
The Ministry of Health and Long-Term Care
ONTARIO
le ministère de la Santé et des Soins de longue durée

Schedule of Facility Fees

for
Independent Health Facilities

Under the
Independent Health Facilities Act

Nuclear Medicine - In Vivo

Code		F
Cardiovascular System		
J802/J602	Venography- peripheral and superior vena cava	97.80
J804/J604	First transit without blood pool images	16.35
J867/J667	First transit with blood pool images	58.15
J806/J606	Cardioangiography - first pass for shunt detection, cardiac output and transit studies	96.60
J807/J607	Myocardial perfusion scintigraphy - immediate post stress - resting	220.95
J866/J666	- application of SPECT (maximum one per examination)	add 44.15
J808/J608	- delayed	81.35
J809/J609	- application of SPECT (maximum two per examination)	add 44.15
J810/J610	Myocardial scintigraphy - acute infarction, injury	89.60
J811/J611	Myocardial wall motion studies	96.60
J812/J612	- repeat same day (maximum of three repeats)	48.90
J813/J613	Myocardial wall motion studies with ejection fraction	137.25
J814/J614	- repeat same day (maximum of three repeats)	48.90
J815/J615	Detection of venous thrombosis using radioiodinated fibrinogen up to ten days	133.75
Endocrine System		
J816/J616	Adrenal scintigraphy with idocholesterol	391.90
J868/J668	- with idocholesterol and dexamethasone suppression	458.25
J869/J669	- with MIBG	563.95
J817/J617	Thyroid uptake	29.10
J870/J670	- repeat	14.90
J818/J618	Thyroid scintigraphy with Tc99m or I-131	65.15
J871/J671	- with I-123	104.70
J820/J620	Parathyroid scintigraphy - dual isotope technique with T1201 and Tc99m Iodine	238.30
J872/J672	Metastatic survey with I-131	244.30
Gastrointestinal System		
J821/J621	Schilling test - single isotope	45.35
J823/J623	- dual isotope	48.90
J824/J624	Malabsorption test with C ¹⁴ substrate	58.15
J873/J673	- with whole body counting	139.85
J825/J625	Gastrointestinal protein loss	83.70
J874/J674	Gastrointestinal blood loss - Cr ⁵¹	62.85
J826/J626	Calcium absorption - Ca ⁴⁵	62.85
J875/J675	Calcium ⁴⁷ absorption/excretion	257.05
J827/J627	Esophageal motility studies - one or more	120.75
J829/J629	Gastrointestinal transit	104.70
J876/J676	Gastroesophageal reflux	57.55
J877/J677	Gastroesophageal aspiration	40.80
J830/J630	Abdominal scintigraphy for gastrointestinal bleed - Tc99m sulphur colloid or Tc ⁰⁴	88.35
J878/J678	- labelled RBCs	145.40
J879/J679	- LeVeen shunt patency	67.35
J831/J631	Biliary scintigraphy	116.30
J832/J632	Liver/spleen scintigraphy	81.35
J833/J633	Salivary gland scintigraphy	97.70

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Code	Genitourinary System	F
J834/J634	Dynamic renal imaging	97.70
J835/J635	Computer assessed renal function (includes first transit)	133.75
J880/J680	- repeat after pharmacological intervention	45.55
J836/J636	Static renal scintigraphy	33.75
J837/J637	ERPF by blood sample method	40.80
J838/J638	GFR by blood sample method	40.80
J839/J639	Cystography for vesicoureteric reflux	122.45
J840/J640	Testicular and scrotal scintigraphy (includes first transit)	83.70
Hematopoietic System		
J841/J641	Plasma volume	44.15
J843/J643	Red cell volume	48.90
J847/J647	Ferrokintics - clearance, turnover, and utilization	407.20
J848/J648	Red cell, white cell or platelet survival	104.20
J849/J649	Red cell survival with serial surface counts	150.55
J881/J681	Bone marrow scintigraphy - whole body	115.45
J882/J682	- single site	86.15
J883/J683	In-111 leukocyte scintigraphy - whole body	369.95
J884/J684	-single site	325.75
Musculoskeletal System		
J850/J650	Bone scintigraphy - general survey	105.30
J851/J651	- single site	86.15
J852/J652	Gallium scintigraphy - general survey	180.30
J853/J653	- single survey	125.60
Note:	J850/J650 and J851/J651 are not to be billed together. J804/J604 may be claimed in addition to J850/J650 or J851/J651 for blood pool study.	
Nervous System		
J857/J657	CSF circulation - with Tc99m or I-131 HSA	122.15
J885/J685	- with In-111	312.95
J886/J686	- via shunt puncture	89.90
J858/J658	Brain scintigraphy	91.80
Respiratory System		
J859/J659	Perfusion lung scintigraphy	87.25
J887/J687	Ventilation lung scintigraphy	109.35
J860/J660	Perfusion and ventilation scintigraphy - same day	174.50
Miscellaneous		
J861/J661	Radionuclide lymphangiogram	113.95
J862/J662	Ocular tumour localization	76.80
J864/J664	Tear duct scintigraphy	98.85
J865/J665	Total body counting	190.85
J866/J666	Application of Tomography (SPECT), other than to J808/J608 - maximum one per Nuclear Medicine examination	add 44.15

