Critical Care Medicine OHIP Billing Cheat Sheet 2026

OHIP specialty 11 · ICU per diem, 1st day · ICU per diem, day 2 on · Critical care by time (no per diem) · Updated November 2026

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

ICU per diem, critical care by time, or a consult: pick what you did, tick add-ons and procedures, bill the codes at the bottom. Ontario fees effective July 1, 2026.

ICU per diem, 1st day

G557A	Comprehensive care: all ICU care, ventilator included You are the ICU physician giving both critical care and ventilatory support. Includes the consult and assessment, intubation, ventilation, lines, catheters, blood gases, defibrillation and cardioversion (J31–J32).	$429.30
G400A	Critical care, ventilator run by someone else (or none) All care of a critically ill ICU patient except ventilatory support. Includes the consult, resuscitation, lines, catheters, NG tube and lab interpretation (J31).	$223.10
G405A	Ventilatory support only You run the ventilator; another physician gives the critical care. Includes the consult, intubation, arterial and CVP lines and blood gases (J30–J31).	$183.80

- One physician doing both critical care and ventilatory support bills comprehensive care G557A ($429.30), not G400A + G405A: once a per diem is billed, no other critical care code is paid to you that day (J30–J32).
- Team fee: one per patient per day, billed as if one physician were in charge even when the attending changes (J30).
- The day-1 fee already includes your consultation and assessment: don't bill C715A or C710A the same day (J27, J31).
- Not for stable patients or those in the ICU only for monitoring, unless they're ventilated. Bill consults and visits instead (J30–J31).
- Admitted to the ICU between 00:00 and 07:00? Add G556A ($136.40), once per hospital admission (J35). No special visit premiums with team fees (GP65).

ICU per diem, day 2 on

G558A	Comprehensive care, days 2–30 Per day (J32).	$256.25
G401A	Critical care, days 2–30 Per day, ventilator run by someone else or none (J31).	$146.45
G406A	Ventilatory support, days 2–30 Per day (J31).	$96.45
G559A	Comprehensive care, day 31 on Per day (J32).	$122.80
G402A	Critical care, day 31 on Per day (J31).	$58.60
G407A	Ventilatory support, day 31 on Per day (J31).	$64.20

- Switched from comprehensive care to critical care or ventilatory support, or from critical care to comprehensive care? The transfer day is day 2 of the new type, not day 1 (J31).
- Back in the unit more than 48 hours after discharge from it: the 1st-day rate applies again on readmission (J30).
- With a per diem, no G521A–G523A, G395A or G391A for that patient that day, no C101A, and no consult or visit codes (J27–J28, J31, GP103).
- Swan-Ganz insertion Z438A ($162.50) isn't included in critical care fees: tick it below (J7).
- Family meeting the same day? K015A counselling would cost you the per diem; see the Family meeting tile (GP58).

Critical care by time (no per diem)

G521A	Life-threatening: first 15 min Vital organ failure (shock, respiratory, CNS, renal, hepatic or metabolic) with imminent risk of death. ED, ward or ICU without a per diem (J26).	$125.10
G521A + G523A	Life-threatening: 16–30 min First and second quarter hour. Add each further 15 min below (J26).	$189.60
G395A	Other critical care: first 15 min Resuscitation for a threat to life or limb that would otherwise need life-threatening care or cost the limb (J28).	$64.70
G391A	You are the 4th or later physician Per 15 min or part, life-threatening care (J26).	$34.35

- Chart start and stop times or it isn't paid. Time counts only while fully devoted to the patient at the bedside, in the ED or on their floor; you can't see other patients during it (J26–J27).
- Included the same day: assessment and monitoring, IV and central lines, arterial lines, intubation, tracheal toilet, blood gases, NG tube, urinary catheter, drugs, and (life-threatening care) defibrillation and cardioversion (J26, J28).
- Chest tube, thoracentesis, LP and other procedures are paid on top; their time isn't critical care time (J26, J28).
- A consultation or assessment before or after the critical care is paid separately (J27–J28). Not with A384A or K181A (J27).
- Over 2 hours in total? Submit for manual review (J29). Major trauma (ISS over 15, over 12 under 16) within 24 hours: E420A adds 50% (GP109).

