



## Physician Compensation for COVID vaccine Administration FAQ

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## New COVID-19 Vaccine Fee Code G593

### 1. How do I bill for COVID-19 vaccination?

When the vaccine is administered at a vaccination site coordinated by a Public Hospital or Public Health Unit (PHU), that has been designated as an Assessment Centre by the Ministry, the applicable COVID-19 Sessional Unit fee (H409/H410) is eligible for payment. No other fee codes are eligible for payment when providing this service, including the G593 COVID vaccine fee. (see [OHIP INFOBulletin 210204](#) for additional details).

When the vaccine is administered in another location including a physician's office, the new G593 COVID vaccine code will be eligible for payment at \$13.00. When provided as a sole service, both G593 and G700 (Q593 for all blended model physicians) are payable. The new temporary Q593 "sole visit premium COVID-19 PEM" will pay at a rate of \$5.60 (value set at G700).

When other insured services are rendered on the same day, by the same doctor to the same patient as a COVID-19 vaccination, then G593 is payable for the vaccination in addition to the other services if the service otherwise meets the Schedule of Benefits requirements.

The table below provides an overview on how to bill for COVID-19 vaccination services:

Designated Assessment Centre providing vaccination services (as part of a Public Hospital or PHU coordinated vaccination initiative)	<b>H409</b> COVID-19 Sessional Unit-per one-hour period, or major part thereof
	<b>H410</b> COVID-19 Sessional Unit-per one-hour period, or major part thereof on Saturdays, Sundays, holidays or Monday to Friday afterhours (5 p.m. to 7 a.m.)

Non-designated (any other) location	Sole visit	FFS/FHG/CCM	Enrolled & Non-Enrolled	G593 + G700
	Sole visit	All other models	Enrolled & Non-Enrolled	G593 + Q593
	With visit	All models	Enrolled & Non-Enrolled	G593 + Visit Fee

### 1. When can I bill the new G593 fee?

The new G593 fee is effective March 6, 2021, however the Ministry will need to make system changes over the coming months to process payment. As a result, the Ministry requests that physicians wait to submit claims for this code until further notice. Details on when claims can be submitted will be communicated to the membership.

### 2. What is the value of the new G593 code?

The new G593 is valued at \$13.

### 3. Is the new G593 COVID vaccine code eligible for the FHG comprehensive care premium (10%)?

No, the G593 code is out the basket and will not be eligible for the FHG comprehensive care premium (10%).

### 4. Can the new G593 COVID vaccine be billed for both injections (i.e., the first injection and the required second injections)?

Yes. G593 is payable for each dose when multiple doses are required to complete the initial vaccination series (e.g., Pfizer/BioNTech, Moderna, AstraZeneca vaccines).

5. Can specialists bill G593?

Yes. Specialists are eligible to bill G593.

6. Can G593 be billed for a vaccine administered prior to the date of the Ministerial order?

No.

7. Is there a diagnostic code needed with the G593?

Yes. Diagnostic code 080 Coronavirus should be claimed with G593.

8. Can the new G593 COVID-19 vaccine code be billed with G700 or Q593 for capitation/blended model physicians?

Yes. If provided as a sole service FFS, CCM and FHG physicians would also bill G700 while all other model physicians would bill Q593.

9. Is the Q593 add on applicable for both rostered and non-rostered patients similar to the Flu vaccine?

Yes. The new Q593 is to be used for both enrolled and non-enrolled patients.

10. Are the new G593 COVID-19 vaccine and Q593 sole visit premium codes out of the FHO/FHN basket?

Yes. The full fees for both the G593 COVID vaccine (\$13) and Q593 sole visit premium (\$5.60) are out of all primary care baskets.

11. Can the new G593 COVID-19 vaccine code be billed in conjunction with another visit fee?

Yes, the same rules will apply with the existing flu vaccine rules. If the immunization is provided at the same time as a visit for a separate purpose (e.g., annual examination, monitoring chronic condition, etc.), that visit can be claimed. In such instances, physicians should:

- Confirm the visit activities are not part of the G593 COVID-19 vaccine (e.g., confirming eligibility for a healthy, vaccine confident patient), and
- Document the elements of the visit to ensure it satisfies the billing requirements as set out in the Schedule of Benefits.

12. What do I bill if a patient comes in for the vaccination and then I end up providing them with counselling on COVID and the immunization?

