Anaesthesia OHIP Billing Cheat Sheet 2026

OHIP specialty 01 · General, gyne or urology surgery · Orthopaedic surgery · Cardiac, vascular, thoracic or neuro · Updated November 2026

Interactive version: https://verismo-apex.com/resources/ohip-billing-cheatsheet/anaesthesia

Pick the kind of case, pick the procedure, set the minutes you were in attendance, then tick what applied. Fees are units × $15.96. Ontario fees effective July 1, 2026.

General, gyne or urology surgery

S287C	Cholecystectomy 7 basic units + time units (S31, GP93).	$15.96
S207C	Appendectomy 7 basic units + time units (S23).	$15.96
S323C	Inguinal or femoral hernia, adult 7 basic units + time units (S37).	$15.96
S166C	Right hemicolectomy 7 basic units + time units (S20).	$15.96
S757C	Abdominal hysterectomy 8 basic units + time units (V8).	$15.96
S655C	Endoscopic prostate resection (TURP) 7 basic units + time units (U8).	$15.96

- Fee = (basic units + time units) × $15.96, billed on the surgeon's procedure code with suffix C. Time starts when you are first with the patient in the OR to start the anaesthetic and ends when they can be left under usual post-op supervision (GP92–GP93).
- Time units per 15 minutes or part: 1 each in the first hour, 2 each up to 1.5 hours, 3 each after. 60 min = 4, 90 min = 8, 2 hours = 14 (GP93, Appendix H).
- Several or bilateral procedures under one anaesthetic: only the major procedure's basic units, plus your total time (GP93).
- The pre-anaesthetic evaluation, recovery room care and post-anaesthetic follow-up are part of the fee. The routine pre-op check is never a consultation (GP92, A76).
- Age is paid only through extra units (E019C, E007C, E018C and the infant codes). The GP64 age premium covers surgeons and assistants, not anaesthesia (GP64, GP97).

Orthopaedic surgery

R440C	Total hip replacement 10 basic units + time units (N36).	$15.96
R441C	Total knee replacement 8 basic units + time units (N44).	$15.96
F100C	Hip fracture fixation (neck or trochanteric) Screws, pin/plate or nail. 10 basic units + time units (N39).	$15.96
F101C	Hip fracture hemiarthroplasty Femoral prosthesis only. 10 basic units + time units (N39).	$15.96
F077C	Ankle fracture ORIF, more than one malleolus 7 basic units + time units (N57).	$15.96
R699C	Knee arthroscopy Non-degenerative problem or acutely locked knee. 7 basic units + time units (N45).	$15.96

- Prone (E011C) or sitting more than 60 degrees upright (E024C): 4 extra units each (GP97).
- Post-op block for the surgeon's patient, lasting more than 4 hours: paid on top of your C-suffix anaesthetic. A short-acting block is not (J70 rules 5–6). Tick it under procedures.
- E025C (10 units) needs an unanticipated transfusion of more than 70 ml/kg of red cells (patient up to 50 kg) or 10+ units (over 50 kg). Cell saver blood doesn't count (GP98).
- Emergency case, such as a hip fracture, starting within 24 hours of the OR booking: E020C adds 4 units to ASA III, IV or V (GP97).
- Trauma with an ISS over 15 (over 12 under age 16), on the day or within 24 hours: E420A adds 50% to your basic and time units (GP109).

Cardiac, vascular, thoracic or neuro

E650C	Heart surgery on pump (e.g. coronary bypass, valve) Pump used: bill E650C with 28 basic units + time units instead of the procedure's own basic units (Q2).	$15.96
E645C	Off-pump coronary bypass 40 basic units + time units, instead of R742C or R743C (Q7).	$15.96
R792C	Carotid endarterectomy 10 basic units + time units (Q13).	$15.96
R802C	Open abdominal aortic repair 17 basic units + time units (Q14).	$15.96
M143C	Lobectomy 13 basic units + time units (P16).	$15.96
N104C	Craniotomy for intracerebral haemorrhage, supratentorial 15 basic units + time units (X3).	$15.96

