Nuclear Medicine OHIP Billing Cheat Sheet 2026

OHIP specialty 63 · Bone scan · Cardiac: perfusion or MUGA · Lung scan (V/Q) · Updated November 2026
Interactive version: https://verismo-apex.com/resources/ohip-billing-cheatsheet/nuclear-medicine

Pick the study, tick SPECT and what else you did, bill the codes at the bottom. Fees shown are the professional part (suffix C); hospital out-patient studies add the technical part (suffix B). Ontario fees effective July 1, 2026.

Bone scan

J850C	Whole-body bone scan General survey.	$56.55
J851C	Bone scan, one site Not with J850 (B8).	$45.85
J881C	Bone marrow scan, whole body Single site: J882 ($45.85).	$56.55

- Read only, or read in a community clinic: bill the C claim. The B (technical) claim is paid only for a hospital study, never for an in-patient (B1–B2, GP11).
- Three-phase scan: J850 + J804 ($75.40 professional). J850 and J851 aren't billed together (B8).
- SPECT adds J866 ($26.90), and J903 ($15.00) when done as SPECT/CT. Reading the CT part isn't paid (B2, B10).
- Real quantification beyond visual reading adds 30% to the professional fee, claimed with prefix Y; not with SPECT (B2).

Cardiac: perfusion or MUGA

J807C	Perfusion: rest or immediate post-stress images Add delayed images and SPECT below.	$38.10
J808C	Perfusion: delayed images only	$20.90
J813C	Gated blood pool (MUGA) with ejection fraction Includes data manipulation: the 30% add-on only for extra cardiac quantification (stroke volume ratio, volume response curves, phase analysis) (B2).	$62.50
J811C	Wall motion study, no ejection fraction Nil with J813/J814 (B3).	$43.25
J810C	Infarct, injury, inflammation or infiltration imaging	$43.15

- SPECT pays J809 once with J807 and up to twice with J808 (B3).
- MUGA with ejection fraction (J813, $62.50) pays more than wall motion alone; J811/J812 are nil with J813/J814 (B3).
- Not paid for routine pre-op testing before low-risk surgery or in a low-risk patient without another indication (B2). The stress test codes are uninsured for routine annual tests when 10-year risk is under 10% (J15).
- PET perfusion (J900, J901): only for an approved routine indication on the PET Scans Ontario list, not evidence-building ones (B3).

Lung scan (V/Q)

J860C	Ventilation and perfusion (V/Q), same day	$86.40
J859C	Perfusion only	$41.05
J887C	Ventilation only	$41.05

- Ventilation and perfusion the same day is one code, J860 ($86.40), which pays more than J859 + J887 ($82.10) (B9).
- Only one view: the fee (H and P) is cut 50% (B2).
- SPECT: J866 once per exam, J903 if SPECT/CT (B10).

Thyroid or parathyroid

J818C	Thyroid scan, Tc-99m or I-131 Hyperthyroidism, congenital hypothyroidism, a neck or mediastinal mass, multinodular gland or equivocal FNA (B4).	$45.85
J871C	Thyroid scan, I-123	$45.85
J817C	Thyroid uptake Repeat uptake: J870 ($12.25).	$20.75
J820C	Parathyroid scan Only with biochemical hyperparathyroidism; not for an incidental nodule (B4).	$62.95
J872C	Metastatic survey, I-131	$56.55
J869C	Theranostic scan	$56.55

- Thyroid scans aren't generally indicated for adult hypothyroidism; nodules under 1 cm may not be assessed accurately (B4).
- Parathyroid scan (J820, $62.95) needs biochemical evidence: raised or inappropriately normal PTH with raised calcium (B4).
- No 30% quantification add-on on J818 (B2).

Renal or genitourinary

J834C	Dynamic renal scan	$37.10
J835C	Renal function by computer, with first transit Repeat after a drug: J880 below (B6).	$65.80
J836C	Static renal scan (cortical)	$45.85
J839C	Cystogram for reflux	$45.85
J838C	GFR by blood samples ERPF: J837 ($11.80).	$11.80
J840C	Testicular or scrotal scan, with first transit	$45.95

- When renal function is assessed by computer, J835 ($65.80, includes first transit) pays more than dynamic imaging J834 ($37.10) (B6).
- No 30% quantification add-on on J834, J835 or J880 (B2).
- Repeat the same day only after exercise or a drug (B2).

