Genetics OHIP Billing Cheat Sheet 2026

OHIP specialty 22 · Genetic care or family counselling · Midwife-requested assessment · Report interpretation, no visit · Updated November 2026

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

Pick the visit, tick what you did, bill the codes at the bottom. Ontario fees effective July 1, 2026.

Office consultation

A225A	Consultation Written, signed referral on file; full assessment and a written report back to the referring doctor or NP (GP16). Limit: Same problem: 1 per 2 years. Unrelated problem: 1 per 12 months.	$190.50
A220A	Special genetic consultation, 75+ minutes face to face All the elements of A225A plus at least 75 minutes of direct contact with the patient, with or without family. Paid only if start and stop times are in the chart (A111).	$342.25
A223A	Extended special genetic consultation, 90+ minutes All the elements of A225A plus at least 90 minutes of direct contact. Paid only if start and stop times are in the chart (A111).	$442.40
A325A	Limited consultation A real referral, but a narrow question that took much less time than a full consult (GP19).	$119.40
A226A	Repeat consultation Same problem you consulted on before, another doctor cared for the patient in between, and a new written referral came in (GP19).	$119.40

- Count the face-to-face minutes: 75+ pays A220A $342.25 and 90+ pays A223A $442.40, versus $190.50 for A225A. Time on other billed services and chart or document review doesn't count, and without start and stop times in the chart they aren't paid (A111).
- Bill the consultation before any genetic care: once you have claimed K222A for the patient, a later A225A, A220A or A223A by you pays nil (A116).
- A complex test result that needs extra review? Add K229A ($65.85 per half hour spent only on interpreting it), max 2 units per 12 months (A114).
- Same patient, same problem: 1 consultation per 2 consecutive 12-month periods, special and extended consults included. Back after another doctor's care with a new referral? A226A ($119.40) (GP17–19).
- Patients under 16: OHIP adds 10% to 30% to specialist consultations on the remittance (30% under 30 days, 25% under 1 year) (GP64).

Genetic care or family counselling

K222A	Genetic care, patient or family Time-based genetic assessment; direct contact with the patient or family. 20 min = 1 unit, 46 = 2, 76 = 3, 106 = 4 (A114, GP55). Limit: 4 units per patient per day.	$90.55
K044A	Genetic family counselling Educational dialogue with family members, guardians or the patient's representative about treatment options and prognosis. Pre-booked, or it is paid as a lesser assessment. Claim under the genetic patient's health number (A115, GP58).	$62.75
K015A	Counselling relatives of a catastrophically or terminally ill patient About treatment options and prognosis. Any specialty may bill it. Claim under the ill patient's health number (GP9, GP60).	$80.00
K002A	Interview with relatives or substitute decision-maker Separately booked, 20+ minutes, not only to get consent. Only when the information can't be obtained from or given to the patient (e.g. illness, incompetence). Claim under the patient's number (A28, GP61).	$80.00
A221A	Genetic minor assessment Brief history and exam, or brief advice (GP27).	$38.05

- 20+ minutes face to face? K222A pays $90.55 per unit, $52.50 more than A221A ($38.05). Up to 4 units a day: $362.20 at 106 minutes (A114, GP55).
- Chart start and stop times for every unit; units count consecutive direct contact only (GP7, GP55).
- Planning a full consultation later? Bill it first: after K222A, your consultations for this patient pay nil (A116).
- K044A goes on the genetic patient's health number, even when only relatives attend (A115).
- Patient catastrophically or terminally ill? Counselling the relatives as K015A pays $80.00 a unit, $17.25 more than K044A. K002A also pays $80.00 when the information can't be given to or obtained from the patient (GP60, A28).
- K044A is counselling: the same day, only the GP58 list is paid on top (e.g. blood draws, shots, K002A, K015A). Don't bill K222A or a consultation with it the same day (GP58).
- K222A, K044A, K002A, K015A and A221A can be by video (100%) or phone (85%). Tick how it was done (Appendix J, A70).

