

Quick Tips: Addiction Medicine

June 2026

The full definitions, payment rules and medical record requirements of the services described in this guide are detailed in the OHIP Schedule of Benefits.

Disclaimer:

Every effort has been made to ensure that the contents of this document is accurate. Members should, however be aware that the laws, regulations and other agreements may change over time. The Ontario Medical Association assumes no responsibility for any discrepancies or differences of interpretation of applicable. Regulations with the Government of Ontario including but not limited to the Ministry of Health (MOH) and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing = by contacting their regional OHIP office.

[OHIP Schedule of Benefits \(Effective April 1, 2026\)](#)

OHIP Billing Number

Physicians are legally responsible for all OHIP claims submitted and paid in conjunction with their billing number, even if they didn't submit or receive the payment directly. As such, physicians should always be aware of the claims and payments made under their billing number.

Common Addiction Medicine Fee Codes

Title	Code	Amount
Substance Abuse – Initial Assessment	A680/C680	\$164.95
Payment Rules: - Minimum 50 minutes in direct contact with patient - Only eligible: - To the physician intending to subsequently render treatment of the patient. - Visit is pre-booked at least one day before the service is rendered. - Not eligible for the assessment of substance abuse related to smoking cessation. Limit: One per patient per physician or practice group except in circumstances where a 12-month period has elapsed since the most recent insured service rendered to the patient by the same physician.		

Title	Code	Amount
Substance Abuse – Extended Assessment	K680	\$80.00 per unit
Payment Rules: - Each unit = ½ hour or major part thereof - No other consultation/assessment/visit/time-based service can be billed the same day to the same patient by the same physician Not eligible for smoking cessation		

Title	Code	Amount
Addiction Medicine Focused Practice Assessment (FPA)	A957	\$44.55
Payment Rules: - Must meet the minimum the requirements of an intermediate assessment. - No other consultation, visit, assessment or counselling service can be billed for the same patient, same physician, same day. - Eligible for 15% premium for ages 65+		

Medical Documentation Requirements:

- Start and stop times must be recorded in the patient's medical records.
- DSMA must be recorded in relation to each problematic substance in the patient's permanent medical record.



Non-Emergency Hospital In-Patient Fee Codes

Title	Code	Amount	Payment Notes
Assessments			
Special family and general practice consultation	A/C911	\$164.95	Must spend a minimum of 50 minutes in direct contact with the patient
Comprehensive family and general practice consultation	A/C912	\$247.40	Must spend a minimum of 75 minutes in direct contact with the patient.
Substance abuse - extended assessment	K680	\$80.00 per unit	Not eligible for payment for management of smoking cessation.
No other consultation, assessment, visit or counselling service is eligible for payment when rendered the same day as A911, A912 or K680 to the same patient by the same physician.			

Title	Code	Amount	Payment Notes
Subsequent visits by the Most Responsible Physician (MRP)			
Day following the hospital admission assessment	C122	\$71.80	
Second day following the hospital assessment	C123	\$71.80	
Day of discharge	C124	\$71.80	
Day of discharge, medically complex patient	C126	\$95.10	Only eligible for payment when: - The patient has been admitted to hospital for a minimum of 7 consecutive days - The patient has a minimum of three diagnoses that contributed to the length of stay, and - The minimum amount of time dedicated to the provision of C126 must be 45 minutes.
Only C124 or C126 is eligible for payment per hospital admission.			

Title	Code	Amount	Payment Notes
Premiums			
Admission assessment by the MRP, to admission assessment	E082	Add 30%	Limit: one per patient per hospital admission. Only applicable when the admitting physician is the MRP. Not eligible for payment: • For transfers within the same hospital. • For a patient admitted for obstetrical delivery or day surgery • Not applicable to any other service or premium. • If the physician received remuneration from the hospital for the service
Subsequent visit and palliative care visit by the MRP premium	E083	Add 30%	For the following codes only: C121, C122, C123, C124, C126, C142, C143, C882 or C982
Saturday, Sunday or Holiday subsequent visit and palliative care visit by the MRP premium	E084	Add 45%	For the following codes only: C121, C122, C123, C124, C126, C142, C143, C882 or C982
Only E083 or E084 is eligible for payment per patient per day.			

GP Focused Practice Designation: Addiction Medicine

Physicians with a Focused Practice Designation can bill the following focused practice consultation fee codes:

Title	Code	Amount	Payment Notes
Focused practice consultation by video	A010	\$95.60	
Focused practice repeat consultation by video	A011	\$47.10	
Focused practice limited consultation by video	A906	\$80.15	
Focused practice special consultation by video	A913	\$164.95	Must spend a minimum of 50 minutes in direct contact with the patient.
Focused practice comprehensive consultation by video	A914	\$247.40	Must spend a minimum of 75 minutes in direct contact with the patient

Applications are due: Feb. 1 and Sept. 1 of each year.

For more information and application forms, visit [the OMA GD Focused Practice Designation webpage](#)



Virtual Care



Establishing physician-patient relationship

- A patient has had at least one insured service with a direct physical encounter with the physician in the preceding 24 months; or
- A specialist provides an eligible consultation by video or
- A physician provides any of the following services:
 - A680: Initial assessment – substance abuse (video)
 - C680: Initial assessment – substance abuse (video)
 - A957 – Addiction medicine FPA by Video,
 - K680 – Substance abuse – extended assessment by video.

Comprehensive Virtual Care

If there is a physician-patient relationship:

- **100%** of the OHIP Schedule rate for services rendered by video.
- **85%** of the OHIP Schedule rate for services rendered by phone.
- **95%** of the OHIP Schedule rate for K007 GP psychotherapy, K005 primary mental health care, K197 individual outpatient psychotherapy, and K198 outpatient psychiatric care when rendered over the phone.

Limited Virtual Care

If there is **no** physician-patient relationship:

- A101: Limited virtual care service – \$20 (video)
- A102: Limited virtual care service – \$15 (phone)

Virtual Care Error Code: AT3 means that there is “No Patient-Physician relationship.”

Visit [Ontario Health](#) for a list of verified vendors.

Additional Resources

- [OMA OHIP Payments for Addiction Medicine: Quick Reference Guide](#)
- [OHIP Schedule of Benefits](#)
- [OHIP Claims Submission Process](#) (including manual review and stale dated claims)
- [OMA Billing Resources including delegated services, special premiums etc.](#)
- [OHIP Info Bulletins](#)
- [Education and Prevention Committee Billing Briefs](#)
- OMA Mobile App
- For more information email: info@oma.org

