

Fee code	Description
Office	
111010	Office - Pre-Dental General Assessment
112010	Office - General Assessment
114010	Office - General Reassessment
118010	Office - Routine Post-Operative Care
121010	Office - Partial Assessment
122010	Office - Visit For Well-Baby Care
123010	Office - Partial Assessment Of A Patient Aged 65 To 74 Years Of Age
124010	Office - Partial Assessment Of A Patient Aged 75 Years Or Older
126010	Office - Partial Assessment Of A Patient Who Received A Whscc Service during the same Office Visit.
127010	Office - Chronic Disease Management of a Patient under 75 Years of Age
129010	Office - Family Medicine Counselling (Add-On to 121,123,124).....Add on
131010	Office - Psychotherapy - Individual, Per 1/2 Hr Or Major Part Thereof (I.E. In Excess Of 15 Minutes)
132010	Office - Psychotherapy - Group (4 To 8 People) Per Member, Per Hour - Or Major Part Thereof
136010	Office - Psychotherapy - Family Therapy (2 Or More Family Members) Per 1/2 Hour, Per Family
139010	Fee For Patients Seen In Scheduled After Hours Clinic.....Add on
181010	Office - Detention Per 1/4 Hr
543800	Office E.C.G. - Technical Component
543820	Office E.C.G. - Professional Component
147	Driver medical examination of a patient who is 75 years of age or older, as required by Motor Registration for age
Family Practice Renewal Program	
520010	Shared Care - Family Practice Renewal Program
521010	Patient Care Telephone Code
522010	Family Practice Renewal Program - COPD
Procedures	
546140	Speculum exam (no charge if done as part of the following: consultation, repeat consultation, general or specific assessment, routine post-natal visit, or surgical procedure requiring the use of a speculum)
540000	When A Procedure(S) Is The Sole Reason For A Visit; I.E., When No Consultation Or Visit Fees Is Being Charged, Add \$4.60 Basic Fee Per Visit Regardless Of The Number Of Procedures Carried Out.
542260	Anticoagulant Supervision - Long Term - Per Month
545980	Ear Syringing - Uni Or Bilateral Note: May Be Billed For Service Rendered In Office, Home Or Hospital Settings.
546440	Bursa, Joint Or Tendon Sheath Injection - Including Pre- Liminary Aspiration

546460	Bursa, Joint Or Tendon Sheath Injection - Each Additional Site Or Area - (Maximum 8 Injections Per Visit)
546560	Intradermal, Intramuscular Or Subcutaneous Injection - Each Additional Injection
546580	Intradermal, Intramuscular Or Subcutaneous Injection - First Injection
901000	Abscess Or Haematoma - Local Anaesthetic - Subcutaneous - One (I.O.P.)
901020	Abscess Or Haematoma - Local Anaesthetic - Two (I.O.P.)
901040	Abscess Or Haematoma - Local Anaesthetic - Three Or More (I.O.P.)
901100	Abscess Or Haematoma - Local Anaesthetic - Palmar Or Plantar Spaces (I.O.P.)
901220	Comedones, Acne Pustules, Milia - Ten Or Less (I.O.P.)
901240	Comedones, Acne Pustules, Milia - Eleven Or More (I.O.P.)
901260	Foreign Body Removal - Local Anaesthetic (I.O.P.)
901560	Removal Of Verruca, Etc. By Electrocoagulation And/Or Curetting And/Or Cryosurgery And/Or Laser Surgery - Single Lesions (I.O.P.)
901580	Removal Of Verruca, Etc. By Electrocoagulation And/Or Curetting - And/Or Cryosurgery And/Or Laser Surgery - Two Lesions - (I.O.P.)
901600	Removal Of Verruca, Etc. By Electrocoagulation And/Or Curetting - And/Or Cryosurgery And/Or Laser Surgery - Three Or More Lesions (I.O.P.)
901760	Removal Of Palmar Or Plantar Verruca By Electrocoagulation And/Or Curetting, And/Or Cryosurgery And/Or Laser Surgery - Single Lesion - (I.O.P.)
901780	Removal Of Palmar Or Plantar Verruca By Electrocoagulation And/Or Curetting, And/Or Cryosurgery And/Or Laser Surgery - Two Lesions (I.O.P.)
901800	Removal Of Palmar Or Plantar Verruca By Electrocoagulation And/Or Curetting, And/Or Cryosurgery And/Or Laser Surgery - Three Or More Lesions (I.O.P.)
902240	Excision Of Pressure Sore Or Decubitus Ulcer - Minor, Less Than 1 Cm. Average Diameter (I.O.P.)
902520	Excision Of Malignant And Premalignant Lesions (Other Areas)- Single Lesion
902530	Excision Of Malignant And Premalignant Lesions (Other Areas) - Two Lesions
902540	Excision Of Malignant And Premalignant Lesions (Other Areas) - Three Or More
902580	Curettage, Electrodessication Or Cryosurgery (Face Or Neck) - Single Lesion
902600	Curettage, Electrodessication Or Cryosurgery (Face Or Neck) - Two Lesions
902620	Curettage, Electrodessication Or Cryosurgery (Face Or Neck) - Three Or More Lesions
902640	Curettage, Electrodessication Or Cryosurgery (Other Areas) - Single Lesion

902660	Curettage, Electrodesiccation Or Cryosurgery (Other Areas) - Two Lesions
902680	Curettage, Electrodesiccation Or Cryosurgery (Other Areas) - Three Or More Lesions
903040	Debridement And Dressing - Major (I.O.P.)
905600	Chemical And/Or Cryotherapy Treatment Of Minor Skin Lesions - One Or More Lesions, Per Treatment (I.O.P.)
906820	Aspiration Of Breast Cyst - One Or More (I.O.P)
933500	Knee - Incision And Drainage - Soft Tissue (I.O.P.)
971200	Bladder Catheterization, Acute Retention Or Change Of Re- Tention Catheter - Office (I.O.P.)
971220	Bladder Catheterization, Acute Retention Or Change Of Re- Tention Catheter - Home (I.O.P.)
Other	
371010	Hospital (In-Patient) - Supportive Care - Not Exceeding 1 Visit Every 2 Days In 1st. 7 Days - Per Visit
372010	Hospital (In-Patient) - Supportive Care - Not Exceeding 1 Visit Every 4 Days Thereafter - Per Visit
500000	Pandemic Virtual Care Assessment (Telephone or Video)
502010	Telemedicine - Partial Assessment