

From billing card dated Oct 2017

**Holidays:** New Year's, Family Day, Good Friday, Victoria Day, Canada Day, Civic, Labour Day, Thanksgiving, Christmas, Boxing Day (addtn AFA)

**Mon-Fri Daytime 08-1700h**

H101 minor **15.00**  
H102 comprehensive **37.20**  
H103 multi-system **35.65**  
H104 re-assessment **15.00**

**Mon-Fri Evening 17-2400h**

H131 minor **18.70**  
H132 comprehensive **46.30**  
H133 multi-system **42.40**  
H134 re-assessment **18.70**

**Sat/Sun and Holiday 08-2400**

H151 minor **25.50**  
H152 comprehensive **63.30**  
H153 multi-system **56.95**  
H154 re-assessment **25.50**

**Nights 00-0800h**

H121 minor **29.80**  
H122 comprehensive **73.90**  
H123 multi-system **65.95**  
H124 re-assessment **29.80**

**Critical Care**

G521 life threatening: 1<sup>st</sup> 15 min. **110.55**  
G523 2<sup>nd</sup> 15 min. **55.20**  
G522 each 15 min. after **36.35**  
G395 other resus: 1<sup>st</sup> 15 min. **56.80**  
G391 each 15 min. after (& 4<sup>th</sup> phys-life threat) **28.35**  
G115 Ext pacing **46.30**  
Z443 Transvenous Pacer **154.10**  
Z437 Cardioversion (<4) **92.35**

**Special Visits (A & K Codes)**

EP on duty or on call for pre-arranged period/shift: 07-1800h max 2 separate special visits  
18-2400h max 3 separate special visits  
00-0700h all separate special visits all subsequent pts billed with "H" codes  
EP not on duty – not in conjunction with pre-arranged designated period of time on duty  
"A" & "K" for first pt seen all subsequent pts billed as "H"  
Non EP on call/who is detained b/c of high volume  
"A" & "K" for first 10 pts seen all subsequent pts billed as "H"

**Assessments**

A777 Intermediate Assessment-Pronouncement of Death **33.70**  
A771 Certif. of death (see A5 of SOB) **20.60**

**Admissions**

H105 EP admits to other MRP (inpt interim adm) **26.25**  
C004 EP admits to other MRP at their request **38.35**

**Consultations**

H055 FRCP consultation **97.60**  
H065 All other EM consultations **74.25**  
K070 Home care Application (see A40 of SOB) **31.75**  
K071 Acute home care supervision (see A40 of SOB) **21.40**  
K035 MOT forms **36.25**

**Premiums**

H112 nights: 00-0800h (For G codes or K623, not "H" codes) **34.20**  
E413 nights: 00-0700h (Procedure codes ex: Z, F, D codes) **40%**  
H113 Weekend day/eve: 08-2400h (not with "H" codes) **19.80**  
E412 Weekday Eve: 17-2400 Weekends/Holidays (Procedure codes ex: Z, F, D codes) **20%**

**Counseling/Mental Health**

K013 Counseling/education (per ½ hr) (See GP39 & A15) **62.75**  
K015 Counseling relatives re terminally ill (per ½ hr) **62.75**  
K623 Form 1 Mental Health Assessment **104.80**  
K007 psychotherapy (30 min.) **62.75**  
K028 STD Management ½ hr (includes H&P, tests, etc) **62.75**

**Detention in Ambulance**

K101 Ground Ambulance (per 15min) **42.10**  
K112 Return w/out pt to place of origin (pr/30mins) **25.05**  
K001 Non ambulance (per 15min) ( See GP20 of SOB) **21.10**

**Eyes/ENT**

Z847 Chalazion-excision **33.00**  
Z907 Debridement of mastoid cavities **27.40**  
Z315 Epistaxis – anterior pack unilateral **15.35**  
Z316 Epistaxis – ant & post pack uni or bilateral **35.50**  
Z314 Epistaxis – cautery unilateral **11.50**  
E108 Eye enucleation **131.25**  
Z854 eye lid abscess I&D **60.00**  
Z915 FB ear, simple **10.55**  
Z847 FB eye (1) **33.00**  
Z848 FB eye (2) **45.00**  
Z311 FB nose, local anes. **10.55**  
Z312 FB nose, general anes. **50.90**  
Z324 Laryngoscopy (indirect w removal of FB) **44.70**  
Z321 Laryngoscopy (direct w or w/o biopsy ) **61.30**  
Z322 Laryngoscopy FB removal (direct) **106.45**  
G420 Syringe/curetting ears (uni or bilateral) **11.25**  
G435 Tonometry **5.10**  
S023 Tooth extraction (1) **24.90**  
E700 Tooth extraction (each additional) **13.40**  
Z326 Tracheostomy tube change **12.50**  
G403 Particle reposition-BPPV **21.15**

