

Nephrology OHIP Billing Cheat Sheet 2026

OHIP specialty 16 · Chronic dialysis week · Acute dialysis · Kidney transplant care · Updated October 2026

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

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

Office consultation

A165A	Consultation Written referral on file, full consult, written report back to the referring doctor (GP16).	\$180.75
A160A	Comprehensive consultation, 75+ min All consult elements plus 75+ minutes face to face, not counting procedures or chart and imaging review. Start and stop times in the chart (A136).	\$342.25
A865A	Limited consultation Referred for a narrower question that needs substantially less time than a full consult (GP19).	\$116.75
A166A	Repeat consultation Same problem, new written referral, and another doctor treated the patient since your first consult (GP19).	\$116.75

- 75+ minutes face to face? A160A pays \$342.25, almost double A165A (\$180.75). Chart start and stop times or it is cut to a lesser fee (A136).
- Limited (A865A) and repeat (A166A) consults at \$116.75 pay more than a medical specific assessment (\$95.95). Use them whenever there is a new written referral (GP19).
- One consult per patient per diagnosis per 2 consecutive 12-month periods. A second for the same problem is only paid as an in-patient or ED consult 12–24 months later, or as a repeat consult (GP17).
- No written, signed referral in the chart: OHIP pays it as an assessment (GP16).
- Nephrology is not on the E078A chronic disease premium list, even for CKD (GP25).

Follow-up visit

A164A	Medical specific re-assessment Full relevant history and exam of one or more systems. Limit: 2 per patient per 12 months (GP23).	\$72.00
A161A	Complex re-assessment Complex, obscure or serious condition. Written findings must go to the family doctor (GP24). Limit: 4 per 12 months, combined with A163A (GP24).	\$83.40
A163A	Medical specific assessment Full history of the complaint and detailed exam of the affected systems; new problem, no referral. Limit: 1 per 12 months (2 for a clearly different diagnosis) (GP23).	\$95.95
A168A	Partial assessment History of the complaint, the exam needed, advice, record. No yearly limit.	\$44.75

- Kidney transplant in the last 3 years and the visit is for post-transplant care: tick E060A for +50%. A164A becomes \$108.00, A161A \$125.10, A163A \$143.93 (A136).
- E060A is not paid in the ED, for in-patients or in LTC (A136–A137).
- Over a limit, OHIP cuts the visit to a lesser fee: A164A 2 per 12 months, A163A 1 per 12 months, A163A + A161A together 4 per 12 months (GP23–24). Past those, bill A168A (+ E060A).
- Patient on chronic dialysis? Their office visits are included in the weekly team fee; don't bill them separately (J39).

Chronic dialysis week

G860A	Hospital haemodialysis or haemodiafiltration Weekly team fee, Sunday midnight to Sunday midnight, to the most responsible physician (J39–J40).	\$135.80
G862A	Hospital self-care or satellite haemodialysis	\$135.80
G863A	ICHSC (community) haemodialysis	\$135.80
G865A	Home haemodialysis	\$135.80
G861A	Hospital peritoneal dialysis	\$135.80
G864A	Home peritoneal dialysis	\$135.80

- Claim the code for the predominant location and modality that week; the fee is the same for every modality (J39–J40).
- The team fee covers all dialysis-related consults and visits, ESRD management, counselling, family interviews and case conferences (J39).
- Still billable on top: ED assessments and special visit premiums, in-patient admission and subsequent visits for complications or intercurrent illness, procedures (catheters, biopsies, acute dialysis), and other specialists (J39).
- Patient dialysed elsewhere part of the week: the principal centre gets 1/7 of the fee per day it was responsible; an auxiliary centre bills G866A per treatment (max 2), or the full weekly fee at 3+ treatments (J39–J40).

