

## Common Family Practice Codes Fall 2009



**OMA SECTION  
ON GENERAL &  
FAMILY PRACTICE**

*The Educated Voice  
in Healthcare*

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### Mission Statement

"The Section on General & Family Practice of Ontario is the authoritative voice dedicated to enhancing the value and well being of its members and the provision of excellence in health care for patients."

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A001	Minor Assessment	20.00
A007	Intermediate Assessment	32.35
A003	General Assessment	68.75
A004	General Reassessment	33.50
A003	Annual Health Exam - Use Diagnostic Code 917	68.75
A903	Preoperative Assessment	61.00
A008	Mini Assessment - Billed With WSIB Minor Assess.	10.25
A888	n o Emergency Dept Equivalent	30.85
K017	Annual Health Exam - Child > 2 Yrs Of Age	36.95
A002	n o 18 Month Developmental Assessment	61.00
K005	Primary Mental Health Care	55.05
K007	Psychotherapy	55.05
K013	Counselling Up To 3 Units/Year	55.05
K623	n o Form 1-Application for Psychiatric Assessment	85.65
K022	n o HIV - Primary Care	55.05
K037	n o Chronic Fatigue/Fibromyalgia Care	55.05
K028	n o STD, BBD Mgmt-Max 2 Unit/Pat/Doc/Day & 4 Units/Pat/Doc/Yr	55.05
K030	n o Diabetic Management Assessment 4 Per Year	37.00
K033	n o Counselling - When Billing More Than 3 Units/Yr	34.05
K050	n o MCFSC HSR & ADL Amalgamated Form	100.00
K051	n o Health Status Report (HSR) Form	80.00
K052	n o MCFSC Activities Of Daily Living (ADL) Index	20.00
K053	n o Ont Works Progr. - Limit. To Participation	15.00
K054	n o MCFSC Mandatory Spec. Necessities Ben. Form	25.00
K055	n o MCFSC Special Diet Application Form	20.00
A901	n House Call Ass (1st Patient)+ Premiums	41.75
A902	n o Pronounce Death In Home + Premium	41.75
K023	n o Pall. Care Support-Allowable With A945>50Min	55.05
K070	n o Home Care Application	29.30
K071	n o Acute Home Care Sup'N(1/2W*12W)	19.95
K072	n o Chronic Home Care Sup'N 1/M>12W	17.75
K035	n o MTO Mandatory Reporting Medical Condition	34.85
K036	n o Northern Travel Grant Application	10.25
K038	n o Long Term Care Application	43.50
E080	n o First Post Hospital Premium-Within Two Weeks	25.00
E079	n o Smoking Cessation Premium	15.40
K039	n o Smoking Cessation Followup	33.45
Q150	n o FOBT Distribution and Counselling	7.00
Q152	n o FOBT Completion(see restrictions-see last page)	5.00

### HOSPITAL CARE

C933	n o On-Call Admission Assessment	79.20
C122	n o Most Responsible Physician Day 1	55.45
C123	n o Most Responsible Physician Day 2	55.45
C124	n o Most Responsible Physician Discharge Day	55.45
E082	n Admission assessment by the MRP, to admission assessment	add 30%
***E083	n Subsequent visit by the MRP, to subsequent visit	add 30%
C002	n o Hospital Care	29.20
C010	n o Supportive Care	17.75
H001	n o Newborn Care (In Hospital Or In Home)	52.20

### SURGICAL ASSISTS PER UNIT (X2 AFTER 1 HR)

E400B	n o Evenings Mon-Fri(5Pm To Mid.), Sat/Sun/Hol.	50%
E401B	n o Nights - Midnight To 7Am.	75%