- Coronary bypass on pump: bill E650C at 28 basic units, off pump E645C at 40, instead of R742C or R743C at 20 (Q2, Q7).
- Major cardiovascular surgery with 28 or more basic units (E650C, E645C, R803C) already includes the arterial line (G268A), CVP line (G269A), blood sampling and analysis (Q2).
- Swan-Ganz insertion is included in the basic units of any surgical anaesthetic (J7).
- Hypothermia without pump in a cardiovascular case listed under 25 units: R700C replaces the basic units with 25 (Q2). Other procedures not listed as needing hypothermia: E002C, also 25 (GP99).
- The ASA level is the one you set at the pre-op assessment; complications during surgery don't change it (GP98). ASA IV (E017C) adds 10 units, ASA V (E016C) 20.
- No ASA IV, ASA V or ASA E units for a brain-dead organ donor (GP98).

Caesarean or delivery

P018C	Caesarean section 7 basic units + time units (K6).	$15.96
P041C	Caesarean section with tubal interruption 7 basic units + time units (K6).	$15.96
P042C	Caesarean hysterectomy 8 basic units + time units (K6).	$15.96
P020C	Operative vaginal delivery Forceps, vacuum, breech or shoulder dystocia. 6 basic units + time units (K6).	$15.96
P013C	Obstetrical anaesthesia, other 6 basic units + time units (K9).	$15.96
P029C	Manual removal of retained placenta 6 basic units + time units (K8).	$15.96

- Labour epidural earlier the same day? The extra units (ASA, BMI and others) are payable on the caesarean anaesthetic even though P016C and E100C can't carry them (K9).
- Caesarean hysterectomy P042C pays 8 basic units, one more than P018C (K6).
- Called in from home for the case: C998C evenings ($60), C985C weekends and holidays ($75), C999C nights ($100), first patient of the trip only, on top of E400C or E401C (GP94).
- Emergency surgery starting within 24 hours of the OR booking: E020C adds 4 units to ASA III, IV or V (GP97).

Labour epidural

P014C	Placed the labour epidural Catheter plus the first dose, with or without a combined spinal-epidural: 7 basic units (GP95, K9).	$111.72
P016C	Maintained an epidural placed earlier or by someone else 1 unit for each ½ hour of maintenance, max 12 per patient per physician per day (GP95, K9). Limit: 12 units a day.	$15.96

- P014C's pre-anaesthetic evaluation is included: no consultation, assessment or A215A for it (A76).
- With P014C only three extra units are paid: E010C (BMI over 40), E022C (ASA III) and E017C (ASA IV). None with P016C or E100C (K9).
- Stayed in constant attendance at the delivery? E100C: 4 basic units + 1 per ¼ hour. Time on P016C still counts toward it; time on other paid services doesn't. Chart start and stop times (K9).
- Taking over from another anaesthetist? Bill P016C for your own time, not E005C. Each of you can bill up to 12 units that day, and the record must show the care was sequential (GP95, K9).
- Lumbar puncture Z804A isn't paid with P014C or P016C (K9).

Endoscopy, eye, MRI or sedation for a block

E032C	Colonoscopy or sigmoidoscopy Z491A–Z499A, Z555A or Z580A: 4 basic units + time units. Replaces the listed units (GP100).	$15.96
E023C	Eye surgery, cystoscopy or exam under anaesthesia E138A–E141A, E144A–E146A, E149A, E186A, E187A (cataract, lens and eye injection codes), Z606A, Z607A or Z432A: 6 basic units + time units (GP100).	$15.96
Z399C	Gastroscopy Not on the E032C list, so the listed 4 basic units + time units (S7).	$15.96
Z430C	Anaesthesia for MRI 6 basic units + time units (J6).	$15.96
E031C	GA or deep sedation for another physician's nerve block or pain injection 4 basic units + time units. No extra units (GP99).	$15.96
E030C	Procedural sedation for another physician's nerve block or pain injection 4 basic units + time units. No extra units (GP99).	$15.96

- Colonoscopy: bill E032C, not the scope code with C. E032C replaces the listed basic and time units (GP100).
- Deep sedation, general or regional anaesthesia counts for E023C and E032C. Local infiltration, topical anaesthesia or procedural sedation doesn't (GP100).
- Extra units (ASA, age, BMI) are paid with E023C and E032C, but not with E030C or E031C (GP99–GP100).
- For another physician's nerve block or pain injection, the anaesthetic is only E030C or E031C; Z432C isn't payable for it (GP99).
- A pre-op consultation before cataract, colonoscopy or cystoscopy under local or IV sedation is paid only if the chart shows it was medically necessary (GP18).