Acute dialysis

G325A	Haemodialysis: planning and delivery of the first acute treatment Includes haemofiltration and haemoperfusion (J37).	\$369.60
G323A	Haemodialysis: acute repeat For the first 3 repeat services (J37).	\$184.80
G330A	Peritoneal dialysis: acute (up to 48 h) Includes temporary stylette cannula insertion (J38).	\$247.70
G331A	Peritoneal dialysis: repeat acute (up to 48 h) For the first 3 services (J38).	\$223.00
G083A	CRRT, initial and acute CVVHD; CVVHDF is G082A (\$397.30), CVVH G085A (\$385.75), SCUF G090A (\$331.05). For the first 3 services (J37).	\$397.30
G094A	Chronic continuous haemodiafiltration Slow continuous ultrafiltration: G096A (\$69.90) (J37).	\$69.90

- Started non-electively after hours? G323A, G330A, G331A and the CRRT codes take E409A (+50%, weekday 17–24 or weekend/holiday daytime) or E410A (+75%, nights 00–07). G325A is not on that list (GP104).
- Non-elective dialysis catheter insertion (G324A, G336A, G099A) after hours also takes E409A/E410A (GP104).
- Acute treatments are team fees and are paid on top of the chronic weekly fee (J37, J39).
- In-patient consults and subsequent visits are billed separately from these fees (GP43).

Kidney transplant care

G412A	1st day after transplantation Constant or periodic attendance; complete patient care (J69).	\$354.30
G408A	Days 2 to 10, per day	\$177.10
G409A	Days 11 to 21, per day	\$88.55
G411A	Donor procurement management Monitoring a neurologically dead donor, pre-nephrectomy renal assessment and immunotherapy, family discussion (J69).	\$213.00

- G412A, G408A and G409A include complete patient care: no separate visits those days (J69).
- Only for kidney transplants, not other organs (J69).
- After day 21 and once discharged, office visits within 3 years of the transplant take E060A (+50%) (A136).

Hospital in-patient consult

C165A	Consultation, routine request Seen on your own schedule.	\$180.75
C160A	Comprehensive consultation, 75+ min Same conditions as A160A: 75+ minutes face to face, start and stop times charted (A137).	\$342.25
C865A	Limited consultation Narrower question, substantially less time.	\$116.75
C166A	Repeat consultation Same problem, new request, another doctor treated in between.	\$116.75
A165A	Called in urgently to see another doctor's patient Non-elective call, e.g. hyperkalaemia or AKI needing dialysis. Bill the A code; the in-patient special visit premiums apply (GP43, GP69).	\$180.75

- Urgent call to the ward: bill A165A, not C165A, and add the special visit premiums for the time of day. Chart the time of the visit (GP43, GP69).
- Started dialysis or placed a line? Those are paid on top: see Acute dialysis and the procedure panel (J3).
- If you admit the patient as most responsible physician, this consult is your admission assessment: add E082A (+30%) (GP40, GP42).
- Seen in ICU or CCU? Add C101A (\$9.10) per patient (GP103).

Emergency department consult

A165A	Consultation Requested by the ED physician; report copy back to them.	\$180.75
A160A	Comprehensive consultation, 75+ min Start and stop times charted (A136).	\$342.25
A163A	Medical specific assessment Your own patient, or no consult request.	\$95.95
A164A	Medical specific re-assessment Patient you saw recently for the same problem.	\$72.00

- Called in from outside the hospital: travel plus first-person premiums apply. Evenings, weekends and nights pay more (GP66, GP70).
- ED calls for dialysis patients are outside the weekly team fee, so bill them (J39).
- Admitting them under you? The ED consult is your admission assessment; add E082A (+30%) (GP40, GP42).
- No E060A in the ED (A136).

