

COMMON FEE CODES

A001		Minor Assessment	\$ 23.75
A007		Intermediate Assessment	\$ 37.95
A003		General Assessment with diagnosis other than 917, all ages	\$ 87.35
A004		General Reassessment	\$ 38.35
A008		Mini Assessment - Billed with WSIB minor Assessment	\$ 13.05

ADD ON FEE CODES

E080	n	o	First Post Hospital Premium - within 2 weeks	\$ 25.25
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COUNSELLING / MENTAL HEALTH

K013			Counselling - up to 3 units/yr	\$ 70.10
K005			Primary Mental Health Care	\$ 70.10
K002	n		Interview with Authorized Individual	\$ 70.10
K007			GP Psychotherapy	\$ 70.10
K033	n	o	Counselling - When billing more than 3 units/yr (K013)	\$ 49.35
K040	n	o	Group counselling, per unit, where no group member received > 3 units K013 or K040 per 12 month period	\$ 70.10
K041	n	o	Group counselling additional units where any group member received > 3 units K013 or K040 per 12 months period	\$ 50.20
K623	n	o	Form 1 - Application for Psychiatric Assessment	\$ 117.05
K028	n	o	STD Management (max 2units/pt/doc/day & 4 units/pt/doc/yr)	\$ 70.10
K022	n	o	HIV - Primary Care	\$ 70.10

CONSULTATIONS

A005	n	o	Consultation family practice & practice in general	\$ 87.90
A911	n	o	Special family and general practice consultation (min. 50 Minutes)	\$ 50.70
A912	n	o	Comprehensive Family & General Practice consultation(min. 75 mins)	\$ 226.05
K730			Referring Physician (Telephone Consultation)	\$ 32.45
K731			Consulting Physician (Telephone Consultation)	\$ 41.85
K738	n	o	Referring Physician (E Consultation)	\$ 16.00
K739	n	o	Consulting Physician (E Consultation)	\$ 20.50
K732			Referring Physician (Criticall Consultation)	\$ 32.45
K733			Consulting Physician (Criticall Consultation)	\$ 41.85

WEEKEND COVERAGE

A888	n	o	Emergency Department Equivalent	\$ 37.95
Q888	n	o	FHO Weekend/Public Holiday Coverage (Rostered Patients only)	\$ 37.95
Q012	n	o	Weekend/After Hours Premium (FHO/FHG/FHN Rostered Patients only)	30%
Q016			Weekend/After Hours Premium (CCM Rostered Patients only)	30%

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PERIODIC HEALTH VISITS

A002	n	o	18 month Developmental Assessment	\$ 62.20
K017			Child(2 - 15 yo) Periodic Health Assessment	\$ 45.25
K130			Adolescent (16 - 17 yo) Periodic Health Assessment	\$ 77.20
K131			Adult (18 - 64 yo) Periodic Health Assessment	\$ 56.95
K132			Adult (>65 yo) Periodic Health Assessment	\$ 80.95
K133			Annual Exam Intellectual and Developmental Disability	\$ 160.00

HEALTH PROMOTION, CHRONIC DISEASE MANAGEMENT

K030	n	o	Diabetic Management Assessment 4 per year	\$ 40.55
K032	n	o	Neurocognitive Assessment	\$ 70.10
K037	n	o	Chronic Fatigue/Fibromyalgia care	\$ 70.10
E079	n	o	Smoking Cessation Premium	\$ 15.55
Q042	n	o	Smoking Cessation Counselling Fee	\$ 7.50
K039	n	o	Smoking Cessation Follow up	\$ 33.45
Q150	n	o	FOBT distribution & counselling	\$ 7.00
Q152	n	o	FOBT completion (see restrictions in SOB)	\$ 5.00

FORMS

K071	n	o	Acute home care supervision (1 per pt per week per MD for 8 weeks)	\$ 21.40
K072	n	o	Chronic Home Care Supervision (2 per month per pt per MD after 8 weeks)	\$ 21.40
K051	n	o	Health Status Report (HSR) form	\$ 84.50
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	\$ 21.10
K050	n	o	MCFSC HSR & ADL Amalgamated Form	\$ 105.65
K054	n	o	MCFSC Mandatory Special Necessities Benefit Form	\$ 26.40
K056	n	o	MCFSC Pregnancy, Breastfeeding Allowance Application Form	\$ 21.10
K055	n	o	MCFSC Special Diet Application Form	\$ 21.10
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	\$ 15.85
E077	n	o	Request for Major Eye Examination	\$ 10.25

