

OHIP Billing: Preventive Care

Quick Reference Guide

This short guide will help you understand preventive care billing and how to bill yearly for your preventative care bonus.

What is the Preventive Care Bonus?

The Preventive Care Bonus is a financial incentive for eligible family doctors enrolled in the CCM, FHG, FHO and FHN payment models who provide timely and regular preventive screenings and immunizations for their rostered patients.

The bonus covers five preventive care categories with specific age and interval requirements:

Service	Target Population
Influenza Vaccine	Targets enrolled patients who are 65+ years old as of December 31st and have received a flu vaccine by January 31st
Cervical Cancer Screening	Targets enrolled female patients between the ages of 25 to 69 who are sexually active and have received a cervical cancer screening test in the 5.5 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

Updates to Preventive Care Bonus for FHN/FHO physicians

From the 2024-2025 fiscal year and onward, FHN and FHO physicians will **no longer be eligible** to receive the Colorectal Cancer, Mammography, and Pap Smear Preventive Care bonuses, as agreed upon between the ministry and the OMA. They will continue to be eligible to receive the Influenza and Childhood Immunization bonuses with these adjustments:

- Physicians with less than 1000 enrolled patients will have the remaining bonuses prorated.
- Physicians with at least 1000 enrolled patients will not have the other two bonuses prorated and will continue to bill as usual.

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Proration

FHN and FHO physicians with less than 1000 enrolled patients on March 31st of the fiscal year will have the childhood Immunizations and Influenza bonuses prorated based on the following formula:
(Number of patients / 1000) X amount of bonus = prorated bonus amount.

For example, a FHO physician with a roster size of 575 patients and a 75% compliance rate (see next page for rates) for the Influenza vaccine is eligible for a \$633 bonus: (575/1000) X \$1100 = \$633.00

How to Access Your Preventive Care Reports

To access your reports, please use one of the following options:

- Log into your [OBS BPS](#) (formally MCEDT) account.
- 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: cervical and colorectal screening statuses for all enrolled patients aged 21 to 74 and provides a list of patients for each program.

Tracking and Exclusion Codes

Tracking codes are used to track the completion of the preventive service, and 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:

Service	Service Codes	Tracking Codes	Exclusion Codes
Influenza Vaccine	G590A, Q690A, Q691A	Q130A (Use this code when your patient informs you that they have received their flu shot elsewhere)	N/A
Pap Smear	G365A, L713A, L643A, E430A, E431A, Q678A	Q011A (Use this code when you receive the patient's completed pap smear report)	Q140A (Exclusions apply for women who have had a hysterectomy or are being tested for cervical diseases that preclude regular screening Pap tests and also any female who is not sexually active)
Mammography	X178A, X178B, X178C, X185A, X185B, X185C	Q131A (Use this code when you receive the patient's completed mammogram report)	Q141A (Exclusions apply for women who have had a mastectomy, or who are being treated for clinical breast disease)
Childhood Immunizations	G538A, Q688A, Q689A, G840A, G841A, G844A, G845A, G846A and G848A	Q132A	N/A
Colorectal Cancer Screening	G004A, L179A, L181A, Q700A	Q133A (Use this code when you receive the patient's completed colorectal screening report)	Q142A (Exclusions apply for patients with known cancer being followed by a physician; with known inflammatory bowel disease; had a colonoscopy within the last 10 years; history of malignant bowel disease; or with any disease requiring regular colonoscopies for surveillance purposes)



Steps to Claiming your Preventive Care Bonus

Using your TPP report, for each service use the formula below to calculate your coverage level:

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

Once you've calculated the percentage using the table above, proceed to bill the correct Q code for bonus and coverage levels, detailed below. The coverage level is determined as follows (Note: this applies only to patients enrolled as of March 31):

Bonus submissions must be submitted with the following requirements:

- The Service Date must be **March 31st** of the current year, and a submission must be made by **June 30** according to the 3-month submission deadline.
- The Health Number, Version Code and Date of Birth field must be left blank.

Service	Achieved Compliance Rate	Fee Payable	Service Enhancement Codes
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%	\$770	Q107A
	75%	\$1100	Q108A
	80%	\$2200	Q109A
Mammography	55%	\$220	Q110A
	60%	\$440	Q111A
	65%	\$770	Q112A
	70%	\$1100	Q113A
	75%	\$2200	Q114A
Childhood Immunizations	85%	\$440	Q115A
	90%	\$1100	Q116A
	95%	\$2200	Q117A
Colorectal Screening	15%	\$220	Q118A
	20%	\$440	Q119A
	40%	\$1100	Q120A
	50%	\$2200	Q121A
	60%	\$3300	Q122A
	70%	\$4000	Q123A

QUESTIONS?

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