

Geriatrics OHIP Billing Cheat Sheet 2026

OHIP specialty 07 · Home visit · Caregiver call or case conference · Nursing home or LTC · Updated October 2026

Interactive version: <https://verismo-apex.com/resources/ohip-billing-cheatsheet/geriatrics>

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

Office consultation

A075A	Consultation Written referral from a physician or NP; written report back (GP16).	\$223.30
A775A	Comprehensive geriatric consultation, 75+ min Patient 65+, or any age for a dementia assessment. 75+ min face to face, start and stop times charted (A118). Limit: 1 per patient every 2 years.	\$342.25
A770A	Extended comprehensive consultation, 90+ min Same rules as A775A with 90+ min face to face (A118). Limit: 1 per patient every 2 years.	\$442.40
A076A	Repeat consultation Same problem, new written referral, after another doctor cared for the patient in between (GP19).	\$113.35
A375A	Limited consultation Less demanding referral, much less time than a full consult (GP19).	\$113.35

- Full cognitive battery (memory, attention, language, visuospatial, executive) for 46+ minutes: K042A adds \$140.20; 20+ minutes is K032A (\$80.00). Chart its start and stop times; that time doesn't count toward the 75 or 90 minutes (A58, A118–A119).
- A full geriatric work-up of 75+ minutes: A775A pays \$342.25, 53% more than A075A (\$223.30). At 90 minutes, A770A pays \$442.40 (A118).
- Time counts only face to face with the patient, not chart review and not time on other billable services (A119). Chart start and stop times or A775A/A770A pay \$0.
- A775A/A770A can't be repeated by you within 2 years. Ordinary consult limits also apply: 1 per diagnosis per 2 years (GP17).
- Consultations can be done by video (K300A), not phone (Appendix J).

Office follow-up

A073A	Full specialist assessment Full history of the problem, detailed exam of the affected systems. Not in the home (GP23). Limit: 1 per 12 months (2 if new, unrelated diagnosis).	\$99.05
A071A	Complex re-assessment Complex, obscure or serious problem. Written report to the family doctor or it pays a lesser fee (GP24). Limit: 4 per 12 months, A073A included.	\$103.80
A074A	Re-assessment Full relevant history and exam (GP23). Limit: 2 per 12 months.	\$79.85
A078A	Partial assessment History of the problem, needed exam, advice (GP25).	\$49.65

- All four are only for a patient 65+, or any age when the visit is for dementia (A120).
- A071A pays \$103.80, more than A073A, when the case is complex and you write to the family doctor. Up to 4 a year with A073A (GP24).
- Dementia (290), Parkinson's (332), heart failure (428), diabetes (250) and other GP26 diagnoses: tick E078A for +50% in the office or clinic (GP25–GP26). A071A + E078A = \$155.70.
- A073A, A074A, A071A and A078A can be billed by video or phone with K300A / K301A (Appendix J).
- Paid on top of the visit: forms (K035A MTO, K038A LTC, K070A home care), your own phone or e-consult to a colleague (K730A, K738A), and a separately booked 20+ min meeting with family or the substitute decision-maker (K002A, \$80.00 per unit) (A28, A42, A48, A58–A60, GP61).

Home visit

A775A	Comprehensive geriatric consultation, 75+ min 65+ or dementia. Start and stop times (A118). Limit: 1 per patient every 2 years.	\$342.25
A770A	Extended comprehensive consultation, 90+ min Same rules as A775A (A118).	\$442.40
A075A	Consultation Written referral (GP16).	\$223.30
A071A	Complex re-assessment Written report to the family doctor (GP24).	\$103.80
A074A	Re-assessment (GP23).	\$79.85
A078A	Partial assessment (GP25).	\$49.65

- As a geriatrician you bill the geriatric home visit premiums (Table X), not the regular B960A/B990A: B986A travel \$37.40 + B988A first patient \$91.80 at any time, \$113.10 (B987A) at night (GP77).
- Table X has no daily maximum and pays the same for elective visits; regular Table VI caps travel at 2 a day (GP75, GP77).
- Chart the time of the visit or the premium pays \$0 (GP69).
- A073A can't be billed in the home (GP23); use A071A, A074A or A078A.
- Care of the Elderly physicians with an MOH exemption can also bill Table X (GP67).