LABORATORY IN GP'S OFFICE

			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	\$ 5.70
+		n	G480	o	Venipuncture - Infant - < 2 years	\$ 9.90
+			G482		Venipuncture - Child 2 - 15 years	\$ 7.35
+			G489		Venipuncture - Adult - 16+ years	\$ 3.54

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OFFICE PROCEDURES

+	G700		Basic fee per visit Premium if sole reason for procedure	\$ 5.60
>	E542	n	Office Premium (Tray Fee)	\$ 11.55
	G271		Anticoagulation supervision	\$ 12.75
	G202		Allergy inj. (1 or more) with visit	\$ 4.45
	G212		Allergy Injection alone	\$ 9.75
+	Z117	n	Chemical/Cryotherapy Rx wart (plantar, genital)	\$ 11.65
	Z119	o	Cryotherapy Rx of 5 or more premalignant lesions	\$ 29.00
	G372		Injection IM, SC, intradermal, with visit OR each additional injection	\$ 3.89
	G373		Injection, sole reason	\$ 6.75
+	G365		Pap Smear - periodic (25-69 yo)	\$ 12.00
	E430		Pap Smear Tray Fee (G365)	\$ 11.95
+	G394	n o	Pap - if prev abnormal/inadequate	\$ 12.00
	E431	n o	Pap Smear Tray Fee (G394)	\$ 11.95
>	Z770	n o	Endometrial sampling	\$ 37.85
	Z139	n	Breast Cyst Aspiration	\$ 37.20
	G420		Ear Syringe, curette (only payable when medically necessary)	\$ 13.15
	Z314	n	Epistaxis - nasal cauterization	\$ 11.50
	Z315	n	Epistaxis - unilateral anterior packing	\$ 15.35
	G403	n o	Epley (BPPV) Particle repositioning	\$ 21.15
	Z543	n	Proctoscopy	\$ 8.70
>	Z104	n o	Abscess, Haematoma I&D perianal	\$ 20.10
>	Z106	n o	Abscess, Haematoma I&D ischiorectal/pilonidal	\$ 44.35
+	G375		Intralesional infiltration - 1 or 2 lesions	\$ 8.85
+	G377		Intralesional infiltration - 3 or more lesions	\$ 13.30
	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	n	Injection Bursa, Aspiration joint, ganglion, tendon sheath	\$ 20.25
>	G371	n	each additional injection, aspiration up to 5	\$ 19.90
>	Z114		Foreign body removal - local anaesthetic	\$ 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(ies) - any method, when sutures are not used	\$ 29.60
>	Z116	n	Biopsy(ies) - any method, when sutures are used	\$ 29.60
>	R048	n	Malignant lesion Face - single, simple excision	\$ 92.15
>	R094	n	Malignant lesion Other - single, simple excision	\$ 58.15
>	Z176		Repair of lacerations - up to 5cm	\$ 20.00
	Z154	n	Repair of lacerations - up to 5cm (face and/or requires tying of bleeders and/or closure in layers)	\$ 35.90
>	Z128	n	Simple, partial or complete nail plate excision req. anaesthesia	\$ 33.10
>	G378	n	I.U.D. Insertion	\$ 39.95
>	G552		Removal of IUD	\$ 20.00
	G398		Pessary fitting - initial or re-fitting (1 per 12 month per patient)	\$ 63.65
	G550		Pessary care - removal, care & reinsertion (up to 6X per 12 months per pt.)	\$ 10.00