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Diagnostic Radiology

Code		F
Head and Neck		
X001	Skull - four views	32.68
X009	- five or more views	40.71
X003	Sella turcica (when skull not examined)	16.31
X004	Facial bones - minimum of three views	23.75
X005	Nose - minimum of two views	16.31
X006	Mandible - minimum of three views (uni or bilateral)	23.75
X012	- four or more views	32.68
X007	Temporomandibular joints - minimum of four views including open and closed mouth views	23.75
X008	Sinuses - minimum of three views	23.75
X010	Mastoids - bilateral - minimum of six views	31.34
X011	Internal auditory meati (when skull not examined)	23.75
X016	Eye, for foreign body	16.26
X017	Eye, for localization, additional	16.75
X018	Optic foramina	18.47
X019	Salivary gland region	15.02
X020	Neck for soft tissues - minimum of two views	15.02
Spine and Pelvis		
X025	Cervical spine - two or three views	28.32
X202	- four or five views	36.51
X203	- six or more views	44.15
X027	Thoracic spine - two views	25.85
X204	- three or more	32.68
X028	Lumbar or lumbosacral spine - two or three views	28.32
X205	- four or five views	36.51
X206	- six or more views	44.15
X032	Entire spine - (scoliosis series) minimum of four views	58.53
X033	- Orthoroentgenogram (3 foot film) - single view	23.75
X031	- two or more views	32.47
X034	Sacrum and/or coccyx - two views	26.17
X207	- three or more views	33.98
X035	Sacro-iliac joints - two or three views	23.75
X208	- four or more views	31.66
X036	Pelvis and/or hip(s) - one view	16.31
X037	- two views (e.g. A.P. and frog view, both hips; or A.P. both hips plus lateral one hip)	30.31
X038	- three or more views (e.g. pelvis and sacro-iliac joints, or A.P. both hips plus lateral each hip)	34.89
Upper Extremities		
X045	Clavicle - two views	16.31
X209	- three or more views	25.04
X046	Acromioclavicular joints (bilateral) with or without weighted distraction - two views	23.75
X210	- three or more views	32.36
X047	Sternoclavicular joints - (bilateral) - two or three views	19.60
X211	- four or more views	28.00
X048	Shoulder - two views	19.60
X212	- three or more views	28.00

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Code	Upper Extremities (continued)	F
X049	Scapula - two views	19.60
X213	- three or more views	28.21
X050	Humerus - including one joint - two views	16.31
X214	- three or more views	24.88
X051	Elbow - two views	16.31
X215	- three or four views	25.04
X216	- five or more views	33.76
X052	Forearm - including one joint - two views	16.31
X217	- three or more views	25.04
X053	Wrist - two or three views	16.31
X218	- four or more views	25.04
X054	Hand - two or three views	16.31
X219	- four or more views	25.04
X055	Wrist and hand - two or three views	23.75
X220	- four or more views	30.21
X056	Finger or thumb - two views	12.60
X221	- three or more views	16.31
Lower Extremities		
X060	Hip - (unilateral) - two or more views	25.95
X063	Femur, including one joint - two views	16.31
X223	- three or more views	24.23
X065	Knee (including patella) - two views	16.31
X224	- three or four views	25.04
X225	- five or more views	33.76
X066	Tibia and fibula (including one joint) - two views	16.31
X226	- three or more views	25.04
X067	Ankle - two or three views	16.31
X227	- four or more views	25.04
X068	Calcaneus - two views	16.31
X228	- three or more views	25.04
X069	Foot - two or three views	16.31
X229	- four or more views	25.04
X072	Toe - two views	12.60
X230	- three or more views	16.31
X064	Leg length studies (orthoroentgenogram)	23.75
Skeletal Surveys		
X057	Skeletal survey for bone age - single film	16.31
X058	- two or more films or views	23.75
X080	Other survey studies - e.g., rheumatoid, metabolic or metastatic - single view	8.13
X081	- each additional film or view	8.13
Chest		
X090	Chest- single film	16.31
X091	-two views	23.96
X092	-three or more views	30.75
X039	Ribs - two or more views	19.60
X040	Sternum - two or more views	19.60
X096	Thoracic inlet - two or more views	16.31