Caregiver call or case conference

K077A	Phone support for a dementia caregiver Caregiver called you; patient has a diagnosed dementia; 10+ min. Chart start/stop times, reason and advice (A120). Limit: 2 units a day, 12 per 12 months.	\$43.10
K703A	Geriatric out-patient case conference Pre-booked, MRP plus 2+ others (physicians, social workers, regulated professionals). Patient 65+ or dementia (A36). Limit: 4 per 12 months, 8 units a day.	\$37.05
K121A	Hospital in-patient case conference Pre-booked, MRP plus 2+ others (A33). Limit: 4 per 12 months, 8 units a day.	\$37.05
K124A	Long-term care case conference About a resident of a long-term care home. Pre-booked, MRP plus 2+ others, which can include Ontario Health atHome staff (A38). A patient living at home: K703A (A36). Limit: 4 per 12 months, 8 units a day.	\$37.05
K731A	Phone advice to another doctor or NP 10+ min. Not to arrange a visit or transfer (A42–A43).	\$47.75
K739A	e-Consult answered Secure electronic request; answer within 30 days (A48).	\$20.50

- Case conference units are 10 minutes: 10 min = 1, 16 = 2, 26 = 3, 36 = 4 (A31). Chart start/stop times, who attended and the outcome (A32).
- K077A is the only paid way to answer a dementia caregiver's call. Not payable if you're salaried or paid by APP/AFP for it (A120).
- No phone consult or other case conference for the patient the same day as K703A (A36).
- K731A and K739A pay \$0 if you see the patient that day or the next (A43, A49).
- A visit with the patient the same day as a case conference or caregiver call is paid too, as long as it isn't done during the conference (A32, A120).

Hospital in-patient consult

C075A	Consultation Written request on the hospital chart; report back (GP16).	\$255.85
C775A	Comprehensive geriatric consultation, 75+ min Same rules as A775A (A121).	\$342.25
C770A	Extended comprehensive consultation, 90+ min Same rules as A770A (A121).	\$442.40
C073A	Full specialist assessment 65+ or dementia. Also used as an admission assessment (GP40).	\$99.05
C071A	Complex re-assessment Written report to the family doctor (GP24).	\$103.80
C076A	Repeat consultation New written request after another doctor's care in between (GP19).	\$113.35

- An in-patient consult (C075A) pays \$255.85, \$32.55 more than the office A075A.
- You admitted the patient and are MRP? E082A adds 30% to the admission consult or assessment, once per admission (GP42).
- Called urgently from outside? Pick 'Called to the ward': A070A with premiums pays more than C075A (A118).

Hospital rounds

C072A	Daily visit, weeks 1–5 1 a day (GP43). Weeks 6–13: C077A, 3 a week. After week 13: C079A, 6 a month.	\$40.05
C077A	Visit, weeks 6–13 Max 3 a week (A121).	\$40.05
C122A	MRP, day after admission Once per admission. Second day: C123A, same fee (GP44).	\$71.80
C124A	MRP, discharge day Discharge summary within 48 h; stay over 48 h (GP45).	\$71.80
C126A	MRP, complex discharge Stay 7+ days, 3+ diagnoses, 45+ min on discharge (A13).	\$95.10
C078A	Concurrent care You direct care, another doctor is MRP. 4 the first week, then 2 a week (GP48).	\$40.05
C142A	MRP, 1st visit after transfer out of ICU Patient was getting critical, ventilatory or comprehensive care there, not just monitoring. Instead of C122A; not if you gave that care (GP46).	\$71.80
C143A	MRP, 2nd visit after transfer out of ICU Instead of C123A; same conditions as C142A (GP46).	\$71.80