Midwife-requested assessment

A800A	Midwife-requested genetic assessment Written request from a midwife or Aboriginal midwife for a complex, obscure or serious problem; common and specific elements of an assessment (A112). Limit: 1 per patient per 24 months.	$167.35
A801A	Comprehensive, 75+ minutes face to face Specific elements of an assessment plus 75+ minutes of direct contact; start and stop times charted (A112). Limit: 1 per patient per 24 months.	$342.25
A802A	Extended, 90+ minutes face to face 90+ minutes of direct contact; start and stop times charted (A112–A113). Limit: 1 per patient per 24 months.	$442.40

- 75+ minutes face to face? A801A pays $342.25, more than double A800A. 90+ minutes: A802A $442.40 (A112).
- Keep the midwife's written request in the chart, and send your findings in writing to the midwife and to the patient's primary care physician or NP, or OHIP pays a lesser fee (A112–A113).
- Each is limited to 1 per patient per physician per 24 months (A112–A113).
- By video only, never phone (Appendix J). In hospital use C800A, C801A, C802A on the same conditions (A116).

Report interpretation, no visit

K223A	Clinical interpretation for a physician Written request from a physician in the patient's care; you interpret the pedigree (with a full ancestral history) and/or cytogenetic, biochemical or molecular reports and send a written report back (A114).	$42.10
K224A	Clinical interpretation for a midwife Written request from a midwife or Aboriginal midwife; written report to the midwife and the primary care physician or NP, or a lesser fee is paid (A114).	$38.20

- K223A is not paid with a consultation on the same patient: if you see the patient in consultation, bill the consult and add K229A for complex test interpretation instead (A114).
- K229A ($65.85 per unit) is only paid with a consultation or genetic care, not with K223A or K224A alone (A114).
- Both need a written request: K223A from a physician in the patient's care, K224A from a midwife or Aboriginal midwife (A114).

In-patient consult or visit

C225A	Consultation Requested by the attending doctor; written report on the chart.	$190.50
C220A	Special genetic consultation, 75+ minutes Same conditions as A220A: start and stop times charted (A116).	$342.25
C223A	Extended special genetic consultation, 90+ minutes Same conditions as A223A (A116).	$442.40
C325A	Limited consultation Narrow question, much less time than a full consult.	$119.40
C226A	Repeat consultation Same problem after another doctor's care, new request.	$119.40
C222A	Follow-up visit Weeks 1–5: 1 a day. Weeks 6–13: C227A, 3 a week. After week 13: C229A, 6 a month (GP43, A116).	$40.05
A225A	Called urgently to see another doctor's in-patient Emergency call to the ward: bill A-prefix codes and the in-patient special visit premiums (A116, GP43).	$190.50

- In-patients get the same time-based consults: C220A at 75+ minutes ($342.25) and C223A at 90+ ($442.40), with start and stop times charted (A116).
- After K222A has been claimed for the patient by you, C225A, C220A and C223A pay nil (A116).
- Seeing a patient in the ED or out-patient department while not on ED duty: use the A-prefix codes (A116).
- Midwife-requested assessments of in-patients: C800A $167.35, C801A $342.25 (75+ min), C802A $442.40 (90+ min) (A116).
- A consult for the same problem 12 to 24 months after the first is still paid as a consult when it's in hospital or the ED (GP17).

Phone or video

A225A + K300A	Video consultation Consultations (A225A, A220A, A223A, A325A, A226A) are video only, never phone (Appendix J).	$190.50
A220A + K300A	Video special genetic consultation, 75+ min Same time and record rules as in person.	$342.25
A223A + K300A	Video extended special genetic consultation, 90+ min	$442.40
A800A + K300A	Video midwife-requested assessment A800A, A801A, A802A are video only (Appendix J).	$167.35
A221A + K301A	Phone minor assessment Bill the in-person fee; OHIP pays 85%.	$38.05

- Genetic care K222A and family counselling K044A by phone or video: use the Genetic care tile and tick how it was done. Phone pays 85% (A70).
- Patient must have seen you in person in the last 24 months, or had a video consult with you (A66).
- The patient (or a needed follow-up) must start it. Calls just to give normal results or check in aren't billable. Record phone or video in the chart (A68).