GI or hepatobiliary

J831C	Biliary scan (HIDA)	$45.85
J829C	GI transit	$45.85
J876C	Gastro-oesophageal reflux Aspiration study: J877 ($45.85).	$45.85
J878C	Red cell scan	$45.85
J830C	Abdominal scan, sulphur colloid or pertechnetate	$45.85
J832C	Liver/spleen scan One view only: 50% (B2).	$45.85
J833C	Salivary gland scan	$45.85

- Liver or spleen limited to one view: H and P cut 50% (B2).
- Repeat the same day only after exercise or a drug (B2).
- Real quantification beyond visual reading can add 30% to the professional fee with prefix Y; not with SPECT (B2).

Infection, tumour or brain

J883C	White cell scan, whole body	$56.55
J884C	White cell scan, one site	$45.85
J852C	Gallium, whole body Add SPECT with J819, up to 3 areas.	$56.55
J853C	Gallium, one site	$45.85
J902C	Brain perfusion scan Only one of J858 or J902 per study (B9).	$51.00
J858C	Brain scan, not perfusion	$51.00
J861C	Radionuclide lymphangiogram	$62.40
J863C	Scintimammography Only for the listed indications (B11).	$45.85

- Gallium survey takes SPECT as J819, one per area, up to 3; other studies take J866 once (B8, B10).
- Brain limited to one view: H and P cut 50% (B2).
- Scintimammography needs dense breasts with a family history, distorted breasts after treatment or implants, a cancer where mammography can't exclude multifocal disease, or a lesion over 1 cm (B11).

PET scan

J714	Oncology Approved routine indication on the PET Scans Ontario list on the day; PET/CT or PET/MR (B14).	$290.50
J716	Neurology	$290.50
J717	Infection or inflammation, not cardiac Cardiac infection or inflammation: J715 (B14).	$290.50
J715	Cardiology, not perfusion PET perfusion is J900/J901 with the perfusion study (B14).	$237.50

- PET has only a professional fee; there is no technical (B) claim (B13–B14).
- Insured only for an indication on the PET Scans Ontario approved routine list that day, not for registry or access-program indications (B14).
- One PET code per patient per day. Reading the CT or MR part of a PET/CT or PET/MR isn't paid (B14).

Consultation or assessment

A635A	Consultation Referred by a physician; full consultation and written report (GP16).	$188.40
A835A	Comprehensive consultation, 75+ min 75+ minutes face to face, not counting other billable work; chart start and stop times (A148).	$342.25
C635A	Consultation, hospital in-patient	$188.40
A735A	Diagnostic consultation Outside studies sent for your written opinion, or an after-hours visit where the study isn't done (A148).	$80.90
A636A	Repeat consultation	$84.00
A633A	Specific assessment	$72.00
A638A	Partial assessment	$48.00
A632A	Saw the patient, decided not to do the study Non-emergent (A149).	$26.80
A631A	Saw the patient, study cancelled or deferred Procedural difficulty such as lack of cooperation; no other NM study done (A148).	$26.80

- 75+ minutes face to face pays A835A ($342.25) instead of A635A ($188.40). Chart start and stop times (A148).
- Outside studies sent for your written opinion: A735A ($80.90), not when they're only for comparison with your own study (A148).
- Came in after hours and decided against the study: A735A plus the special visit premium (A148, GP105). Non-emergent, not a special visit: A632A (A149).

Radionuclide therapy

X327A	Hyperthyroidism Covers all administrations within 3 months (C6).	$80.00
X326A	Thyroid cancer Covers all administrations within 3 months (C6).	$100.00
X335A	Induction of hypothyroidism Covers all administrations within 3 months (C6).	$80.00
X336A	Prostate cancer	$100.00
X329A	Bone metastases	$100.00
X328A	Polycythaemia	$100.00
X330A	Malignant ascites or pleural effusion Paracentesis billed in addition (C6).	$100.00
X332A	Arthritis (radiosynovectomy) One or more sites.	$80.00

- Each fee includes planning, dose calculation and preparation (C6).
- Thyroid treatments (X326, X327, X335) cover every administration within 3 months: don't bill a second dose in that window (C6).
- Visits and procedures, such as a paracentesis, are billed in addition (C6).

