

OHIP Billing: Well Baby Care

Quick Reference Guide

This short guide will help you understand how to bill for routine baby visits in Ontario.

What is well baby care?

According to the Schedule of Benefits, well baby care is a periodic assessment of a well newborn/infant during the first two years of life, including complete examination with weight and measurements and instructions to the parent(s) or patient's representative regarding health care.

What are the codes for well baby care visits up until 2 years of age?

For a baby's first 18 months of life, they would be receiving vaccines periodically. Here are a list of all of the vaccines given:

Well Baby Vaccines

| Fee Code | Description | Value |
|----------|---|--------|
| G840 | Diphtheria, Tetanus, and acellular Pertussis vaccine/ Inactivated Poliovirus vaccine (DTaP-IPV) - paediatric | \$5.40 |
| G841 | Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus, Haemophilus influenza type b (DTaP-IPV-Hib) - paediatric | \$6.35 |
| G844 | Meningococcal C Conjugate (Men-C) | \$5.40 |
| G845 | Measles, Mumps, Rubella (MMR) | \$5.40 |
| G846 | Pneumococcal Conjugate | \$5.40 |
| G848 | Varicella (VAR) | \$5.40 |
| G538 | Other immunizations | \$5.40 |

Well Baby Assessments

When a physician performs well baby visits, [A003- General assessment](#) would be billed for the first visit, and [A007- Intermediate assessment/well baby care](#) would be billed for the subsequent visits. When a baby reaches 18 months, physicians can bill 'A002- Enhanced 18-month well baby assessment'.

| Fee Code | Description | Value |
|----------|---|---------|
| A003 | General assessment | \$87.35 |
| A007 | Intermediate assessment or well baby care | \$37.95 |
| A002 | Enhanced 18-month well baby assessment | \$62.20 |

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A002- Enhanced Well Baby Visit

An enhanced 18-month well baby visit is the service rendered when a physician performs all of the following in respect of a child from 17-24 months of age:

- An 18-month age-appropriate developmental screen; and
- Review with the patient's parent/guardian, legal representative or other caregiver of a brief standardized tool (completed by the patient's parent/guardian, legal representative or other caregiver) that aids the identification of children at risk of a developmental disorder.
- Can be billed from 15-18 months of age.

Q015- Newborn Care Episodic Fee

Q015 is a premium for each well-baby visit, up to a maximum of eight to **FHO enrolled** patients in their **first year of life**. Q015 may only be billed with a valid in-person 'A007- Intermediate Assessment' code. It must be submitted on the same date of service for payment and is not eligible to be billed through the Virtual Care Funding Framework.

| Fee Code | Description | Value |
|----------|---------------------------|---------|
| Q015 | Newborn Care Episodic Fee | \$13.99 |

Well Baby Care Vaccine Schedule

During a baby's first 18 months of life, physicians would bill these vaccines based on the patients' age according to Ontario's Publicly Funded Immunization Schedule for well baby care:

| Age | Codes for Physicians to bill |
|-----------|---|
| 2 months | A007 + G841 + G846 (+ Q015 if the patient is rostered) |
| 4 months | A007 + G841 + G846 (+ Q015 if the patient is rostered) |
| 6 months | A007 + G841 (+ Q015 if the patient is rostered) |
| 12 months | A007 + G844 + G845 + G846 (+ Q015 if the patient is rostered) |
| 15 months | A007 + G848 |
| 18 months | A002 + G848 + G841 |

Our recommendation on diagnostic (dx) code 916

We recommend physicians use the diagnostic code '916-Well Baby Care' when conducting well-baby visits up until 24 months. This would include billing A003- General Assessment on the first visit and billing the subsequent visits as A007, all with the diagnostic code 916.

Between 15-18 months of age, the physician would bill A002 with 916 as the diagnostic code.

When the patient turns 2 years old, we recommend billing periodic visit codes (ex. K017) for annual examinations, no diagnostic code is required for these annual visits. At this point, diagnostic code 916 cannot be used with assessments.



Common Errors

Many physicians unknowingly make mistakes in billing due to many reasons. Some of the common errors that physicians receive are:

AD9- Premium not allowed alone

Regarding well baby care, If a physician bills Q015 in a claim with no assessment fee, the claim will be rejected with AD9. To fix this, you would bill an assessment fee with Q015.

A2A- Outside the age limit

Physicians will usually see this error when they bill A002 past 18-months of age or when they bill Q015 past a patient's 1st birthday. To avoid this, make a reminder in the patients' chart to bill these during the appropriate times.

M1- Maximum fee allowed for these services has been reached

When Q015 is billed more than 8 times for a patient, M1 will occur. This claim would be written off as per the Ministry guidelines.

I6- Premium not applicable

If a patient is not rostered and a physician bills Q015, they will receive I6 on their Remittance Advice (RA) report. If a subsequent enrolment for the patient is processed in the following twelve-month period, the Q015A will be automatically reprocessed for payment, provided the service date of the Q015A is on or after the signature date on the enrollment form.