Long-term care

W225A	Consultation in LTC or chronic care Written request from the attending doctor.	$190.50
W220A	Special genetic consultation, 75+ minutes Same conditions as A220A (A116).	$342.25
W223A	Extended special genetic consultation, 90+ minutes Same conditions as A223A (A116).	$442.40
W325A	Limited consultation	$119.40
W226A	Repeat consultation	$119.40
W222A	Chronic care hospital visit First 4 a month; then W221A (max 6 a month) (A117).	$40.05
W224A	Nursing home visit First 2 a month; then W228A (max 3 a month) (A117).	$40.05
W121A	Visit for an acute intercurrent illness Paid whenever needed, whether or not the monthly limit is reached (GP49).	$40.05
A225A	Called in urgently (non-elective) A-prefix code with the LTC special visit premiums (GP49, GP66).	$190.50

- Time-based consults apply in LTC too: W220A at 75+ minutes, W223A at 90+ (A116).
- After K222A has been claimed for the patient by you, W225A, W220A and W223A pay nil (A116).
- Special visit premiums never apply to elective LTC visits (GP66).

Advice to another doctor

K731A	Phone call with the referring doctor or NP, 10+ minutes Patient-related discussion; chart start/stop times, reason and your advice (A43–A44). Limit: 1 per patient per day.	$47.75
K739A	E-consultation through a secure server Opinion sent within 30 days (A48). Limit: 6 per patient per 12 months, 400 a year.	$20.50
K733A	Call arranged by CritiCall Ontario Referrer and patient in Ontario (A45–A46). Limit: 1 per patient per day.	$47.75

- A physician's written request to interpret a pedigree or a cytogenetic, biochemical or molecular report, answered in writing, is K223A ($42.10) (A114).
- Put the referring doctor's or NP's billing number on the claim or it isn't paid (A44, A47, A50).
- K731A and K739A aren't paid if you see the patient (consult, assessment or K time code) the same day or the next day: bill the visit instead (A43, A49).
- K731A and K739A aren't paid when the call is to arrange a transfer, a visit or a test, or mainly to discuss results (A43, A48–A49).

Also bill, if it's true

K229A	Complex genetic test interpretation, per unit Lab report doesn't explain the phenotype or needs more review. Units count only time spent interpreting: 20 min = 1, 46 = 2. Max 2 units per patient per 12 months. Only with a consultation or genetic care (A114).	$65.85
K730A	Phoned another doctor for advice, 10+ min You keep caring for the patient. Not to arrange a referral, transfer, visit or test, or mainly to discuss results. Max 1 per patient per day. Paid on top of the visit (A42–A43).	$37.05
K738A	Sent an e-consult to another doctor Through a secure e-consult service; paid once the other doctor answers within 30 days. Max 1 a day and 6 per patient per 12 months. Paid on top of the visit (A48).	$16.45
K036A	Northern health travel grant form Paid to the specialist as well as the referring doctor (A60).	$10.25
G489A	Blood draw (adolescent or adult) Child G482A $7.35, infant G480A $9.90: see procedures (J7).	$3.54
K300A	Done by video Paid 100%. Patient asked for it; modality charted (A68, A70).	
K301A	Done by phone OHIP pays 85%; the total shows what is paid (A70).	

Did a procedure?

G482A	Blood draw, child (J7).	$7.35
G480A	Blood draw, infant (J7).	$9.90
Z113A	Skin biopsy, no stitches Any method (M1).	$32.45
Z116A	Skin biopsy with stitches Any method (M1).	$32.45

Can I bill these together?

