

Preventive Care

Quick Reference Guide

This guide will help you understand the information and procedures for claiming the cumulative Preventive Care bonus.
To inquire about DoctorCare's Preventive Care program please feel free to reach out to our Support Team at support@doctorcare.ca

Topic	DoctorCare Best Practices and Recommendations
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<p>Understanding Each Bonus Category</p>	<ul style="list-style-type: none"> ● Influenza Vaccine Targets enrolled patients who are 65+ years old as of December 31st and have received a flu vaccine by January 31st ● Pap Smear Targets enrolled female patients between the ages of 21 to 69 who are sexually active and have received a pap smear in the 3.5 years prior to March 31st ● Mammography Targets enrolled female patients between the ages of 50 to 74 who have had a mammogram in the 2.5 years prior to March 31st ● Childhood Immunizations Targets enrolled patients between the ages of 2.5 to 3.5 years old who have received all applicable immunizations by 2.5 years of age prior to March 31st ● Colorectal Screening Targets enrolled patients between the ages of 50 to 74 who have completed a FIT/Fecal Occult Blood Test (FOBT) in the 2.5 years prior to March 31st
<p>How To Access Your Preventive Care Reports</p>	<ul style="list-style-type: none"> ● The Preventive Care reports will no longer be mailed to you, to access your reports please use one of the following options: ● Log into your GoSecure/MCEDT account: https://www.edt.health.gov.on.ca/ <ul style="list-style-type: none"> ○ Look for the Target Population Report (TPP) which will be available in April and October each year ● Log into your ONE ID: https://oneid.ehealthontario.ca to access your Cancer Screening Activity Report (SAR) which contains the following: <ul style="list-style-type: none"> ○ This report tracks <i>breast, cervical and colorectal screening</i> statuses for all enrolled patients aged 21 to 74 and provides a list of patients for each program
<p>Web portals to access screening data</p>	

Tracking and Exclusion Codes

- Tracking codes are used to track the completion of the preventive service
 - Exclusion codes are used to exclude any patients who meet the criteria for being excluded from the target population
 - Both tracking and exclusion codes should be billed annually at zero dollars each
- Below is a list of the Fee Schedule Codes that are applicable for each Preventive Care Bonus Category
- **Influenza**
 - Service Codes: G590A, Q690A, Q691A
 - Tracking code: Q130A (Use this code when your patient informs you that they have received their flu shot elsewhere)
 - **Pap Smear**
 - G365A, L713A, L643A, E430A, E431A, Q678A,
 - Tracking code Q011A (Use this code when you receive the patient’s completed pap smear report)
 - Exclusion code Q140A (Exclusions apply for women who have had a hysterectomy, or who are being tested for cervical diseases that preclude regular screening Pap tests and also any female who is not sexually active)
 - **Childhood Immunizations**
 - G538A, Q688A, Q689A, G840A, G841A, G844A, G845A, G846A and G848A
 - Tracking code Q132A
 - **Mammography**
 - X178A, X178B, X178C, X185A, X185B, X185C
 - Tracking code Q131A (Use this code when you receive the patient’s completed mammogram report)
 - Exclusion code Q141A(Exclusions apply for women who have had a mastectomy, or who are being treated for clinical breast disease)
 - **Colorectal Cancer Screening**
 - G004A, L179A, L181A, Q700A
 - Tracking code Q133A (Use this code when you receive the patient’s completed colorectal screening report)
 - Exclusion code Q142A (Exclusions apply for patients with known cancer being followed by a physician; with known inflammatory bowel disease; who have had a colonoscopy within the last 10 years; with a history of malignant bowel disease; or with any disease requiring regular colonoscopies for surveillance purposes)

Steps To Claim Your Preventive Care Bonus

- The coverage level is calculated as follows:
 - Note: Only applicable for enrolled patients as of March 31

$$\frac{\text{Number of screened patients}}{\text{Target Population - Excluded Patients}} \times 100$$

Challenge

DoctorCare Best Practices and Recommendations

Steps To Claim Your Preventive Care Bonus Continued

After calculating the percentage you can go ahead to bill the appropriate Q code for bonus and coverage levels as shown below

Preventive Care Category	Achieved Compliance Rate	Fee Payable	Service Enhancement Code
Influenza Vaccine	60%	\$220	Q100A
	65%	\$440	Q101A
	70%	\$770	Q102A
	75%	\$1100	Q103A
	80%	\$2200	Q104A
Pap Smear	60%	\$220	Q105A
	65%	\$440	Q106A
	70%	\$660	Q107A
	75%	\$1320	Q108A
	80%	\$2200	Q109A
Mammography	55%	\$220	Q110A
	60%	\$440	Q111A
	65%	\$770	Q112A
	70%	\$1320	Q113A
	75%	\$2200	Q114A
Childhood Immunization	85%	\$440	Q115A
	90%	\$1100	Q116A
	95%	\$2200	Q117A
Colorectal Cancer Screening	15%	\$220	Q118A
	20%	\$440	Q119A
	40%	\$1100	Q120A
	50%	\$2200	Q121A
	60%	\$3300	Q122A
	70%	\$4000	Q123A

Bonus submissions must be submitted with the following requirements:

- The Service Date must be March 31st of the current year
- The Health Number, Version Code and Date of Birth field must be left blank

Where Can I Check If I Got Paid?

You can always refer back to the Preventive Care section of your Practice Care Report to check the last percentages submitted and the month of the payment

QUESTIONS?

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