In-patient consultation

C715A	Consultation Written request from the attending physician or NP; full assessment and a written report (GP16). Limit: Same diagnosis: 1 per 2 years.	$196.55
C710A	Comprehensive consultation, 75+ minutes All the elements of a consultation and at least 75 minutes of direct contact. Start and stop times charted (A89).	$342.25
C915A	Limited consultation A real request, but much less time and work than a full consultation (GP19).	$122.00
C116A	Repeat consultation Same problem, new written request, another physician cared for the patient since your consult (GP19).	$122.00
A715A	Called in urgently to see an in-patient Emergency call to the ward: A-prefix consult with the in-patient special visit premiums (A89, GP43).	$196.55

- Spent 75+ minutes face to face? C710A pays $342.25, $145.70 more than C715A. Time on separately billed procedures and chart or imaging review doesn't count (A89).
- Taking over the patient's ICU care? Bill the 1st-day per diem instead: it includes the initial consultation (J31). When someone else gives the critical care, your consult is reviewed by a medical consultant (J30).
- Admitting as MRP? Your consult is the admission assessment: add E082A (+30%), once per admission (GP40, GP42).
- Seeing patients in the ICU or CCU: add C101A ($9.10) per patient, unless a critical care, ventilatory or comprehensive care team fee is billed (GP103).
- Same diagnosis, same patient: one consult per 2 years, except a second in-patient or ED consult 12–24 months after the first. Under 16: OHIP adds the age premium (GP17, GP64).

ED or out-patient consultation

A715A	Consultation ED physician's or another physician's written request; report back (GP16).	$196.55
A710A	Comprehensive consultation, 75+ minutes Start and stop times charted (A89).	$342.25
A915A	Limited consultation Much less time and work than a full consultation (GP19).	$122.00
A116A	Repeat consultation Same problem after another physician's care, new request (GP19).	$122.00
A713A	Medical specific assessment, no consult request Full history of the complaint and detailed exam of the affected systems (GP23).	$95.95
A118A	Partial assessment History of the complaint, the exam needed, advice (A89).	$44.75

- In the hospital but not on ED duty, seeing a patient in the ED or out-patient department: use these A codes (A89).
- Called in from outside the hospital for a patient who couldn't wait? Pick when above: the ED travel and first-person premiums are added (GP65, GP70).
- Admitting the patient? This consult is the admission assessment: don't bill another, and add E082A (+30%) as MRP (GP40, GP42).
- Patient crashing? Life-threatening critical care G521A by time is billed on top, as long as the consult time isn't counted twice (J27).
- Detention K001A ($21.10 per 15 min) starts after 60 minutes of a consult, or 120 of A710A; written explanation needed (GP29–GP31).

In-patient assessment

C713A	Medical specific assessment No consult request. Full history of the complaint and detailed exam of the affected systems (GP23). Limit: 1 per 12 months; 2 for a clearly different diagnosis or an admission 90+ days later.	$95.95
C111A	Complex medical specific re-assessment Complex, obscure or serious problem; written findings to the primary care physician or it's paid as a lesser fee (GP24). Limit: 4 per 12 months, shared with C713A.	$83.40
C114A	Medical specific re-assessment Full relevant history and exam (GP23). Limit: 2 per 12 months, except admissions.	$72.00

- C111A pays $11.40 more than C114A when the problem is complex and you send your findings in writing to the primary care physician (GP24).
- Medical specific assessments and complex re-assessments share a limit of 4 per patient per 12 months; extras are paid as a lesser fee (GP23).
- Admission assessment as MRP: add E082A (+30%). Seen for the same illness in the last 90 days: it's a re-assessment, not C713A (GP40, GP42).
- In the ICU without a per diem? Add C101A ($9.10) (GP103).

