Occupational Medicine OHIP Billing Cheat Sheet 2026

OHIP specialty 72 · Exposure testing visit · Long-term care consultation · Video, phone or e-consult · Updated November 2026

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

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

Office consultation

A725A	Consultation Written, signed referral naming you, the referrer's billing number and the patient's health number; written report back (GP16).	$192.85
A720A	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 (A152).	$342.25
A925A	Limited consultation Referral needs substantially less time than a full consult (GP19).	$123.10
A726A	Repeat consultation Same problem, new written referral, and another doctor treated the patient since your consult (GP19).	$123.10

- 75+ minutes face to face? A720A pays $342.25 instead of $192.85. Time spent on spirometry, audiometry or other billable tests doesn't count, and start and stop times must be charted (A152).
- Patch tests, audiograms and injections done at the consult are paid on top of it: open the test panel (J3).
- Written referral with a narrow question? The limited consult A925A ($123.10) pays more than a medical specific assessment A723A ($95.95); it needs all the consult elements (GP19).
- One consult per patient per diagnosis per 2 consecutive 12-month periods, except repeat consults (GP17–18).
- Detention K001A starts after 60 minutes of A725A; IC claim with a written explanation (GP30).

Follow-up visit

A724A	Medical specific re-assessment Full relevant history and exam of one or more systems. Limit: 2 per patient per 12 months (GP23).	$72.00
A721A	Complex re-assessment Complex, obscure or serious condition. Written findings must go to the primary care physician (GP24). Limit: 4 per 12 months, combined with A723A (GP24).	$83.40
A723A	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
A728A	Partial assessment History of the complaint, the exam needed, advice, record. No yearly limit (GP25).	$44.75

- Serious or complex problem and a written note to the family doctor? A721A pays $83.40 instead of $72.00 (GP24).
- Over a limit, OHIP pays a lesser assessment: A724A 2 per 12 months, A723A 1, A723A + A721A together 4 (GP23–24). Past those, bill A728A.
- The chronic disease premium E078A is not payable to Occupational Medicine (GP25).
- Phoned or e-consulted another physician about the patient? K730A or K738A is paid on top of the visit (A42, A48).

Exposure testing visit

- Hearing tests requested or arranged by an employer, WSIB or another third party are not insured. Bill only tests that are medically necessary for your patient (J98).
- Basic hearing tests pay $0 unless you are qualified, interpret them personally and the test is done by you, your qualified employee or a hospital audiologist; keep written records of qualifications. Fixed-level screening audiometry is not insured (J98).
- Spirometry must be the best of 3 efforts with your written interpretation. Not paid the same day as a flow-volume loop (H4).
- Spirometry or injections done by a nurse or technician employed by an industrial clinic, hospital or other organization, not by you, are not paid (GP63).
- Patch testing for occupational dermatoses is G198A, up to 125 tests per patient per year (J4).

Hospital in-patient consult

C725A	Consultation, routine request Seen on your own schedule (A152).	$192.85
C720A	Comprehensive consultation, 75+ min Same conditions as A720A: start and stop times charted (A152).	$342.25
C925A	Limited consultation Narrower question, substantially less time (A152).	$123.10
C726A	Repeat consultation Same problem, new request, another doctor treated in between (A152).	$123.10
C723A	Medical specific assessment In-patient, no consult request (A152).	$95.95
A725A	Called in urgently to see another doctor's patient Non-elective call: bill the General Listing with special visit premiums (A152, GP43).	$192.85

- Emergency calls to the ward use A725A plus the in-patient special visit premiums, not C725A. Chart the time of the visit (A152, GP69).
- Admitting the patient yourself as most responsible physician? Your consult or assessment is the admission assessment: add E082A (+30%), once per admission, not for transfers within the hospital (GP40, GP42).
- In-patient re-assessments: C724A $72.00, C721A $83.40 (A152).
- Seen in ICU or CCU? Add C101A ($9.10) per patient (GP103).

