

OHIP Premium Rules

May only be applied with non-elective (urgent and emergent) consults and assessments.

May not be claimed for routine rounds.

May not be claimed for visits to admit elective patients.

Special visit premiums do not apply to subsequent hospital inpatient visits.

Visit fees and related premiums must be kept together on the SAME bill.

Always use the "A" prefix general listing visit codes.

Billing Tip: Only use the A prefix consult and visit fees and not C prefix codes.

The "C" prefix consult codes are strictly for non-emergency inpatient consults (and therefore no special visits apply).

	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 17:00) With sacrifice of Office Hours		Evenings M-F (17:00 - 24:00)		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Emergency Department										
Travel Premium	K960	\$36.40	K961	\$36.40	K962	\$36.40	K963	\$36.40	K964	\$36.40
First Person Seen	K990	\$20.00	K992	\$40.00	K994	\$60.00	K998	\$75.00	K996	\$100.00
Additonal Person(s) Seen	K991	\$20.00	K993	\$40.00	K995	\$60.00	K999	\$75.00	K997	\$100.00
Maximum (per time period)										
Travel Premiums	2		2		2		6		Unlimited	
Persons Seen (total first + additional)	10		10		10		20		Unlimited	

	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 17:00) With sacrifice of Office Hours		Evenings M-F (17:00 - 24:00)		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Hospital Out-Patient Department										
Travel Premium	U960	\$36.40	U961	\$36.40	U962	\$36.40	U963	\$36.40	U964	\$36.40
First Person Seen	U990	\$20.00	U992	\$40.00	U994	\$60.00	U998	\$75.00	U996	\$100.00
Additonal Person(s) Seen	U991	\$20.00	U993	\$40.00	U995	\$60.00	U999	\$75.00	U997	\$100.00

Maximum (per time period)									
Travel Premiums	2		2		2		6		Unlimited
Persons Seen (total first +	10		10		10		20		Unlimited

	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 17:00) With sacrifice of Office Hours		Evenings M-F (17:00 - 24:00)		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
Hospital In-Patient	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Travel Premium	C960	\$36.40	C961	\$36.40	C962	\$36.40	C963	\$36.40	C964	\$36.40
First Person Seen	C990	\$20.00	C992	\$40.00	C994	\$60.00	C986	\$75.00	C996	\$100.00
Additonal Person(s) Seen	C991	\$20.00	C993	\$40.00	C995	\$60.00	C987	\$75.00	C997	\$100.00
Maximum (per time period)										
Travel Premiums	2		2		2		6		Unlimited	
Persons Seen (total first +	10		10		10		20		Unlimited	

	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 17:00) With sacrifice of Office Hours		Evenings M-F (17:00 - 24:00)		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
Long Term Care Institution	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Travel Premium	W960	\$36.40	W961	\$36.40	W962	\$36.40	W963	\$36.40	W964	\$36.40
First Person Seen	W990	\$20.00	W992	\$40.00	W994	\$60.00	W998	\$75.00	W996	\$100.00
Additonal Person(s) Seen	W991	\$20.00	W993	\$40.00	W995	\$60.00	W999	\$75.00	W997	\$100.00
Maximum (per time period)										
Travel Premiums	2		2		2		6		Unlimited	
Persons Seen (total first +	10		10		10		20		Unlimited	

	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 24:00) With sacrifice of Office Hours		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
Emergency Department by Emergence Department Physician	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Travel Premium	H960	\$36.40	H962	\$36.40	H963	\$36.40	H963	\$36.40
First Person Seen	H980	\$20.00	H984	\$60.00	H988	\$75.00	H986	\$100.00

Additonal Person(s) Seen	H981	\$20.00	H985	\$40.00	H989	\$75.00	H987	\$100.00		
Maximum (per time period)										
Travel Premiums	2		2		4		Unlimited			
Persons Seen (total first + a	5		5		10		Unlimited			

	Weekdays (07:00 - 17:00) - Both Elective and non-elective		Weekdays (07:00 - 17:00) With sacrifice of Office Hours - non-elective		Evenings M-F (17:00 - 24:00) - non-elective		Weekends & Holidays (07:00 - 24:00) - non-elective		Nights (0:00 - 7:00) - non-elective	
Special Visit to Patient's I	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Travel Premium	B960	\$36.40	B961	\$36.40	B962	\$36.40	B963	\$36.40	B964	\$36.40
First Person Seen	B990	\$27.50	B992	\$44.00	B994	\$66.00	B993	\$82.50	B996	\$110.00
Maximum (per time period)										
Travel Premiums	2		2		2		6		Unlimited	
Persons Seen (total first + a	10		10		10		20		Unlimited	

	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 17:00) With sacrifice of Office Hours		Evenings M-F (17:00 - 24:00)		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
Palliative Care Home Visi	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Travel Premium	B966	\$36.40	B966	\$36.40	B996	\$36.40	B966	\$36.40	B966	\$36.40
First Person Seen	B998	\$82.50	B998	\$82.50	B998	\$82.50	B998	\$82.50	B997	\$110.00
Maximum (per time period)										
Travel Premiums	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Persons Seen (total first + a	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	

	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 24:00) With sacrifice of Office Hours		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
Physician Office	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Travel Premium	A960	\$36.40	A962	\$36.40	A963	\$36.40	A963	\$36.40
First Person Seen	A990	\$20.00	A994	\$60.00	A998	\$75.00	A996	\$100.00

Maximum (per time period)										
Travel Premiums	1		1		1		Unlimited			
Persons Seen (total first + a	1		1		1		Unlimited			
	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 17:00) With sacrifice of Office Hours		Evenings M-F (17:00 - 24:00)		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
Other	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
(non-professional setting not listed)										
Travel Premium	Q960	\$36.40	Q961	\$36.40	Q962	\$36.40	Q963	\$36.40	Q964	\$36.40
First Person Seen	Q990	\$20.00	Q992	\$40.00	Q994	\$60.00	Q998	\$75.00	Q996	\$100.00
Maximum (per time period)										
Travel Premiums	1		1		1		1		Unlimited	
Persons Seen (total first + a	1		1		1		1		Unlimited	
	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 17:00) With sacrifice of Office Hours		Evenings M-F (17:00 - 24:00)		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
Geriatric Home Visit	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
Travel Premium	B986	\$36.40	B986	\$36.40	B986	\$36.40	B986	\$36.40	B986	\$36.40
First Person Seen	B988	\$82.50	B988	\$82.50	B988	\$82.50	B988	\$82.50	B987	\$110.00
Maximum (per time period)										
Travel Premiums	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Persons Seen (total first + a	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
	Weekdays (07:00 - 17:00)		Weekdays (07:00 - 17:00) With sacrifice of Office Hours		Evenings M-F (17:00 - 24:00)		Weekends & Holidays (07:00 - 24:00)		Nights (0:00 - 7:00)	
	Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
		\$0.00	B986	\$36.40		\$0.00		\$0.00		\$0.00
Maximum (per time period)										
Persons Seen (total first + a	0		1		0		0		0	