- As MRP, C122A and C123A pay \$71.80 vs \$40.05 for C072A. Bill them on days 1 and 2 after admission (GP44).
- Complex discharge (7+ days, 3+ diagnoses, 45+ min): C126A pays \$95.10 vs \$71.80 (A13).
- E083A adds 30% to every MRP visit; E084A adds 45% on weekends and holidays. One a day (GP47).
- After week 5, extra visits for a new acute illness are C121A (\$40.05), outside the weekly limits (GP43).

Nursing home or LTC

W775A	Comprehensive geriatric consultation, 75+ min Same rules as A775A (A122).	\$342.25
W075A	Consultation Written request (GP16).	\$249.90
W272A	Admission assessment Type 1: full assessment on admission. Seen just before? W274A Type 2 (\$20.60) (GP49).	\$74.65
W279A	Yearly check-up in the home Periodic health visit (A122).	\$65.05
W073A	Visit, nursing home First 2 a month; then W078A, 3 more a month (A122).	\$40.05
W010A	Monthly management (MRP) 2+ W visits this month. Replaces the routine visits, forms, shots and calls that month (GP51–GP52).	\$135.30
W072A	Visit, chronic care or convalescent hospital First 4 a month; then W071A, 6 more a month (A122).	\$40.05
W121A	Extra visit for an acute intercurrent illness Outside the monthly visit limits; not a special visit (GP49). Part of W010A unless 5+ visits that month (GP51–GP52).	\$40.05

- As MRP with 2+ visits a month, W010A pays \$135.30 in place of the routine visits. Put the admission date on the claim (GP51–GP52).
- W010A doesn't include visits for urgent calls, psychotherapy or counselling of 20+ min, or phone consults; bill those on top (GP53).
- Called in for an urgent problem? Pick 'Called to LTC': A070A + premiums. Routine patients you see afterwards are W visits, no premiums (GP66).
- Extended comprehensive consult in LTC: W770A (\$442.40), 90+ min (A122).
- Palliative visits: W972A in a nursing home, W982A in a chronic care hospital; patients in designated palliative beds take C882A/C982A (GP50, A122). Discharge after 30+ days, care handed on: W124A \$71.80 (A20).

Called to the ED

A070A	Consultation, called in Consult with a special visit premium. Bill with the K-prefix ED premiums (A118).	\$255.85
A775A	Comprehensive geriatric consultation, 75+ min 65+ or dementia, start and stop times (A118).	\$342.25
A073A	Full specialist assessment Your own patient, or no consult request (GP23).	\$99.05
A074A	Re-assessment (GP23).	\$79.85
A078A	Partial assessment (GP25).	\$49.65

- A070A pays \$255.85 vs \$223.30 for A075A, plus the travel and first-patient premiums. It needs a premium on the claim (A118).
- Set 'Called in' and 'I travelled there': premiums add \$58 to \$140 depending on the time (GP70).
- Admitting the patient as MRP? Your ED consult is the admission assessment: tick E082A (+30%) (GP41–GP42).

Called to the ward

A070A	Consultation, called in Bill with the C-prefix in-patient premiums (A118).	\$255.85
A775A	Comprehensive geriatric consultation, 75+ min 65+ or dementia, start and stop times (A118).	\$342.25
A073A	Full specialist assessment (GP23).	\$99.05
A074A	Re-assessment (GP23).	\$79.85
A078A	Partial assessment (GP25).	\$49.65

- Only for an urgent, unscheduled call. Seeing your own patient while already in the hospital is a subsequent visit, no premium (GP43, GP65).
- On the same campus no travel premium, but evenings, weekends and nights still earn the first-patient premium (GP66).
- Not for elective admissions (GP65).