Hospital follow-up (rounds)

C722A	Subsequent visit, first 5 weeks 1 per day. Weeks 6–13: C727A (3 per week). After week 13: C729A (6 per month) (A152, 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 (GP44).	$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
C728A	Concurrent care MRP asked you to keep directing care: 4 in the first week, then 2 per week (GP48).	$40.05

- MRP? Every subsequent visit gets E083A (+30%), or E084A (+45%) on Saturday, Sunday or a holiday; Occupational Medicine is on the E084A list. Not with concurrent care (GP47).
- MRP day-after-admission and second-day visits pay $71.80, not $40.05 (GP44).
- After week 5, an acute intercurrent illness beyond the limits is C121A ($40.05) (GP43).
- Palliative care visit: C982A ($40.05), MRP premiums apply (A153, GP47).

Long-term care consultation

W725A	Consultation Resident of a chronic care or convalescent hospital, nursing home or home for the aged (A153).	$192.85
W720A	Comprehensive consultation, 75+ min Same conditions as A720A (A153).	$342.25
W925A	Limited consultation (A153).	$123.10
W726A	Repeat consultation (A153).	$123.10
A725A	Called in urgently Emergency call or other special visit: General Listing plus long-term care premiums (A153, GP49).	$192.85

- Occupational Medicine lists only consultations in long-term care (A153).
- Non-elective call to the facility: A725A with travel and first-person premiums, not W725A (A153, GP49).

Video, phone or e-consult

A724A + K300A	Video follow-up Patient you've seen in person in the last 24 months, or consulted by video. Full fee (A66).	$72.00
A724A + K301A	Phone follow-up Phone pays 85% of the in-person fee (AJ1).	$72.00
A721A + K301A	Phone complex re-assessment Written report to the primary care physician still required (GP24).	$83.40
A725A + K300A	Video consultation Consultations are video only, never phone (AJ2).	$192.85
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 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

- A725A, A720A, A925A and A726A are video only; A723A, A724A, A721A and A728A can be video or phone (AJ1–AJ2).
- K731A and K739A aren't paid if you see the patient that day or the next (A43, A49).
- 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

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%) Subsequent visit as most responsible physician; on a Saturday, Sunday or holiday E084A pays more (GP47).	+30%
E084A	You're the MRP, Saturday, Sunday or holiday (+45%) Only one of E083A or E084A per patient per day (GP47).	+45%
C101A	Patient seen in ICU or CCU Not with critical care, ventilatory or comprehensive care team fees (GP103).	$9.10
K035A	Reported a medical condition to the MTO (driving) Mandatory report under the Highway Traffic Act. More than one a year for the patient: submit with the manual review indicator. Paid on top of the visit (A59).	$36.25
K036A	Northern Health Travel Grant form Paid to the referring physician and the specialist (A60).	$10.25
K730A	Phoned another physician for advice 10+ min, you keep caring for the patient, both in Ontario. Not to arrange a referral, transfer or test, or mainly about results. 1 a day. Paid on top of the visit (A42–A43).	$37.05
K738A	Sent an e-consult to another physician Secure server, opinion back within 30 days. 1 a day, 6 per patient per 12 months. Paid on top of the visit (A48).	$16.45

Did a test or procedure?

J301B + J301C	Spirometry in your office Best of 3 efforts, written interpretation (H4).	$18.70
J301B + J301C + J324B + J324C	Spirometry before and after bronchodilator (H4).	$26.15
J304B + J304C	Flow-volume loop in your office Best of 3, graphs to scale, your own written interpretation (not computer-generated), documented PFT training (H4).	$34.40
J304B + J304C + J327B + J327C	Flow-volume loop before and after bronchodilator (H4).	$45.30
G441A + G526A	Audiogram: pure tone plus speech You interpret it personally; testing by you, your qualified employee or a hospital audiologist (J98–J99).	$37.25
G440A + G525A	Audiogram: pure tone only With or without bone conduction (J99).	$17.80
G198A	Patch test for occupational dermatoses Per test, up to 125 per patient per year (J4).	$2.39
G489A	Blood drawn Adolescent or adult (J7).	$3.54
G009A	Urinalysis with microscopy, in your office Result, interpretation and treatment decision charted (J65, J68).	$4.90
G010A	Urine dipstick only, in your office (J65, J68).	$2.64
G372A	IM or SC injection with a visit Each injection (J54).	$4.55
G373A	IM or SC injection was the only reason for the visit First injection; more are G372A (J54).	$7.90

Can I bill these together?

