

Fee Code Table 3: Revised Fee Schedule Codes – Physician Services

Ministry of Health

April 1, 2026

Fee Code Table 3: Revised Fee Schedule Codes – Physician Services

Effective April 1, 2026

This table accompanies [INFOBulletin 260304 - PSA Related Fee Schedule Code Adjustments](#), published March 31, 2026.

Revised Fee Schedule Codes

This table shows Fee Schedule Codes with Revisions that come into effect April 1, 2026

Fee Code	2025 Fee Code Description	Revised Fee Code Description
A113	Complex neuromuscular assessment	Complex neurological assessment
C113	Complex neurological assessment - subject to the same conditions as A113	Complex neurological neuromuscular assessment - subject to the same conditions as A113
C772	Certification of death - subject to the same conditions as A772	Certification of stillbirth - subject to the same conditions as A772
E123	Division of iris to cornea	Division of iris to cornea and/or angle
E125	Laser retinopexy for Retinopathy of Prematurity – one eye	Laser retinopexy for Retinopathy of Prematurity or retinoblastoma – one eye
E126	Laser retinopexy for Retinopathy of Prematurity – both eyes	Laser retinopexy for Retinopathy of Prematurity or retinoblastoma – both eyes
E132	Glaucoma filtering procedures	Glaucoma filtering procedures ab externo
E134	Laser angle surgery	Laser angle surgery or trans-scleral or endoscopic cyclophotocoagulation of the ciliary body
E139	Capsulotomy	Capsulotomy or primary or subsequent needling
E140	Cataract - all types of, by any procedure, includes insertion of intraocular lens	Cataract - all types of, by any procedure, includes extraction of native lens and insertion of artificial intraocular lens
E142	Preretinal membrane peeling or segmentation to include posterior vitrectomy and coagulation	Preretinal membrane peeling or segmentation to include vitrectomy, complete and by posterior approach, with vitreous exchange (air, gas, or artificial vitreous substance)
E144	Removal of intraocular lens	Removal of artificial intraocular lens
E146	Insertion of secondary intraocular lens	Insertion of artificial intraocular lens, for aphakic eye
E148	Vitrectomy by infusion suction cutter technique	Vitrectomy, complete and by posterior approach, with vitreous exchange (air, gas, or artificial vitreous substance)
E150	CritiCall review of complex neurosurgical imaging, to K733	CritiCall review of complex neuroimaging, to K733

Fee Code	2025 Fee Code Description	Revised Fee Code Description
E153	Secondary operation following unsuccessful operation or fresh detachment in the same eye by a different surgeon with or without diathermy, photocoagulation or cryopexy	Revision for retinal detachment following unsuccessful operation or fresh detachment in the same eye with or without diathermy, photocoagulation or cryopexy
E157	Placement and suturing of iris prosthetic device with or without suturing of iris/pupillary defect	Placement and/or suturing of iris prosthetic device with or without suturing of iris/pupillary defect
E169	Decompression - two walls	Decompression - two or more walls
E194	Distichiasis - unilateral	Distichiasis repair or trichiasis repair by tarsal transplantation - unilateral
E387	fusion to sacrum	spinopelvic fixation with iliac or S2 alar-iliac screws
E616	bi-lobectomy on right side	bi-lobectomy on right side, or segmentectomy plus lobectomy (same side)
E618	with decortication of remaining lobe(s)	with decortication of remaining lobe(s) or major thoracic lysis of adhesions (requiring at least 60 minutes of additional dedicated operative time)
E651	when done in conjunction with coronary artery repair	with coronary endarterectomy and/or gas endarterectomy, to R742 or R743
E682	graft of major vessel other than ascending aorta for the purpose of cardiopulmonary bypass or ventricular assist device, to E650	graft of major vessel other than ascending aorta for the purpose of cardiopulmonary bypass or ventricular assist device, to E650, R701, R702, R703, R704 and Z743
E785	multiple screening biopsies (> 34 sites) for malignant changes in ulcerative colitis, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555	multiple biopsies for surveillance of inflammatory bowel disease-associated colorectal cancer or dysplasia, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555
E809	excision of pannus that extends beyond the mid thigh, to S318	excision of panniculus that extends beyond the mid thigh, to S318
E875	MRI - Head - with magnetic resonance spectroscopy, to X421	MRI - Head - with magnetic resonance spectroscopy and/or fiber tracking, to X421
E876	MRI - Head - with magnetic resonance spectroscopy, to X425	MRI - Head - with magnetic resonance spectroscopy and/or fiber tracking, to X425
E921	repeat cranial procedure - payable in addition to any intracranial procedure and N111, N114 and N116 but excluding N127	repeat cranial procedure - payable in addition to any open intracranial procedure and N111, N114 and N116 but excluding N127
E940	Anterior vitrectomy - when done in conjunction with another intraocular procedure	Anterior vitrectomy by corneal or pars plana approach, - when done in conjunction with another intraocular procedure
E945	- repeat by second surgeon (Note: as applicable to E196)	- repeat (Note: as applicable to E196)
G325	Haemodialysis - Medical component alone	Haemodialysis - Planning and delivery of the initial acute treatment
G350	oesophageal motility study(ies) with manometry	esophageal motility study(ies) with manometry and/or impedance planimetry