Also bill, if it's true

C102A + C109A	Came in Mon–Fri 17–24: travel + first patient Non-elective in-patient, out-patient or ED patient; you came to the hospital for an urgent read that changes management, a procedure, a consult, or to decide not to do it. Not for remote (PACS) reads, 1 person-seen premium per patient, not with any other special visit premium (GP105). Max 2 per period.	$99.10
C103A + C108A	Came in Sat, Sun or holiday 07–24: travel + first patient Non-elective in-patient, out-patient or ED patient; you came to the hospital for an urgent read that changes management, a procedure, a consult, or to decide not to do it. Not for remote (PACS) reads, 1 person-seen premium per patient, not with any other special visit premium (GP105). Max 6 per period.	$114.50
C104A + C110A	Came in at night 00–07: travel + first patient Non-elective in-patient, out-patient or ED patient; you came to the hospital for an urgent read that changes management, a procedure, a consult, or to decide not to do it. Not for remote (PACS) reads, 1 person-seen premium per patient, not with any other special visit premium (GP105). No maximum.	$140.20
C105A	Same trip, another patient (Mon–Fri 17–24) Each further patient seen on the same special visit (GP105–GP106).	$61.70
C106A	Same trip, another patient (weekend or holiday) Each further patient seen on the same special visit (GP105–GP106).	$77.10
C107A	Same trip, another patient (night) Each further patient seen on the same special visit (GP105–GP106).	$102.80
C102A + C109A	Came in Mon–Fri 17–24: travel + first patient Non-elective in-patient, out-patient or ED patient; you came to the hospital for an urgent read that changes management, a procedure, a consult, or to decide not to do it. Not for remote (PACS) reads, 1 person-seen premium per patient, not with any other special visit premium (GP105). Max 2 per period.	$99.10
C103A + C108A	Came in Sat, Sun or holiday 07–24: travel + first patient Non-elective in-patient, out-patient or ED patient; you came to the hospital for an urgent read that changes management, a procedure, a consult, or to decide not to do it. Not for remote (PACS) reads, 1 person-seen premium per patient, not with any other special visit premium (GP105). Max 6 per period.	$114.50
C104A + C110A	Came in at night 00–07: travel + first patient Non-elective in-patient, out-patient or ED patient; you came to the hospital for an urgent read that changes management, a procedure, a consult, or to decide not to do it. Not for remote (PACS) reads, 1 person-seen premium per patient, not with any other special visit premium (GP105). No maximum.	$140.20
C105A	Same trip, another patient (Mon–Fri 17–24) Each further patient seen on the same special visit (GP105–GP106).	$61.70
C106A	Same trip, another patient (weekend or holiday) Each further patient seen on the same special visit (GP105–GP106).	$77.10
C107A	Same trip, another patient (night) Each further patient seen on the same special visit (GP105–GP106).	$102.80
J866C	SPECT Max 1 per exam; not with J807, J808 or J852 (they have J809 and J819). No 30% quantification on top (B2, B10). Hospital: J866B ($43.50) too.	$26.90
J903C	SPECT done as SPECT/CT With J866 (max 1) or J819 (max 3). Reading the CT part isn't paid (B2, B10).	$15.00
J866B	Hospital out-patient: SPECT technical part Same hospital-only rule as the study (B1, GP11).	$43.50
J804C	First transit for the blood pool study (3-phase) J804 may be added to J850 or J851 for the blood pool study (B8). Hospital: J804B ($16.10) too.	$18.85
J808C	Delayed images too (B3).	$20.90
J808B	Hospital out-patient: delayed images technical part Same hospital-only rule (B1, GP11).	$80.10
J809C	SPECT, each application Max 1 on the J807 images and 2 on the J808 images, so up to 3 with delayed images (B3). Hospital: J809B ($43.50) each too.	$23.65
J809C	SPECT on the delayed images Max 2 with J808 (B3).	$23.65