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Code	Abdomen	F
X100	Single view	16.31
X101	Two or more views	24.93
G.I. Tract		
X105	Palatopharyngeal analysis (cine or videotape)	32.25
X106	Pharynx and esophagus (cine or videotape)	32.25
X107	Esophagus - when X103, X104, X108 or X109 not billed	29.24
X108	Esophagus, stomach and duodenum - including survey film if taken	50.67
X104	Esophagus, stomach and duodenum - double contrast, including survey film, if taken	53.04
X103	Esophagus, stomach and duodenum - double contrast, including survey film, if taken, and small bowel	66.66
X109	Esophagus, stomach and small bowel	64.61
X110	Hypotonic duodenogram	43.02
X111	Small bowel only - when only examination performed during patient's visit	28.91
X112	Colon - barium enema (including survey film, if taken)	52.93
X113	Colon - air contrast, primary or secondary, including survey films, if taken	67.04
X114	Gallbladder (one or multiple day examinations)	32.74
X120	Gallbladder (one or multiple day examinations with preliminary plain film)	43.51
X116	T-tube cholangiogram	23.75
X123	E.R.C.P.	23.75
G.U. Tract		
X129	Retrograde pyelogram, unilateral or bilateral	23.75
X130	Intravenous pyelogram including preliminary film	54.28
X137	Cystogram (catheter)	26.06
X135	Cystourethrogram, stress or voiding (catheter)	30.05
X131	Cystourethrogram (non-catheter)	6.30
X191	Intestinal conduit examination or nephrostogram	23.75
X138	Percutaneous antegrade pyelogram	23.75
X139	Percutaneous nephrostogram	23.75
X134	Urethrogram (retrograde)	19.60
X136	Vasogram	19.60
X141	Cavernosography	22.61
Obstetrics and Gynaecology		
X143	Survey film	16.10
X144	Pelvimetry	23.53
X147	Hysterosalpingogram	32.58
Fluoroscopy - by physician with or without spot films		
X195	Chest	10.12
X196	Skeleton	10.12
X197	Abdomen	10.12
X189	Fluoroscopic control of clinical procedures done by another physician per 1/4 hour	8.02
Special Examinations		
X179	Angiography - by catheterization - abdominal, thoracic, cervical or cranial - using single films - non-selective	32.36
X180	- selective (per vessel, to a maximum of 4)	42.59

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R3

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Code	Special Examinations (continued)	F
X181	Using film changer, cine or multiformat camera - non-selective	65.26
X182	- selective (per vessel, to a maximum of 4)	86.74
X140	- selective (5 or more vessels)	347.08
X160	Carotid angiogram - direct puncture – unilateral	53.47
X161	- bilateral	85.94
X174	Peripheral angiogram - unilateral	32.58
X175	- bilateral	43.02
X198	Splenoportogram	64.61
X199	Translumbar aortogram	64.61
X132	Vertebral angiogram - direct puncture or retrograde brachial injection - unilateral	53.47
X133	- bilateral	87.39
X156	Arthrogram, tenogram or bursogram	28.70
X200	- with fluoroscopy and complete positioning throughout by physician	40.17
	Dual-energy x-ray absorptiometry (DXA) - Axial technique only	
X153	Low-risk patient - two or more sites (must include spine and hip)	60.36
X152	Low-risk patient - one site (must be either spine or hip, only if two sites technically unfeasible due to prosthesis or deformity)	46.85
X149	High-risk patient - one site	46.85
X155	High-risk patient - two or more sites	60.36
X157	Bone density measurement by any radiologic technique other than DXA	0.00
X158	Bronchogram - unilateral	31.66
X159	- bilateral	42.00
X122	Cholangiogram, percutaneous trans-hepatic	32.25
	Miscellaneous Examinations	
X163	Dacrocystogram	32.36
X164	Discogram(s) - one or more levels	31.66
X167	Fistula or sinus	23.53
X169	Laminogram, planigram, tomogram	43.61
X170	Laryngogram	31.66
X171	Lymphangiogram	53.58
X192	Mammary ductography	27.41
X184	Mammogram - dedicated equipment – unilateral	30.64
X185	- bilateral	40.60
X186	Mammogram - using dedicated xeroradiography equipment - unilateral	33.49
X187	- bilateral	51.42
X194	Additional coned views with or without magnification (limit of two per breast), per film	6.52
X201	Breast biopsy specimen x-ray, per specimen	6.52
X150	Mechanical evaluation of knee	27.84
X193	Microradioscopy of the hands	15.83
X173	Myelogram (spine and/or posterior fossa)	38.23
X190	Pantomography	19.38
X154	Penis	17.45
X176	Sialogram	32.58
X177	Skin thickness measurement	17.07
X166	Examination using portable machine "in home", add to first examination only	69.05
Note:	X166 may only be claimed once per day regardless of the number of people x-rayed in the same "home", including "nursing home".	