Fee Code	2025 Fee Code Description	Revised Fee Code Description
G351	oesophageal pH study for reflux, with installation of acid, with 24 hour monitoring	esophageal reflux monitoring study for 24 hours or longer
G353	oesophageal acid perfusion test and/or provocative drug testing	esophageal provocation testing
G354	Anal-rectal manometry	Anorectal manometry study
G381	Standard chemotherapy - agents with minor toxicity that require physician monitoring	Standard chemotherapy - agents with minor toxicity that require physician monitoring, including any additional standard chemotherapy other than the initial agent
G389	Infusion of gamma globulin, initiated by physician, including preparation per patient, per day	Preparation and infusion of gamma globulin
G390	Supervision of chemotherapy for induction phase of acute leukemia or myeloablative therapy prior to bone marrow transplantation (maximum of 1 per induction phase or myeloablative therapy)	Supervision of chemotherapy for induction phase of acute leukemia or myeloablative therapy prior to bone marrow transplantation (maximum of 1 per induction phase or myeloablative therapy); and/or supervision of biologic agent(s) such as Chimeric Antigen Receptor T Cell Therapy (CAR-T) infusion (maximum of 1 per infusion); and/or supervision of bispecific antibody infusion, during initial dosing phase, where there is a high risk of cytokine release syndrome (maximum of 3 per initial dosing phase)
G462	Administration of oral polio vaccine	Administration of oral polio or rotavirus vaccine
G860	Chronic dialysis weekly team fee	Chronic dialysis weekly team fee - Hospital haemodialysis or haemodiafiltration
G874	Botulinum toxin injection(s) for sialorrhoea, (unilateral or bilateral)	Botulinum toxin injection(s) for sialorrhoea or epiphora (unilateral or bilateral)
G877	with EMG guidance (when required to determine the injection site), for one injection, to G870, G873, G874, or G875	when EMG and/or ultrasound guidance required to determine injection site (for one injection), to G870, G873, G874, or G875
G878	with EMG guidance (when required to determine the injection site), for two or more injections, to G870, G873, G874 or G876	when EMG and/or ultrasound guidance required to determine injection sites (for two or more injections), to G870, G873, G874 or G876
H131	Monday to Friday - Evenings (17:00h to 24:00h) - Minor assessment	Monday to Thursday - Evenings (17:00h to 24:00h) - Minor assessment
H131	- daytime and evenings (08:00h to 24:00h) on Saturdays, Sundays or Holidays	- daytime and evenings (08:00h to 24:00h) on Saturdays, Sundays or Holidays and Friday Evenings (17:00h to 24:00h)
H132	Monday to Friday - Evenings (17:00h to 24:00h) - Comprehensive assessment and care	Monday to Thursday - Evenings (17:00h to 24:00h) - Comprehensive assessment and care
H133	Monday to Friday - Evenings (17:00h to 24:00h) - Multiple systems assessment	Monday to Thursday - Evenings (17:00h to 24:00h) - Multiple systems assessment

