Fee Code Table 3: Revised Fee Schedule Codes – Physician Services

Ministry of Health

April 1, 2023

Ontario

Fee Code Table 3: Revised Fee Schedule Codes – Physician Services

Effective April 1, 2023

This table accompanies INFOBulletin 230310 - PSA Related Fee Schedule Code Adjustments, published March 30, 2023.

Revised Fee Schedule Codes

This table shows Fee Schedule Codes with revisions that come into effect April 1, 2023.

Fee Schedule Code	Fee Schedule Code Description	Revision Description
A/C/W775	Comprehensive geriatric consultation	Payment Rule Revised
A/C635	Consultation	Fee Code Description Revised (‘for radionuclide therapy’ deleted)
A/C835	Comprehensive nuclear medicine consultation	Fee Code Description Revised (‘for radionuclide therapy’ deleted)
A480	Complex Rheumatology Assessment	Eligibility Conditions Revised (Paediatric Vasculitides added to eligible conditions)
E078	Chronic Disease Premium	Eligibility Conditions Revised (Hereditary Hemolytic Anemias, Diagnostic Code to eligible conditions – see GP26)
E514	Post Mastectomy Breast Reconstruction - immediate breast reconstruction following mastectomy, to R125, R064, R156, R008, R118, or R155	Eligibility Conditions Revised (billing enabled with R118)
E644	Radical mediastinal node dissection following preoperative	Eligibility Conditions Revised (billing enabled with S128)

Fee Schedule Code	Fee Schedule Code Description	Revision Description
	chemotherapy and/or radiotherapy, to S128 add	
E682	Heart and Pericardium - Pump Bypass - graft of major vessel other than ascending aorta for the purpose of cardiopulmonary bypass or ventricular assist device, to E650	Fee Code Description Revised
E683	When performed thorascopically, by video-assisted thoracic surgery (VATS), by robotic-assisted surgery, or by uniportal approach, to M106 or M108 add 35%	Eligibility Conditions Revised (billing enabled for robotic-assisted surgery and uniportal approach)
E720	Excision of each additional polyp (3 mm - 5 mm)	Fee Code Description Revised (refer to page S19)
E880	Thyroidectomy - parathyroid(s) re-implantation, to S788 or S793 add	Fee Code Description Revised (clarified that add-on eligibility is limited to S788 and S793)
G398	Pessary fitting – initial or re-fitting	Fee Code Description Revised
G815/G816	Electrocochleography (per ear)	Fee Code Description Revised ('to include myringotomy if performed' removed)
J069	Percutaneous focal thermal ablation of solid tumours using CT or ultrasound guidance	Fee Code Description Revised (clarified eligibility limited to focal thermal ablation of solid tumors)
J167	Fetal Doppler evaluation of middle cerebral artery and/or ductus venosus, to J160 or J158	Payment Rules Revised (eligible clinical scenarios clarified)
K037	Fibromyalgia / myalgic encephalomyelitis care	Fee Code Description Revised ('chronic fatigue syndrome' replaced with 'myalgic encephalomyelitis')
K189	Urgent community psychiatric follow-up, to A190, A195, A192, A198, A695 or A795	Eligibility Conditions Revised (billing enabled with A192 and A198)

Fee Schedule Code	Fee Schedule Code Description	Revision Description
M132	Repair of ruptured diaphragm or plication of diaphragm by thoracic approach	Fee Code Description Revised (plication added)
P014C	Introduction of a catheter for labour analgesia, including the first dose of medication with or without any combined spinal-epidural injection(s)	Fee Code Description Revised (first dose of medication with or without any combined spinal-epidural injections added - refer to Fee Code Delisting table RE: E111)
R064	Elevation of free island skin and subcutaneous flap and closure of defect	Fee Code added to list of services where a second assistant's services are payable and authorization is not required (see GP90)
R065	Preparation of microvascular recipient site for free island skin subcutaneous flap	Fee Code added to list of services where a second assistant's services are payable and authorization is not required (see GP90)
R495	Fasciotomy for compartment syndrome (not including secondary closure wound)	Fee Code added to Payment Rule #5 on page M12
R691	Minor burn	Fee Code Description Revised (fasciotomy and escharotomy added)
R692	Moderate burn	Fee Code Description Revised (fasciotomy and escharotomy added)
R693	Major burn	Fee Code Description Revised (fasciotomy and escharotomy added)
R698	Debridement, excision, fasciotomy and flap and/or graft closure for necrotizing fasciitis	Fee Code Description Revised (fasciotomy added)
S340	Hernia fascial defect (diameter < 5 cm) OR any size primary closure	Fee Code Description Revised

Fee Schedule Code	Fee Schedule Code Description	Revision Description
S344	Hernia fascial defect (diameter 5 cm or greater) with mesh closure	Fee Code Description Revised
Z341	Tube thoracostomy for closed drainage (chest tube)	Fee Code Description Revised
Z403	Bone marrow aspiration and/or core biopsy	Fee Code Description Revised ('and/or core biopsy' added - refer to Fee Code Delisting table RE: Z403)
Z571	Excision of first polyp (3 mm to 5mm)	Fee Code Description Revised (refer to page S19)
Z804	Neurology - Lumbar puncture	Payment Rules Revised (Z804 includes injection of any medication or other therapeutic agent introduced at time of lumbar puncture, and, image guidance if performed - refer to Fee Code Delisting table RE: Z805)
Z851	Therapeutic paracentesis	Fee Code Description Revised, Payment Rules Revised (see page Y2

Other Schedule Revisions

Schedule Page	Description	Revision Description
GP64	Age-Based Premiums (Group 1 – Paediatric)	List of eligible services revised to include: 1. Clinical Procedures associated with Diagnostic Radiological Examinations 2. Specific assessments or partial assessments rendered by specialists in ophthalmology (23) (A233 or A234)

Schedule Page	Description	Revision Description
GP64	Age-Based Premiums (Group 2 – Senior)	List of eligible services revised to include: 1. Comprehensive assessment and care (H102, H122, H132, H152) 2. Multiple systems assessment (H103, H123, H133, H153)
GP104	After Hours Procedure Premiums	List of eligible services revised to include: 1. X112 when required for intussusception

This document is a general summary

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