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Diagnostic Ultrasound

Code	F
Head and Neck	
J122/J422	47.90
J102/J402	22.70
J103/J403	44.65
J107/J407	22.10
J108/J408	23.15
J105/J405	48.00
J106/J406	6.60
Thorax	
J125/J425	49.50
Abdomen and Retroperitoneum	
J135/J435	49.50
J128/J428	32.55
Pelvis	
J159/J459	49.50
J160/J460	49.50
J157/J457	32.55
J158/J458	32.55
J162/J462	49.50
J138/J438	49.50
J165	101.50
Note:	J138/438 and J161/461 rendered in conjunction with J165 are insured services payable at nil.
J163/J463	32.55
J161/J461	32.55
J164/J464	24.75
*For ovulation induction purposes, the limit is one per cycle. Additional ultrasounds may be claimed as J164/J464.	
Vascular System	
Extra-cranial vessel assessment (bilateral carotid and/or subclavian and/or vertebral arteries)	
J190/J490	43.30
J191/J491	43.30
J192/J492	54.50
J201/J501	67.25
Peripheral (i.e. distal to inguinal ligament or axilla) artery and/or vein evaluation per extremity (not to be billed routinely with J190, J191 or J192)	
J193/J493	22.40
J194/J494	15.00
J195/J495	28.20
J202/J502	34.00

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Code	Vascular System (continued)	F
J198/J498	Venous assessment (bilateral - includes assessment of femoral, popliteal and posterior or tibial veins with appropriate functional manoeuvres and permanent record) not to be claimed during surgery or during patient's post-operative stay in hospital	7.50
J205/J505	Doppler evaluation of organ transplantation - arterial and/or venous	22.40
J206/J506	Duplex evaluation of portal hypertension - must include doppler interrogation and documentation of superior mesenteric vein, splenic vein, portal veins, hepatic veins and hepatic arteries (not to be billed unless study specifically requested by referring physician)	22.40
J207/J507	Duplex assessment of patency, obstruction, and flow direction of vascular shunts - must include doppler interrogation and documentation of vascular shunts (not to be billed unless study specifically requested by referring physician)	22.40
Vascular Laboratory Fees		
J200/J500	Ankle pressure measurements with segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings	20.70
J196/J496	Ankle pressure measurements with exercise and/or quantitative measurements added to the above	8.10
J197/J497	Penile pressure recordings - two or more pressures	7.00
J203/J503	Transcutaneous tissue oxygen tension measurements	24.45
J204/J504	- when done in addition to Doppler studies	13.40
Note:	For ankle pressure determination see G517 under Cardiovascular Diagnostic & Therapeutic Procedures	
Miscellaneous		
J182/J482	Extremities - per limb (excluding vascular study)	25.90
J127/J427	Breast – scan B-mode (per breast)	24.05
J183/J483	Scrotal – scan	48.00
SPECIFIC ELEMENTS FOR ULTRASONIC GUIDANCE (J149)		
<p>In addition to the common elements, the components of Ultrasonic guidance include the following specific elements:</p> <p>Providing premises, equipment, supplies and personnel for all specific elements of the facility and professional components except for the premises for an aspect(s) of A and D of the professional component that is (are) not performed at the place in which the procedure is performed.</p>		
J149	Ultrasonic guidance of biopsy, aspiration, amniocentesis or drainage procedure (one physician only)	48.00

