

MINISTRY OF HEALTH AND LONG-TERM CARE
Primary Health Care Team

FACT SHEET

Title: New and Enhanced Incentives for Colorectal Cancer Screening

Date: April 2008

The Ontario government is launching Canada's first province-wide population-based colorectal cancer screening program (ColonCancerCheck) to provide early detection of colorectal cancer and help save the lives of Ontarians. The program has been developed in collaboration with Cancer Care Ontario.

For average risk men and women age 50 years and over, the program recommends the Fecal Occult Blood Test (FOBT) every two years. All patients with a positive FOBT should be referred for colonoscopy. Patients at increased risk because of a family history of one or more first degree relatives (e.g. parent, sibling or child) with a diagnosis of colorectal cancer should be referred for a screening colonoscopy at age 50 or 10 years before the age of diagnosis of the affected relative, whichever occurs first.

The goal of the new and enhanced physician incentives is to focus on screening of all patients over the age of 50, including those at both average and increased risk of developing colon cancer. New and enhanced physician incentives are being introduced on April 1, 2008. Some of the incentives are available to all primary care physicians, while others are available only to physicians in Patient Enrolment Models (PEMs). The chart below summarizes physician eligibility for the incentives.

Colorectal Cancer Screening Physician Incentives	ELIGIBILITY	
	Patient Enrolment Model (PEM) Physicians	Fee-For-Service Primary Care Physicians
Colorectal Cancer Screening Management Fee Q005A	Yes	No
FOBT Distribution and Counselling Fee Q150A	Yes	Yes
Colorectal Cancer Screening Preventive Care Bonus Q118A – Q123A	Yes	No
FOBT Completion Fee Q152A	Yes, if minimum roster size not met	Yes
New Patient Fee FOBT Positive/ Colorectal Cancer Increased Risk Q043A	Yes	No

Colorectal Cancer Screening Management Fee Q005A

Currently physicians in all Harmonized Models (Family Health Networks, Family Health Organizations, Community Health Centers, Group Health Center, Rural and Northern Physician Group Agreement and Blended Salary Model) are eligible for the Colorectal Cancer Screening Management Fee (Q005A). Effective April 1, 2008, this fee will also be made available in full to all Family Health Group (FHG) and Comprehensive Care Management (CCM) physicians.

Eligible PEM physicians may submit the Q005A fee code at six dollars and eighty-six cents (\$6.86) for enrolled patients aged 50 -74 years inclusive who have been contacted for the purpose of scheduling an appointment for colorectal cancer screening.

A physician may claim the Q005A fee code once one of the following has occurred:

1. The enrolled patient has responded to the physician's effort to contact the patient by appearing for a scheduled appointment with the physician for colorectal cancer screening; or

2. The enrolled patient has responded to the physician's efforts to contact the patient by declining the recommended test, either verbally or in writing; or
3. The physician has provided two written notices to the enrolled patient and telephoned the patient.

Requirements for the written notices and telephone call are consistent with those set out for the existing Preventive Care Management Service Enhancement Codes addressed in each Primary Care Agreement.

Q005A is billable once every two years per enrolled patient.

FOBT Distribution and Counseling Fee Q150A

Effective April 1, 2008, the Q150A seven dollar (\$7) incentive payment will be available to all primary care physicians in Ontario who provide the Fecal Occult Blood Test (FOBT) kit directly to the patient.

To claim the fee the physician must:

- meet with the patient to discuss and assess the patient's medical and family history to determine if the FOBT is appropriate for the patient;
- educate the patient during an office visit on correct use of the FOBT kit; and
- provide a separate laboratory requisition form for the FOBT (i.e. no other tests on the requisition) if the patient will be returning the completed FOBT by mail or will be completing the FOBT at a different time than any other lab work that is being ordered.

The Q150A fee code is billable for all patients enrolled and non-enrolled.

The Q150A fee code is limited to a maximum of one service per patient every 730 day period.

When a second Q150A code is billed for a single patient by any other provider in the same 730 day period the Q150A will pay zero dollars and have the explanation code **M4** "Maximum Fee Allowed for these services by one or more practitioners has been reached" applied to the claim.

Colorectal Cancer Screening Preventive Care Bonus

Colorectal Cancer Screening was implemented as a new Preventive Care Bonus category in April 2006. PEM physicians are eligible to receive the Preventive Care Bonus for providing colorectal cancer screening to their enrolled patients

The Bonus is currently payable based on achieving the following enrolled population screening thresholds.

Enrolled Population Screening Threshold	Bonus	Fee Code
15%	\$220	Q118A
20%	\$440	Q119A
40%	\$1,100	Q120A
50%	\$2,200	Q121A

Effective March 31, 2009, two new threshold levels will be added to this Preventive Care Bonus for the bonus year April 1, 2008, to March 31, 2009. New fee codes (Q122A, Q123A) have been implemented for the new levels of the Colorectal Cancer Screening Preventive Care Bonus as follows.

Enrolled Population Screening Threshold	Bonus	Fee Code
60%	\$3,300	Q122A
70%	\$4,000	Q123A

The submission of coverage levels Q118A – Q123A will be made the year after coverage levels have been achieved.

Q118A - Q123A must be submitted with a blank health number, version code and date of birth. If a Health Number (HN) is on a claim with one of the fee codes listed above, it will reject ESN – ‘NO HN REQD FOR FSC’. Regular fee codes with a blank HN will continue to reject VH2 – ‘MISSING HN’

Q118A - Q123A must be submitted with a service date of March 31.