Fee Code	2025 Fee Code Description	Revised Fee Code Description
H134	Monday to Friday - Evenings (17:00h to 24:00h) -Re-assessment	Monday to Thursday - Evenings (17:00h to 24:00h) -Re-assessment
H151	Saturdays, Sundays and Holidays - Daytime and Evenings (08:00h to 24:00h) - Minor assessment	Friday Evenings (17:00h to 24:00h) and Saturdays, Sundays and Holidays - Daytime and Evenings (08:00h to 24:00h)
H152	Saturdays, Sundays and Holidays - Daytime and Evenings (08:00h to 24:00h) - Comprehensive assessment and care	Friday Evenings (17:00h to 24:00h) and Saturdays, Sundays and Holidays - Daytime and Evenings (08:00h to 24:00h)
H153	Saturdays, Sundays and Holidays - Daytime and Evenings (08:00h to 24:00h) - Multiple systems assessment	Friday Evenings (17:00h to 24:00h) and Saturdays, Sundays and Holidays - Daytime and Evenings (08:00h to 24:00h)
H154	Saturdays, Sundays and Holidays - Daytime and Evenings (08:00h to 24:00h) - Re-assessment	Friday Evenings (17:00h to 24:00h) and Saturdays, Sundays and Holidays - Daytime and Evenings (08:00h to 24:00h)
J064	Exchange of drainage tubes, including supervision, imaging and hard copy film interpretation if any	Exchange or replacement of drainage tube
J809	application of SPECT (maximum 2 per examination), to J808	application of SPECT, to J807 or J808
J810	Myocardial scintigraphy - acute infarction, injury	Myocardial scintigraphy - acute infarction, injury, inflammation, infiltration
J820	Parathyroid scintigraphy - dual isotope technique with T1201 and Tc99m Iodine	Parathyroid scintigraphy
J830	Abdominal scintigraphy - for gastrointestinal bleed - Tc99m sulphur colloid or Tc04	Abdominal scintigraphy - Tc ^{99m} sulphur colloid or pertechnetate
J853	Gallium scintigraphy - single survey	Gallium scintigraphy - single site
J857	CSF circulation - with Tc99m or I-131 HSA	CSF circulation - with Tc ^{99m}
J858	Brain scintigraphy	Brain scintigraphy - except cerebral perfusion
J860	Perfusion and ventilation scintigraphy - same day	Ventilation and perfusion (V/Q) scintigraphy - same day
J865	Total body counting	Total body counting including dosimetry
J869	Adrenal scintigraphy - with MIBG	Theranostic scintigraphy
J883	In-111 leukocyte scintigraphy - whole body	WBC scintigraphy - whole body
J884	In-111 leukocyte scintigraphy - single site	WBC scintigraphy - single site
J900	application of Rubidium PET for cardiac perfusion (maximum 1 per examination), to J807	application of PET for myocardial perfusion (maximum 1 per examination), to J807
J901	application of Rubidium PET for cardiac perfusion (maximum 1 per examination), to J808	application of PET for myocardial perfusion (maximum 1 per examination), to J808
K028	STD management	STI management
K038	Completion of Long-Term Care health report form	Completion of Long-Term Care health assessment form
K070	Home care application - Application	Home care application - Completion of home care referral form
K071	Acute home care supervision (first 8 weeks following admission to home care program)	Acute home care supervision (first 8 weeks following admission to Ontario Health atHome home care program)