Cancelled, second or replacement

E006C	Cancelled after induction, before surgery started 6 basic units + your actual time units (GP95).	$15.96
E001C	Second anaesthetist Needed in the patient's interest: 6 basic units + time assisting the first anaesthetist (GP95).	$15.96
E005C	Replacement anaesthetist You took over a case during surgery: 6 basic units + your time units. Not for continuous conduction (epidural) anaesthesia (GP95).	$15.96
E003C	Supportive care or monitoring only Constant attendance at a procedure only to monitor and give supportive care: 4 basic units + time units. No extra units (GP102).	$15.96
E013C	Emergency relief of upper airway obstruction Above the carina, not choanal atresia: 10 basic units replace the procedure's units, + time units (GP99).	$15.96
E002C	Hypothermia where the procedure doesn't call for it 25 basic units replace the procedure's units, + time units (GP99).	$15.96

- Examined the patient and surgery was cancelled before induction: that's a hospital subsequent visit (C012A, $31.70), not E006C (GP95, A78).
- Surgery had already started when it was cancelled: bill the procedure's basic units + time units, not E006C (GP95).
- Replacement: the first anaesthetist bills the procedure's units for their own time. E005C gets E400C or E401C only if the case started after hours. Both of you chart start and stop times (GP95).
- E013C and E002C replace the basic units: don't also bill the procedure's C code (GP99).

Pre-op or anaesthesia consultation

A015A	Consultation Written request from a physician or NP for your opinion on a complex, serious or obscure problem; written report back (GP16). In-patient: C015A, same fee (A77). Limit: Same diagnosis: 1 per 2 years.	$109.70
A210A	Special anaesthetic consultation, 50+ minutes All the elements of a consultation and at least 50 minutes of direct contact. Start and stop times charted. In-patient: C210A (A76–A77).	$163.20
A016A	Repeat consultation Same problem, new written request, another physician cared for the patient since your consult (GP19). In-patient: C016A.	$52.15
A013A	Specific assessment, no referral Full history of the complaint and detailed exam of the affected systems (A77). In-patient: C013A. Limit: 1 per 12 months.	$64.65
A816A	Midwife-requested anaesthesia assessment Written request from a midwife or Aboriginal midwife about a mother or newborn; findings to the midwife and the primary care provider. Any setting (A77). Limit: 1 per patient per pregnancy.	$106.80
A014A	Partial assessment History of the complaint, the exam needed, advice (A77).	$31.45

- The routine pre-anaesthetic evaluation the Public Hospitals Act requires is never a consultation, wherever and whenever it's done (A76).
- A210A pays $163.20, $53.50 more than A015A, when you spend 50+ minutes face to face. Time on other billed services and chart or imaging review doesn't count (A76).
- In hospital the in-patient codes have the same fees: C015A, C210A, C016A, C013A, C816A, and C014A for a specific re-assessment ($28.00) (A77).
- No written request on file, or one asked for after you saw the patient, means it's paid as an assessment (GP16).
- Specialist consultations for children under 16 get the age premium (10–30%), added by OHIP (GP64).

Acute pain service

C215A	Acute pain consultation, in-patient Another physician asked you to see an in-patient because the acute pain is complex or severe (A76–A77).	$69.75
A215A	Acute pain consultation, called in to an in-patient Same service on a special visit: the in-patient premiums are added for you (A76).	$69.75
G247A	Visit for a continuous catheter infusion You manage a nerve, plexus, epidural or spinal catheter infusion for an in-patient (J72). Limit: 3 per patient per day.	$30.10
G063A	Starting an outpatient nerve block infusion Getting a patient with a nerve block catheter ready for home: assessment, set-up, teaching. In-patients: included in G247A (J73).	$29.20
G064A	Outpatient infusion, daily management MRP, a day you advised the patient or caregiver; dated note of each contact (J73). Limit: 7 per G279A catheter.	$20.00

- A215A and C215A aren't paid for routine post-op pain, for a referral from another anaesthesiologist, or with P014C (A76).
- G247A needs a continuous nerve, plexus, epidural or spinal catheter; a PCA alone doesn't count. Only the physician most responsible for the infusion, or a substitute (J72).
- G247A after hours: E402A adds 40% on weekday evenings and weekend or holiday days, E403A adds 50% at night (GP107).
- G064A isn't paid on a day you bill a consultation or visit for the patient (J73).
- Blocks for acute pain are paid only when they last more than 4 hours; max 8 blocks per patient per day, a bilateral block counts as 2; ultrasound or stimulator guidance isn't paid (J70).

Chronic pain injections

G246A	Lumbar epidural injection Thoracic G117A $170.00, cervical G119A $190.00, caudal G918A $74.20 (J76). Limit: 12 epidurals per 12 months.	$150.00
G912A	Lumbar or sacral facet injection or medial branch block, first site Fluoroscopic guidance. Cervical G910A, thoracic G911A, same fee (J75). Limit: 6 per 12 months.	$80.00
G917A	Selective nerve root block Fluoroscopic, any number of sites (J75). Limit: 1 a week, 12 per 12 months.	$160.00
G916A	Sacroiliac joint injection, one side Fluoroscopic guidance (J75).	$75.00
G920A	Stellate ganglion or cervical sympathetic block, guided Ultrasound or fluoroscopy, one side. Unguided: G234A $55.10 (J78). Limit: 1 a day, 24 per 12 months.	$80.00
G264A	Occipital nerve block, first of the day (J80). Limit: 1 a day, 16 per calendar year.	$34.10

- Chart images of final needle placement when guided, and the purpose and result of any diagnostic injection, or the injection isn't paid (J74).
- Image guidance isn't paid on top of these injections (J74).
- Two of these the same day are paid only when each treats or diagnoses a separate condition (J74).
- Epidural injections aren't paid with a concurrent surgical procedure or any anaesthetic fee. Only another physician sedating for it can bill E030C or E031C; your own sedation isn't paid (GP99–GP100, J76).
- Need more than the yearly maximum? Get written prior authorization from the MOH (J75–J78).

ICU or resuscitation

G405A	Ventilatory support only, 1st day You run the ventilator; another physician gives the critical care. Includes the consult, intubation, lines and blood gases (J30–J31).	$183.80
G406A	Ventilatory support, days 2–30 Per day. Day 31 on: G407A $64.20 (J31).	$96.45
G557A	Comprehensive ICU care, 1st day You are the ICU physician giving all care, ventilator included. Days 2–30: G558A $256.25 (J31–J32).	$429.30
G521A	Life-threatening critical care, first 15 min Outside a per diem, e.g. a code on the ward. Vital organ failure with imminent risk of death (J26).	$125.10
G521A + G523A	Life-threatening critical care, 16–30 min Add each further 15 min below (J26).	$189.60
G395A	Other critical care, first 15 min Resuscitation for a threat to life or limb short of life-threatening critical care (J28).	$64.70

- Only giving ventilatory support? Bill G405A–G407A; other physicians then bill critical care or their own visits and procedures (J30).
- The per diems are team fees: one per patient per day, as if one physician were in charge (J30).
- With a per diem, no life-threatening or other critical care codes for that patient that day (J27–J28).
- Life-threatening care: chart start and stop times; time counts only at the bedside or on the patient's floor. Intubation, lines and blood gases are included (J26–J27).
- Intubation for resuscitation G211A isn't billed when surgery follows: it's part of the anaesthetic (J29).

Also bill, if it's true

E400C	Case started evening, weekend or holiday: +50% Weekdays 17:00–24:00, or 07:00–24:00 on Saturday, Sunday or a holiday. Increases the total anaesthetic fee; this total applies it to the basic and time units (GP94).	+50%
E401C	Case started at night, 00:00–07:00: +75% Increases the total anaesthetic fee; this total applies it to the basic and time units (GP94).	+75%
C998C	Travelled in: weekday evening, or bumped office hours 17:00–24:00 Mon–Fri, or non-elective surgery that cost you weekday office hours. First patient of the trip only. Max 2 per period (GP94).	$60.00
C985C	Travelled in: weekend or holiday, 07:00–24:00 First patient of the trip only. Max 6 per period (GP94).	$75.00
C999C	Travelled in: night, 00:00–07:00 First patient of the trip only. No maximum (GP94).	$100.00
E022C	ASA III Severe systemic disease limiting activity: 2 units. ASA set at the pre-op assessment (GP97–GP98).	$31.92
E017C	ASA IV Incapacitating disease that is a constant threat to life: 10 units (GP97).	$159.60
E016C	ASA V Moribund, not expected to live 24 hours with or without surgery: 20 units (GP97).	$319.20
E020C	ASA E: emergency surgery within 24 h of booking 4 units, added to ASA III, IV or V. Not for a brain-dead organ donor (GP97–GP98).	$63.84
E021C	Premature newborn, under 37 weeks 9 units (GP97).	$143.64
E014C	Newborn, up to 28 days 5 units (GP97).	$79.80
E009C	Infant, 29 days to 1 year 4 units (GP97).	$63.84
E019C	Child, 1 to 8 years 2 units (GP97).	$31.92
E007C	Adult, 70 to 79 1 unit (GP97).	$15.96
E018C	Adult, 80 or older 3 units (GP97).	$47.88
E010C	BMI over 40 2 units (GP97).	$31.92
E011C	Prone during surgery 4 units (GP97).	$63.84
E024C	Sitting more than 60 degrees upright 4 units (GP97).	$63.84
E012C	Malignant hyperthermia: full MH set-up Known or strongly suspected susceptibility, and the anaesthetic needed full MH set-up and management: 5 units (GP97).	$79.80
E025C	Unanticipated massive transfusion Over 70 ml/kg of red cells (up to 50 kg) or 10+ units (over 50 kg). Cell saver doesn't count: 10 units (GP97–GP98).	$159.60
E420A	Major trauma (ISS over 15, or over 12 under 16) +50% of your basic and time units, on the day or within 24 h of the trauma. ISS in the chart, same claim (GP109).	+50%
E010C	BMI over 40 2 units, on P014C only (K9, GP97).	$31.92
E022C	ASA III 2 units, on P014C only (K9, GP97).	$31.92

E017C	ASA IV 10 units, on P014C only (K9, GP97).	$159.60
P016C	Maintained the epidural: units 1 unit per ½ hour of maintenance; set ×n to the units. Max 12 per patient per physician per day (GP95, K9).	$15.96
E100C	Attended the delivery: units 4 basic units + 1 per ¼ hour in constant attendance; set ×n to the total (30 min = 6). Start and stop times charted (K9).	$15.96
K001A	Detention, per 15 min Only after 60 min of a consultation or assessment, or 90 min of a special anaesthetic consultation. Independent consideration, written explanation (GP29–GP31).	$21.10
E402A	G247A visit, evening, weekend or holiday: +40% Weekdays 17:00–24:00, or Saturday, Sunday or holiday 07:00–24:00 (GP107).	+40%
E403A	G247A visit at night, 00:00–07:00: +50% (GP107).	+50%
E440A	Epidural with contrast under fluoroscopy Add-on to G246A, G117A, G119A or G918A (J76).	$30.00
E442A	Transforaminal technique Add-on to the epidural (J76).	$20.00
E441A	At the level of previous spinal surgery Add-on to the epidural (J76).	$16.60
E443A	With a catheter for continuous infusion Add-on to the epidural (J76).	$80.00
G913A	Each additional facet site Max 7 per day (J75).	$20.00
G265A	Each additional occipital block, per spinal level Max 3 a day, 48 a calendar year; nil unless G264A is paid (J80).	$17.10
G556A	ICU admission assessment at night, 00:00–07:00 Add-on to the 1st-day per diem; once per hospital admission (J35).	$136.40
G522A	Each further 15 min of life-threatening care After the first 30 min, per quarter hour or part (J26).	$42.50
G391A	Each further 15 min of other critical care After the first 15 min, per quarter hour or part (J28).	$34.35
E420A	Major trauma (ISS over 15, or over 12 under 16) +50% on critical care within 24 h of the trauma; not on ICU per diems. ISS in the chart (GP109).	+50%

Blocks, lines and other procedures?