Q118A - Q123A are tracking codes paid at zero dollars with an explanation code 30 “This service is not a Benefit of OHIP”.

FOBT Completion Fee Q152A

Effective April 1, 2008, the Q152A five dollar (\$5.00) incentive payment will be available to all eligible primary care physicians in Ontario to be submitted once the patient’s FOBT results have been reviewed by the primary care physician and communicated to the patient.

Physician’s participating in Patient Enrolment Models (PEMs) who are eligible to receive the Preventive Care Bonus Payment are not eligible to claim this fee code.

FHG and CCM physicians identified as new graduates will be eligible when they have not met the minimum roster size of 450 enrolled patients. As well, all other FHG and CCM physicians will be eligible when their roster sizes are less than 650 enrolled patients.

Primary care physicians who are not in one of the Patient Enrolment Models are eligible to claim this fee code.

Q152A may be billed once per patient per 730 day period. When a second Q152A fee code is claimed for the same patient in the 730 day period, the claim will reject to the physicians error report **A36** “Claimed by other Pract.”

When a PEM signatory physician (other than FHG or CCM) claims the Q152A, the fee code will be rejected to the physician’s error report with the explanation code **EPA** “PCN Billing Not Approved”.

When a FHG or CCM physician bills the Q152A fee code the claim will be processed and paid at zero dollars (\$0) with an explanation code **I2** “service is globally funded.

Once FHG and CCM minimum roster processing occurs in April 2009, FHG and CCM Physicians who have not met their minimum roster size will have their valid Q152A claims automatically re-processed by ministry systems. Each valid I2’d claim previously paid at zero dollars (\$0) will be paid in full to the eligible FHG or CCM physician under the accounting transaction “FOBT Completion Fee” at a fee value of \$5.00 per claim.

The earliest payment to FHG and CCM physicians for the FOBT Completion Fee will be the May 2009 Remittance Advice.

New Patient Fee FOBT Positive/Colorectal Cancer (CRC) Increased Risk Q043A

As part of the ColonCancerCheck program the ministry will provide Cancer Care Ontario (CCO) with a list of physicians who are currently accepting new patients with positive FOBT or at increased risk of colorectal cancer (CRC).

Patients without a family physician will be able to obtain their FOBT kit from a community pharmacy or through Telehealth Ontario.

The patient will complete the FOBT and mail it to the laboratory for processing in a postage pre-paid envelope or drop it off at a community laboratory specimen collection centre.

When negative results are obtained the ColonCancerCheck program will send a letter to the patient informing them of the results and to return for screening in two years time.

When positive results are obtained the program will contact a physician from the list in order to set up an appointment for the patient with positive FOBT or increased risk for follow-up care (e.g. referral to colonoscopy). The program will contact the patient to provide the details about the appointment.

If you are willing to accept new patients who are FOBT positive or at increased risk you are asked to complete the physician survey on the program website (www.ColonCancerCheck.ca) and fax it to ColonCancerCheck.

Note that you can remove your name from the referral list at any time by contacting the program. As well, the referral list will not be made available publicly – it will only be used by the program for the purpose of referring individual patients to physicians.

To be eligible for the New Patient Fee the physician and patient will complete and sign a Patient Enrolment and Consent to Release Personal Health Information (enrolment/consent) form and a New Patient Declaration form. Physicians will write the words ColonCancerCheck (CCC) on the declaration form (see diagram below). The patient is given a copy of the enrolment/consent form and the physician retains a copy of both forms for the practice records.

I hereby declare that the patient(s) named below does/do not have a family physician due to one or more of the following circumstances:
(check applicable boxes)

- The patient's family physician has moved to another community.
- The patient has moved to another community.
- The patient's physician is no longer available due to illness/death/retirement.
- The patient's physician is no longer available due to change of practice type.
- Up until now the patient has not had, or felt the need for a family physician.

Colon Cancer Check

Section A: Patient Information

First Name

Last Name

Health Number

The effective date of the New Patient Fee FOBT Positive/CRC Increased risk Q043A fee code is April 1, 2008. The physician submits a New Patient Fee FOBT Positive/CRC Increased Risk claim (Q043A) to the ministry.

To claim the New Patient Fee FOBT Positive/CRC Increased Risk the physician must submit the Q043A claim for:

- \$150 for patients up to and including 64 years of age
- \$170 for patients 65 – 74 years of age, and
- \$230 for patients 75 years of age and older

Should a physician's software program not support multiple amounts for the same fee code, he/she may submit the Q043A for \$150.00 and the ministry's system will adjust it accordingly.

The service date of a Q043A claim must be the same as the date on the enrolment/consent form and the New Patient Declaration form.

A physician may submit both a New Patient Fee FOBT Positive/CRC Increased Risk (Q043A) and a Per Patient Rostering Fee (Q200A) for the same patient.

There is no annual limit on the number of services (Q043A) a physician is eligible to claim.

For any individual patient a physician may only claim one of the following fees: New Patient Fee; New Graduate-New Patient Fee, Unattached Patient Fee or New Patient Fee FOBT Positive/CRC Increased Risk.

Note: CCM physicians are not eligible to claim the New Patient Fee. CCM physicians are eligible for New Graduate-New Patient Fee, Unattached Patient Fee and New Patient Fee FOBT Positive/CRC Increased Risk.

Should you have any questions regarding the Colorectal Cancer Screening Enhancements please contact the Primary Health Care Team at 1-866-766-0266.