

OHIP Billing: FHO In-Basket Codes

Quick Reference Guide

This short guide will provide you with key information on in-basket billing with a comprehensive list of FHO included in-basket codes.

What are in-basket services?

In-basket services are core services FHO physicians must offer their rostered patients as part of their patient-physician relationship. These services include minor assessments, counselling, immunizations, and more and payout at 19% for rostered patients, and at 100% for non-rostered patients.

	In-Basket Service Code Payout	Out of Basket Service Code Payout
Rostered Patient	19.41%	100%
Non-Rostered Patient	100% (Hard Cap)	100%

FHO Included/In-Basket Codes

A-Prefix

Fee Code	Description
A001A*	Minor Assess. – F.P./G.P.
A003A*	Gen. Assess. – F.P./G.P.
A004A*	Gen. Re-Assess – F.P./G.P.
A007A*	Intermed. Assess/Well Baby Care – F.P./G.P./Paed.
A008A*	Mini Assessment – F.P./G.P.
A101A*	Limited virtual care service - video
A102A*	Limited virtual care service - phone
A110A*	Periodic Oculo – Visual Assess 19 & Under

**Included in the LTC Base Rate Payment*

A-Prefix (Continued)

Fee Code	Description
A112A*	Periodic Oculo – Visual Assess 65 Yrs +
A777A	Intermediate Assessment – Pronouncement of Death
A900A	Complex House Call Assessment
A917A	Focused Practice Assessment – Sport medicine
A927A	Focused Practice Assessment – Allergy
A937A	Focused Practice Assessment – Pain management
A947A	Focused Practice Assessment – Sleep medicine
A957A	Focused Practice Assessment – Addiction medicine
A967A	Focused Practice Assessment – Care of the Elderly medicine
A990A*	Special Visit To Office – Daytime - (Mon-Fri) 1 st Pat. Seen
A994A*	Special Visit To Office – Nights - Sat-Sun. Hols. - 1 st Pat. 5-12mn
A996A*	Special Visit To Office - Nights (12mn-7am) 1 st Pt.
A998A*	Special Visit – Other (non-professional setting) Sat-Sun. Hols. (07:00-24:00)

B-E Prefix

Fee Code	Description
B990A	Special Visit to Patient's Home – Elective visit, regardless of time or day of week
B992A	Special Visit to Patient's Home – Emergency call with sacrifice of office hours
B993A	Special Visit to Patient's Home – Sat-Sun. Hols. (07:00-24:00)
B994A	Special Visit to Patient's Home – Evenings Monday to Friday – daytime and evenings on Weekends or Holidays
B996A	Special Visit to Patient's Home – Nights (00:00h – 7:00h), non-elective
C882A	Palliative care – Subsequent visits by the Most Responsible Physician – F.P./G.P
C903A	Pre-dental/pre-operative general assessment – F.P./G.P.
E430A*	Papanicolau Smear- outside of hospital
E542A	- When performed outside hospital