Ward visits

C112A	Subsequent visit Weeks 1–5: 1 a day. Weeks 6–13: C117A, 3 a week. After week 13: C119A, 6 a month (GP43).	$40.05
C122A	MRP visit, day after admission Once per admission (GP44).	$71.80
C123A	MRP visit, 2nd day after admission Once per admission (GP44).	$71.80
C124A	MRP, day of discharge Discharge summary within 48 h, follow-up arranged. Not for stays under 48 h (GP45).	$71.80
C126A	MRP, discharge of a complex patient Stay 7+ days, 3+ diagnoses that lengthened it, 45+ minutes of your time. Instead of C124A (A13).	$95.10
C118A	Concurrent care Another physician is MRP; you keep following. 4 the first week, then 2 a week (GP48).	$34.10

- As MRP add E083A (+30%) to subsequent and MRP visits, or E084A (+45%) on Saturdays, Sundays and holidays. One per patient per day; not on C118A (GP47).
- C122A + E083A pays $93.34 against $40.05 for a plain C112A: bill the MRP codes on the days they cover (GP44, GP47).
- After transfer out of the ICU, C142A and C143A go to the ward MRP, not to the physician who billed the ICU per diem (GP46).
- C124A isn't paid when the patient goes home straight from the ICU on a day a critical care per diem is billed (GP45).
- No special visit premiums for patients seen on rounds (GP65).

Family meeting

K002A	Interview with relatives or the substitute decision-maker Booked, separate meeting of 20+ minutes because the patient can't give or receive the information; not only to get consent. Billed on the patient's number (A28).	$80.00
K015A	Counselling relatives of a catastrophically or terminally ill patient Counselling about treatment and prognosis. Billed on the patient's number (GP60).	$80.00

- Units: 20 min = 1, 46 = 2, 76 = 3, then +30 min each. Chart start and stop times (GP61, GP54).
- K015A is counselling: that day only the GP58 list of services is paid to you, and a per diem, consult or visit isn't on it. On a per diem day the $256.25 G558A would be lost for $80 of K015A (GP58).
- K002A isn't counselling, so the GP58 same-day restriction doesn't apply to it (GP58, A28).
- K002A isn't paid for information that is part of a consultation or assessment's normal history (A28).

Also bill, if it's true

G556A	Admitted to the ICU at night, 00:00–07:00 Initial visit at night, add-on to G400A, G405A or G557A. 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 the day or within 24 h of the trauma, ISS in the chart, same claim. This total applies it to the first codes only; it also applies to G522A and G391A (GP109).	+50%
E420A	Major trauma (ISS over 15, or over 12 under 16) +50% on the consultation or assessment, on the day or within 24 h of the trauma. ISS in the chart (GP109).	+50%
C101A	Patient is in the ICU or CCU Per patient seen. Not with critical care, ventilatory or comprehensive care team fees (GP103).	$9.10
E082A	You are admitting as MRP +30% on the admission assessment, once per admission. Not for transfers within the hospital (GP42).	+30%
E083A	MRP visit premium: +30% On your subsequent and MRP visits (GP47).	+30%
E084A	MRP visit on Saturday, Sunday or holiday: +45% Instead of E083A (GP47).	+45%
K001A	Detention, per 15 min Only after 60 min of a consultation or specific assessment, 40 of a re-assessment, 30 of a partial assessment or visit, or 120 of a comprehensive consultation. Independent consideration, written explanation (GP29–GP31).	$21.10

Did a procedure?

Z438A	Swan-Ganz catheter Not included in respiratory or critical care fees (J7).	$162.50
Z341A	Chest tube (P14).	$76.80
Z332A	Thoracentesis Diagnostic or therapeutic (P14).	$104.40
Z591A	Paracentesis with drainage Diagnostic sample only: Z590A ($31.30) (S34).	$57.65
Z590A	Paracentesis, diagnostic sample (S34).	$31.30
Z804A	Lumbar puncture Includes image guidance (J83).	$150.00
Z401A	Pericardiocentesis (Q5).	$131.70
Z327A	Bronchoscopy Flexible or rigid, with or without biopsy or suction (P9).	$124.90
G210A	Therapeutic hypothermia, induction and management (J35).	$190.75
G269A	Central line Included in the per diems and critical care (J26, J31).	$31.25
G268A	Arterial line Included in the per diems and critical care (J26, J31).	$31.25
G211A	Intubation for resuscitation Included in comprehensive care, ventilatory support and critical care by time; not when surgery follows (J26, J29, J31).	$38.35
Z437A	Cardioversion Max 3 sessions a day. Included in comprehensive care and life-threatening critical care (J9, J26, J31).	$92.45
Z459A	Arterial puncture for blood gases Included in comprehensive care, ventilatory support and critical care by time (J26, J31–J32).	$10.20
G270A	Intraosseous infusion Included in the critical care and comprehensive care per diems (J31).	$23.90

Can I bill these together?