Code	With	Together?	Why
A225A	A221A, A325A, A226A	No	A consultation already includes the assessment; bill one or the other for the visit (GP16).
A220A	A225A, A223A, A221A, A325A, A226A	No	A220A is A225A with 75+ minutes of direct contact; bill one consultation (A111).
A223A	A225A, A221A, A325A, A226A	No	A223A is A225A with 90+ minutes of direct contact; bill one consultation (A111).
C225A	C220A, C223A, C325A, C226A	No	One consultation per visit; C220A and C223A replace C225A when the time is met (A116).
W225A	W220A, W223A, W325A, W226A	No	One consultation per visit; W220A and W223A replace W225A when the time is met (A116).
K223A	A225A, A220A, A223A, A325A, A226A, C225A, C220A, C223A, C325A, C226A, W225A, W220A, W223A, W325A, W226A	No	Clinical interpretation is not paid in association with a consultation on the same patient (A114).
K229A	A225A, A220A, A223A, A325A, A226A, C225A, C220A, C223A, C325A, C226A, W225A, W220A, W223A, W325A, W226A, K222A	Yes	K229A is paid with a consultation or genetic care service; units count only the time spent interpreting (A114).
K229A	A221A, K044A, A800A, A801A, A802A, K223A, K224A	Sometimes	K229A is only paid for interpretation done in association with a consultation or genetic care (K222A) service (A114).
A225A,A220A,A223A,C225A,C220A,C223A,W225A,W220A,W223A	K222A	Sometimes	A consultation is paid nil if you have previously claimed K222A for the patient: see them in consultation first, then genetic care (A116).
A801A	A800A	No	A801A is the 75-minute version of A800A; bill one assessment (A112).
A802A	A800A, A801A	No	A802A is the 90-minute version; bill one assessment (A112).
K001A	A225A, A800A	Sometimes	Detention starts only after 60 minutes of the consult or assessment, for active treatment or monitoring, not waiting (GP29–30).
K001A	A220A, A801A	Sometimes	After a special genetic consultation or comprehensive midwife-requested genetic assessment, detention starts past 120 minutes (GP31).
K001A	A223A, A802A	Sometimes	After an extended special genetic consultation or extended midwife-requested genetic assessment, detention starts past 180 minutes (GP31).
K731A,K739A	A225A, A220A, A223A, A325A, A226A, A221A, A800A, A801A, A802A, C225A, K222A, K044A	No	Your phone or e-consult advice isn't paid if you see the patient (consultation, assessment, visit or K time service) the same day or the next day (A43, A49).
K730A,K738A	A225A, A220A, A223A, A325A, A226A, A221A, A800A, A801A, A802A, K222A, C225A	Yes	Your own phone or e-consult to another doctor, as the referring physician, is paid in addition to visits the same day (A42, A48).
K036A	A225A, A220A, A223A, A325A, A226A, A221A, A800A, A801A, A802A, K222A	Yes	The travel grant form has no same-day rule and is paid to the specialist as well (A60).

Code	With	Together?	Why
K044A	A225A, A220A, A223A, A325A, A226A, A221A, A800A, A801A, A802A, K222A	No	Genetic family counselling is a counselling service: the same day, only the services on the GP58 list are paid with it (GP58).
K015A	A225A, A220A, A223A, A325A, A226A, A221A, A800A, A801A, A802A, K222A	Sometimes	K015A is on the GP58 list of services paid the same day as counselling. Bill it for separate time spent with the relatives, charted with start and stop times (GP58, GP60).
K002A	K044A, K015A	Yes	Interviews (K002A) are on the list of services paid the same day as counselling (GP58).
A325A	A226A	No	One consultation per visit: a limited or a repeat consultation (GP19).

From the Ontario Schedule of Benefits (effective July 1, 2026): Genetics listings A111–A117 (also usable by specialists with FCCMG designation), Family Practice & Practice in General listings any specialty may bill (A42–A60), General Preamble GP16–GP66 and Appendix J. Totals leave out the age premium on specialist consultations for patients under 16 (+10% to +30%, GP64), which OHIP adds on the remittance. Genetics (22) is not on the E078A chronic disease premium list (GP25). Phone visits are shown at the 85% OHIP pays. Check your remittance advice if a fee looks different.

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