Fee Code	2025 Fee Code Description	Revised Fee Code Description
K072	Chronic home care supervision (after the 8th week following admission to the home care program)	Chronic home care supervision (after the 8th week following admission to the Ontario Health atHome home care program)
K090	Pre-operative medical management of a bariatric surgery patient in a Bariatric RATC	Pre-operative medical management of a bariatric surgery patient in a BCoE or Bariatric RATC
K091	Post-operative monthly management of a bariatric surgery patient in a Bariatric RATC	Post-operative monthly management of a bariatric surgery patient in a BCoE or Bariatric RATC
L819	Seminal fluid analysis for infertility, including count, motility and morphology	Basic seminal fluid analysis for infertility, including count, motility and morphology
L822	Operative consultation, with or without frozen section	Operative consultation, with or without frozen section or direct smear
L837	Immunohistochemistry and interpretation - per marker	Immunohistochemistry, direct immunofluorescence, in situ hybridization, immunobead or other method and interpretation - per marker
L844	Special microscopy of fluids (polarization, interference, phase contrast, dark field, autofluorescence or other microscopy and interpretation)	Special microscopy including polarization, phase-contrast, differential interference contrast, dark field, autofluorescence, or other microscopy and interpretation
L848	Seminal fluid analysis - quantitative kinetic studies, including velocity linearity and lateral head amplitude	Seminal fluid analysis - quantitative kinetic studies
M105	Chest wall tumour resection of 2 or 3 ribs or cartilages	Chest wall tumour resection of 2 or 3 more ribs or cartilages, with or without costal cartilage, or, wide resection of one rib, with or without costal cartilage for malignant or suspected malignant chest wall tumour
N122	Intracranial aneurysm repair, Endovascular approaches - Carotid circulation - per vessel	Intracranial aneurysm repair, Endovascular approaches - Anterior circulation
N125	Intracranial aneurysm repair, Endovascular approaches - Vertebrobasilar circulation, including aneurysm of vein of Galen	Intracranial aneurysm repair, Endovascular approaches - Posterior circulation, including vein of Galen
N161	Repair of skull defect - Acrylic or metal cranioplasty	Repair of skull defect - Cranioplasty, any non-autologous material
N282	Brachial plexus (excluding thoracic outlet syndrome or cervical rib)	Brachial plexus (excluding excision of cervical and/or first rib and scalenotomy)
N284	Excision of first rib and/or cervical rib, to include scalenotomy when required	Excision of first rib and/or cervical rib, to include scalenotomy, fibrolysis, and/or neurolysis, when required
N555	Insertion / revision of implantable infusion pump	Insertion / revision / removal of implantable infusion pump
P020	Operative delivery, i.e. mid-cavity extraction or assisted breech delivery	Operative delivery, defined as any of: i) forceps or vacuum-assisted delivery, ii) breech delivery, or iii) shoulder dystocia using advanced maneuvers