Code	With	Together?	Why
G557A,G558A,G559A	G400A, G401A, G402A, G405A, G406A, G407A	No	One team fee per patient per day; once you claim a per diem, no other critical care code is paid to you, and doing both is comprehensive care (J30–J32).
G400A,G401A,G402A	G405A, G406A, G407A	No	When claiming a critical care or ventilatory per diem, no other critical care codes are paid to the same physician; giving both is comprehensive care G557A (J30).
G557A,G558A,G559A,G400A,G401A,G402A,G405A,G406A,G407A	G521A, G523A, G522A, G395A, G391A	No	Life-threatening or other critical care isn't paid the same day the physician is paid a per diem for that patient (J27–J28).
G557A,G558A,G559A,G400A,G401A,G402A,G405A,G406A,G407A	C715A, C710A, C915A, C116A, C713A, C111A, C114A, A715A, A710A, A915A, A116A, A713A, A118A, C112A, C122A, C123A, C124A, C126A, C118A	No	The per diem includes the initial consultation and assessment and later examinations; consultation and visit fees apply again once it stops (J27–J28, J30–J31).
G557A,G558A,G559A,G400A,G401A,G402A,G405A,G406A,G407A	C101A	No	C101A isn't paid with critical care, ventilatory or comprehensive care team fees (GP103).
G557A,G558A,G559A,G405A,G406A,G407A	G268A, G269A, G211A, Z459A	No	Comprehensive care and ventilatory support include intubation, arterial and CVP lines and blood gases (J31–J32).
G400A,G401A,G402A	G268A, G269A	No	The critical care per diem includes arterial and CVP catheters (J31).
G400A,G401A,G402A	G211A, Z459A	No	The critical care per diem includes emergency resuscitation and securing lab tests and blood gases, so intubation for resuscitation and arterial puncture aren't paid on top (J30–J31).
G269A	Z438A	No	The central line G269A isn't billed with a Swan-Ganz insertion (J7).
G557A,G558A,G559A,G400A,G401A,G402A	G270A	No	Intraosseous infusion is included in critical care and comprehensive care per diems (J31).
G557A,G558A,G559A	Z437A	No	Comprehensive care includes defibrillation and cardioversion (J31).

Code	With	Together?	Why
G557A,G558A,G559A,G400A,G401A,G402A,G405A,G406A,G407A,G521A,G523A,G522A,G395A,G391A	Z438A	Yes	Swan-Ganz insertion isn't included in respiratory or critical care benefits (J7).
G557A,G558A,G559A,G400A,G401A,G402A,G405A,G406A,G407A	Z341A, Z332A, Z591A, Z590A, Z804A, Z401A, Z327A, G210A	Yes	Not on the list of procedures each per diem includes, so billed on top (J31–J32).
G557A,G558A,G559A,G400A,G401A,G402A,G405A,G406A,G407A	E420A	No	The trauma premium applies to consultations and visits, surgery, G395A, G391A and G521A–G523A, not to ICU per diems (GP109).
G557A,G558A,G559A,G400A,G401A,G402A,G405A,G406A,G407A	C960A, C961A, C962A, C963A, C964A, C990A, C992A, C994A, C996A, C986A	No	Special visit premiums aren't paid for a visit for which critical care team fees are payable (GP65).
G556A	G400A, G405A, G557A	Yes	G556A is added to the 1st-day per diem for a night admission, once per hospital admission (J35).
G556A	G558A, G559A, G401A, G402A, G406A, G407A	No	G556A goes only with the 1st-day codes G400A, G405A or G557A (J35).
G521A,G523A,G522A,G391A	G211A, G268A, G269A, Z459A	No	Intubation, lines and blood gases are included in critical care the same day (J26, J28).
G521A,G523A,G522A	Z437A	No	Defibrillation and cardioversion are included in life-threatening critical care the same day (J26).
G391A	Z437A	Sometimes	Cardioversion is included when G391A is life-threatening care, but paid on top of other critical care G395A + G391A (J26, J28).
G395A	G211A, G268A, G269A, Z459A	No	Intubation, lines and blood gases are included in other critical care the same day (J28).
G395A	Z437A	Yes	Cardioversion isn't on the other critical care included list; it's paid on top and its time left out (J28).
G521A,G523A,G522A	G395A	No	G395A isn't paid with G521A, G522A or G523A the same day (J28).
G521A,G523A,G522A,G391A	A384A, K181A	No	G521A, G522A, G523A and G391A aren't paid with A384A or K181A (J27).
G521A,G523A,G522A,G395A,G391A	Z341A, Z332A, Z591A, Z590A, Z804A, Z401A, Z327A, G210A	Yes	Procedures not on the included list are paid on top; their time is left out of the critical care time (J26, J28).