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IMMUNIZATION CODES

+	G538		Other Immunizing Agents	\$	5.80
+	G840		DTaP-IPV (Adacel-Polio)	\$	5.40
+	G841		DTaP-IPV-Hib (Pediaceal)	\$	6.35
+	G842		Hepatitis B (Engerix)	\$	5.40
+	G843		Human Papilloma Virus(HPV)(Gardasil-9)	\$	5.40
+	G844		Meningococcal C Conjugate (Men-C)(Menjugate, NeisVac-C, Meningitec)	\$	5.40
+	G845		Measles, Mumps, Rubella (MMR, Priorix)	\$	5.40
+	G846		Pneumococcal Conjugate (Pevnar-13)	\$	5.40
+	G847		Tdap (Adacel, Boostrix)	\$	5.40
+	G700		Basic fee per visit Premium if sole reason for procedure/immunization	\$	5.60
	G590	n o	Influenza	\$	5.65
	Q590	n o	FHO/FHN ONLY if influenza is sole reason add to G590	\$	5.10
	G593	n o	Covid-19 Vaccine	\$	13.00
	Q593	n o	FHO/FHN ONLY if Covid-19 vaccine is sole reason add to G593	\$	5.60
	J301**	n	Simple Spirometry P	\$	8.00
	J301**	n o	Simple Spirometry T	\$	9.85
	J324**	n	Repeat After Bronchodilator P	\$	4.30
	J324**	n o	Repeat After Bronchodilator T	\$	2.97
	J304**	n	Flow Volume Loop P	\$	11.55
	J304**	n o	Flow Volume Loop T	\$	19.60
	J327**	n	Repeat After Bronchodilator P	\$	6.90
	J327**	n	Repeat After Bronchodilator T	\$	2.97

** Not payable without indication. See A2 Schedule of Benefits

COMMONLY BILLED Q CODES

			New Patient Fees			
	Q200		Per Patient Rostering		no payment	
	Q202		FHN & FHO Long Term Care Patient Rostering		no payment	
	Q023	n o	Unattached Patient Fee	\$	153.00	
	Q043	n o	New Patient Fee FIT Positive or increased colorectal risk	\$150-\$230		
	Q053	n o	HCC Complex Vulnerable New Patient Fee	\$	350.00	
			Patient De-Rostering Fee			
	Q401	n o	De-Roster - Member Deceased		\$0.00	
	Q402	n o	De-Roster - Ended by Provider		\$0.00	
	Q403	n o	De-Roster - Patient left Province		\$0.00	
			After Hours fees			
	Q012*	n o	After Hours fees (All Models except CCM)		30%	
	Q016*	n o	After Hours Fees (CCM)		30%	
	Q017	n o	HIV After Hours Fees		30%	

* Apply to: A001,A003,A004,A007,A008,A888,K005, K013,K017, K030,K033,K130,K131,K132, K133, Q888, Q050

			Weekend & Holiday Access for FHO Patients			
	Q888	n o	Weekend & Holiday Access for FHO Patients	\$	37.95	
			Chronic Disease Management			
	Q042	n o	Smoking Cessation Counselling Fee (2/year)	\$	7.50	
	Q050	n o	Heart Failure Management Incentive (Annual)	\$	125.00	
	Q040	n o	Diabetes Management Incentive (Annual) Flow Sheet. Min K030 X 3	\$	60.00	

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SGFP Billing Guide April 2023

Newborn Care Fees				
Q014	n	o	Newborn Episodic Care (FHN, SEAMO) (max 8 in first year of life)	\$ 15.05
Q015	n	o	Newborn Care Episodic Fee (FHO) (max 8 in first year of life)	\$ 13.99
Preventative Care Fees & Bonuses				
Q150	n	o	Colorectal Cancer Screening (Once per patient every 2 years)	\$ 7.00
Q152	n	o	Colorectal Cancer Screening Test Completion(Once per pt per 2 years) (if not met min. roster size - <650 in FHG & CCM)	\$ 5.00
Preventative Care Tracking Codes				
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
Preventative Care Exclusion Codes				
Q140			Pap	\$0.00
Q141			Mammogram	\$0.00
Q142			Colorectal Screening	\$0.00
Serious Mental Illness				
Q020			Bipolar	**
Q021			Schizophrenia (FHG Diagnostic Code 295)	**
**	n	o	5-9 patients	\$ 1,000.00
**	n	o	10+ patients	\$ 2,000.00

FHG 10% Premium automatically added to

A001, A002, A003, K130, K131, K132, K133, A007, A008, A888, A900, A902, C010, C882, G365, G538, G539, G590, G840, G841, G842, G843, G844, G845, G846, G847, G848, K005, K013, K017, K022, K023, K030

