

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

**FACT SHEET**

**Title: Preventive Care Bonus – Tracking and Exclusion Codes**

**Date: January 2006**

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**Eligible Patient Enrolment Models (PEMs):**

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|---|--|
| <input checked="" type="checkbox"/> Family Health Networks (FHNs)       | <input checked="" type="checkbox"/> Group Health Centre (GHC)                  |
| <input checked="" type="checkbox"/> Primary Care Networks (PCNs)        | <input checked="" type="checkbox"/> Rural and Northern Physician Group (RNPGA) |
| <input checked="" type="checkbox"/> Family Health Groups (FHGs)         | <input checked="" type="checkbox"/> St. Joseph's Health Centre                 |
| <input checked="" type="checkbox"/> Health Service Organizations (HSOs) |  |
| <input checked="" type="checkbox"/> Comprehensive Care Models (CCMs)    |  |

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The Ministry of Health and Long-Term Care (MOHLTC) is pleased to announce Preventive Care Bonus enhancements that will enable physicians to better monitor patient status and determine service levels achieved when submitting for the Cumulative Preventive Care Bonus. The MOHLTC has implemented new Tracking and Exclusion Fee Codes that may be submitted for patients on a physician's Preventive Care Target Population/Service Report. When submitted, these codes will identify a patient as having received the preventive care service or identify the patient as having met the criteria outlined below to exclude the patient from the target population for the specific preventive care service.

**Note:** The Memorandum of Agreement (MOA) between the Ontario Medical Association (OMA) and the MOHLTC includes provisions that allow FHG and CCM physicians to submit and be paid for the Cumulative Preventive Care Management Service Enhancement Codes. Effective April 1<sup>st</sup>, 2006, signatory physicians in these models will be eligible for the Colorectal Screening Bonus. Effective April 1<sup>st</sup>, 2007, these physicians will be eligible to submit for the remaining four (4) Cumulative Preventive Care Bonus categories:

- Influenza Vaccine for Enrolled Patients over 65,
- Pap Smear for Enrolled Patients between 35 and 70 years of age,
- Mammograms for Enrolled Patients between 50 and 70 years of age, and
- Immunization for Enrolled Patients under two years as well.

FHG and CCM physicians may begin to submit Tracking and Exclusion Codes for all five categories now. Patients will be identified on *Preventive Care Target Population/Service Reports* provided to the physicians for the period in which they are eligible.

## Tracking and Exclusion Code Information:

- Submission of Tracking and Exclusion codes is voluntary. These codes have been introduced to assist physicians, if desired, in tracking patients receiving preventive care services or those who should be excluded from the target population for a service. Submission of these codes is not required to receive a Cumulative Preventive Care Bonus.
- Physicians may submit Tracking and Exclusion Codes using the normal billing practices used to submit Fee for Service claims and premium codes applicable to their agreement. As with other tracking codes, the fee billed should be zero dollars, and the fee paid on the Remittance Advice (RA) will be zero dollars with an explanatory code 30 – This service is not a benefit of OHIP.
- A Tracking Code may be submitted once the physician has knowledge that the patient has received the preventive care service. The service may have been rendered by the billing physician or elsewhere. Note: For preventive care services requiring a test (ie.: Fecal Occult Blood Test (FOBT) for the Colorectal Screening Bonus), a physician may submit the applicable Tracking Code once the results of the test have been reported.
- An Exclusion Code may be submitted when the physician has confirmed that the intervention is not appropriate for the patient according to the exclusion criteria detailed in the physician's Primary Care Agreement or the MOA.
- Patients on a physician's *Preventive Care Target Population/Service Report* will be identified as compliant or excluded for the appropriate time period.

**Example:** The *Preventive Care Target Population/Service Report* provided to a physician in April 2006 will identify all of the physician's eligible patients for each bonus category. In addition, the report will identify services assessed by the MOHLTC that satisfy the bonus requirement (e.g. flu shots) as well as any Tracking or Exclusion Codes submitted for each patient. For example, Tracking Codes submitted for the Influenza Vaccine for Enrolled Patients over 65 bonus category will report for the 12 month period prior to the fiscal year end (April 1, 2005 to March 31, 2006). Tracking or Exclusion Codes submitted for the Mammogram for Enrolled Patients between 50 and 70 years of age bonus category will identify a patient as having received the service or having been excluded from the target population for the 30 month period prior to the end of the fiscal year for which the bonus is being claimed.

- The Tracking and Exclusion Codes should only be submitted for patients enrolled with the billing physician. Tracking and Exclusion Codes submitted for non-enrolled patients will not be identified on the *Preventive Care Target Population/Service Report*.

### Influenza Vaccine for Enrolled Patients over 65

Tracking Code	Q130A
Exclusion Code	not applicable

### **Pap Smear for Enrolled Patients between 35 and 70 years of age**

Tracking Code	Q011A
Exclusion Code	Q140A

Exclusions apply for women who have had a hysterectomy, or who are being treated for cervical diseases that preclude regular screening Pap tests.

### **Mammogram for Enrolled Patients between 50 and 70 years of age**

Tracking Code	Q131A
Exclusion Code	Q141A

Exclusions apply for women who have had a mastectomy, or who are being treated for clinical breast disease.

### **Immunizations for Enrolled Patients under two years**

Tracking Code	Q132A
Exclusion Code	not applicable

### **Colorectal Screening for Enrolled Patients between 50 and 74 years of age**

Tracking Code	Q133A
Exclusion Code	Q142A

Exclusions apply for patients with known cancer being followed by a physician; with known inflammatory bowel disease; with a history of malignant bowel disease; or with any disease requiring regular colonoscopies for surveillance purposes.

For further information, please contact Adam Farber, OMA Legal counsel, tel.(416) 340-2894 or 1-800-268-7215, ext. 2894, fax (416) 340-2946, or via e-mail ([adam\\_farber@oma.org](mailto:adam_farber@oma.org)). Alternatively, you may contact the Primary Health Care Team at 1-866-766-0266. For billing updates, visit Agreement Tracker on the OMA Website ([www.oma.org](http://www.oma.org)).