J900C	Done by PET Max 1 per exam; approved routine PET indication only (B3).	$23.65
J901C	Rubidium PET perfusion Max 1 per exam; approved routine PET indication only (B3).	$23.65
J814C	Each repeat the same day After exercise or a drug; max 3 (B2, B3).	$33.00
J812C	Each repeat the same day After exercise or a drug; max 3 (B2, B3).	$20.90
J870C	Repeat uptake (B4).	$12.25
J817C	Uptake too (B4).	$20.75
J880C	Repeat after a drug intervention (B6).	$20.25
J819C	SPECT, each different area Max 3 per exam (B8).	$28.05
J903C	Each SPECT done as SPECT/CT Max 3 with J819 (B10).	$15.00
J850B	Hospital out-patient: bill the technical part too J850B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$103.70
J851B	Hospital out-patient: bill the technical part too J851B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$84.85
J881B	Hospital out-patient: bill the technical part too J881B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$113.70
J807B	Hospital out-patient: bill the technical part too J807B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$217.55
J808B	Hospital out-patient: bill the technical part too J808B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$80.10
J813B	Hospital out-patient: bill the technical part too J813B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$135.15
J811B	Hospital out-patient: bill the technical part too J811B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$95.10
J810B	Hospital out-patient: bill the technical part too J810B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$88.25
J860B	Hospital out-patient: bill the technical part too J860B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$171.85

J859B	Hospital out-patient: bill the technical part too J859B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$85.90
J887B	Hospital out-patient: bill the technical part too J887B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$107.70
J818B	Hospital out-patient: bill the technical part too J818B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$64.15
J871B	Hospital out-patient: bill the technical part too J871B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$103.10
J817B	Hospital out-patient: bill the technical part too J817B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$28.65
J820B	Hospital out-patient: bill the technical part too J820B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$234.70
J872B	Hospital out-patient: bill the technical part too J872B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$240.60
J869B	Hospital out-patient: bill the technical part too J869B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$555.35
J834B	Hospital out-patient: bill the technical part too J834B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$96.25
J835B	Hospital out-patient: bill the technical part too J835B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$131.70
J836B	Hospital out-patient: bill the technical part too J836B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$33.25
J839B	Hospital out-patient: bill the technical part too J839B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$120.55
J838B	Hospital out-patient: bill the technical part too J838B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$40.15
J840B	Hospital out-patient: bill the technical part too J840B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$82.45

J831B	Hospital out-patient: bill the technical part too J831B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$114.50
J829B	Hospital out-patient: bill the technical part too J829B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$103.10
J876B	Hospital out-patient: bill the technical part too J876B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$56.70
J878B	Hospital out-patient: bill the technical part too J878B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$143.20
J830B	Hospital out-patient: bill the technical part too J830B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$87.00
J832B	Hospital out-patient: bill the technical part too J832B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$80.10
J833B	Hospital out-patient: bill the technical part too J833B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$96.25
J883B	Hospital out-patient: bill the technical part too J883B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$364.30
J884B	Hospital out-patient: bill the technical part too J884B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$320.80
J852B	Hospital out-patient: bill the technical part too J852B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$177.55
J853B	Hospital out-patient: bill the technical part too J853B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$123.70
J902B	Hospital out-patient: bill the technical part too J902B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$90.40
J858B	Hospital out-patient: bill the technical part too J858B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$90.40
J861B	Hospital out-patient: bill the technical part too J861B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$112.20

J863B	Hospital out-patient: bill the technical part too J863B, paid only for a study done in a hospital or its approved off-site premises, and not for an in-patient or a patient admitted to the same hospital within 24 h for the same problem (B1, GP11). Community clinic (ICHSC): the facility is paid the technical cost instead (B2).	$99.95

Did a stress test or procedure?

G319A	Supervised a treadmill or bike stress test Professional part; physician in attendance throughout (J15).	$62.05
G315A	Stress test, technical part When you provide it. In a hospital OHIP pays 86.10% of it (GP11, J15).	$50.55
G112A	Dipyridamole (thallium) stress test, professional (J15).	$74.25
G111A	Dipyridamole (thallium) stress test, technical In a hospital OHIP pays 86.10% of it (GP11, J15).	$58.95
G370A	Joint injection of the radiopharmaceutical Not for a simple IV, IM, subcutaneous or oral dose (B12).	$20.25
Z821A	Injection into a CSF shunt (B12).	$53.10
Z459A	Arterial puncture (B12).	$10.20
Z590A	Paracentesis with a shunt patency study (B12).	$31.30
J886C	CSF shunt patency study Via shunt puncture (B9).	$50.60
J857C	CSF flow (cisternography), Tc-99m In-111: J885 ($52.05) (B9).	$52.05

Can I bill these together?