Called to LTC

A070A	Consultation, called in Bill with the W-prefix LTC premiums (A118).	\$255.85
A073A	Full specialist assessment (GP23).	\$99.05
A074A	Re-assessment (GP23).	\$79.85
A078A	Partial assessment (GP25).	\$49.65

- Only for a non-elective call. Elective LTC visits never take premiums, even though LTC is the patient's home (GP66).
- Urgent visits don't count toward W010A; bill them on top (GP53).

Also bill, if it's true

C075A	Also saw the patient: consultation Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$255.85
C775A	Also saw the patient: comprehensive geriatric consultation, 75+ min Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$342.25
C770A	Also saw the patient: extended comprehensive consultation, 90+ min Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$442.40
C073A	Also saw the patient: full specialist assessment Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$99.05
C071A	Also saw the patient: complex re-assessment Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$103.80
C076A	Also saw the patient: repeat consultation Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$113.35
C072A	Also saw the patient: daily visit, weeks 1–5 Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$40.05
C077A	Also saw the patient: visit, weeks 6–13 Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$40.05
C122A	Also saw the patient: mRP, day after admission Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$71.80
C124A	Also saw the patient: mRP, discharge day Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$71.80
C126A	Also saw the patient: mRP, complex discharge Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$95.10
C078A	Also saw the patient: concurrent care Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$40.05
C142A	Also saw the patient: mRP, 1st visit after transfer out of ICU Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$71.80
C143A	Also saw the patient: mRP, 2nd visit after transfer out of ICU Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$71.80
W075A	Also saw the patient: consultation Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$249.90
W775A	Also saw the patient: comprehensive geriatric consultation, 75+ min Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$342.25
W272A	Also saw the patient: admission assessment Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$74.65
W279A	Also saw the patient: yearly check-up in the home Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$65.05
W073A	Also saw the patient: visit, nursing home Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$40.05
W010A	Also saw the patient: monthly management (MRP) Only when you're not the MRP billing W010A for the conference: W010A includes discussions with the home's staff about the patient (GP51, A32 rule 7).	\$135.30
W072A	Also saw the patient: visit, chronic care or convalescent hospital Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$40.05
W121A	Also saw the patient: extra visit for an acute intercurrent illness Pre-booked conference, and the visit is paid too when it isn't done during the conference (A32 rule 4).	\$40.05
K001A	Detention: extra time past the consult (per 15 min) Starts after 60 min for A075A, 120 min for A775A, 180 min for A770A. Paid case by case with a written explanation (GP30–GP31).	\$21.10
E078A	Chronic disease on the GP26 list +50%. Office or out-patient clinic only; diagnosis established and coded (GP25–GP26).	+50%

