

COVID-19 Fee Codes

Quick Reference Guide

This short guide will provide you with key information about the COVID-19 fee codes in British Columbia that were created by the Ministry as a result of the COVID-19 pandemic.

Challenge

DoctorCare Best Practices and Recommendations

What are the fee codes to bill for COVID-19 immunizations?

T10042 COVID-19 immunization (with visit) - \$5.43

- Payable for COVID-19 immunization (ICD-9 code C19 must be entered on claim).
- Payable in full with a visit.
- If the primary purpose of the service is for immunization, bill fee item TB10043 and TB10044 if applicable.

TB10043 COVID-19 immunization (without visit) - \$14.00

- Payable for COVID-19 immunization (ICD-9 code C19 must be entered on claim).
- Not payable with a visit.

TB10044 Extended COVID-19 immunization (extra) - \$17.62

- Payable for an extended COVID-19 immunization (ICD-9 code C19 must be entered on claim).
- Paid only in addition to 10043 where physician time with the patient exceeds 10 minutes.
- Start and end times must be entered in both the billing claim and the patient's chart.
- Not payable for immunizations provided as part of a health authority immunization program.
- Cannot be delegated to a nurse or other employee of the physician's practice.

T10045 Extended COVID-19 immunization advice fee (extra) - \$17.62

- Payable for COVID-19 immunization advice (ICD-9 code C19 must be entered on claim).
- Physician time with the patient for the advice must exceed 10 minutes.
- If COVID-19 immunization advice is provided with a visit for an unrelated condition and with a procedure, bill the procedure and 50% of a visit with ICD-9 code C19.
- If COVID-19 immunization advice is provided as a stand-alone service, bill the appropriate visit code with ICD-9 code C19.

What are the fee codes to bill for office visits for COVID-19?

T13701 Office Visit for COVID-19 with test - \$50

- Payable for patients with suspected or active COVID-19 symptoms only.
- COVID-19 testing must be performed.
- Not intended for providing general information on a viral infection, including COVID-19.
- Not payable in addition to any other office visits to the same physician for same patient, same day.

T13702 Office Visit for COVID-19 without test - \$40

- Payable for patients with suspected or active COVID-19 symptoms.
- Not intended for providing general information on a viral infection, including COVID-19.
- Not payable in addition to any other office visits to the same physician for same patient, same day.

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What are the new communication and virtual fee codes related to COVID-19?

T13706 FP Delegated Patient Telehealth Management Fee - \$20

- For verbal, real-time telephone or video technology communication discussion between your patient or your patient's medical representative and a College-certified allied care provider (e.g.: Nurse, Nurse Practitioner) employed within a physician's practice. Not payable when the delegated representative is paid or funded by alternate means by a health authority or the Ministry of Health.
- Chart entry must record the name of the person who communicated with the patient or patient's medical representative, as well as capture the elements of care discussed.
- Not payable for prescription renewals, anti-coagulation therapy by telephone (00043) or notification of appointments or referrals.
- Only one service payable per patient per day.
- Not payable on the same calendar day when you bill for a visit or service fee for the same patient.
- Not payable if you're working under salary, service contract or sessional arrangements (as your duties would already include this care).

T13707 FP Email/Text/Telephone Medical Advice Relay or ReRX Fee - \$7

- Email/Text/Telephone Relay Medical Advice requires two-way relay/communication of medical advice from you (the physician) to eligible patients, or the patient's medical representative, via email/text or telephone. The task of relaying your advice may be delegated to any Allied Care Provider or MOA working within the physician practice.
- Chart entry must record the name of the person who communicated with the patient or patient's medical representative, as well as the advice provided, modality of communication and confirmation the advice has been received.
- Payable for prescription renewals without patient interaction.
- Not payable for anti-coagulation therapy by telephone (00043) or notification of appointments or referrals.
- Only one service payable per patient per day.
- Not payable on the same calendar day when you bill for a visit or service fee for the same patient.
- Not payable if you're working under salary, service contract or sessional arrangements (as your duties would already include this care).

T13708 FP COVID-19 communication with specialist and/or allied care provider - \$40

- Payable if you participate in a 2 way telephone or videoconference communication with a specialist and/or allied care provider about a patient regarding COVID-19.
- T13708 cannot be delegated. It's only payable when you speak with a specialist and/or allied care provider.
- Payable in addition to any visit fee on the same day.
- Not payable for communications which occur as a part of the performance of routine rounds on the patient if located in a facility, or communications which occur as part of regular work flow within your community practice.
- Not payable in addition to 14018 or 14077 on the same day for the same patient.
- Not payable if you're working under salary, service contract or sessional arrangements (as your duties would already include this care).

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