### OBSTETRICS

P006	n o Vaginal Delivery	462.85
P009	n o Attend Lab&Delivery - C-Section	445.79
P023	n o Oxytocin Stimulation	67.75
P030	n o Cervical Ripening (Max 1 Per Pregnancy)	58.60
C989	n o Sacrifice Office Hours	72.70
P007	n o Postnatal Care Hospital	55.15
P008	n o Postnatal Care Office	32.35
E409	n o Prem Days (5-12Pm), 24 Hrs Sat.Sun ** 50%	231.43
E410	n o Prem Nights Midnights-7 Am ** 75%	347.14
E411	n o Sole Del Premium ** 100%	462.85
P004	n o Minor Prenatal Assessment	32.35
P003	n o Major Prenatal	68.75
P005	n o Antenatal Preventative Assessment	41.65

### LONG TERM CARE (LTC) ONLY

*W010	n o Monthly Management Fee	87.20
W003	n o First 2 visits per month	22.55
W008	n o Additional 2 subsequent visits per month	13.40
W872	n o Palliative Care visit -no limit	29.20

### CCC AND CONVALESCENT CARE IN LTC

W002	n o First 4 visits per month	29.20
W001	n o Additional Subsequent Visits-4/month	13.40
W882	n o Palliative Care visit -no limit	29.20

> E542 may be charged with these fees  
+ add G700 to these fees if sole reason for visit  
n common fees outside the FHN basket  
o common fees outside the FHO basket

### LTC AND COMPLEX CONTINUING CARE

W102	n o Admission Assessment Type 1	68.75
W107	n o Admiss Assess Type 3.readmit from acute	30.70
W109	n o Annual Physical Examination	61.00
W903	n o Preoperative examination (2 per year)	61.00
K002	n Interview with authorized individual	55.05
K032	n o Neurocognitive Assessment	55.05
W121	n o Intercurrent illness additional visit	22.55
W777	n o Pronouncement of Death	32.35
W771	n o Cert. of Death(other HP pronounced)	17.75
K124	n o LTC Case Conference/1/2 hr unit 2/yr	55.05

### OFFICE PROCEDURES

+ G700	n o Basic Fee	5.10
> E542	n Office Premium (Tray Fee)	11.15
> Z101	n Abscess, Haematoma I&D (One)	24.05
> Z106	n o Abscess, Ischioirectal/Pilonidal I&D	44.35
G271	n Anticoag Supervision	12.00
G202	n Allergy Inj. (1 Or More) With Visit	4.10
G212	n Allergy Injection Alone	9.30
Z113	n Biopsy, Shave, Punch, Curette	29.60
> Z116	n Biopsy with Sutures	29.60
Z139	n o Breast Cyst Aspiration	30.00
+ G370	n Injection Bursa,Jnt,Gangl,Inj/Asp'N	19.90
Z153	n Dressing, Major	14.05
> Z770	n o Endometrial Sampling	29.05
+ G420	n Ear Syringe, Curette	11.25
Z314	n Epistaxis - Nasal Cauterization	11.50
Z315	n Epistaxis - Unil. Anterior Packing	15.35
+ G310	n ECG Technical	6.75
G313	n ECG Professional	9.75
G403	n o Epley (BPV) Particle Repos	21.15
> Z114	n Foreign Body Removal	23.30
> Z104	n o Haematoma, Perianal	20.10
G538	n Immun'n With Visit - Each Injection	4.10
G539	n Immun'n Alone- 1St Injection	9.00
G590	n o Flu Shot With Visit	4.10
G591	n o Flu Shot Alone	9.00
G372	n Injection With Visit	2.90
G373	n Injection-Sole Reason	6.35
+ G375	n Intralesional Infil -1 Or 2 Lesions	8.85
+ G377	n " " 3 Or More	13.30
G384	n Injection Trigger Point	8.85
G385	n " " Each Additional (2Max) Add	4.55
> G378	n I.U.D. Insertion	25.50
> R048	n Malignant Lesion-Face-single,Simple Exc	92.15
> R094	n Malignant Lesion-Other-Single-Simple Exc	58.15
> Z128	n Nail Resection	30.30
+ G365	n Pap (One Yearly)	6.75
+ G394	n o Pap:If Prev Abnormal/Inadequate	6.75
E430	n o Pap Smear Tray Fee	11.15
D012	n o Pulled Elbow	39.00
> Z176	n Suture	20.00
> Z154	n Suture: Face, Layers, Bleeders	35.90
Z543	n Proctoscopy	6.25
Z117	n Chem Rx Wart(Plantar,Genital)	11.05
+ G480	n o Venipuncture-Infant <2 Yrs Of Age	9.25
+ G482	n Child 2-15	7.00
+ G489	n Adult 16+	2.90

