Laboratory Medicine OHIP Billing Cheat Sheet 2026

OHIP specialty 28 · Surgical pathology specimen · Frozen section in the OR · Cytopathology · Updated November 2026
Interactive version: https://verismo-apex.com/resources/ohip-billing-cheatsheet/laboratory-medicine

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

Surgical pathology specimen

L864A	Level 4 e.g. skin (not cyst, tag, debridement or plastic repair); GI, cervix, bladder, lymph node or bone marrow biopsy; endometrial curettings; prostate needle biopsy or TURP; polyps (J61).	$50.00
L865A	Level 5 e.g. breast excision needing margins, sentinel or regional nodes, thyroidectomy, nephrectomy, soft tissue mass, uterus other than prolapse, leiomyoma or neoplasm (J61).	$106.00
L866A	Level 6 e.g. colon or stomach resection for neoplasm, mastectomy with nodes, lung resection, radical prostatectomy, uterus for neoplasm (J62).	$186.60
L863A	Level 3 e.g. gallbladder, appendix (not incidental), lipoma, haemorrhoid, skin cyst or tag, ganglion cyst, meniscus (J60).	$14.70
L862A	Level 2 Identity and absence of disease only: incidental appendix, tubal ligation, hernia sac, vas deferens, neonatal foreskin (J60).	$8.70
L867A	Unlisted specimen Gross and microscopic exam of a specimen not listed in Levels 2 to 6 (J62).	$47.95
L861A	Level 1, gross only Diagnosis made on gross examination alone, no microscopy (J60).	$5.35

- Each specimen submitted for separate examination is its own unit: claim a level for every specimen from the same patient and occasion (J62).
- Immunohistochemistry, special stains, flow cytometry and the other special procedures are paid on top of the specimen level. Tick them in the panel below (J62).
- The level comes from the specimen list: a uterus is Level 4 for prolapse or leiomyoma, Level 5 otherwise, Level 6 for neoplasm (J61 notes).
- Each surgical pathology level already includes the written report to the referring provider (J60).

Frozen section in the OR

L822A	Operative consultation With or without frozen section or direct smear (J63).	$79.30

- One L822A per operative consultation; each further frozen section or direct smear is L823A ($39.30) on top (J63).
- Three frozen sections in one case: L822A + L823A ×2 = $157.90 (J63).

Cytopathology

L805A	Aspiration biopsy (FNA) e.g. lung, breast, thyroid, prostate (J63).	$93.35
L806A	Brushings or washings Bronchial, oesophageal, gastric, endometrial or other (J63).	$37.35
L810A	Fluid e.g. pleural, ascitic, cyst, pericardial, CSF, urine, joint (J63).	$36.65
L815A	Sputum, per specimen General or specific assessment, e.g. cellular abnormalities, asbestos bodies (J63).	$37.35
L808A	Imprint, touch preparation or direct smear (J63).	$37.35
L812A	Cervical-vaginal specimen All types of cellular abnormality, flora and cytohormonal evaluation (J63).	$4.75

- Cytology smear fees are paid for each case you're responsible for, whether or not you look at every slide yourself (J62).
- Each specimen is a unit: a second specimen from the same patient on the same occasion gets its own code (J62).
- Special procedures (e.g. immunostains L837A per marker, flow L846A per marker) are paid on top of the cytopathology fee (J62).

Haematopathology

L802A	Bone marrow interpretation Romanowsky stain (J64).	$64.45
L800A	Blood film interpretation Romanowsky stain (J64).	$29.40
L826A	Blood film, special stain (J64).	$16.05
L829A	Haemoglobinopathy interpretation Abnormal results only (J64).	$25.70

- L829A is only paid when the result is abnormal (J64).
- Flow cytometry is per marker (L846A, $15.65 each): set the count in the panel (J64).
- The bone marrow core biopsy as a tissue specimen is surgical pathology Level 4, L864A (J61).
- Did the marrow aspiration or core biopsy yourself? Z403A ($133.55) is listed in the same section (J64).

Outside case for your opinion

A585A	Diagnostic consultation Slides, tissue, specimens or results from another licensed lab sent to you for a written opinion (A132).	$106.50
C585A	Diagnostic consultation, hospital in-patient Same conditions as A585A (A133).	$106.50

- With A585A only the Special Procedures (L837A, L841A, L868A, L869A, L817A, L842A, L844A, L845A, L816A, L836A, L846A) are paid in addition. No surgical pathology level, cytopathology, haematopathology or other service of yours for that case (A132, J62).
- Not payable when the outside material is used for comparison with material done in your own lab (A132).
- Material from inside your own licensed lab doesn't qualify: bill the specimen level instead (A132).
- Send a written interpretive report to the referring provider (J60).