G060A	Major peripheral nerve block Femoral, sciatic, fascia iliaca, ankle (2+ nerves), first paravertebral and others. Lasting over 4 h. Max 4 a day (J71).	$55.00
G061A	Minor peripheral nerve block TAP, ilioinguinal, intercostal, superficial cervical plexus, each additional paravertebral. Max 4 a day (J72).	$30.00
G260A	Major plexus block Brachial, lumbar, sacral, deep cervical, or 3-in-1. No extra blocks in the same distribution (J71).	$80.00
G279A	Nerve block catheter for continuous infusion On top of the block. Continuous 3-in-1: bill G060A, not G260A (J72).	$80.00
G125A	Lumbar or caudal epidural catheter for pain Acute or post-op pain, not labour (J71).	$100.00
G118A	Thoracic epidural catheter for pain (J71).	$130.00
G062A	Cervical epidural catheter for pain (J71).	$160.00
G248A	Caudal, single injection (J71).	$55.00
G066A	Intrapleural block With a continuous catheter: G067A $80.00 (J72).	$55.00
G068A	Epidural blood patch Through an existing epidural catheter: G065A $62.50 (J72).	$125.00
G268A	Arterial line Included when major cardiovascular surgery has 28+ basic units (Q2, J7).	$31.25
G269A	Central line Included when major cardiovascular surgery has 28+ basic units (Q2, J7).	$31.25
Z459A	Arterial puncture for blood gases Not part of the anaesthetic's included specimens (GP92).	$10.20
Z438A	Swan-Ganz catheter, outside surgery Included in the basic units of any surgical anaesthetic; not included in critical care fees (J7).	$162.50
G211A	Intubation for resuscitation Not when surgery follows: it's part of the anaesthetic. Included in critical care (J29, J26).	$38.35

Can I bill these together?

Code	With	Together?	Why
S287C,S207C,S323C,S166C,S757C,S655C,R440C,R441C,F100C,F101C,F077C,R699C,E650C,E645C,R792C,R802C,R803C,M143C,N104C,P018C,P041C,P042C,P020C,P013C,P029C	G060A, G061A, G260A, G279A, G125A, G118A, G062A, G248A, G066A, G067A	Sometimes	Paid on top of your C-suffix anaesthetic when it's for post-op pain and lasts more than 4 hours; a short-acting block isn't (J70 rules 5–6).
S287C,S207C,S323C,S166C,S757C,S655C,R440C,R441C,F100C,F101C,F077C,R699C,E650C,E645C,R792C,R802C,R803C,M143C,N104C,P018C,P041C,P042C	G224A	No	G224A is for the physician doing the procedure who also gives the block; as the anaesthetist, bill the block code itself (GP101, J70).
S287C,S207C,S323C,S166C,S757C,S655C,R440C,R441C,F100C,F101C,F077C,R699C,E650C,E645C,R792C,R802C,R803C,M143C,N104C,P018C,P041C,P042C	Z438A	No	Swan-Ganz insertion is included in the anaesthesia basic units of any surgical service that lists them (J7).
E650C,E645C,R803C	G268A, G269A	No	Major cardiovascular surgery with 28 or more basic units includes the CVP and arterial lines, blood sampling and analysis (Q2).
R792C,R802C,R742C,R743C	G268A, G269A	Yes	Under 28 basic units, so the arterial and CVP lines are paid on top; they're included only at 28 or more, e.g. E650C on pump (Q2).
E650C,E645C	R742C, R743C	No	On or off pump, the anaesthetist bills E650C or E645C instead of the procedure's own C code (Q2, Q7).
G269A	Z438A	No	The central line G269A isn't billed with a Swan-Ganz insertion (J7).