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US2

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Pulmonary Function Studies

Code		F
J311	Functional residual capacity by gas dilution method	16.55
J307	Functional residual capacity by body plethysmography	17.75
J305	Lung compliance (pressure volume curve of the lung from TLC to FRC)	52.75
J306	Airways resistance by plethysmography or estimated using esophageal catheter	16.45
J303	Extra pulmonary airways resistance by plethysmography	16.45
J340	Maximum inspiratory and expiratory pressures	2.85
J310	Carbon monoxide diffusing capacity by single breath method	21.75
J308	Carbon dioxide ventilatory response	20.20
J315	Stage I: Graded exercise to maximum tolerance (exercise must include continuous heart rate, oximetry and ventilation at rest and at each workload)	63.40
E450	J315 plus J301 or J304 before and/or after exercise,	13.50
E451	J315 plus 12 lead E.C.G. done at rest, used for monitoring during the oximetry and ventilation exercise and followed for at least 5 minutes post exercise,	18.35
J316	Stage II: Repeated steady state graded exercise (must include heart rate, ventilation, VO ₂ , VCO ₂ , BP, ECG, end tidal and mixed venous CO ₂ at rest, 3 levels of exercise and recovery)	91.40
J330	Assessment of exercise induced asthma (workload sufficient to achieve heart rate 85% of predicted maximum; performance of J301 or J304 before exercise and 5-10 minutes post exercise)	33.85
J319	Blood gas analysis: pH, PO ₂ , PCO ₂ , bicarbonate and base excess	11.45
J318	Arterialized venous blood sample collection (e.g. ear lobe)	3.85
J320	A-a oxygen gradient requiring measurement of RQ by sampling mixed expired gas and using alveolar air equation	27.95
J331	Estimate of shunt (Qs/Qt) breathing pure oxygen	27.95
J313	Mixed venous PCO ₂ , by the rebreathing method	11.45
J323	O ₂ saturation by oximetry at rest, with or without O ₂	4.25
J332	Oxygen saturation by oximetry at rest and exercise, with or without O ₂ (not to be billed with J323 on the same day)	17.85
J334	J332 with at least two levels of supplemental O ₂	31.05
J322	Standard O ₂ consumption and CO ₂ production	5.40
J333	Non-specific bronchial provocative test (histamine, methylcholine, thermal challenge)	49.00
J335	Antigen challenge test	52.65
Note:	For home/self-care ventilation listing see Diagnostic and Therapeutic Procedures, page J12, Schedule of Benefits for Physician Services.	

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PF1

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SLEEP STUDIES

Code	F
<p>Overnight Sleep Studies:</p> <p>All studies require continuous technician attendance during the study period. A physician claiming the P1 fee is responsible for the clinical supervision of the study and for the interpretation of the procedure. Physical presence by the physician is not required. The physician must be accessible to make applicable decisions about the patient in connection with the performance of the procedure. This includes quality control of all elements of the technical component of the procedure and ensuring that set-up and monitoring are carried out in accordance with generally accepted standards of practice. The physician claiming the P1 fee may delegate one or more aspects of the foregoing to an appropriately qualified physician in accordance with the Preamble to the Diagnostics and Therapeutics Section. If the physician in his/her sole professional judgment determines that physical presence may be required during a sleep study, remuneration for such attendance is included in the fee. The amount payable for a special visit in association with overnight sleep studies is nil.</p>	
J890/690	376.50
<p>Level 1 - Overnight sleep study with continuous monitoring of oxygen saturation, ECG and ventilation by plethysmography and additional monitoring to stage sleep (EEG, EOG, and sub-mental EMG)</p> <p style="padding-left: 40px;">- diagnostic study</p>	
J889/689	376.50
<p style="padding-left: 40px;">- therapeutic study for CPAP Titration</p>	
Note:	J889/J689 rendered to the same patient during the same 12-hour period as J890/J690 is an insured service payment at nil.
J891/J691	235.45
<p>Level 2 - Overnight sleep study with continuous monitoring of oxygen saturation, ECG and ventilation by plethysmography</p>	
J892/J692	192.05
<p>Level 3 - Overnight sleep study with monitoring to stage sleep (EEG, EOG, and sub-mental EMG) and continuous monitoring of ECG</p>	
J893	70.00
<p>Multiple Sleep Latency Test</p>	
J894	70.00
<p>Maintenance of Wakefulness Test</p>	
Note:	J894 rendered to same patient same day as J893 is an insured service payable at nil.

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