G- Prefix

Fee Code	Description
G001A*	D./T. Proc.-Lab.Med-Cholesterol Total
G002A*	D./T. Proc-Lab.Med.-Glucose Quantitative Or Semi Quantitative
G004A*	D./T. Proc-Lab.Med.-Occult.Blood
G005A*	D./T. Proc-Lab-Med.-Pregnancy Test
G009A*	D./T. Proc-Lab.Med.-Urinalysis Routine Etc.
G010A*	D./T. Proc-Lab.Med.-Urinalysis – One or More Parts.W/0.Micro
G011A*	D./T. Proc-Lab.Med.-Fungus Culture Incl. Koh & Smear
G012A*	D./T. Proc-Lab.Med.-Wet Preparation (For Fungus, Trich, Para)
G014A*	Lab.Med.Streptococcus In Office
G123A	For each additional Paravertebral nerve block (see G228)
G197A*	D./T. Proc-Allergy-Skin Tests-Prof.Comp.
G202A*	D./T. Proc.Allergy.Hyposensitization
G205A*	D./T. Proc.-Allergy-Insect Venom Desensitization
G209A	Skin testing – technical component, to a maximum of 50 P.A.
G212A	D./T. Proc.-Allergy-Hyposensitization Injection Plus Basic
G223A	Somatic or peripheral nerves – additional nerve(s) or site(s)
G227A	Obturator nerve – Other cranial nerve block
G228A	Paravertebral nerve block of cervical, thoracic or lumbar or sacral or coccygeal nerves
G231A	Somatic or peripheral nerves not specifically listed - one nerve or site
G235A	Somatic or peripheral nerves not specifically listed - Supraorbital
G271A*	D./T. Proc.-Cardiov.-Anticoagulant Supervision
G310A	Electrocardiogram - twelve lead - technical component
G313A	Electrocardiogram - twelve lead - professional component
G365A*	D./T. Proc.-Gynaecology-Papanicolaou Smear
G370A	Bursa, joint, ganglion or tendon sheath and/or aspiration

G- Prefix (Continued)

Fee Code	Description
G371A	Bursa, joint, ganglion or tendon sheath and/or aspiration - each additional site or area, to a maximum of 3
G372A*	D./T. Proc.-Injections-Intradermal/Muscular Etc. Ea. Add
G373A*	D./T. Proc.-Inj. Intradermal/Musc. Basic Fee (Shick Test)
G375A*	D./T. Proc.-Injection/Infusion-Intralesional Infiltration
G377A*	D./T. Proc-Inj/Inf.-Intralesion-Infiltration 3/More Lesions
G378A	Insertion of intrauterine contraceptive device
G379A*	D./T. Proc.Inj./Infusion-Intravenous-Child or Adult
G381A	Chemotherapy – Single injection
G384A*	D./T. Proc. – Infiltration For Trigger Point
G385A*	D./T. Proc. – As G384-More Than One Site (Add)
G394A*	Papanicolaou smear- additional
G462A*	D&T Inject/Infus'n-Admin Oral Polio Vacc.
G481A*	D./T. Proc.-Cardio-Hgb Screen/Hct.-Phys.Office-With Visit
G482A*	D./T. Proc.-Venipuncture-Child
G489A*	D./T. Proc.-Venipuncture-Adol./Adult
G525A*	Otolaryng. Diag.Hearing Test Prof.Comp.To G440
G538A*	D&T Immunization-With Visit, Each Inject.
G552A	Removal of intrauterine contraceptive device
G840A*	DTaP-IPV-Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus - pediatric
G841A*	DTaP-IPV-Hib-Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus, Haemophilus influenza type b pediatric
G842A*	HB – Hepatitis B
G843A*	HPV – Human Papillomavirus type 6,11, 16, 18
G844A*	Men-C-C-Meningococcal C Conjugate
G845A*	MMR-Measles, Mumps, Rubella
G846A*	Pneu – Pneumococcal Conjugate
G847A*	TdaP-Tetanus, Diphtheria, acellular Pertussis-adult
G848A*	Var-Varicella

J- Prefix

Fee Code	Description
J301C	Simple Spirometry - Volume versus Time Study
J304C	Flow Volume Loop - Volume versus Flow Study
J324C	Simple Spirometry – repeat after bronchodilator
J327C	Flow Volume Loop - repeat after bronchodilator