Virtual Care

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-Physician Relationship)	85% of fee
K301			Telephone visit code add on (ongoing Patient-Physician Relationship) (K007, K005, K917 & K198)	95% of fee
A010			GP Focused Practice Consultation by Video	\$ 87.90
A011			GP Focused Practice Repeat Consultation by Video	\$ 45.90
A906			GP Focused Practice Limited Consultation by Video	\$ 73.25
A913			GP Focused Practice Special Consultation by Video	\$ 150.70
A914			GP Focused Practice Comprehensive Consultation by Video	\$ 226.05
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
			Please refer to the Schedule of Benefits April 2023 (A66 to A76) for full explanation of Virtual Visits.	

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FOCUSED PRACTICE

A957		Addiction Medicine - focused practice assessment	\$ 37.95
A927		Allergy - focused practice assessment	\$ 37.95
A967		Care of the Elderly - focused practice assessment	\$ 37.95
A937		Pain Management - focused practice assessment	\$ 37.95
A947		Sleep Medicine - focused practice assessment	\$ 37.95
A917		Sports Medicine - focused practice assessment	\$ 37.95

PALLIATIVE CARE

Common Fees				
K023	n	o	Palliative Care Support (>20 min)	\$ 74.70
K015	n	o	Counselling of Relatives (scheduled visit)	\$ 70.10
G512	n	o	Palliative Care Case Management (weekly)	\$ 67.75
G511	n	o	Telephone Management of Palliative Care (per call)	\$ 17.75
A945	n	o	Special Palliative Care Consultation (office,home, OPD)	\$ 159.20
C945	n	o	Special Palliative Care Consultation (hospital)	\$ 159.20
K121	n	o	In-Hospital Case Conference - acute,chronic or rehab (per unit)	\$ 32.45
K700			Outpatient Palliative Case Conference (per unit)	\$ 32.45
K708	n	o	Multidisciplinary Cancer Conferences (per patient)	\$ 32.45
K070	n	o	Home Care Application	\$ 31.75
K071	n	o	Acute home care supervision (1 per pt per week per MD for 8 weeks)	\$ 21.40
Palliative Care Home Visits - See Special Visit Section				
Hospital Visits Palliative Care				
C122	n	o	Most Responsible Physician Day 1	\$ 34.10
C123	n	o	Most Responsible Physician Day 2	\$ 61.15
C124	n	o	Subsequent visit - day of discharge (not for deceased patients)	\$ 61.15
C945	n	o	Special Palliative Care Consultation (hospital)	\$ 159.20
C882	n		Palliative Care Assessment - GP, Acute Care	\$ 34.10
C982	n	o	Palliative Care Assessment - Specialist, Acute Care	\$ 34.10
W882	n	o	Palliative Care Assessment - GP, chronic care/rehab	\$ 34.10
W982	n	o	Palliative Care Assessment - Specialist, chronic care/rehab	\$ 34.10
W872	n	o	Palliative Care Assessment - GP,LTC	\$ 34.10
W972	n	o	Palliative Care Assessment - Specialist, LTC	\$ 34.10
K023	n	o	Palliative Care Support (>20min)	\$ 74.70
Pronouncement & Death Certificates				
A902	n	o	Pronouncement of Death in the home (incl. Death Certificate)	\$ 54.50
A777	n		Pronouncement of Death other than patient's home (incl. Death Certificate)	\$ 37.95
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 (incl. Certificate)	\$ 37.95
C771	n	o	Certification of death (Subject to same conditions as A771)	\$ 20.60
W777	n	o	LTC Pronouncement of death - subject to the same conditions as A777 (incl. death certificate)	\$ 37.95
W771	n	o	Certification of death - subject to same conditions as A771	\$ 20.60

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SGFP Billing Guide April 2023

SUBSTANCE ABUSE

A680	n	o	Initial Assessment - Substance Abuse	\$ 144.75
K680	n	o	Extended Assessment - Substance Abuse	\$ 70.10
A957			Family Practice - focused practice assessment - addiction medicine	\$ 37.95
K683	n	o	Family Practice - focused practice assessment - opioid agonist maintenance (per month)	\$ 38.00

