

# OHIP Billing: COVID-19 Codes

## Quick Reference Guide

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

Challenge	DoctorCare Best Practices and Recommendations																					
<p>What are the different COVID-19 billing codes?</p>	<p><b>COVID-19 Vaccine</b></p> <table border="1" data-bbox="399 814 1511 919"> <thead> <tr> <th>Fee Code</th> <th>Description</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>G593</td> <td>COVID-19 Vaccine</td> <td>\$13</td> </tr> </tbody> </table> <p><b>Payment Rules</b></p> <ul style="list-style-type: none"> <li>• Payable for the administration of each dose of vaccine when multiple doses are required to complete the initial vaccination series.</li> <li>• Not eligible for payment for subsequent booster COVID-19 vaccination doses.</li> <li>• Not eligible for the FHG Comprehensive Care Premium (10%).</li> </ul> <p><b>COVID-19 Sole Visit Premium</b></p> <table border="1" data-bbox="399 1201 1511 1306"> <thead> <tr> <th>Fee Code</th> <th>Description</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q593</td> <td>Sole Visit Premium</td> <td>\$5.60</td> </tr> </tbody> </table> <p><b>Payment Rules</b></p> <ul style="list-style-type: none"> <li>• Eligible for payment with the G593 when delivery of COVID-19 vaccination is the sole reason for the patients visit.</li> </ul> <p><b>After Hours Procedure Premium (Valid until March 31, 2024)</b></p> <table border="1" data-bbox="399 1507 1511 1667"> <thead> <tr> <th>Fee Code</th> <th>Description</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>E409</td> <td>After Hours Premium</td> <td>%50 of service</td> </tr> <tr> <td>E410</td> <td>After Hours Premium</td> <td>%75 of service</td> </tr> </tbody> </table> <p><b>Payment Rules</b></p> <ul style="list-style-type: none"> <li>• E409/E410 are payable when commenced between the hours listed in GP104 when the service provided is one of the following elective: <ul style="list-style-type: none"> <li>(A) Surgical Procedures; or</li> <li>(B) Clinical Procedures Associated with Diagnostic Radiological Examinations; or</li> <li>(C) One of the following Major Invasive Procedures listed in the SOB Preamble GP111</li> </ul> </li> </ul>	Fee Code	Description	Value	G593	COVID-19 Vaccine	\$13	Fee Code	Description	Value	Q593	Sole Visit Premium	\$5.60	Fee Code	Description	Value	E409	After Hours Premium	%50 of service	E410	After Hours Premium	%75 of service
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