

	Activity Type	Billing Code	Billing Amount	Billing Requirements	SoB Oct 2013 Pg #
Case Conferences	Family interview with authorized individual	K002 n	\$62.75/ greater part of 30 min (20 min minimum)	Interviews with relatives or a person who is authorized to make a treatment decision	A19
	Counselling	K013	\$62.75/ greater part of 30 min (20 min minimum)	To provide advice and information with respect to diagnosis, treatment, health maintenance and prevention	A15
	Primary Mental Health Care – Individual Care	K005	\$62.75/ greater part of 30 min (20 min minimum)	Primary mental health care is not to be billed in conjunction with other consultations and visits rendered by a physician during the same patient visit	A15
	Out-patient chronic pain	K707 n o	\$31.35/ 10 min unit	Requires participation by the MRP with at least 2 others that include physicians, regulated social workers and/or regulated health professionals	A26
	House Call Assessment	A901 n	\$45.15	Primary care service rendered in patient's home that satisfies all requirements of intermediate assessment. Eligible for payment for first person seen during single visit to same location. Premiums are added to code.	A3
Consults	Telephone Consult	K731 n o	\$40.45	<ul style="list-style-type: none"> At least 10 minutes patient-related discussion; documentation required Maximum 1 consult is eligible for payment per patient per day Referring physician and consultant physician must be physically present in Ontario at time of consult 	A29
	ED Physician Telephone Consult	K735 n o	\$40.45	<ul style="list-style-type: none"> Physician on duty in an ED or a hospital urgent care clinic At least 10 minutes patient-related discussion; documentation required Maximum 1 consult is eligible for payment per patient per day Referring physician and consultant physician must be physically present in Ontario at time of consult 	A29
	Email Consult	K739 n o	\$20.50	<ul style="list-style-type: none"> Must be secure email exchange Billing amount is for 2 email consults Limited to maximum 1 service per patient per day Maximum 6 services per patient, any physician, per 12 month period 	A33
	Home Care Application	K070 n o	\$31.75	CCAC / Health Links referral	A40
	Acute Home Care Supervision	K071 n o	\$21.40	Service rendered by physician for personally providing medical advice, direction or information to health care staff of a CCAC or CCAC contractor on behalf of a patient for whom the physician provides on-going medical care (first 8 weeks following admission to home care program)	A40
	Chronic Home Care Supervision	K072 n o	\$21.40	Same as K071 but applies to after the 8 th week following admission to home care program	A40

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

As Per Schedule of Benefits: Physician Services Under the Health Insurance Act, MOHLTC, October 1, 2013. For K time-based codes, the time spent must be documented in the patient file. See details of Home Visit Billing Codes on reverse. Review the Schedule of Benefits for further details and ensure that guidelines are followed appropriately.

SPECIAL VISIT PREMIUMS				Maximum Patients	Maximum Travel	Additional Patient	Travel Premium	
HOME VISIT PREMIUMS					ADD TRAVEL PREMIUM		36.40	
B990	n		27.50	Daytime Mon-Fri (07:00-17:00)/Elective Home Visit	10	2	visit fee	B960
B992	n		44.00	Sacrifice Office Hours	10	2	visit fee	B961
B994	n		66.00	Evenings Mon-Fri, 17:00-24:00	10	2	visit fee	B962
B993	n		82.50	Sat, Sun, Holidays (07:00-24:00)	20	6	visit fee	B963
B996	n		110.00	Night(00:00-07:00) Every Day	no limit	no limit	visit fee	B964
B997	n	o	110.00	Palliative Care Patient Night (00:00-0:700)	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
OFFICE VISIT PREMIUM / For other non-professional sites substitute "Q" for " A"					ADD TRAVEL PREMIUM		36.40	
A990			20.00	Day (0700-1700) Mon-Fri	1	1	visit fee	A960
A994			60.00	Evenings Mon-Fr (17:00-24:00)	1	1	visit fee	A962
A998			75.00	Sat, Sun, Holidays 07:00-24:00	1	1	visit fee	A963
A996			100.00	Night (0000-0700) Every Day	no limit	no limit		A964
HOSP PREM C=HOSP,K=ER,U=OPD,W=LTC - Substitute Appropriate Site Prefix for "C"					ADD TRAVEL PREMIUM		36.40	
C990	n	o	20.00	Day (0700-1700) Mon-Fri	10	2	C991	C960
C992	n	o	40.00	Sacrifice Office Hours	10	2	C993	C961
C994	n	o	60.00	Evenings Mon-Fri, (17:00-24:00)	10	2	C995	C962
C986*	n	o	75.00	Sat, Sun, Holidays (07:00-24:00)	20	6	C987*	C963
C996	n	o	100.00	Night (00:00-0:700)	no limit	no limit	C997	C964
*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.								