K- Prefix

Fee Code	Description
K001A	Detention – per full quarter hour
K002A	Interviews with relatives or a person authorized to make a treatment decision
K003A	Interviews with Children's Aid Society (CAS) or legal guardian on behalf of patient
K004A*	Family Psychotherapy-2/More Members-Per 1/2hr
K005A*	Individual Care Per 1/2hr
K006A*	Hypnotherapy-G.P.-Ind. Per 1/2hour
K007A*	Ind. Psychotherapy Per Half Hour - Gp
K008A*	Diag.Interview W/Child &/Or Parent-Per 1/2hour
K013A*	Counselling-One Or More People-Per 1/2hour
K015A*	Counselling-Relative On Behalf Of Pt. See Para.B20 (C)
K017A*	Annual Health Exam-Child Aft. 2 nd Birthday
K070A*	Acute home care supervision
K071A*	Chronic home care supervision
K130A*	Periodic Health Visit – adolescent
K131A*	Periodic Health Visit – adult aged 18 and 64 inclusive
K132A*	Periodic Health Visit – adult aged 65 years and above
K133A*	Periodic Health Visit - Adults with Intellectual and Developmental Disabilities
K700A	Palliative Care out-patient case conference
K702A	Bariatric out-patient case conference
K730A	Physician to physician telephone consultation – Referring physician
K731A	Physician to physician telephone consultation – Consultant physician
K732A	CritiCall telephone consultation - Referring physician
K733A	CritiCall telephone consultation - Consultant physician

Q-R Prefix

Fee Code	Description
Q990A	Special Visit to non-professional setting – Daytime Monday to Friday
Q992A	Special Visit to non-professional setting – Emergency call with sacrifice of office hours
Q994A	Special Visit to non-professional setting – Evenings Monday to Friday or Weekends or Holidays
Q996A	Special Visit to non-professional setting – Nights (00:00h– 07:00h)
Q998A	Special Visit to non-professional setting – Sat-Sun-Hols. (07:00h– 24:00h)
R048A	Malignant Lesions – Face or neck – Simple excision – single lesion
R051A	Laser surgery on Group 1-5 and malignant lesions
R048C	Malignant Lesions – Face or neck – Simple excision – single lesion – if the physician administered the anaesthetic
R051C	Laser surgery on Group 1-5 and malignant lesions – if the physician administered the anaesthetic
R094C	Malignant Lesions – Other areas – Simple excision – single lesion – if the physician administered the anaesthetic
R094A	Malignant Lesions – Other areas – Simple excision – single lesion

W-Prefix

Fee Code	Description
W001A*	Subsequent Visits per month - Chronic/Convalescent Hospital
W002A*	First four visits per month - Chronic/Convalescent Hospital
W003A*	First two visits per month - Nursing Home/Home for the Aged
W004A*	General Re-Assessment – LTC
W008A*	Subsequent Visits - Nursing Home/Home for the Aged
W010A*	Monthly management fee – Nursing Home/Home for the Aged
W102A*	Admission Assessment Type 1 – LTC
W104A*	Admission Assessment Type 2 – LTC
W105A*	Consult – LTC
W106A*	Repeat Consult
W107A*	Admission Assessment Type 3 – LTC
W109A*	Periodic Health Visit – LTC
W121A*	Additional visits due to Intercurrent illness
W771A*	Certification of death – LTC
W777A*	Visit for Pronouncement of Death - LTC
W872A*	Palliative Care – Nursing Home/Home for the Aged
W882A*	W882A Palliative Care - Chronic Hospital/Nursing Homes
W903A*	W903A Pre-dental/pre-surgical General Assessment

