

COVID-19 vaccine billing codes

This guide provides an overview of the billing codes available for activities related to COVID-19 vaccination.¹

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

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.

In-person or virtually via OTN

If ≥ 20 minutes:

<p>Service: individual counselling Fee: \$67.75 per unit Fee Code: K013</p>	<p>Service: group counselling Fee: \$67.75 per unit Fee Code: K040</p>
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If < 20 minutes:

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

Virtual: by phone or non-OTN video service – include tracking code K300 (video) or K301 (phone)

<10 minutes	10-20 minutes	>20 minutes
<p>Service: minor assessment, advice or information by phone or video Fee: \$23.75 Fee Code: K080</p>	<p>Service: intermediate assessment, advice or information by phone or video; psychotherapy, psychiatric or primary mental health care, counselling or interview by phone or video Fee: \$36.85 Fee Code: K081</p>	<p>Service: psychotherapy, psychiatric or primary mental health care, counselling or interview by phone or video Fee: \$67.75 per unit (unit = half hour or major part thereof) Fee Code: K082</p>

Billing notes:

- Effective October 1, 2021, K080, K081, K082 (as well as K083) must be submitted with one of two tracking codes to indicate the modality: K300 (video) or K301 (phone)
- When billing virtual care tracking codes K300 or K301, you are required to note one unit
- Effective October 1, 2021, K080, K081 and K082 services rendered on or after October 1 by a family physician outside of the patient’s enrolling group will be considered Outside Use

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- The approved amount for these services will be deducted from the enrolling physician’s Access Bonus payment. This change applies to all Patient Enrollment Models (PEMs) receiving Access Bonus Payments:
 - Blended Salary Model (BSM)
 - Family Health Organizations (FHOs)
 - Family Health Networks (FHNs)
 - Group Health Centre (GHC)
- 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 in-person or OTN 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](#)

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 billed when contacting specific patients to:

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

The use of Q007 requires a formal request from a Public Health Unit or the province. 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 memo.

On July 15, 2021, Ontario Health issued [a formal request](#) to family physicians working in Patient Enrolment Models (e.g. FHG, FHN, FHO, CCM) to start contacting as many unvaccinated or partially vaccinated patients as possible to help with registering and/or booking their vaccinations. PEM-based physicians can use the COVax Aggregate Primary Care Vaccination Report to identify which of their patients still need one or both doses of the vaccine.

Note that this formal request from Ontario Health applies to activities July 15 onwards; for activities prior to July 15, a formal request from a PHU or the province must have been received.

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

For more information on ways to access your patient's vaccination status, refer to:

- [OntarioMD: EMR-eReport Patient Vaccination Reconciliation Toolkit](#)
- [OMA: Accessing the COVaxON Aggregate Care Vaccination Report](#)
- [OntarioMD: Health Report Manager](#)
- [eHealth Ontario: Online access to COVID-19 vaccination information for health care providers](#)

Billing notes:

Fee code Q007 is effective as of March 6, 2021. Any of these activities performed before March 6 are not eligible.

Q007 billable activities can be delegated.

You can now submit fee code Q007. As a reminder, Q007 is a tracking code for each patient for whom this service is rendered, and the ministry will make a one-time lump sum payment at a later date. Further information will come from the ministry regarding when payment will be made.

Q007 must be billed as the only item on the claim (i.e. it must not be submitted along with other fee schedule codes) and it 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
- when support does not involve personal contact (e.g. sending mass emails)
- when you direct the patient to a walk-in vaccine clinic
- when the patient is from another province or territory
- when submitted as a Workers' Compensation Board claim

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

- services described by the COVID-19 Vaccine Patient Facilitation Fee must be claimed as Q007 and are not eligible to be claimed as K080-3
- 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. The codes listed below are valid for all doses administered in accordance with provincial guidelines (including third doses and booster doses).

**** 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 and specialists	Sole visit	Fee: \$13.00 + \$5.60 Fee code: G593 (COVID-19 vaccine) + G700 (the basic fee-per-visit premium)
All other PEM*	Sole visit	Fee: \$13.00 + \$5.60 Fee code: G593 (COVID-19 vaccine) + Q593 (sole visit premium COVID-19 PEM)

* includes Family Health Organizations, Family Health Networks, Group Health Center, Rural and Northern Physician Group Agreements, Weeneebayko Area Health Authority, Saint Joseph's Health Center, Toronto Palliative Care Agreements, GP Focus Care of the Elderly, GP Focus HIV, Homeless Shelter Agreements, Sioux Lookout Agreements, and Community Sponsored Agreement/Blended Salary Model.

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:

- if you are administering the flu shot at the same time as a COVID-19 vaccine, you can bill G590 (\$4.95) for the flu shot in addition to the applicable COVID-19 vaccination fee codes
- fee codes G593 and Q593 are effective as of March 6, 2021; you can now bill the G593 and Q593 codes for services rendered on or after March 6
- G593 is eligible for payment for each dose of the two-dose vaccination series
- for detailed G700 eligibility, 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'

What if my patient is uninsured?

Patients who are uninsured (e.g. international students, out-of-province patient) are eligible receive a vaccination for free. You must contact the ministry to claim the service. If applicable, a manual payment will be issued according to the relevant fee schedule codes. Contact the ministry Service Support Contact Centre at SSContactCentre.MOH@ontario.ca or 1-800-262-6524.

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.

<p><u>Regular hours</u></p> <p>Fee: \$170.00</p> <p>Fee code: H409 COVID-19 sessional unit - per one-hour period, or major part thereof</p>	<p><u>After hours, weekends, holidays</u></p> <p>Fee: \$220.00</p> <p>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.)</p>
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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 include any vaccines delivered during the hours scheduled (i.e. both COVID-19 vaccines and the flu shot)
- 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

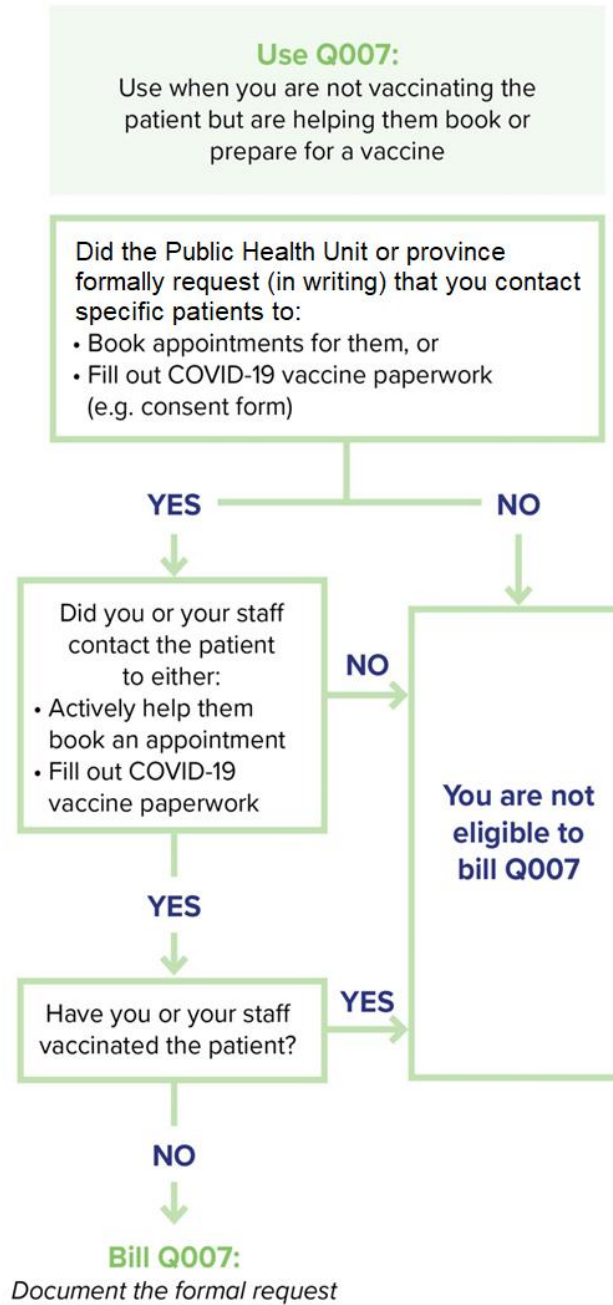
Refer to [Appendix B](#) for a flowchart summary of the required circumstances for billing H and G codes.

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.

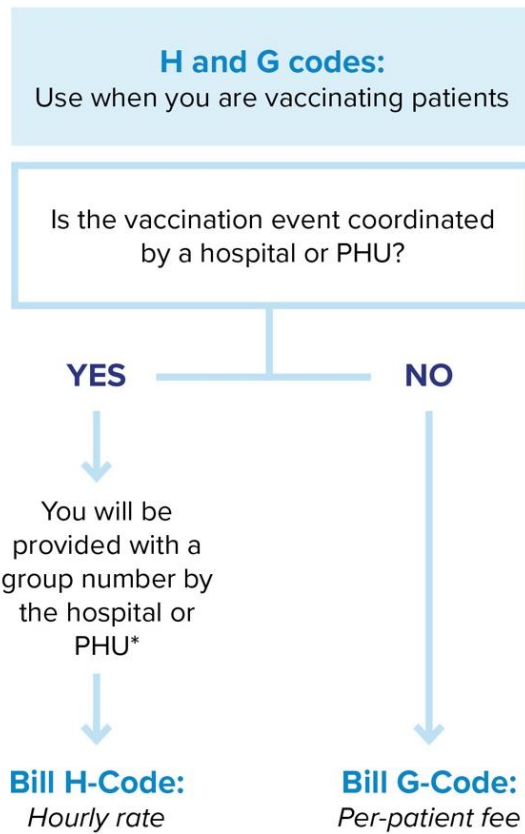
Appendix A: Visual guide to use of Q007 code



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
- The formal request from Ontario Health to all PEM-based physicians, dated July 15, 2021, applies to eligible activities performed on July 15th and onwards
- 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 INFOBulletin: 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 INFOBulletin: 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
4. [OHIP INFOBulletin: Update: Temporary COVID-19 Vaccine Fee Code](#): a memo from the Ministry released June 8, 2021 announcing that recent system changes allow you to bill temporary COVID-19 vaccine related fee codes G593, Q593 and Q007
5. [OHIP INFOBulletin: Extension of Temporary COVID-19 Physician Services](#): a memo from the Ministry released July 30, 2021 stating that as of October 1, 2021, virtual K-codes that are submitted must include a tracking code to indicate the modality used for the service (video or phone)
6. [OHIP INFOBulletin: Update: Temporary COVID-19 Vaccine Fee Code](#): a memo from the Ministry released December 9, 2021 clarifying that G593 is payable to physicians administering first, second, third and booster doses in non-mass vaccination settings, such as a primary care office.

Disclaimer: Every effort has been made to ensure that the contents of this Guide are 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.