

COVID-19 Vaccines

Quick Reference Guide

This short guide will provide you with key information on how to bill for COVID-19 vaccinations in Ontario.

Challenge

DoctorCare Best Practices and Recommendations

What are the codes to bill for the COVID-19 vaccine?

G593 – COVID-19 Vaccine - \$13

- G593 is payable for the administration of each dose of vaccine when multiple doses are required to complete the initial vaccination series.
- G593 is not eligible for payment for subsequent booster COVID-19 vaccination doses.
- G593 is not eligible for the FHG Comprehensive Care Premium (10%).

Q593 – Sole Visit Premium COVID-19 - \$5.60

- Q593 is eligible for payment with the G593 "COVID-19 vaccine" when delivery of COVID-19 vaccination is the sole reason for the patient's visit.
- The G593 and Q593 will be out of basket in all primary care patient enrolment models.
- Physicians in the following Patient Enrolment Models are eligible to claim the new Q593 for both enrolled and non-enrolled patients:
 - 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
 - Community Sponsored Agreement/Blended Salary Model
- Family Health Group (FHG) and Comprehensive Care Model physicians will continue to claim the G700 "Basic fee-per-visit premium" with G593 "COVID-19 vaccine" (sole reason for visit).

Challenge

DoctorCare Best Practices and Recommendations

What are the codes to bill for the COVID-19 vaccine?
(continued)

Q007 – COVID-19 Vaccine Patient Facilitation Fee - \$6

- A one-time fee of \$6 dollars per patient will be payable where a Public Health Unit or the province formally requests a physician or physicians to contact patients to assist in the registering/booking of their patients' COVID-19 vaccination or to provide direct assistance in completing patient consent or other documentation.
- Q007 is not payable where a physician only provides general information regarding how to access or register for a vaccination.
- Q007 is not payable when the physician administers the vaccine to the patient and claims G593.
- Q007 can only be billed once per patient for as long as the Ministerial Order for G593 is in effect.

Can I bill the COVID-19 vaccine fee codes when providing services at the COVID-19 Assessment Centres?

No. Physicians currently providing COVID-19 vaccination services at a Ministry designated COVID-19 Assessment Centre (mass vaccination site) may claim the temporary H409 and H410 sessional codes for remuneration. This includes any sites where a hospital or Public Health Unit coordinates COVID-19 vaccine delivery, and includes physicians deployed as part of a mobile team at an eligible COVID-19 Assessment Centre.

Vaccine delivery in a primary care office (or other non-mass vaccine setting) may be remunerated through the temporary H409 and H410 sessional codes when a hospital/ Public Health Unit is responsible for administrative operations and oversight of vaccine delivery (for example, determining operating hours, coordinating/renting space, coordinating staffing including physician scheduling, booking appointments etc.).

In these circumstances, upon agreement of the physician, the Ministry will designate the portion of the primary care office dedicated to vaccine delivery as a COVID-19 Assessment Centre for the duration of the vaccine service delivery to enable the sessional fee billing.

For more information on how to bill the H409 and H410 codes, [read our full blog post here](#).

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca