

COVID-19 vaccine billing codes for primary care

This guide provides an overview of the billing codes available for activities related to COVID-19 vaccination.

Use coronavirus diagnostic code 080 when providing any services related to COVID-19.

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Counselling

These codes can be used to bill for counselling your patients about the COVID-19 vaccine, although they apply to any type of patient counselling. You do not have to be the one to administer the vaccine in order to bill for counselling.

Counselling ≥20 minutes

<p>Service: individual counselling</p> <p>Fee: \$67.75 per unit</p> <p>Fee Code: K013</p>	<p>Service: group counselling</p> <p>Fee: \$67.75 per unit</p> <p>Fee Code: K040</p>
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Billing notes:

- fee codes K013 and K040 (combined) can be billed a maximum of three times per patient, per physician, per 12-month period (i.e. a maximum of 3 counselling sessions, regardless of whether the patient was counselled individually or in a group)
- additional units are billed at \$47.70 using fee code K033 for individual counselling and \$48.50 using fee code K041 for group counselling
- for more information on K013 and K040, refer to [page A19 of the current OHIP Schedule](#).

Counselling <20 minutes

For counselling services that do not meet the minimum of 20 minutes, physicians should claim the most appropriate assessment fee/fee code.

Contacting patients to support registration, booking and documentation

Q007 is intended to reimburse physicians that help make arrangements for COVID-19 vaccination but do not actually administer the injection (i.e. the patient is vaccinated outside of your practice). Q007 should be used if you receive a formal request from a Public Health Unit or the province to contact specific groups of patients to:

- assist with registering and/or booking their COVID-19 vaccination appointment, or
- provide direct assistance to complete patient consent or other documentation

This request is usually made in writing directly to the physician(s); a media article or quotation within an article is not considered a formal request. You should document the formal request in the patient's medical record and retain a copy of the request.

Service: registering and/or booking COVID-19 vaccination appointment or providing direct assistance in completing patient consent or other documentation

Fee: \$6.00 one-time fee per patient

Fee Code: Q007

Billing notes:

Fee code Q007 is effective as of March 6, 2021. Any of these activities performed before March 6 are not eligible. Fee code Q007 is new; therefore, you must hold these claims until further notice.

Q007 **cannot** be billed under the following circumstances:

- when you administer the vaccine to the patient and claim G593, even if the booking/registration and vaccination occur on different days
- when rendered during the same time period as H409/H410
- when you only provide general information about how to access or register for a vaccination

The temporary virtual care fee codes (K080, K081, K082, K083) and Q007:

- when Q007 is billed for service, neither K080, K081, K082 or K083 are eligible for additional payment to cover the same activities
- if you are providing a virtual assessment to the patient and this assessment is separate from Q007 activities, then both Q007 and the appropriate K code would be eligible for payment

Refer to [Appendix A](#) for a flowchart summary of the required circumstances and activities eligible for Q007.

Administering COVID-19 vaccines

The approach to billing for this work generally depends on who is coordinating the vaccination event from a logistical standpoint, including: determining the operating model and hours, renting space, scheduling staff and vaccinators, etc.

**** If you are unsure who is coordinating the vaccination event, check with your Public Health Unit. ****

Vaccination events coordinated by your practice

If you are administering COVID-19 vaccines at a site or event that is **coordinated by your practice** (not by a hospital or Public Health Unit), use the G-codes below.

All models	With visit for other unrelated insured service	Fee: \$13.00 Fee code: G593 + visit fee
FFS/FHG/CCM	Sole visit	Fee: \$13.00 + \$5.60 Fee code: G593 (COVID-19 vaccine) + G700 (the basic fee-per-visit premium)
All other models	Sole visit	Fee: \$13.00 + \$5.60 Fee code: G593 (COVID-19 vaccine) + Q593 (sole visit premium COVID-19 PEM)

These codes can be used for vaccinations that take place in your office (e.g. through regular booked appointments or dedicated clinics) or off site (e.g. community centre, parking lot, drive through, etc.), as long as the events are organized by your practice.