Code	With	Together?	Why
J850,J850C,J850B	J851, J851C, J851B	No	J850 and J851 aren't billed together (B8).
J804,J804C,J804B	J850, J850C, J850B, J851, J851C, J851B	Yes	J804 may be claimed with J850 or J851 for the blood pool study (B8).
J811,J811C,J811B,J812,J812C,J812B	J813, J813C, J813B, J814, J814C, J814B	No	J811 and/or J812 with J813 and/or J814 pay nil (B3).
J809,J809C,J809B	J807, J807C, J807B, J808, J808C, J808B	Yes	SPECT J809: max 1 with J807 and max 2 with J808 per exam (B3).
J866,J866C,J866B	J807, J807C, J807B, J808, J808C, J808B, J852, J852C, J852B, J809, J809C, J809B, J819, J819C, J819B	No	J866 is SPECT for studies other than J807, J808 and J852, which have J809 and J819 (B10).
J866,J866C,J866B	J850, J850C, J850B, J851, J851C, J851B, J860, J860C, J860B, J859, J859C, J859B, J887, J887C, J887B, J831, J831C, J831B, J878, J878C, J878B, J883, J883C, J883B, J884, J884C, J884B, J820, J820C, J820B, J858, J858C, J858B, J902, J902C, J902B	Yes	SPECT J866 is added once per nuclear medicine exam (B10).
J903,J903C	J866, J866C, J866B, J819, J819C, J819B	Yes	SPECT/CT J903: max 1 with J866, max 3 with J819 per exam (B10).
J903,J903C	J809, J809C, J809B	No	J903 is added only to J819 or J866 (B10).
J819,J819C,J819B	J852, J852C, J852B	Yes	J819 SPECT on gallium, each image a different area, max 3 per exam (B8).
J900,J900C,J900B	J807, J807C, J807B	Sometimes	Max 1 per exam, only for an approved routine PET indication (B3).
J901,J901C,J901B	J808, J808C, J808B	Sometimes	Max 1 per exam, only for an approved routine PET indication (B3).
J715,J715C	J900, J900C, J900B, J901, J901C, J901B	Sometimes	J715 isn't paid for myocardial perfusion by PET; that is J900/J901 with the perfusion study (B14).
J714,J714C,J715,J715C,J716,J716C,J717,J717C	J714, J714C, J715, J715C, J716, J716C, J717, J717C	No	Only one of J714, J715, J716 or J717 per patient per day (B14).
J714,J714C,J715,J715C,J716,J716C,J717,J717C	X400, X400C, X401, X401C, X188, X188C, X403, X403C, X404, X404C, X124, X124C, X406, X406C, X407, X407C, X125, X125C, X409, X409C, X410, X410C, X126, X126C, X231, X231C, X232, X232C, X233, X233C, X412, X412C, X413, X413C, X127, X127C, X415, X415C, X416, X416C, X128, X128C, X421, X421C, X451, X451C, X461, X461C	Sometimes	Reading the CT or MR done as part of the PET/CT or PET/MR for attenuation correction and localization isn't paid (B14).