Code	With	Together?	Why
S287C,S207C,S323C,S166C,S757C,S655C,R440C,R441C,F100C,F101C,F077C,R699C,M143C,N104C,P018C,P041C,P042C	G268A, G269A, Z459A	Yes	Lines and arterial blood gases are separately listed; the anaesthetic's included specimens exclude arterial puncture Z459A (GP92, J7).
S287C,S207C,S323C,S166C,S757C,S655C,R440C,R441C,F100C,F101C,F077C,R699C,E650C,E645C,R792C,R802C,R803C,M143C,N104C,P018C,P041C,P042C,P020C,P029C	G211A	No	Intubation for resuscitation isn't claimed when a surgical procedure follows; it's part of the anaesthetic (J29).
E400C	E401C	No	One after-hours premium per case, by the time the case started (GP94).
C998C,C985C,C999C	E400C, E401C	Yes	Anaesthesia special visit premiums are paid in addition to E400C and E401C, when you travelled in, for the first patient (GP94).
C998C	C985C, C999C	No	One special visit premium for the first patient of a trip, by its time period (GP94).
C985C	C999C	No	One special visit premium for the first patient of a trip, by its time period (GP94).
E022C	E017C, E016C	No	One ASA level, the one set at the pre-op assessment (GP97–GP98).
E017C	E016C	No	One ASA level, the one set at the pre-op assessment (GP97–GP98).
E020C	E022C, E017C, E016C	Yes	ASA E is added to ASA III, IV or V for surgery starting within 24 hours of the OR booking (GP97).
E030C,E031C,E003C	E021C, E014C, E009C, E019C, E007C, E018C, E010C, E011C, E024C, E025C, E012C, E022C, E017C, E016C, E020C	No	The GP97 extra units aren't payable with E030C, E031C or E003C (GP99, GP102).
E032C,E023C	E021C, E014C, E009C, E019C, E007C, E018C, E010C, E022C, E017C, E016C, E020C, E012C	Yes	Extra units are eligible with E023C and E032C (GP100).
P016C,E100C	E021C, E014C, E009C, E019C, E007C, E018C, E010C, E011C, E024C, E025C, E012C, E022C, E017C, E016C, E020C	Sometimes	No extra units are paid on P016C or E100C; with P014C the same day, E010C, E022C and E017C go on the P014C claim (K9).
P014C	E021C, E014C, E009C, E019C, E007C, E018C, E011C, E024C, E025C, E012C, E016C, E020C	No	With P014C the only extra units paid are E010C, E022C and E017C (K9).
P014C	E010C, E022C, E017C	Yes	These three extra units are allowed with P014C (K9).

Code	With	Together?	Why
P014C	P016C, E100C	Yes	Catheter placement, maintenance units and attendance at delivery are billed together; E100C time excludes other paid services except P016C (K9).
P014C	A215A, C215A, A015A, C015A, A013A, C013A	No	P014C is an anaesthesia service, so the pre-anaesthetic evaluation is included and isn't payable as A215A or any other consultation or assessment (A76).
P014C,P016C	Z804A	No	Lumbar puncture isn't paid with P014C or P016C (K9).
S287C,S207C,S323C,S166C,S757C,S655C,R440C,R441C,F100C,F101C,F077C,R699C,E650C,E645C,R792C,R802C,M143C,N104C,P018C,P041C,P042C,P020C,P013C,G125A,G118A,G062A,G248A,G246A,G117A,G119A,G918A	Z804A	No	Lumbar puncture isn't paid with a C-suffix anaesthetic for surgery or obstetrics, or with the epidural services in the nerve block sections (J83).
P014C,P016C,E100C	P018C, P041C, P042C	Yes	A caesarean anaesthetic the same day is billed with its own basic and time units, and extra units are payable on it (K9).
P016C	E005C	No	A replacement anaesthetist for continuous conduction anaesthesia bills the continuous conduction codes, not E005C (GP95).
E002C,E013C	S287C, S207C, S323C, S166C, S757C, S655C, R440C, R441C, F100C, F101C, F077C, R699C, E650C, E645C, R792C, R802C, R803C, M143C, N104C	No	E002C and E013C replace the listed basic units: don't also claim the procedural C-suffix code (GP99).
E006C	S287C, S207C, S323C, S166C, S757C, S655C, R440C, R441C, F100C, F101C, F077C, R699C, E650C, E645C, R792C, R802C, R803C, M143C, N104C, P018C	No	E006C is for a case cancelled before surgery started; once surgery started, bill the procedure's basic and time units instead (GP95).
E006C	C012A, C014A	No	Cancelled before induction is a hospital subsequent visit; after induction it's E006C, not both (GP95).
E032C	Z491C, Z492C, Z493C, Z494C, Z495C, Z496C, Z497C, Z498C, Z499C, Z555C, Z580C	No	E032C replaces the listed basic and time units for these scopes (GP100).
E023C	E140C, E141C, E138C, E139C, E144C, E145C, E146C, E149C, E186C, E187C, Z432C, Z606C, Z607C	No	E023C replaces the listed basic and time units for these procedures (GP100).

