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MSP Billing: Immunization Codes

Quick Reference Guide

This quick reference guide will provide you with guidance on billing for immunizations for family physicians in British Columbia.

Fee-for-Service (FFS) Billing for Respiratory Immunizations

Patients 18 Years of Age or Younger

Fee Code	Fee Description	Value
10015	Influenza (Flu)	$6.54
10047	Paediatric COVID-19 immunization	$6.54

Patients 19 Years of Age and Older

Bill 10040, along with the appropriate visit when the immunization occurs during a visit for an unrelated reason.

Fee Code	Fee Description	Value
10040	Respiratory immunization for patients 19 years of age or older (with visit)	$6.54

Bill 10041, when the visit's primary purpose is for **immunization only**

Fee Code	Fee Description	Value
10041	Respiratory immunization for patients 19 years of age or older (without visit)	$16.67

Billing Requirements

- You can bill up to 3 × 10041 if multiple immunizations (e.g., influenza, pneumococcal, and COVID-19) are provided in one visit.
- Use submission code "D" for the second and third 10041 claims to ensure acceptance.
- Example ICD-9 codes:
  - Influenza – V048
  - Pneumococcal – V05
  - COVID-19 – C19

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Longitudinal Family Practice (LFP) Billing for Respiratory Immunizations

Under the LFP model, physicians can bill for respiratory immunizations provided by an Allied Care Provider (ACP) employed directly by their practice team.

This applies only from October 1, 2025, to March 31, 2026, as a temporary amendment to the LFP Payment Schedule.

Fee Code	Fee Description	Value
98101	LFP Respiratory Immunization Provided by an Allied Care Provider	$14

Eligibility Requirements

- The Allied Care Provider must be paid out of practice earnings to work directly within the practice team with no cost recovery either directly or indirectly from a third party (e.g. Health Authority, Division of Family Practice, Ministry of Health).
- Payable only to physicians who have billed 98000/98005 (Enrolment Code) and 98002 (Clinic-based Services Registration Code).
- Payable for influenza (ICD-9 code V048), Pneumococcal (ICD-9 code V05), Pertussis (ICD-9 code V036), and COVID-19 (ICD-9 code C19) immunizations.

Billing Requirements

- Payable for a maximum of three immunizations per patient per day.
- Use submission code “D” for the second and third 98101 claims on the same day.
- Time codes and interaction codes are not payable for immunizations provided by an ACP.
- Clinic-based interaction limits (50 per day) and 30% non-panel service limits do not apply to 98101.
- Immunizations by physicians themselves (not ACPs) can still be billed under interaction codes 98031/98061 and 98022/98052, if all criteria are met.