Code	With	Together?	Why
J866,J866C,J866B,J903,J903C,J819,J819C,J819B,J809,J809C,J809B	X400, X400C, X401, X401C, X188, X188C, X403, X403C, X404, X404C, X124, X124C, X406, X406C, X407, X407C, X125, X125C, X409, X409C, X410, X410C, X126, X126C, X231, X231C, X232, X232C, X233, X233C, X412, X412C, X413, X413C, X127, X127C, X415, X415C, X416, X416C, X128, X128C	Sometimes	Reading a CT done as part of the nuclear medicine exam (e.g. the CT of a SPECT/CT) isn't paid (B2).
J858,J858C,J858B	J902, J902C, J902B	No	Only one of J858 or J902 per patient per study (B9).
J860,J860C,J860B	J859, J859C, J859B, J887, J887C, J887B	No	J860 already is ventilation plus perfusion the same day; don't add J859 or J887 to it (B9).
J859,J859C,J859B	J887, J887C, J887B	Sometimes	Same day, bill J860 ($86.40) instead of J859 + J887 ($82.10); on different days each is its own code (B9).
J880,J880C,J880B	J835, J835C, J835B	Yes	J880 is the repeat after pharmacological intervention (B6).
J870,J870C,J870B	J817, J817C, J817B	Yes	J870 is the repeat uptake (B4).
G319A,G315A,G112A,G111A	J807, J807C, J807B, J808, J808C, J808B	Sometimes	The stress test is its own listed service (J15). Neither is paid for routine pre-op testing before low-risk surgery (B2, J15), and the stress codes are uninsured for routine annual tests when 10-year risk is under 10% (J15).
A631A	J850, J850C, J850B, J851, J851C, J851B, J807, J807C, J807B, J808, J808C, J808B, J813, J813C, J813B, J811, J811C, J811B, J860, J860C, J860B, J859, J859C, J859B, J887, J887C, J887B, J818, J818C, J818B, J871, J871C, J871B, J817, J817C, J817B, J820, J820C, J820B, J834, J834C, J834B, J835, J835C, J835B, J836, J836C, J836B, J831, J831C, J831B, J829, J829C, J829B, J878, J878C, J878B, J883, J883C, J883B, J852, J852C, J852B, J902, J902C, J902B, J858, J858C, J858B, J861, J861C, J861B	No	A631A is only when no other nuclear medicine procedure is rendered (A148).

Code	With	Together?	Why
A632A	J850, J850C, J850B, J851, J851C, J851B, J807, J807C, J807B, J808, J808C, J808B, J813, J813C, J813B, J811, J811C, J811B, J860, J860C, J860B, J859, J859C, J859B, J887, J887C, J887B, J818, J818C, J818B, J871, J871C, J871B, J817, J817C, J817B, J820, J820C, J820B, J834, J834C, J834B, J835, J835C, J835B, J836, J836C, J836B, J831, J831C, J831B, J829, J829C, J829B, J878, J878C, J878B, J883, J883C, J883B, J852, J852C, J852B, J902, J902C, J902B, J858, J858C, J858B, J861, J861C, J861B	Sometimes	A632A pays for assessing a study that ends up not done; the study you do perform is billed on its own (A149).
A735A,C735A	J850, J850C, J850B, J851, J851C, J851B, J807, J807C, J807B, J808, J808C, J808B, J813, J813C, J813B, J811, J811C, J811B, J860, J860C, J860B, J859, J859C, J859B, J887, J887C, J887B, J818, J818C, J818B, J871, J871C, J871B, J817, J817C, J817B, J820, J820C, J820B, J834, J834C, J834B, J835, J835C, J835B, J836, J836C, J836B, J831, J831C, J831B, J829, J829C, J829B, J878, J878C, J878B, J883, J883C, J883B, J852, J852C, J852B, J902, J902C, J902B, J858, J858C, J858B, J861, J861C, J861B	Sometimes	Not when the outside studies are only for comparison with your own (A148).
A635A,A835A,C635A,C835A,A636A	X326, X327, X335, X336, X328, X329, X330, X332	Yes	Appropriate visit and procedural benefits may be claimed in addition to radionuclide therapy (C6).
X330	Z590A, Z591A	Yes	Procedural benefits such as paracentesis are claimed in addition (C6).
X326,X327,X335	X326, X327, X335	Sometimes	Thyroid treatments include all administrations within any 3-month period (C6).
C102A,C103A,C104A,C109A,C108A,C110A	A635A, C635A, A735A, C735A, J860, J860C, J860B, J859, J859C, J859B, J878, J878C, J878B, J831, J831C, J831B, J850, J850C, J850B	Sometimes	Paid on top of the read, procedure or consult for a non-elective hospital patient seen on a special visit; not for reads outside the hospital (GP105).
A835A	A635A	No	A835A is the consultation itself, when it lasts 75+ minutes: bill one or the other (A148).

Fees and rules from the Ontario Schedule of Benefits, July 1 2026 (A148–A149, B1–B14, C6, J15, GP11, GP16, GP105–GP106). Lookup fees are the professional part (C); the technical part (B) is shown where listed and is paid only for hospital studies, never for in-patients or patients admitted within 24 hours for the same problem (GP11). The total leaves out the 30% quantification add-on (prefix Y) and the 50% cut for one-view brain, lung, liver or spleen studies (B2). SPECT technical parts other than J866 are listed with each add-on.

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