Code	With	Together?	Why
A725A,A720A,A925A,A726A	A723A, A724A, A721A, A728A	No	Only one consultation or assessment is paid for the same visit (GP10).
A725A	A720A	No	Only one consultation is paid for the same visit; A720A needs 75+ minutes charted (GP10, A152).
E078A	A723A, A724A, A721A, A728A	No	Occupational Medicine (72) is not on the list of specialties that can bill E078A (GP25).
J301,J324	J304, J327	No	Spirometry isn't paid the same day as a flow-volume loop (H4).
J301	J324	Yes	J324 is the repeat after bronchodilator, added to J301 (H4).
J304	J327	Yes	J327 is the repeat after bronchodilator, added to J304 (H4).
G198A	A725A, A720A, A723A, A724A, A721A, A728A	Yes	Diagnostic and therapeutic procedures are paid in addition to a consultation or assessment (J3).
G009A,G010A,G489A,G372A	A725A, A720A, A925A, A726A, A723A, A724A, A721A, A728A	Yes	Office tests and injections are paid on top of the consult or assessment (J3, J65).
G373A	A725A, A720A, A723A, A724A, A721A, A728A	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: the first injection is G373A and each additional injection G372A (J54).
K731A,K739A	A725A, A720A, A925A, A726A, A723A, A724A, A721A, A728A, C725A, C722A	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).
K730A,K738A,K036A	A725A, A720A, A723A, A724A, A721A, A728A	Yes	Paid on top of the visit: K036A to the specialist too (A60); K730A and K738A in addition to visits the same day (A42, A48).
K013A,K033A	A725A, A720A, A723A, A724A, A721A, A728A	No	No consult or assessment is paid the same day as counselling by the same physician (GP58).
K013A,K033A	K035A, K036A, K730A, G489A, G372A, G010A	Yes	On the list of services allowed the same day as counselling (GP58).
K035A	A725A, A720A, A925A, A726A, A723A, A724A, A721A, A728A, C725A, C722A	Yes	The MTO report has no same-day rule; paid on top of the visit (A59).
K001A	A725A, C725A	Sometimes	Detention starts after 60 minutes of the consultation; IC with a written explanation (GP30–31).
E083A	E084A	No	Only one of E083A or E084A per patient per day (GP47).
E083A,E084A	C722A, C122A, C123A, C124A, C126A, C121A, C982A	Yes	MRP premiums add to subsequent and palliative care visits; Occupational Medicine is eligible for E084A (GP47).
E083A,E084A	C728A, C725A, C723A	No	E083A/E084A only add to subsequent visits by the MRP, not consults or concurrent care (GP47).
E082A	C722A, 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).
C101A	C725A, C720A, C723A, C722A, A725A	Yes	C101A is added for each patient seen on a visit to ICU or CCU (GP103).

From the Ontario Schedule of Benefits (effective July 1, 2026): Occupational Medicine pages A152–A153, the General Preamble, Pulmonary Function Studies (H3–H4), Diagnostic & Therapeutic Procedures (J3–J4, J54, J65–J68, J98–J99) and Appendix J. Hearing tests requested or arranged by an employer or WSIB are not insured (J98); WSIB-required cortical evoked audiometry (G153A/G154A) is paid by the Ministry as WSIB's paying agent, not as an insured service (AF2). Occupational Medicine can't bill the chronic disease premium E078A (GP25). Spirometry and audiogram prices are technical plus professional components for office testing; in hospital the technical part pays 86.10% (GP11). 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.