Z-Prefix

Fee Code	Description
Z101A*	Incision – Skin-Inc.-Abscess-Subcut.-One-Loc.Anaes.
Z110A	Extensive debridement of onychogryphotic nail involving removal of multiple laminae
Z113A	Incision – Biopsy any method, when sutures are not used
Z114A	Incision – Foreign body removal local anaesthetic
Z116A	Incision – Biopsy(les) - Any Method, When Sutures Are Used
Z117A	Chemical And/Or Cryotherapy Treatment of Minor Skin Lesions – One or More Lesions, Per Treatment
Z122A	Cyst, Haemangioma, Lipoma – Face or Neck - Local Anaesthetic - Single Lesion
Z125A	Cyst, Haemangioma, Lipoma – Other Areas - Local Anaesthetic – Single Lesion
Z128A	Simple, Partial Or Complete, Nail Plate Excision Requiring Anaesthesia - One
Z129A	Simple, Partial Or Complete, Nail Plate Excision Requiring Anesthesia – Multiple
Z154A	Suture of Lacerations – Up to 5 Cm If On Face And/Or Requires Tying of Bleeders And/Or Closure in Layers
Z157A	Group 1 – Verruca, Keratosis, Pyogenic Granuloma – Removal By Excision and Suture – Two Lesions
Z158A	Group 1 – Verucca, Keratosis, Pyogenic Granuloma – Removal By Excision and Suture – Three or More Lesions
Z159A	Group 1 - Verucca, Keratosis, Pyogenic Granuloma – Removal By Electrocoagulation And/Or Curetting – Single lesion
Z160A	Group 1 – Verucca, Keratosis, Pyogenic Granuloma – Removal By Electrocoagulation And/Or Curetting – Two Lesions
Z161A	Group 1 – Verucca, Keratosis, Pyogenic Granuloma – Removal By Electrocoagulation And/Or Curetting – Three or More Lesions
Z162A	Group 2 – Nevus – Removal by Excision and Suture – Single Lesion

Z-Prefix (Continued)

Fee Code	Description
Z175A	Skin-Suture-Laceration – 5.1 to 10 cm
Z176A*	Skin-Suture-Laceration – Up to 5cm
Z314A	Treatment of Epistaxis (Nasal Hemorrhage) – Cauterization - Unilateral
Z128C	Simple, Partial Or Complete, Nail Plate Excision Requiring Anesthesia – One – if the physician administered the anaesthetic
Z129C	Simple, Partial Or Complete, Nail Plate Excision Requiring Anesthesia – Multiple – if the physician administered the anaesthetic
Z154C	Suture of Lacerations – Up to 5 Cm If On Face And/Or Requires Tying Of Bleeders And/Or Closure In Layers – if the physician administered the anaesthetic
Z156C	Group 1 – Verruca, Keratosis, Pyogenic Granuloma – Removal By Excision and Suture – Single Lesion – if the physician administered the anaesthetic
Z157C	Group 1 – Verruca, Keratosis, Pyogenic Granuloma – Removal By Excision and Suture – Two Lesions – if the physician administered the anaesthetic
Z158C	Group 1 – Verruca, Keratosis, Pyogenic Granuloma – Removal By Excision and Suture – Three or More Lesions – if the physician administered the anaesthetic
Z159C	Group 1 – Verruca, Keratosis, Pyogenic Granuloma – Removal By Electrocoagulation And/Or Curetting - Single Lesion – if the physician administered the anaesthetic
Z160C	Group 1 – Verruca, Keratosis, Pyogenic Granuloma – Removal By Electrocoagulation And/Or Curetting – Two Lesions – if they physician administered the anaesthetic
Z161C	Group 1 – Verruca, Keratosis, Pyogenic Granuloma – Removal By Electrocoagulation And/Or Curetting – Three or More Lesions – if they physician administered the anaesthetic
Z162C	Group 2 – Nevus – Removal by Excision and Suture – Single Lesion - if the physician administered the anaesthetic
Z175C	Skin-Suture-Laceration – 5.1 to 10 cm – if the physician administered the anaesthetic
Z176C	Skin Suture-Laceration – Up to 5 cm. – if the physician administered the anaesthetic
Z314C	Treatment of Epistaxis (Nasal Hemorrhage) - Cauterization – Unilateral – if the physician administered the anaesthetic
Z315A	Treatment of Epistaxis (Nasal Hemorrhage) – Anterior Packing - Unilateral
Z535A	Endoscopy – Sigmoidoscopy With or Without Anoscopy - With Rigid Scope
Z543A	Endoscopy – Anoscopy (Proctoscopy)
Z545A	Incision – Thrombosed Hemorrhoid(S)
Z611A	Catheterization – Acute Retention, Change of Foley Catheter Or Suprapubic Tube or Instillation Of Medication - Hospital

**Included in the LTC Base Rate Payment*