	Tracking/exclusion (21-69)	

Other

Q012	After Hours Premium	30%
E000	1st visit <14d post dic	\$25.25
K0130	Call consultation (>10min)	\$31.35
K0134	Call ED doc (>10min)	\$31.35
K0135	e-consult	\$18.00
G271	BIR (monthly)	\$12.75

Legend

+ G500 (sole)	
+ E542 (pay fee)	
Time-based	
Out-of-basket	

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**University of Connecticut. Health
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