B986A + B988A	Geriatric home visit premiums, 07:00–24:00 Table X: travel B986A + first patient B988A, weekday, evening, weekend or holiday. Elective or urgent. Geriatrics or COE exemption only (GP67, GP77).	\$129.20
B986A + B987A	Geriatric home visit premiums, night 00:00–07:00 Table X: travel B986A + night first patient B987A (GP77).	\$150.50
K077A	Second unit of caregiver phone support Max 2 units per patient per day (A120). The Schedule sets a 10-minute minimum but no unit length; keep the second unit for a long call with times charted.	\$43.10
K070A	Filled in a home care referral form (A58).	\$34.75
K038A	Filled in the LTC health assessment form (A60).	\$46.35
K035A	Reported a driving concern to the MTO Mandatory medical report (A59).	\$36.25
E082A	I admitted the patient and I'm the MRP +30% on the admission consult or assessment. Once per admission, not for transfers within the hospital (GP42).	+30%
E083A	I'm the MRP, weekday +30% on MRP visits (GP47).	+30%
E084A	I'm the MRP, Saturday, Sunday or holiday +45% in place of E083A (GP47).	+45%
C101A	Patient is in the ICU or CCU Not with critical care or ventilatory team fees (GP103).	\$9.10
K032A	Neurocognitive assessment, 20+ min You personally tested memory, attention, language, visuospatial and executive function, 20+ min dedicated to it, same day, start and stop times charted. MMSE doesn't count. Its time isn't counted toward A775A/A770A (A58, A119).	\$80.00
K042A	Extended neurocognitive assessment, 46+ min Same domains, 46+ min dedicated, times charted. MoCA, BNA-SF or FAB alone isn't enough (e.g. TorCA, or BNA-SF + MoCA). One of K032A/K042A a day (A58).	\$140.20
K730A	Phoned another doctor for advice, 10+ min You keep caring for the patient. Not to arrange a referral, visit or test, or mainly to discuss results. Paid on top of the visit; not the same day as K703A (A42–A43, A36).	\$37.05
K738A	Sent an e-consult 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
K002A	Interview with family or substitute decision-maker, per unit Separately booked, 20+ min (2 units 46+, 3 units 76+), done personally, when the information can't be obtained from or given to the patient. Not history that is part of the visit; not just to get consent (A28, GP61).	\$80.00
K036A	Filled in a Northern Health Travel Grant form Payable to the specialist as well as the referring doctor (A60).	\$10.25
K703A	Geriatric out-patient case conference, per 10-min unit Pre-booked, MRP plus 2+ others. 10 min = 1 unit, 16 = 2, 26 = 3, 36 = 4. Max 4 per 12 months. No phone consult that day. The visit is paid too, if not done during the conference (A31–A32, A36).	\$37.05
K121A	Hospital in-patient case conference, per 10-min unit Pre-booked, MRP plus 2+ others. 10 min = 1 unit, 16 = 2, 26 = 3, 36 = 4. Max 4 per 12 months. The visit is paid too, if not done during the conference (A31–A33).	\$37.05
K124A	LTC case conference, per 10-min unit Pre-booked, MRP plus 2+ others (can include Ontario Health atHome staff), about an LTC resident. Max 4 per 12 months. As the MRP billing W010A, discussions with the home's staff are part of W010A, so check before billing both (A32, A38, GP51).	\$37.05

Did a procedure or shot?

G590A	Flu shot	\$8.80
G593A	COVID-19 vaccine	\$13.00
G846A	Pneumococcal vaccine	\$8.80
G849A	RSV vaccine	\$8.80
G538A	Other vaccine (shingles, Tdap via G847A) Use the vaccine's own code if it has one.	\$8.80
G372A	Injection with a visit (B12 and others) Each injection.	\$4.55
G373A	Injection was the only reason for the visit First injection.	\$7.90
G489A	Blood draw	\$3.54
G310A + G313A	ECG with your interpretation	\$12.25
G370A	Joint or bursa injection	\$20.25
G420A	Ear syringing or curetting	\$13.15
G403A	Epley manoeuvre for vertigo	\$21.70

Can I bill these together?