Hospital follow-up (rounds)

C162A	Subsequent visit, first 5 weeks 1 per day. Weeks 6–13: C167A (3 per week). After week 13: C169A (6 per month). Count from the day you were referred (GP43).	\$40.05
C122A	You're MRP: day after admission Once per admission; C142A instead if the day after transfer out of ICU (GP44, GP46).	\$71.80
C123A	You're MRP: second day after admission Once per admission; C143A instead after an ICU transfer.	\$71.80
C124A	You're MRP: day of discharge Stay 48+ hours, discharge summary within 48 hours, follow-up and discharge meds arranged (GP45).	\$71.80
C126A	You're MRP: complex discharge Stay 7+ days, 3+ diagnoses that lengthened it, 45+ min on the discharge (A13).	\$95.10
C168A	Concurrent care Family doctor stays MRP and asked you to keep directing care: 4 in the first week, then 2 per week (GP48).	\$40.05
C142A	You're MRP: first visit after transfer out of ICU Patient had critical, ventilatory or comprehensive care in the ICU right before moving to a ward bed, and you didn't give that care. In place of C122A; not with C124A or C126A that day (GP46). Limit: 1 per admission.	\$71.80
C143A	You're MRP: second visit after transfer out of ICU Same conditions as C142A. In place of C123A (GP46). Limit: 1 per admission.	\$71.80

- MRP? Every subsequent visit gets E083A (+30%), or E084A (+45%) on Saturday, Sunday or a holiday. Not with concurrent care (GP47).
- Chronic dialysis patient admitted for a complication or intercurrent illness: admission and subsequent visits are billable on top of the team fee. Routine dialysis supervision isn't (J39).
- After week 5, an acute intercurrent illness beyond the limits is C121A (\$40.05) (GP43).
- In-patient re-assessments also exist: C163A \$95.95, C164A \$72.00, C161A \$83.40 (A137).
- Patient in a nursing home or chronic care bed? Use the W codes (Look up any code): W162A first 4 visits a month then W161A up to 6 more in chronic care; W163A first 2 then W168A up to 3 more in a nursing home; W121A for acute intercurrent illness outside those limits (A139, GP49).

Counselling or family interview

K013A	Counselling or education Booked visit only for education, e.g. CKD and dialysis modality choice. First 3 units per patient per 12 months.	\$80.00
K033A	Counselling, after the first 3 units this year Same service once K013A is used up for this patient.	\$56.30
K002A	Interview with relatives or substitute decision-maker Separately booked 20+ minutes about the patient's care (e.g. starting or stopping dialysis), not just consent (GP61).	\$80.00

- Any specialty may bill counselling and interviews (GP9). 20 minutes of K013A pays \$80.00, more than an A164A (\$72.00).
- Not for patients on chronic dialysis: their counselling and family interviews are in the weekly team fee (J39).
- Counselling must be pre-booked and is not paid with a consult or assessment the same day (GP58). A separately booked family interview (K002A), venipuncture and vaccines are on the list allowed with it (GP58).
- Units: 20 min = 1, 46 = 2, 76 = 3. Chart start and stop times (GP55, GP7).

Video, phone or e-consult

A164A + K300A	Video follow-up Patient you've seen in person in the last 24 months, or consulted by video. Full fee (A66).	\$72.00
A164A + K301A	Phone follow-up Phone pays 85% of the in-person fee (A70).	\$72.00
A165A + K300A	Video consultation Consultations are video only, never phone (Appendix J).	\$180.75
K731A	Phone advice to another doctor or NP 10+ minutes, you give an opinion, both in Ontario. Not to arrange a visit or transfer, or mainly about results (A42–A43).	\$47.75
K739A	e-Consult reply Opinion through a secure server within 30 days. Max 6 per patient per 12 months, 400 a year (A48).	\$20.50

- E060A by video or phone pays 25% of the virtual fee, not 50% (A74).
- K731A and K739A are not paid if you see the patient that day or the next (A43, A49).
- A161A, A163A, A164A and A168A can be done by phone; every consult and in-patient C code is video only (Appendix J).
- The patient has to start the contact (or it's a needed follow-up of one). A check-in call you start isn't billable (A68).

