

# OHIP BILLING SHEET

## GENERAL PRACTITIONERS & FAMILY PRACTITIONERS

### Consults & Assessments

<b>A005</b>	Consultation (C005 for in-patient)
<b>A911</b>	Special family and GP consultation (C911 for in-patient)
<b>A912</b>	Comprehensive family & GP consult (C912 for in-patient)
<b>A945</b>	Special palliative care consultation (C945 for in-patient)
<b>A905</b>	Limited consultation (C905 for in-patient)
<b>A006</b>	Repeat consultation (C006 for in-patient)
<b>A003</b>	General assessment (C003 for in-patient)
<b>A004</b>	General re-assessment (C004 for in-patient)
<b>A007</b>	Intermediate assessment or well baby care

### Counselling and Meetings

<b>K002</b>	Family meeting, caregiver interview
<b>K005</b>	Primary mental health care - Individual care
<b>K007</b>	Psychotherapy - Individual care
<b>K013</b>	Counselling - Individual care
<b>K014</b>	Counselling for transplant recipients, donors or families
<b>K015</b>	Counselling relatives of catastrophically/terminally ill pt.
<b>K032</b>	Specific neurocognitive assessment
<b>K040</b>	Group counselling
<b>K121</b>	Hospital in-patient case conference

### Subsequent Visits

<b>C002</b>	First 5 weeks
<b>C007</b>	6-13 weeks (max 3/patient per week)
<b>C009</b>	After week 13 (max 6/patient per month)

### Periodic Health Visits

<b>K017</b>	Child
<b>K130</b>	Adolescent
<b>K131</b>	Adult age 18 to 64 inclusive
<b>K132</b>	Adult 65 years of age and older

### Forms

<b>K035</b>	Min Transport report (MTO)
<b>K038</b>	Long-Term Care health report form
<b>K070</b>	Home care application
<b>K623</b>	Form 1 - Application for psychiatric assessment
<b>C771</b>	Certification of death
<b>C777</b>	Intermediate assessment - Pronouncement of death

### Telephone & e-Consultations

<b>K730</b>	Physician to phys. telephone consult - Referring physician
<b>K731</b>	Physician to phys. telephone consult - Consultant phys.
<b>K732</b>	CritiCall telephone consult - Referring physician
<b>K738</b>	Physician to physician e-consult - Referring physician



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