If the required elements of a counselling visit are fulfilled, then a separate visit code can be billed in addition to G593. In this circumstance, the sole visit premium (G700 or Q593) is not billable.

13. Can I bill G593 when I delegate this to one of my staff to perform?

Yes. G593 can be billed when delegated to a nurse or other qualified staff under the physician's employ.

14. If I provide a COVID-19 Immunization after hours, can I bill an after-hour premium with it?

No. After-hour premiums cannot be applied to G593.

15. My patient wants the COVID vaccination for travel purposes, can I charge the patient directly for the vaccination?

No. The COVID vaccination is an OHIP insured service.

16. What happens if we are still immunizing patients after 12 months, what can I bill?

The G593 fee code is temporary and will exist for 12 months. Subsequent codes will be negotiated as needed.

17. Can the new G593 COVID vaccine be billed for providing a subsequent booster shot?

No. Payment for subsequent booster COVID-19 immunization doses are not payable as G593. If booster doses are needed, payment for such services will subsequently be negotiated with the Ministry.

18. I have to complete a COVAX form for every immunization, can I bill for that separately?

No, G593 includes the entry of data into COVAX.

COVID-19 Vaccines Rendered at Designated COVID-19 Assessment Centres

19. Can the new G593 COVID vaccine code be billed with H409/H410?

No. H409/H410 are all-inclusive fees and, as such, no other insured services are eligible for payment in addition to the sessional codes.

## 20. I'm working at a designated COVID-19 Assessment Centre that has started vaccinating patients, how do I bill for the services provided?

In designated COVID-19 assessment centres, the sessional fees H409/410 should be billed as applicable. The COVID Assessment Centre fees H409 and H410 are all-inclusive fees and, as such, no other insured services are eligible for payment.

## 21. I'll be working at a mass vaccination clinic, how can I bill for the immunizations there?

If designated as a COVID-19 Assessment Centre, fees H409 and H410 should be billed. These are all-inclusive fees and would include the immunization service if rendered. As such no other insured services are eligible for payment when H409/H410 are billed.

## New COVID-19 Vaccine Facilitation Fee Code Q007

### 22. What is the Q007 COVID Vaccine patient facilitation fee?

Q007 COVID Vaccine patient facilitation fee is a tracking code payable at \$6 for each patient for whom this service is rendered, when the conditions of the service have been met.

### 23. How do I bill for the Q007 COVID Vaccine patient facilitation fee?

The Q007 COVID Vaccine patient facilitation fee is \$6 and is payable when a Public Health Unit or the province formally requests a physician or physicians to contact identified groups of 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.

Importantly, a formal request is usually made in writing and directly to the physician or physicians. A media article or quotation within an article would not be considered formal requests for the purpose of billing this facilitation fee.

Q007 COVID Vaccine patient facilitation fee cannot be billed for any patient when the physician administers the vaccine to the patient and claims G593 nor can it be billed when rendered during the same time period H409/H410 is claimed.

This tracking code is not payable where physicians only provide general information about how to access or register for a vaccination.

### 24. When can I bill the new Q007 COVID Vaccine patient facilitation fee?

The new Q007 fee is effective March 6, 2021, however the Ministry will need to make system changes over the coming months to process payment. As a result, the Ministry

requests that physicians wait to submit claims for this code until further notice. Details on when claims can be submitted will be communicated to the membership.

## 25. When will the Q007 COVID Vaccine patient facilitation fee be paid?

Upon ministry confirmation of physician eligibility (the physician has been formally requested to carry out this activity), the ministry will make a one-time lump sum payment for all eligible claims submitted. This payment will be made within 15 months of the date of agreement on this issue. Physicians are advised to maintain a record of the formal request to provide this assistance.

## 26. What is considered a formal request by Public Health or the province?

A formal request is usually made in writing and directly to the physician or physicians. A media article or quotation within an article would not be considered formal requests for the purpose of billing this facilitation fee.

## 27. How do we document/validate that we are eligible to bill Q007 (e.g., when a Public Health Unit or the province formally requests a physician to contact identified groups of patients)?

The physician should document in the patient's medical record that they were requested by Public Health Unit or the province to contact the identified groups of patients. A copy of the request to provide this assistance should also be retained.

## 28. Can specialists bill the Q007 COVID Vaccine patient facilitation fee?

Yes. Specialists are eligible to bill Q007.

## 29. Can the Q007 COVID Vaccine patient facilitation fee be billed if the assistance is provided prior to the date of the Ministerial order?

No.