Billing notes:

- fee codes G593 and Q593 are effective as of March 6, 2021
- fee codes G593 and Q593 are new; hold those claims until further notice
- for detailed G700 eligibility and associated payment rules, refer to [page J3 of the current OHIP Schedule](#)
- if the Public Health Unit has asked your practice to participate in vaccination and provided you with vaccine supply, this alone is NOT considered to be ‘coordinated by the PHU’

Vaccination events coordinated by a hospital or the Public Health Unit

If you are administering COVID-19 vaccines at a site or event that is **coordinated by a hospital or Public Health Unit**, use the H-codes below.

<u>Regular hours</u>	<u>After hours, weekends, holidays</u>
Fee: \$170.00	Fee: \$220.00
Fee code: H409 COVID-19 sessional unit - per one-hour period, or major part thereof	Fee code: H410 COVID-19 sessional unit - per one-hour period, or major part thereof on Saturdays, Sundays, holidays or Monday to Friday after hours (5 p.m. to 7 a.m.)

Examples of vaccination events that would be covered by H-codes include mass vaccination clinics set up by the Public Health Unit or vaccinating residents in a long-term care home, organized by a hospital.

Billing notes:

- H-codes may also be used when providing COVID-19 vaccination planning, administrative, or leadership services, when requested by a hospital or public health unit
- these codes must be billed with an eligible group number that has been assigned to the hospital or Public Health Unit coordinating the services
- make sure you receive the group number from the scheduling hospital or Public Health Unit, as well as the hours you are scheduled to provide services
- fee codes H409 and H410 are meant to cover all services provided during the hours scheduled; no other fee codes are eligible for payment

Refer to [Appendix B](#) for a flowchart summary of the required circumstances for billing H and G codes.

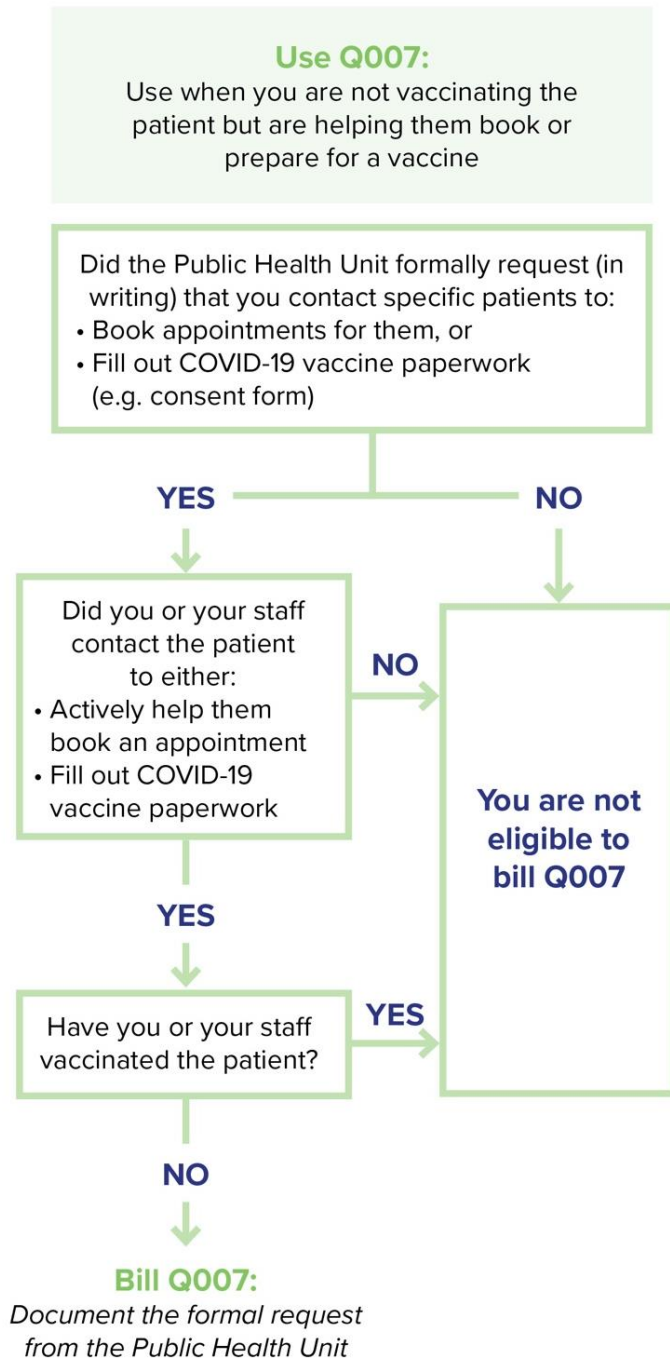
Need more information?