Code	With	Together?	Why
G246A,G117A,G119A,G918A	E030C, E031C	Sometimes	E030C or E031C is the only anaesthetic paid with an epidural injection, and only to another physician sedating for it; sedation for your own injection isn't paid (GP99–GP100, J76).
G246A,G117A,G119A,G918A	S287C, S207C, S323C, R440C, R441C, F100C, P018C, E032C, E023C, Z399C, E003C, E006C	No	Percutaneous epidural injections aren't paid with a concurrent surgical procedure or any anaesthetic fee except E030C or E031C (J76).
G260A	G060A, G061A	Sometimes	Not for blocks in the same nerve distribution as the plexus block; a block outside it (e.g. sciatic with a 3-in-1) is paid too (J71).
G279A	G060A, G061A, G260A	Sometimes	G279A is paid on top of the block, but a continuous 3-in-1 block is billed as G060A + G279A, not G260A (J72).
G920A	G234A	No	G234A isn't paid with G920A the same day (J78).
G063A	G247A	No	For an in-patient, starting the infusion is included in G247A (J73).
G064A	A215A, C215A, A015A, C015A, A013A, C013A, A014A, C014A, C012A, G247A	No	G064A isn't paid on a day you bill a consultation or visit for the patient (J73).
A215A	C215A	No	One acute pain consultation: A215A with a special visit, C215A otherwise (A76–A77).
G405A,G406A,G557A	G521A, G523A, G522A, G395A, G391A	No	Life-threatening or other critical care isn't paid the same day as a ventilatory support or comprehensive care per diem for that patient (J27–J28).
G405A	G557A	No	One per diem: if you give both critical care and ventilatory support, it's comprehensive care G557A (J30–J32).
G405A,G406A,G557A	G211A, G268A, G269A, Z459A	No	The per diem includes intubation, arterial and CVP lines and blood gases (J31–J32).
G521A,G523A,G522A,G395A,G391A	G211A, G268A, G269A, Z459A	No	Intubation, lines and blood gases are included in critical care the same day (J26, J28).
G521A,G523A,G522A	G395A	No	G395A isn't paid with G521A, G522A or G523A the same day (J28).
G405A,G406A,G557A,G521A,G523A,G522A,G395A,G391A	Z438A	Yes	Swan-Ganz insertion isn't included in respiratory or critical care benefits (J7).
E420A	C998C, C985C, C999C, E400C, E401C	Yes	Special visit and after-hours premiums are still paid with the trauma premium, but the trauma premium isn't applied to them (GP109).

Fees and rules from the Ontario Schedule of Benefits, July 1 2026 (GP3, GP16–GP19, GP29–GP31, GP64, GP92–GP102, GP107, GP109, A76–A78, J6–J7, J26–J35, J70–J80, J83, K6–K9, Q2, Q7, Q13, Appendix H); pages in brackets. Anaesthesia is billed on the procedure code with suffix C; the fee is (basic + time + extra units) × $15.96, and the unit count goes on the claim. Time units: per 15 minutes or part, 1 in the first hour, 2 up to 1.5 hours, 3 after. Basic units shown are for the procedures listed; any other procedure uses its own Anae units, and several procedures under one anaesthetic use the major one's. After-hours and trauma premiums here are applied to basic and time units. The GP64 age premium doesn't apply to anaesthesia; age is paid through extra units.

Fees are the Ontario Schedule of Benefits amounts and may change. Billing codes, rules and rejections for every code: verismo-apex.com/resources/billing.