Also bill, if it's true

A164A	Also saw the patient: medical specific re-assessment Only when the family interview was separately booked, 20+ min, and not the history-taking for this visit (GP61).	\$72.00
A161A	Also saw the patient: complex re-assessment Only when the family interview was separately booked, 20+ min, and not the history-taking for this visit (GP61).	\$83.40
A163A	Also saw the patient: medical specific assessment Only when the family interview was separately booked, 20+ min, and not the history-taking for this visit (GP61).	\$95.95
A168A	Also saw the patient: partial assessment Only when the family interview was separately booked, 20+ min, and not the history-taking for this visit (GP61).	\$44.75
K013A	Also counselled the patient, per unit Its own booked time: 20 min = 1 unit, 46 = 2, 76 = 3. K002A is on the list of services allowed with counselling (GP58). First 3 K013A units a year, then K033A (\$56.30).	\$80.00
E060A	Post kidney transplant care, within 3 years (+50%) Visit is for post-transplant care. Not in ED, in-patient or LTC. By video or phone it is 25% (A136, A74).	+50%
E060A	Post kidney transplant care, within 3 years (+25% virtual) By video or phone E060A pays 25% of the virtual fee (A74).	+25%
E082A	You admitted them as MRP (+30%) This consult is your admission assessment. Once per admission; not for transfers within the hospital (GP42).	+30%
E083A	You're the MRP (+30%) Weekday subsequent visit as most responsible physician (GP47).	+30%
E084A	You're the MRP, Saturday, Sunday or holiday (+45%) Only one of E083A or E084A per patient per day (GP47).	+45%
E409A	Non-elective, evening or weekend/holiday daytime (+50%) Started 17–24 on a weekday, or 07–24 on Saturday, Sunday or a holiday (GP104).	+50%
E410A	Non-elective, night 00–07 (+75%) Treatment started between midnight and 7 am (GP104).	+75%
G866A	Treatment at an auxiliary centre Per haemodialysis treatment, max 2 per week; 3+ treatments there = full weekly fee (J40).	\$73.45
C101A	Patient seen in ICU or CCU Not with critical care, ventilatory or comprehensive care team fees (GP103).	\$9.10
G489A	Blood drawn in your office Venipuncture, adult or adolescent (J7).	\$3.54
G842A	Gave a hepatitis B vaccine Paid on top of the visit; includes the injection (J3, J54).	\$8.80
G590A	Gave a flu shot Paid on top of the visit; includes the injection (J3, J54).	\$8.80
K002A	Separately booked interview with relatives or substitute decision-maker Per unit: 20 min = 1, 46 = 2, 76 = 3. Its own booked appointment, not the visit's history-taking, not only for consent. Not for chronic dialysis patients (A28, GP61, J39).	\$80.00
K002A	Also a separately booked interview with relatives or substitute decision-maker Per unit: 20 min = 1, 46 = 2, 76 = 3. K002A is on the list of services allowed with counselling; separate booked time, not just consent (GP58, GP61, A28).	\$80.00
K036A	Filled in the Northern Health Travel Grant form Specialist's part of the form; payable to the referring doctor and the specialist (A60).	\$10.25
K070A	Home care referral form to Ontario Health atHome You're the MRP giving ongoing care (e.g. CKD or post-transplant). Paid on top of the visit. Once per home care admission; not if already on home care (A58–A59).	\$34.75
K070A	Home care referral form at discharge You're the MRP and will keep caring for the patient. Paid on top of the visit. Once per home care admission; not if already on home care (A58–A59).	\$34.75

K730A	Phoned another specialist for advice about this patient You're the referring doctor and keep the patient's care; 10+ minutes, start and stop times charted. Not to arrange a referral, a transfer (e.g. for access surgery) or to discuss test results. Paid on top of today's visit; 1 per patient per day (A42–A44).	\$37.05
K121A	In-patient case conference Per 10-minute unit (10, 16, 26, 36 min...). Pre-scheduled, with the MRP plus 2+ other physicians or regulated professionals; chart start/stop, participants and outcome. Paid with today's visit if the visit was done outside the conference. Max 4 per patient per 12 months, 8 units a day. For chronic dialysis patients, related case conferences are in the team fee (A31–A33, J39).	\$37.05

Did a procedure?