Fee Code	2025 Fee Code Description	Revised Fee Code Description
R117	Mastectomy - subcutaneous with nipple preservation	Skin sparing mastectomy performed with immediate breast reconstruction for malignancy or prophylaxis in high-risk female patients
R796	carotid body tumour	carotid - carotid body tumor / aneurysm repair
R858	Total removal of infected aortic graft (stem and limbs)	removal of infected aortic graft (stem and/or limbs, unilateral or bilateral)
S067	Partial pharyngectomy - transthyroid or lateral	Partial pharyngectomy (transthyroid, lateral or robotic transoral approach)
S251	Fistula-in-ano	Fistula-in-ano - exploration of fistula tract and insertion of Seton drain and/or fistulotomy
S267	Formal anatomical resection - three or four liver segments	Hepatectomy, three or four liver segments
S270	Formal anatomical resection - one or two liver segments	Hepatectomy, one or two liver segments
S271	Formal anatomical resection - five or more liver segments	Hepatectomy, five or more liver segments
S309	Distal - body, tail with splenectomy with or without anastomosis	Distal / left-sided or central (body, tail or neck, including any portion with splenectomy with or without anastomosis)
S332	adolescent or adult	adolescent or adult, with or without resection of incarcerated/strangulated contents
S333	child (operative)	child (operative), with or without resection of incarcerated/strangulated contents
S401	Drainage of kidney abscess	Drainage of renal or perirenal abscess
S405	Nephrolithotomy – open	Nephrolithotomy or pyelolithotomy – open or laparoscopic
S416	Nephrectomy - thoraco-abdominal or radical	Nephrectomy
S650	Prostatectomy -simple	Prostatectomy -simple, by retropubic or suprapubic approach, with or without removal of bladder stones
S651	Prostatectomy - radical	Prostatectomy - radical, with or without removal of bladder stones
S655	Transurethral resection of prostate - and may include cystoscopy, meatotomy, dilatation of stricture, internal urethrotomy or vasectomy	Endoscopic removal or destruction of prostatic tissue
S741	Tubal occlusion/interruption/removal by any method or approach for the purpose of sterilization	Tubal occlusion or interruption for the purpose of sterilization, by any method or approach
S764	Myomectomy	Myomectomy by any technique except hysteroscopic
W113	Complex neuromuscular assessment - subject to the same conditions as A113	Complex neurological assessment - subject to the same conditions as A113
Z111	Tongue tie, release of - simple	Frenotomy - simple not requiring general anaesthetic
Z112	Tongue tie, release of - complex or requiring general anaesthetic	Frenotomy requiring general anaesthetic or frenectomy

Fee Code	2025 Fee Code Description	Revised Fee Code Description
Z318	Trephine or endoscopic frontal sinusotomy	Trephine or endoscopic frontal sinusotomy, including Draf I, if performed
Z332	Aspiration with therapeutic drainage with or without diagnostic sample	Aspiration for diagnosis or therapeutic drainage
Z354	Excisional biopsy of rib for tumour	Excisional biopsy of rib, or rib resection for drainage
Z438	Insertion of Swan-Ganz catheter (not included in anaesthetic, respiratory or critical care benefits)	Insertion of Swan-Ganz catheter (not included in respiratory or critical care benefits)
Z457	Surgical removal or repair of implanted central venous catheter	Surgical removal or repair of tunneled central venous catheter
Z492	Five year follow up of normal colonoscopy (Z499), absence of intervening signs or symptoms - sigmoid to descending	follow up of normal colonoscopy (Z499), absence of intervening signs or symptoms - sigmoid to descending
Z493	Ten year follow up of normal colonoscopy (Z497, Z555), absence of intervening signs or symptoms - sigmoid to descending	follow up of normal colonoscopy (Z497, Z555), absence of intervening signs or symptoms - sigmoid to descending
Z499	Absence of signs or symptoms, family history associated with an increased risk of malignancy (e.g. a first degree relative or at least two second degree relatives with colorectal cancer or a premalignant lesion) – sigmoid to descending colon	Absence of signs or symptoms, family history associated with an increased risk of malignancy, in accordance with current Ontario generally accepted clinical practice guidelines – sigmoid to descending colon
Z587	with resection of one or more endometrial polyps, with or without D&C	with resection of one or more endometrial polyps or fibroids, with or without D&C
Z611	Catheterization - hospital	Catheterization - hospital or office
Z857	Epilation - by hyfrecator, electrolysis	Epilation - by hyfrecator, electrolysis
Z901	Irrigation of nasolacrimal system – unilateral or bilateral	Irrigation of nasolacrimal system – per eye

This document is a general summary

This document is a general summary provided for information purposes only. Physicians, hospitals, and other health care providers are directed to review the *Health Insurance Act*, Regulation 552, and the Schedules under that regulation, for the complete text of the provisions. You can access this information at ontario.ca/laws. In the event of a conflict or inconsistency between this document and the applicable legislation and/or regulations, the legislation and/or regulations prevail.