OBSTETRICS

P004	n	o	Minor Prenatal Assessment	\$ 38.15
P003	n	o	Major Prenatal	\$ 80.35
P005	n	o	Antenatal Preventative Assessment	\$ 47.70
P007	n	o	Postnatal care Hospital	\$ 55.15
P008	n	o	Postnatal care Office	\$ 36.85
P006	n	o	Vaginal Delivery	\$ 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 Delivery Premium *100%	\$ 498.70

* dollar value calculated for P006

LONG TERM CARE (LTC)

K124	n	o	LTC Case conf./10 min. unit max. 4/year	\$ 32.45
K705	n	o	Long term care - high risk patient conference	\$ 32.45
K706	n	o	Convalescent care program case conference	\$ 32.45
W003	n	o	First 2 visits/month	\$ 34.10
W008	n	o	Additional 2 subsequent visits/month	\$ 34.10
W010**	n	o	Monthly Management Fee	\$ 115.25
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	\$ 34.10
W771	n	o	Certification of death - subject to same conditions as A771	\$ 20.60
W777	n	o	LTC Pronouncement of death - subject to the same conditions as A777 (incl. death certificate)	\$ 37.95
W872	n	o	Palliative Care Assessment - GP,LTC	\$ 34.10
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	\$ 34.10
W001	n	o	Additional subsequent visits - 4/month	\$ 34.10
W882	n	o	Palliative Care Assessment - GP, chronic care/rehab	\$ 34.10

** If you are billing the W010 monthly LTC code, the following services are included in the code & 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, G012, G014.

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SPORTS MEDICINE & MSK

				Consultations & Visits			
	A917			Sports Medicine Focused Practice Assessment	\$	37.95	
	A937			Pain Management Focused Practice Assessment	\$	37.95	
	A005	n	o	Consultation	\$	87.90	
	A006			Repeat Consultation	\$	45.90	
	A905			Limited consultation	\$	73.25	
	K013			Counselling - up to 3 units/yr	\$	70.10	
	K033	n	o	Counselling - When billing more than 3 units/yr (K013)	\$	49.35	
	K730			Referring Physician (Telephone Consultation)	\$	32.45	
	K731			Consulting Physician (Telephone Consultation)	\$	41.85	
				Injection & Aspiration			
+	G700	x	x	Basic Fee	\$	5.60	
>	E542	n		Office Premium (Tray Fee)	\$	11.55	
>+	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 (foll. A failed attempt without imaging) add to G370/G371	\$	30.00	
	G372			Injection IM, SC, intradermal, with visit OR each additional injection	\$	3.89	
	G373			Injection, sole reason	\$	6.75	
	G384			Infiltration of tissue for trigger point	\$	8.85	
	G385			Infiltration of tissue for trigger point, each add site, max 2, add	\$	4.55	
+	G700	x	x	Basic Fee	\$	5.60	
>	E542	n		Office Premium (Tray Fee)	\$	11.55	
Notes: Only one of G370,G371, G328, G329 is 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, NOS	\$	34.10	
	G223	n		Somatic or peripheral nerve, nerve(s) or site(s), 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 of 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.**

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SGFP Billing Guide April 2023

HOSPITAL CARE

C002	n	o	Hospital Care - subsequent visit for first 5 weeks	\$ 34.10
C008	n	o	Concurrent care	\$ 34.10
C010	n	o	Supportive care	\$ 34.10
C122	n	o	Most Responsible Physician Day 1	\$ 34.10
C123	n	o	Most Responsible Physician Day 2	\$ 61.15
C124	n	o	Subsequent visit - day of discharge(not for deceased patients)	\$ 61.15
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
K121	n	o	In-Hospital Case Conference - acute,chronic or rehab (per unit)	\$ 32.45
		*	E083 applies to C002, C007, C009, C122, C123, C124, C143, C882 or C982	