G324A	Subclavian or jugular haemodialysis catheter inserted Temporary line (J37).	\$102.95
G327A	Femoral dialysis catheter inserted	\$77.30
G099A	Permanent (tunnelled) jugular or femoral dialysis catheter Includes subcutaneous positioning (J37).	\$168.40
G336A	Haemodialysis catheter revision	\$17.65
G312A	Thrombolytic instilled into a dialysis catheter	\$15.40
Z601A	Kidney biopsy, needle Independent procedure: if planned at an earlier visit, only a partial assessment is payable before it that day (SP4).	\$153.85
J149	Ultrasound guidance of the biopsy (professional part) Bill J149C; one physician only (G11).	\$56.45
Z631A	Fine needle aspiration of a kidney transplant	\$45.15
R853A	Tenckhoff PD catheter inserted by trocar Chronic (J38).	\$154.40
R854A	Tenckhoff catheter removed	\$63.10
G277A	Therapeutic plasma exchange Each exchange, first 5 per year; after that G278A (\$41.80) each (J9).	\$82.00
Z464A	AV fistula or graft declotting by cannula Includes the imaging; no separate image fees (J38).	\$150.00
G379A	IV started	\$6.15
G372A	Injection with the visit (e.g. ESA, iron IM/SC) Each injection (J54).	\$4.55
G373A	Injection was the only reason for the visit First injection (J54).	\$7.90

Can I bill these together?

Code	With	Together ?	Why
E409A,E410A	G327A, G312A, J149	Sometimes	This procedure isn't on the GP104 list, so the after-hours premium doesn't raise its fee; it only applies to a listed non-elective procedure billed with it (GP104).
A165A,A160A,A865A,A166A	A163A, A164A, A161A, A168A	No	Only one consultation or assessment is paid for the same visit (GP10).
E060A	A163A, A164A, A161A, A168A	Yes	E060A adds 50% to these assessments for post-transplant care within 3 years of the transplant (A136).
E060A	A165A, A160A, C163A, C164A, C161A, C165A	No	E060A only adds to A163A, A164A, A161A or A168A, and never for in-patients or in the ED (A136).
E078A	A163A, A164A, A161A, A168A	No	Nephrology (16) isn't one of the specialties that can bill E078A (GP25).
G860A,G861A,G862A,G863A,G864A,G865A	A161A, A168A, K013A, K033A, K002A	No	The chronic dialysis team fee includes all nephrology consults, visits, counselling and interviews for dialysis and ESRD care, wherever done (J39).
G860A,G861A,G862A,G863A,G864A,G865A	K121A	Sometimes	Case conferences related to the dialysis and ESRD care are included in the team fee (J39, A32); bill K121A only for a conference about something outside that care.
G860A,G861A,G862A,G863A,G864A,G865A	A165A, A160A, A163A, A164A	Sometimes	Only for an emergent call to the emergency department (that assessment and its special visit premiums are outside the team fee) or an admission assessment of an acute in-patient for a complication or intercurrent illness. Office visits for dialysis or ESRD care are included (J39).
G860A,G861A,G862A,G863A,G864A,G865A	C165A, C160A, C865A, C166A, C163A, C164A, C161A, C162A, C167A, C169A, C121A, C122A, C123A, C124A, C126A, C142A, C143A	Sometimes	In-patient admission and subsequent visits are payable when the patient is admitted for complications of dialysis or CKD or an intercurrent illness, not for routine in-hospital dialysis supervision (J39).
G860A,G861A,G862A,G863A,G864A,G865A	G323A, G325A, G330A, G331A, G324A, G099A, Z601A	Yes	Other procedures, including acute dialysis treatments, are outside the team fee (J39).
G866A	G860A, G861A, G862A, G863A, G864A, G865A	Sometimes	With treatments at an auxiliary centre, the principal centre is paid 1/7 of the weekly fee per day it was responsible (J39–J40).
G412A,G408A,G409A	C165A, C163A, C164A, C161A, C162A, C122A, C123A, A165A, A163A	No	G412A, G408A and G409A include complete patient care (J69).
E409A,E410A	G325A	No	G325A is not on the list of procedures that take after-hours premiums (GP104).
E409A	E410A	No	One after-hours period per procedure: evening/weekend +50% or night +75% (GP104).
E409A,E410A	G323A, G330A, G331A, G083A, G082A, G085A, G090A, G324A, G099A, G336A	Sometimes	Only when the procedure was non-elective (or delayed by an emergency) and started in that period (GP104).
Z601A	A165A, A160A, A163A	Sometimes	Both paid when you decided on the biopsy at this visit. If it was planned at an earlier visit, only A168A is payable before it that day (SP4).
Z601A	J149	Yes	Ultrasound guidance of the biopsy is billed by the one physician who guides it (G11).