**GU/GI**

Z543 Anoscopy **8.70**  
Z595 Drainage catheter replace in abdomen **54.05**  
Z756 Fecal disimpaction **36.80**, with GA (Z541) **58.15**  
Z611 Foley catheter- in hospital **8.55**  
Z520 Gastrostomy tube change **10.65**  
G355 Nasogastric tube – diagnostic **9.60**  
G356 Nasogastric tube – therapeutic **33.8**

**Injection/Infusion**

Z459 Arterial puncture – ABG's **10.20**  
G268 Arterial line **31.25**  
G269 Central line **31.25**  
Z341 Chest tube **69.80**  
G355 Gastric lavage (diagnostic) **9.60**  
G356 Gastric lavage (therapeutic) **33.80**  
G372 IM, subcutaneous injection **3.89**  
G370 Injection/aspiration bursa/joint/ganglion (1) **20.25**  
G371 Injection/aspiration bursa/joint/ganglion (>1) **19.90**  
G270 Intraosseous line **23.90**  
G379 IV child, adolescent or adult **6.15**  
G376 IV newborn or infant **10.20**  
G380 IV cut down **27.05**  
Z804 Lumbar puncture **67.60**  
Z590 Paracentesis/abd (diagnostic) **31.30**  
Z591 Paracentesis/abd (therapeutic) **57.65**  
Z763 Peritoneal lavage **38.70**  
Z401 Pericardiocentesis **131.70**  
K061 Police Blood Demand **30.00**  
G489 Venipuncture-adolescent/adult **3.54**  
G482 Venipuncture-child **7.35**  
G480 Venipuncture-infant **9.90**

**Suturing**

R024 Ear lobe Laceration **100.65**  
E199 eyelid repair laceration – full thick **225.00**  
Z176 Laceration under 5cm (@50% for glue) **20.00**  
Z154 Laceration under 5cm, face/bleeder/layers **35.90**  
Z175 Laceration 5.1-10cm **35.90**  
Z177 Laceration 5.1-10cm, face/bleeder/layers **71.30**  
Z179 Laceration 10.1-15cm **50.40**  
Z190 Laceration 10.1-15cm face/bleeder/layers **101.45**  
Z187 Complex repair of facial laceration (min 20 minutes) **92.30**  
Z188 Complex repair other than face (except. digit & zone 1) (min 20 minutes) **92.30**  
Z189 Complex repair digit, zone 1 repair (min 20 minutes) **92.30**  
Z783 Secondary closure **97.35**

**Ultrasound**

H100 Emergency Dep. Investigative ultrasound **19.65**  
J149C Ultrasonic guidance of biopsy, aspiration, amniocentesis or drainage procedures (one phys only) See G11 of SOB

**ECG**

"P" G313 12-lead, by paramedic in ambulance (written interpretation) **4.45**

## Minor Surgery/Subcutaneous

R606	Amputate phalanx hand	<b>161.45</b>
Z080	Wound debridement into subcut tissue – one	<b>20.00</b>
Z081	Wound debridement into subcut tissue – two	<b>30.00</b>
Z082	Wound debridement into subcut tissue – three	<b>45.00</b>
Z140	Breast Abscess I&D	<b>33.00</b> , with GA (Z740) <b>75.00</b>
Z341	Chest tube	<b>69.80</b>
Z122	Cyst removal face/neck – one	<b>38.50</b>
Z123	Cyst removal face/neck – two	<b>67.80</b>
Z124	Cyst removal face/neck - >3	<b>78.00</b>
Z125	Cyst removal other	<b>32.00</b> , X2 (Z126) <b>45.00</b>
E656	Extensive debridement	<b>288.85</b>
R578	Ext. tendon repair	<b>164.10</b> , ea addtl, sep incision (E580) <b>70.95</b>
R585	Flexor tendon	<b>307.60</b> , ea addtl, sep incision (E581) <b>128.95</b>
Z114	Foreign body removal skin (involves incision)	<b>25.25</b>
R517	foreign body muscle	<b>107.70</b>
Z520	Gastrostomy-tube change	<b>10.65 already in GI</b>
Z101	I&D abscess/hematoma (1)	<b>25.75</b> , with GA (Z102) <b>44.35</b>
Z173	I&D abscess/hematoma (2)	<b>30.35</b> , with GA (Z172) <b>66.60</b>
Z174	I&D abscess/hematoma (3+)	<b>40.80</b>
Z545	I&D hemorrhoid	<b>25.25</b>
Z106	I&D ischioanal/pilonidal	<b>44.35</b> , with GA (Z107) <b>108.00</b>
Z104	I&D perianal abscess	<b>20.10</b> , with GA (Z105) <b>66.00</b>
R525	Muscle repair (complex) ltr to MOH, I.C.	<b>88.60</b>
Z128	Nail ingrown (simple/wedge)	<b>33.10</b>
Z129	Nail ingrown (multiple)	<b>35.70</b>
Z130	Nail removal radical (nail bed destruction)	<b>62.75</b> , multiple(Z131) <b>82.65</b>
Z401	Pericardiocentesis	<b>131.70 already page 4</b>
Z783	Secondary closure	<b>97.35</b>
Z162	Skin lesion excise/suture (1)	<b>20.00</b>
Z163	Skin lesion excise/suture (2)	<b>26.50</b>
Z164	Skin lesion excise/suture (>3)	<b>44.25</b>