EMERGENCY ROOM CODES

A100	n	o	Family Physician ER Department Assessment	\$ 76.90
H101	n	o	Minor Assesment (Day)	\$ 17.10
H102	n	o	Comprehensive Assessment (Day)	\$ 43.05
H103	n	o	Multiple Systems Assessment (Day)	\$ 40.00
H104	n	o	Reassess (Day)	\$ 17.10
H121	n	o	Minor Assesment (Night)	\$ 30.70
H122	n	o	Comprehensive Assessment (Night)	\$ 76.95
H123	n	o	Multiple Systems Assessment (Night)	\$ 68.00
H124	n	o	Reassess (Night)	\$ 30.70
H131	n	o	Minor Assesment (Evening)	\$ 20.95
H132	n	o	Comprehensive Assessment (Evening)	\$ 52.55
H133	n	o	Multiple Systems Assessment (Evening)	\$ 47.45
H134	n	o	Reassess (Evening)	\$ 26.35
H151	n	o	Minor Assesment (Weekend)	\$ 26.35
H152	n	o	Comprehensive Assessment (Weekend)	\$ 66.15
H153	n	o	Multiple Systems Assessment (Weekend)	\$ 58.90
H154	n	o	Reassess (Weekend)	\$ 26.35
H105	n	o	Inpatient interim orders	\$ 26.25
G521	n	o	Life Threatening emergency situation - first 1/4 hour	\$ 11.80
G522	n	o	Life Threatening emergency situation - after 1st half hour per 1/4 hour	\$ 38.00
G523	n	o	Life Threatening emergency situation - 2nd 1/4 hour	\$ 57.65
G391	n	o	Other resuscitation after first 1/4 hour	\$ 30.60
G395	n	o	Other resuscitation first 1/4 hour	\$ 57.45
E412	n	o	Premium (Procedural Fees) evenings Mon - Fri(1700-2400), Sat, Sun, Holidays	*20%
E413	n	o	Premium (Procedural Fees)nights 7 days (midnight - 0700)	*40%

* percentage increase to procedural fee(s)

SURGICAL ASSISTS

			per unit (x2 after 1 hour, x3 after 2.5 hours)	
E400B	n	o	Evenings Monday - Friday (5pm - 12am), Sat, Sun, Holidays	50%
E401B	n	o	Nights - Midnight to 7am	75%

- > 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 19.41% for the FHN/FHO on rostered patients.

SPECIAL VISIT PREMIUMS

HOME VISIT PREMIUMS

A900	n		\$ 54.50	Complex Housecall Assesment				
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			Fee		Max.no Patients	Max Travel	Add. Patient	Travel Premium
								\$37.15
B990	n		\$ 27.50	Home visit Premium (Daytime M-F elective home visit)	10	2	visit fee	B960
B992	n		\$ 44.00	Sacrifice Office Hours	10	2	visit fee	B961
B993	n		\$ 82.50	Home visit Sat, Sun, Holidays	20	6	visit fee	B963
B994	n		\$ 66.00	Home visit Premium (Evenings M - F)	10	2	visit fee	B962
B996	n		\$ 110.00	Home visit Premium (nights every day)	no limit	no limit	visit fee	B964
B998	n	o	\$ 82.50	Palliative Special visit, 1st person seen,(0700-2400)	no limit	no limit	no limit	B966
B997	n	o	\$ 110.00	Palliative Special visit, 1st person seen-nights(2400-0700)	no limit	no limit	no limit	B966

OFFICE VISIT PREMIUMS

				For other non-professional sites substitute "Q" for "A"				\$37.15
A990			\$ 20.00	Office Visit Premium (Day, mon-fri)	1	1	visit fee	A960
A994			\$ 60.00	Office Visit Premium (Evenings Mon-Fri)	1	1	visit fee	A962
A996			\$ 100.00	Office Visit Premium (nights every day)	no limit	no limit		A964
A998			\$ 75.00	Office Visit Premium (Sat, Sun, Holidays)	1	1	visit fee	A963

HOSPITAL PREMIUMS (C=HOSP,K=ER,U=OPD,W=LTC)

				substitute appropriate site prefix for "C"				\$37.15
C990	n	o	\$ 20.00	Hospital Visit Premium (Day Mon-Fri)	10	2	C991	C960
C994	n	o	\$ 60.00	Hospital Visit Premium (Evenings Mon - Fri)	10	2	C995	C962
C996	n	o	\$ 100.00	Hospital Visit Premium (Nights)	no limit	no limit	C997	C964
C992	n	o	\$ 40.00	Hospital Visit Premium (Sacrifice Office Hours)	10	2	C993	C961
C986	n	o	\$ 75.00	Hospital Visit Premium (Sat, Sun, Holidays)	20	6	*C987	C963

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