Code	With	Together ?	Why
A775A	A075A, A770A, A076A, A375A	No	One consultation: A775A already includes all of A075A; bill the one that matches the time spent (A118).
A770A	A075A, A076A, A375A	No	A770A already includes all of A075A (A118).
A070A	A075A, A775A, A770A	No	One consultation per visit; A070A is the called-in version of A075A (A118).
E078A	A075A, A775A, A770A, A070A, A076A, A375A, C073A, C074A, C071A, W075A	No	E078A only adds to A073A, A074A, A071A or A078A in the office or out-patient clinic, not consultations or in-patient/LTC visits (GP25).
E078A	A073A, A074A, A071A, A078A	Sometimes	Only for an established chronic diagnosis from the GP26 list, coded on the claim, in the office or out-patient clinic (GP25–GP26).
B986A,B988A,B987A	B960A, B990A, B961A, B992A, B962A, B994A, B963A, B993A, B964A, B996A	No	Bill one table of home visit premiums: Table X (geriatric) or Table VI, not both for the same visit (GP75, GP77).
B988A,B987A,B986A	A073A	No	A073A isn't payable in the patient's home (GP23); use A071A, A074A or A078A.
W010A	W073A, W078A, W072A, W071A, W272A, W274A, W277A, W279A, W074A, W121A	No	W010A replaces the routine W visits that month; don't bill them too (GP51–GP52).
W010A	A070A, A073A, A074A	Yes	Visits that qualify for a special visit premium are not part of W010A (GP53).
C122A,C123A,C142A,C143A	C124A, C126A	No	C122A, C123A, C142A and C143A aren't paid the same day as the discharge visit C124A or C126A (GP44, GP46).
C124A	C126A	No	One discharge-day MRP visit per admission (GP45, A13).
C122A	C142A	No	Only one of C122A or C142A per admission (GP46).
C123A	C143A	No	Only one of C123A or C143A per admission (GP46).
C072A	C122A, C123A, C124A, C126A, C142A, C143A	No	One subsequent visit a day in weeks 1–5; the MRP code replaces C072A that day (GP43–GP45).
E083A	E084A	No	Only one of E083A or E084A per patient per day (GP47).
E083A,E084A	C078A, C075A, C073A	No	E083A/E084A only add to subsequent and MRP visits, not concurrent care or consults (GP47).
K703A	K731A, K121A, K124A, K730A	No	No other case conference or phone consult for the patient the same day as K703A (A36).
K703A	K739A	No	K739A pays \$0 when you render a K-prefix time-based service such as K703A for the patient that day or the next (A49).
K703A,K121A,K124A,K077A	A075A, A775A, A770A, A076A, A375A, A070A, A073A, A074A, A071A, A078A, C075A, C775A, C770A, C076A, C073A, C071A, C072A, C077A, C122A, C123A, C124A, C126A, C142A, C143A, C078A, W075A, W775A, W272A, W279A, W073A, W072A, W121A	Yes	Paid with a visit the same day, as long as the visit isn't done during the conference or call (A32 rule 4, A120A).
K124A	W010A	Sometimes	W010A includes all discussions with the home's staff about the patient, and a case conference that is part of another service isn't paid. Fine when you're not the MRP billing W010A (GP51, A32 rule 7).
K032A	K042A	No	Only one of K032A or K042A per physician per day (A58).

Code	With	Together ?	Why
K730A,K738A	A075A, A775A, A770A, A076A, A375A, A073A, A074A, A071A, A078A, C075A, C775A, C770A, C073A, C071A, C072A, C122A, C124A	Yes	The referring doctor's phone or e-consult is paid in addition to visits the same day (A42, A48).
K731A,K739A	A075A, A775A, A770A, A073A, A074A, A071A, A078A, K002A	No	Phone or e-consult pays \$0 if you see the patient, or give a K-prefix time-based service such as K002A, the same or next day (A43, A49).
G373A	A073A, A074A, A071A, A078A, A075A	No	G373A is for an injection that was the only reason for the visit; with a visit bill G372A (J54).
G373A	G372A	Yes	Sole-reason visit: G373A for the first injection, G372A for each additional one (J54).
K001A	A073A, A074A, A071A, A078A	Sometimes	Detention starts only after the assessment's minimum time: 30 min partial, 40 min re-assessment, 60 min specific assessment (GP30).

Fees and rules from the Ontario Schedule of Benefits, July 1 2026 (page in brackets). Geriatric assessment codes A073A, A074A, A071A and A078A need a patient 65+ or a dementia assessment (A120). Home visit premiums shown are Table X (GP77); the engine's Table VI premiums don't apply to geriatricians' home visits. Percentage premiums are computed on the selected code. Phone pays 85% of the in-person fee; consultations are video only (Appendix J). Check the Schedule for anything not shown.

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