## Nerve Blocks (pd at nil if used as local anesth for insured services J40-43) \*: not payable in additn to laceration code (except G224)

G224	Nerve block by same physician performing procedure	<b>15.55</b>
G225	Mental branch of mandibular nerve	<b>34.20</b>
G250	Maxillary or mandibular division of trigeminal nerve	<b>75.10</b>
G219	Infra orbital	<b>34.20</b>
G231	somatic or peripheral nerve not specifically listed (1 nerve/site)	<b>34.10</b> G223 is additional nerve(s) site(s) <b>17.10</b>

## Casts/Splints (not to be billed if fracture code used)

Z204	Cast removal	<b>10.25</b>
Z202	Hand cast/splint	<b>14.90</b>
Z201	Finger cast/splint	<b>10.25</b>
Z199	Foot cast/splint	<b>14.90</b>
Z203	Forearm or wrist cast/splint	<b>24.10</b>
Z213	Leg below knee/cast splint	<b>24.10</b>
Z211	Leg (whole) cast/splint	<b>28.80</b>
Z208	Shoulder spica	<b>97.35</b>
Z198	Toes/cast splint	<b>10.25</b>
Z216	Wedging of casts in other than # tx	<b>10.25</b>

## Dislocations

### **NOTE: if listed with a (6) then eligible for sedation with suffix C**

D025 (6)	AC/SC-closed red'n with anesth	<b>134.55</b>
D014	AC/SC-no red'n	<b>67.80</b>
D035 (6)	Ankle – closed red'n	<b>111.35</b>
D007 (6)	Carpal – closed red'n	<b>128.05</b>
D012 (6)	Elbow (pulled)-radial head – closed red'n	<b>39.00</b>
D009 (6)	Elbow – closed red'n	<b>84.45</b>
D001 (6)	Finger – closed red'n	<b>57.50</b> , each add (E576) <b>10.25</b>
D003 (6)	Finger open	<b>196.50</b>
D015	GH – closed red'n without anesthetic	<b>49.20</b>
D016 (6)	GH – w anesthetic	<b>111.40</b>
D042 (6)	Hip closed reduction	<b>268.25</b>
D038	Kneed closed reduction	<b>207.90</b>
D004 (6)	MCP – closed red'n	<b>57.50</b> , each add (E577) <b>10.25</b>
D006 (6)	MCP open	<b>181.85</b>
D030 (6)	MTP closed red'n	<b>57.50</b>
D040	Patella – closed red'n	<b>62.20</b> , with GA (D031) (6) <b>97.35</b>
D033 (6)	Tarsus, closed red'n	<b>147.60</b>
D062 (6)	TMJ – closed red'n	<b>51.65</b>
D027 (6)	Toe – closed red'n	<b>57.50</b> , each add (E578) <b>10.25</b>