Code	With	Together ?	Why
K731A,K739A	A165A, A160A, A163A, A164A, A161A, A168A, C165A, C162A, K013A	No	Not paid when the consultant sees the patient (consult, assessment, visit or K time code) the same day or the next day (A43, A49).
K013A,K033A	A165A, A160A, A163A, A164A, A161A, A168A	No	With counselling, no consult or assessment is paid the same day (GP58).
K013A	K033A	Yes	First 3 units per patient per 12 months are K013A, the rest K033A (GP58).
K013A,K033A	K002A, G489A, G372A, G842A, G590A, K730A, K036A, K035A	Yes	These are on the list of services payable the same day as counselling (GP58).
K013A,K033A	K070A	No	K070A isn't on the list of services payable the same day as counselling (GP58).
G373A	A165A, A160A, A163A, A164A, A161A, A168A, G372A	No	G373A is for an injection that was the only reason for the visit; with a visit bill G372A (J54).
E083A	E084A	No	Only one of E083A or E084A per patient per day (GP47).
E083A,E084A	C168A, C165A, C163A	No	E083A/E084A only add to subsequent visits by the MRP, not consults or concurrent care (GP47).
E082A	C162A, C122A, C123A, C124A, C126A, E083A	No	E082A only adds to the MRP's admission assessment and no other service or premium (GP42).
C122A,C123A	C124A, C126A	No	C122A and C123A aren't paid the same day as a discharge visit (GP44).
C124A	C126A	No	Only one of C124A or C126A per admission (A13).
C142A	C122A	No	Only one of C122A or C142A per admission (GP46).
C143A	C123A	No	Only one of C123A or C143A per admission (GP46).
C142A,C143A	C124A, C126A	No	C142A and C143A aren't paid the same day as a discharge visit C124A or C126A (GP46).

From the Ontario Schedule of Benefits (effective July 1, 2026): Nephrology pages A136–A139 (W124A terms A20), Practice in General (A28, A31–A33, A42–A49, A58–A60), the General Preamble (GP46, GP49–GP50), Diagnostic & Therapeutic Procedures (plasma exchange J9, Dialysis J37–J40, Nephrology J69, J54–J55, J68), Urinary Surgical Procedures and Diagnostic Ultrasound (G11). Dialysis, catheter and biopsy codes marked # are paid without premises costs, which the hospital or ICHSC covers. OHIP adds age premiums on the remittance (GP64: +10% to +30% on specialist consultations and procedures for patients under 16), so they are not in these totals. Video and phone amounts assume OHIP's 85% phone rate; E060A on a virtual visit is 25% of the virtual fee. 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.