Patient consult or visit

A285A	Consultation Written, signed referral naming you, the referrer's billing number and the patient's health number; written report back (GP16).	$163.00
A580A	Comprehensive consultation, 75+ min All consult elements plus 75+ minutes face to face, not counting other billable services or chart, imaging and document review. Start and stop times in the chart (A132).	$342.25
A286A	Limited consultation Referral needs substantially less time than a full consult (GP19).	$108.95
A586A	Repeat consultation Same problem, new written referral, and another doctor treated the patient since your consult (GP19).	$110.00
A283A	Medical specific assessment Full history of the complaint and detailed exam of the affected systems. Limit: 1 per 12 months (2 for a clearly different diagnosis) (GP23).	$82.50
A284A	Partial assessment History of the complaint, the exam needed, advice, record (GP25).	$38.85

- 75+ minutes face to face? A580A pays $342.25 instead of $163.00. No start and stop times charted: it drops to a lesser fee (A132).
- Chronic disease on OHIP's list (e.g. 286 coagulation defects, 282 hereditary haemolytic anaemia, 287 purpura or thrombocytopenia): E078A adds 50% to A283A and A284A in the office or out-patient clinic. A283A becomes $123.75 (GP25–26).
- One consult per patient per diagnosis per 2 consecutive 12-month periods, except repeat consults; extras are paid as an assessment (GP17–18).
- Repeat consult (A586A, $110.00) needs a new written referral and care by another doctor since your consult; otherwise it pays as an assessment (GP18–19).
- Detention K001A starts after 60 minutes for A285A and 120 minutes for A580A; IC claim with a written explanation (GP30–31).

Hospital in-patient

C285A	Consultation, routine request Seen on your own schedule (A133).	$163.00
C580A	Comprehensive consultation, 75+ min Same conditions as A580A: start and stop times charted (A133).	$342.25
C286A	Limited consultation Narrower question, substantially less time (A133).	$108.95
C283A	Medical specific assessment In-patient, no consult request (A133).	$82.50
C288A	Concurrent care After your first major assessment, when the MRP asks you to keep directing care: 4 in the first week, then 2 per week (GP48).	$30.10
A285A	Called in urgently to see another doctor's patient Non-elective call: bill the General Listing with special visit premiums (A133, GP43).	$163.00

- Emergency calls to the ward use A285A plus the in-patient special visit premiums, not C285A. Chart the time of the visit (A133, GP69).
- Repeat in-patient consult: C586A ($110.00), same rules as A586A (A133).
- No E078A for in-patients (GP25).
- Seen in ICU or CCU? Add C101A ($9.10) per patient (GP103).

Video, phone or e-consult

A285A + K300A	Video consultation Consultations are video only, never phone (AJ2).	$163.00
A283A + K300A	Video assessment Patient you've seen in person in the last 24 months, or consulted by video. Full fee (A66).	$82.50
A283A + K301A	Phone assessment Phone pays 85% of the in-person fee (AJ1).	$82.50
A284A + K301A	Phone partial assessment Phone pays 85% (AJ1).	$38.85
K731A	Phone advice to another doctor or NP 10+ minutes, you give an opinion, both in Ontario. Not to arrange a visit or transfer, and not mainly to discuss test results (A42–A43).	$47.75
K739A	e-Consult reply Opinion through a secure server within 30 days; include the referrer's billing number. Max 6 per patient per 12 months, 400 a year (A48–A50).	$20.50

- A call mainly to discuss a lab or pathology result isn't paid as K731A or K739A (A43, A49).
- K731A and K739A aren't paid if you see the patient (consult, assessment or visit) that day or the next (A43, A49).
- E078A still applies by video or phone (A74).
- Every consultation, including in-patient C codes, is video only; A283A and A284A can be video or phone (AJ1–AJ2).

Also bill, if it's true

L863A	Another specimen, Level 3 Each separately submitted specimen (J62).	$14.70
L864A	Another specimen, Level 4 Each separately submitted specimen (J62).	$50.00
L865A	Another specimen, Level 5 Each separately submitted specimen (J62).	$106.00
L866A	Another specimen, Level 6 Each separately submitted specimen (J62).	$186.60
L823A	Each further frozen section or direct smear Add to L822A (J63).	$39.30
Z403A	You did the bone marrow aspiration or core biopsy (J64).	$133.55
E078A	Chronic disease premium (+50%) Established diagnosis on OHIP's list, office or out-patient clinic only; put that diagnostic code on the claim (GP25–26).	+50%
C101A	Patient seen in ICU or CCU Not with critical care, ventilatory or comprehensive care team fees (GP103).	$9.10

Special procedures or other interpretation?