For more information, [read FAQs on billing H409/H410 for LTC and congregate care settings](#) and [the ministry’s memo](#).

If you have further questions about the H409/H410 fee codes, contact the ministry’s Service Support Contact Centre (SSCC) at SSContactCentre.MOH@ontario.ca or 1-800-262-6524. You can also contact the OMA response centre at info@oma.org.

What if my patient does not have a health card?
 Patients without a valid health card number are eligible receive a vaccination for free; however, a health card number is required to bill the G codes above.

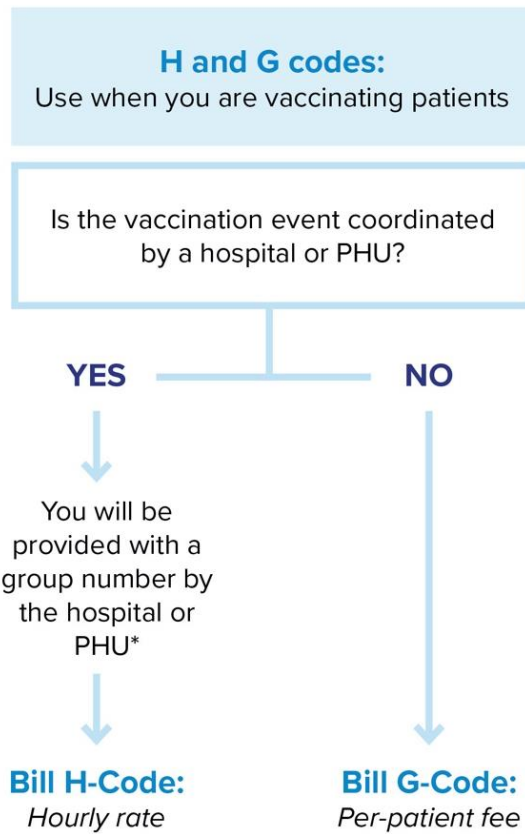
Appendix A: Visual guide to use of Q007 code



Notes:

- A group number is NOT required to bill the Q007 code
- Mention of a request from the public health unit in the media is not considered a formal request
- You must actively help the patient book an appointment or fill out a form. Passive sharing of information (e.g. an email sharing details of how to book) is not an activity eligible for billing Q007

Appendix B: Visual guide to use of H and G codes



'Coordinated' refers to who is running the vaccination event from a logistical standpoint, including: determining the operating model and hours, renting space, scheduling staff and vaccinators, etc.

If the PHU has asked your practice to participate in vaccination and provided you with vaccine supply, this alone is NOT considered to be 'coordinated by the PHU'.

***About group numbers**

- If you have been provided with a group number, you must use H-codes to bill for your work at that site (i.e. you cannot elect to use G-codes for this work)
- To bill the H-codes, you must provide your assigned group number
- If you don't know your group number, ask the hospital or public health unit that is coordinating the vaccination event
- If you work at more than one site, you will have multiple group numbers; ensure you reference the correct one with your billings
- No additional claims to OHIP may be made for services rendered during the same time period as H-codes
- If you are not sure which code to bill, contact the ministry's Service Support Contact Centre (SSCC) at SSContactCentre.MOH@ontario.ca or 1-800-262-6524

Appendix C: Additional resources

1. [**OHIP INFO Bulletin: Temporary COVID-19 Vaccine Fee Code**](#): a memo from the Ministry released March 5, 2021 outlining a temporary fee code for COVID-19 immunization (G593), a COVID-19 vaccine patient facilitation fee (Q007), and clarification for use of the H codes
2. [**OHIP INFO Bulletin: Keeping Health Care Providers informed of payment, policy or program changes**](#): a memo from the Ministry released March 13, 2021 outlining temporary codes including K080, K081, K082 and K083
3. [**Physician Compensation for COVID Vaccine Administration FAQ**](#): FAQs related to use of COVID-19 billing codes