## Fractures

### **NOTE: if listed with a (6) then eligible for sedation with suffix C**

F074	Ankle: no red'n – rigid immobilization	<b>67.75</b>
F075 (6)	Ankle: closed red'n	<b>144.80</b> , with tibial plafond burst (F104) (6) <b>242.25</b>
F012	Bennett's no red'n	<b>49.20</b>
F102	Carpus: no red'n	<b>49.20</b> , closed reduction (F016) (6) <b>115.10</b>
F027	Colles, Smith's, Barton's: no red'n – rigid immob	<b>67.75</b>
F028	Colles, Smith's, Barton's: closed red'n	<b>109.45</b> , under GA (F046) (6) <b>149.35</b>
F097	Femur Closed reduction with traction	<b>258.90</b>
F082	Fibula: no red'n – rigid immobilization	<b>67.75</b>
F047	Gr. Tuberosity	<b>67.80</b>
F053	Humeral neck: no red'n rigid immob	<b>67.80</b>
F042	Humeral shaft: no red'n – rigid immob	<b>67.80</b> , with red'n (F043) (6) <b>146.70</b>
F008	Metacarpal: no red'n/rigid immob	<b>49.20</b>
F009 (6)	Metacarpal: closed red'n	<b>99.25</b> , each add (E504) <b>22.20</b> , open (F011) <b>262.60</b>
F061	Metatarsus – no red'n – rigid immob	<b>49.20</b> , with red'n (F063) (6) <b>98.35</b>
F136	Nasal bones, w manip of nasal septum: closed red'n	<b>102.35</b>
F034 (6)	Olecranon: no red'n, rigid immobilization	<b>126.25</b>
F070	Os calcis: no red'n-rigid immob.	<b>97.35</b>
F085	Patella no red'n	<b>67.75</b>
F056	Phalanx (foot): no red'n	<b>49.20</b> , closed red'n (F058) (6) <b>72.30</b>
E560	Phalanx (foot): each additional	<b>12.05</b>
F004	Phalanx (hand): no red'n/rigid immob.	<b>49.20</b>
F005 (6)	Phalanx (hand): closed red'n	<b>99.25</b> , open (F007) <b>187.55</b>
E558	Phalanx (hand): each additional	<b>22.25</b>
F007	Phalanx open fracture	<b>298.45</b>
F024	Radius & ulna shaft: no red'n	<b>67.75</b> , w/ red'n (F025)(6) <b>148.50</b>
F031	Radius or ulna: no red'n	<b>81.30</b> , : closed red'n (F032)(6) <b>117.85</b>
F018	Scaphoid: no red'n/rigid immob.	<b>49.20</b>
F119	Scapula	<b>67.80</b>
F066	Tarsus: no red'n, rigid imm	<b>98.10</b> , with red'n (F067)(6) <b>165.20</b>
F078	Tibia: no red'n – rigid immob.	<b>115.95</b>
F079 (6)	Tibia (c or s fib) closed red'n	<b>180.05</b>
F057	Toe IP intra-articular fracture, closed red'n	<b>77.95</b>
F039	Transcondylar/condylar: no red'n	<b>67.75</b>

## OB/GYN

P009	Non OBGYN attending L&D/CS resus newborn	<b>498.70</b>
------	--	---------------

## ANES

each 15 min – 1 unit	<b>14.54</b>	
E003C	Sedation: used when procedure not listed with a (6) in SOB	
E400C	Premium Evenings 1700-2400, weekend/holidays	<b>50%</b>
E401C	Premiums for nights	<b>75%</b>
E022C	ASA III	<b>4 units</b>
E017C	ASA IV	<b>10 units</b>
E010C	Premium BMI>45	<b>2 units</b>
<b>*Premiums not for ER doc</b>		
E009C	Premium 29 days to 1y	<b>4 units</b>
E019C	Premium 1-8 y.o.	<b>2 units</b>
E007C	Premium 70-79 y.o.	<b>1 units</b>
E018C	Premium >80 y.o.	<b>3 units</b>
E020C	Premium Emergency Surgery	<b>4 units</b>

## Trauma Premium eligible for ER doc

E420	Trauma Premium ISS>15	<b>add 50%</b>
------	-----------------------	----------------

## Trauma (not for ER doc on duty)

E409	Premium for Eve or weekend or holidays	<b>50%</b> , apply to proc
E410	Premiums for nights	<b>75%</b> , apply to procedures
K990	SVP 07-17	<b>20.00</b> , others K991 <b>20.00</b> ; Travel K960 <b>36.40</b>
K994	SVP 17-24	<b>60.00</b> , others K995 <b>60.00</b> ; Travel K962 <b>36.40</b>
K996	SVP 24-07	<b>100.00</b> , others K997 <b>100.00</b> ; Travel K964 <b>36.40</b>
K998	SVP 07-24 Sat, Sun & Holiday	<b>75.00</b> ; others K999 <b>75.00</b>

FOR FURTHER INFORMATION ON BILLING CODES, PLEASE REFERENCE THE Billing Section on emlondon.ca OR SEE THE FULL S.O.B.: [http://www.health.gov.on.ca/english/providers/program/hip/sob/physsserv/physsserv\\_mn.html](http://www.health.gov.on.ca/english/providers/program/hip/sob/physsserv/physsserv_mn.html)