L837A	Immunohistochemistry, immunofluorescence or in situ hybridization Per marker (J64).	$16.00
L868A	Special stain for microorganisms (J64).	$36.00
L869A	Special stain for other elements Elements other than microorganisms (J64).	$16.00
L841A	Enzyme histochemistry Per enzyme (J64).	$16.05
L846A	Flow cytometry Per marker (J64).	$15.65
L844A	Special microscopy Polarization, phase-contrast, DIC, dark field, autofluorescence or other (J64).	$25.75
L816A	Electron microscopy TEM, STEM or SEM (J64).	$100.65
L836A	Morphometry Per parameter (J64).	$25.40
L845A	Specimen radiography or microradiography (J64).	$10.70
L817A	Anti-tissue antibodies Per case (J64).	$6.20
L842A	Anti-tissue antibodies: screening dilution and titration Add to L817A (J64).	$8.70
L804A	Smear, specific assessment e.g. eosinophils, asbestos bodies, amniotic fluid cells (J63).	$14.70
L824A	Synovial fluid analysis Description, viscosity, mucin clot, cell count and polarized light microscopy for crystals (J63).	$25.40
L819A	Basic semen analysis for infertility Count, motility and morphology per the current WHO manual (J63).	$13.95
L848A	Semen analysis, quantitative kinetic studies (J63).	$30.45
L820A	Smear for spermatozoa (J63).	$8.75

Can I bill these together?

Code	With	Together?	Why
A285A,A580A,A286A,A586A	A283A, A284A	No	Only one consultation or assessment is paid for the same visit (GP10).
A283A	A284A	No	Only one assessment is paid for the same visit (GP10).
A585A,C585A	L861A, L862A, L863A, L864A, L865A, L866A, L867A, L822A, L823A, L805A, L806A, L808A, L810A, L812A, L815A, L804A, L824A, L819A, L848A, L820A, L800A, L802A, L826A, L829A	No	With a diagnostic consultation, only Special Procedures and Interpretation – Histology or Cytology are paid in addition (A132).
A585A,C585A	A285A, A580A, A286A, A586A, A283A, A284A	No	Other services in association with a diagnostic consultation are not paid, except the special procedures (A132).
A585A,C585A	L837A, L868A, L869A, L841A, L846A, L844A, L816A, L836A, L845A, L817A, L842A	Yes	Special procedures are paid in addition to a diagnostic laboratory medicine consultation (A132, J62).
L861A,L862A,L863A, L864A,L865A,L866A, L867A	L837A, L868A, L869A, L841A, L846A, L844A, L816A, L836A, L845A, L817A, L842A	Yes	Special procedures needed to examine the specimen are paid on top of surgical pathology (J62).
L805A,L806A,L808A, L810A,L812A,L815A, L804A,L824A,L819A, L848A,L820A	L837A, L868A, L869A, L841A, L846A, L844A, L816A, L836A, L845A, L817A, L842A	Yes	Special procedures are paid on top of cytopathology (J62).
L861A,L862A,L863A, L864A,L865A,L866A, L867A	L861A, L862A, L863A, L864A, L865A, L866A, L867A	Sometimes	Yes for different specimens: each separately submitted specimen gets its own code (J62).
L822A	L823A	Yes	Each subsequent frozen section or direct smear adds L823A to the operative consultation (J63).
L817A	L842A	Yes	Screening dilution and titration add L842A to anti-tissue antibodies (J64).
E078A	A283A, A284A	Yes	Pathology (28) is on the E078A list: +50% to a medical specific or partial assessment in the office or out-patient clinic (GP25).
E078A	A285A, A580A, A286A, A586A, A585A, C283A, C285A, C288A	No	E078A only adds to office or out-patient assessments, not consultations or in-patient services (GP25).
K731A,K739A	A285A, A580A, A286A, A586A, A283A, A284A, A585A, C285A, C283A	No	Not paid when the consultant renders a consultation, assessment or visit the same day or the next day (A43, A49).
K001A	A285A, C285A	Sometimes	Detention is paid only after 60 minutes of the consultation, by IC with a written explanation (GP30–31).
K001A	A580A, C580A	Sometimes	Detention after a comprehensive laboratory medicine consultation starts after 120 minutes (GP31).
C101A	C285A, C580A, C286A, C283A, C288A, A285A	Yes	C101A is added for each patient seen on a visit to ICU or CCU (GP103).

Code	With	Together?	Why
A285A,A580A,A286A,A586A,A283A,A284A,C285A,C580A,C286A,C586A,C283A,C288A,K731A,K739A	L837A, L868A, L869A, L841A, L846A, L844A, L816A, L836A, L845A, L817A, L842A	Sometimes	Special procedures are paid for a specimen you examine, on top of its surgical pathology, cytopathology or diagnostic consultation fee (J62); seeing the patient doesn't add them.
A285A	A586A	No	Only one consultation is paid for the same visit (GP10).

From the Ontario Schedule of Benefits (effective July 1, 2026): Laboratory Medicine pages A132–A133, Laboratory Medicine in Diagnostic & Therapeutic Procedures (J60–J64) and the General Preamble. These professional fees apply to specialists in haematopathology, neuropathology, medical biochemistry, medical microbiology and anatomic and general pathology (A132); technical laboratory fees are in the separate Schedule of Benefits for Laboratory Services (J62). Multidisciplinary cancer conference fees K708A and K709A are not payable to Laboratory Medicine (A29). OHIP adds age premiums on the remittance (GP64: +10% to +30% on specialist consultations for patients under 16), so they are not in these totals. Phone amounts assume OHIP's 85% rate. 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.