

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

FACT SHEET

Title: **Applicable Q Codes for Comprehensive Care Model (CCM) Physicians**

Date: **October 2006**

Please find below a complete listing of all Q codes that CCM physicians are eligible to bill. This includes new primary care Q codes that have been introduced as a result of the 2004 Memorandum of Agreement between the Ontario Medical Association and the Ministry of Health and Long-Term Care.

Code	Description	Fee
Q011A	Pap Smear Tracking Code	\$0
Q016A	After Hours Fee (Applies to the following fee codes: A001A, A003A, A004A, A007A, A008A, A888A, K005A, K013A, and K017A)	10%
Q118A	Cumulative Preventive Care Management Service Enhancement Code (Preventive Care Bonus) Colorectal Screening Bonus – 15%	\$220 (bill at \$0)
Q119A	Cumulative Preventive Care Management Service Enhancement Code (Preventive Care Bonus) Colorectal Screening Bonus – 20%	\$440 (bill at \$0)
Q120A	Cumulative Preventive Care Management Service Enhancement Code (Preventive Care Bonus) Colorectal Screening Bonus – 40%	\$1,100 (bill at \$0)
Q121A	Cumulative Preventive Care Management Service Enhancement Code (Preventive Care Bonus) Colorectal Screening Bonus – 50%	\$2,200 (bill at \$0)
Q023A	Unattached Patient Fee	\$150
Q033A	New Grad/New Patient Fee (Max 150/fiscal year)	\$100/110/ 120
Q130A	Influenza Tracking Code	\$0
Q131A	Mammogram Tracking Code	\$0
Q132A	Childhood Immunization Tracking Code	\$0
Q133A	Colorectal Screening Tracking Code	\$0
Q140A	Pap Smear Exclusion	\$0
Q141A	Mammogram Exclusion	\$0
Q142A	Colorectal Exclusion	\$0
Q200A	Per Patient Rostering Fee	\$5

**For more information, please contact your local Ministry office or
your Ministry site team contact at 1-866-766-0266.**