Code	With	Together?	Why
G521A,G395A	C715A, C710A, C915A, C116A, A715A, A710A, A915A, A116A, A713A, A118A, C713A, C111A, C114A	Sometimes	A consultation or assessment before or after the critical care is paid; assessment and monitoring during it is not, and time isn't counted twice (J26–J28).
G521A,G523A,G522A,G395A	C101A	Yes	GP103 bars C101A only with critical care, ventilatory or comprehensive care team fees; time-based critical care isn't a team fee (GP103, J30).
E082A	C112A, C122A, C123A, C124A, C126A, C118A	No	E082A goes only on the MRP's admission assessment, once per admission, not on later visits (GP42).
E083A,E084A	C715A, C710A, C915A, C116A, C713A, C111A, C114A, C118A	No	E083A and E084A apply only to the MRP's subsequent and MRP visits (GP47).
E083A	E084A	No	One of E083A or E084A per patient per day (GP47).
C122A,C123A	C124A, C126A	No	C122A and C123A aren't paid the same day as a discharge-day visit (GP44).
C124A	C126A	No	C126A is billed instead of C124A for a complex discharge (A13).
C124A,C126A	G557A, G558A, G559A, G400A, G401A, G402A	No	No discharge-day visit when the patient is discharged straight from the ICU on a day a critical care per diem is billed (GP45).
C142A,C143A	G557A, G558A, G559A, G400A, G401A, G402A, G405A, G406A, G407A	No	C142A and C143A aren't paid to the physician who gave the critical care before the transfer (GP46).
C715A	C710A, C915A, C116A, C713A	No	One consultation or assessment for the patient that day; C710A when you spent 75+ minutes (A89, GP19).
A715A	A710A, A915A, A116A, A713A, A118A	No	One consultation or assessment for the patient that day; A710A when you spent 75+ minutes (A89, GP19).
K015A	G557A, G558A, G559A, G400A, G401A, G402A, G405A, G406A, G407A, G521A, G395A, C715A, C710A, C713A, C111A, C114A, C112A, C122A, C123A, C124A	No	K015A is counselling: the same day only the GP58 list of services is paid to you, and this isn't on it (GP58).
K002A	G557A, G558A, G559A, G400A, G401A, G402A, G405A, G406A, G407A	Sometimes	K002A isn't counselling, so GP58 doesn't stop it; it must be a booked, separate 20+ minute interview, not history that's part of the patient's assessment (A28).
G404A	C112A, C114A, C713A, C715A, A715A	No	With G404A the same day, your consultation or assessment for the patient is paid at nil (J106).
C101A	C715A, C710A, C713A, C111A, C114A, C112A, C118A	Yes	C101A is added for each patient seen on a visit to the ICU or CCU (GP103).

Fees and rules from the Ontario Schedule of Benefits, July 1 2026 (GP16–GP19, GP23–GP24, GP29–GP31, GP40–GP48, GP54–GP61, GP64–GP65, GP103, GP109, A13, A28, A89–A90, J7, J26–J35, J106); pages in brackets. ICU per diems are team fees: one per patient per day, as if one physician were in charge. Life-threatening and other critical care need start and stop times in the chart; over 2 hours, submit manually. The total leaves out the age premium OHIP adds to specialist consultations for children under 16 (GP64), and applies the trauma premium only to the first critical care codes ticked.

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