### LABORATORY IN GP'S OFFICES

G010	n Urinalysis	1.86
G002	n Glucose	2.01
G012	n Wet Prep	1.86
G004	n Stool For O.B.	1.52
G005	n Pregnancy Test	3.88
G014	n Rapid Strep	4.60

### Pulmonary Function

J301	n Simple Spirometry-\$7.85P,\$9.55T	17.40
J324	n "--Repeat After Bronchodilator-\$4.20P,2.88T	7.08
J304	n Flow Volume Loop-\$10.25P, \$19.05T	29.30
J327	n " -- Repeat After Bronchodilator-\$6.05P,\$2.88T	8.93

Changes introduced since October 2008 are highlighted in red.

\*If you are billing the W010 monthly LTC code, the followingservices are included in the code and may not be billed as separate services: W003; W008; W121; W872; W102; W104; W107; W903; W109; W004; W777; W771; G271; K070; K071, K072, G489; G372; G373; G538; G539; G590; G591, G365, G394, E430, G379, G001; G002; G481; G003, G004; G005; G006; G007; G008, G009; G010; G011; G012 & G014

\*\*Dollar Value Calculated For P006

\*\*\*E083 applies to C122, C123, C124, C142, C143, C882 or C982

## Special Visit Premiums

			Maximum Patients	Maximum Travel	Additional Patient	Travel Premium
<b>HOME VISIT PREMIUMS</b>						
					<b>ADD TRAVEL PREMIUM 36.40</b>	
B990	n	18.20	10	2	visit fee	<b>B960</b>
B992	n	36.30	10	2	visit fee	<b>B961</b>
B994	n	54.55	10	2	visit fee	<b>B962</b>
<b>B993</b>	n	<b>56.25</b>	20	6	visit fee	<b>B963</b>
B996	n	81.85	no limit	no limit	visit fee	<b>B964</b>
B997	n	81.85	no limit	no limit	no limit	<b>B966</b>
B998	n	61.90	no limit	no limit	no limit	<b>B966</b>
<b>OFFICE VISIT PREMIUM</b>						
					<b>ADD TRAVEL PREMIUM 36.40</b>	
A990		18.20	1	1	visit fee	<b>A960</b>
A994		54.55	1	1	visit fee	<b>A962</b>
<b>A998</b>		<b>56.25</b>	1	1	visit fee	<b>A963</b>
A996		81.85	no limit	no limit		<b>A964</b>
<b>HOSP PREM C=HOSP,K=ER,U=OPD,W=LTC - Substitute Appropriate Site Prefix for "C"</b>						
					<b>ADD TRAVEL PREMIUM 36.40</b>	
C990	n	18.20	10	2	C991	<b>C960</b>
C992	n	36.30	10	2	C993	<b>C961</b>
C994	n	54.55	10	2	C995	<b>C962</b>
C998	n	56.25	20	6	C999	<b>C963</b>
C996	n	81.85	no limit	no limit	C997	<b>C964</b>

## Emergency Room Codes

### ER D=DAY W=HOLI&WK'ND E=EVE N=NIGHT

A100	n	Family Physician Er Department Ass	76.90
D H102	n	Comprehensive Assessment	37.20
H103	n	Multiple Systems Assessment	<b>34.60</b>
H101	n	Minor Assessment	15.00
H104	n	Reassess	15.00
WH152	n	Comprehensive Assessment	63.30
H153	n	Multiple Systems Assessment	<b>55.85</b>
H151	n	Minor Assessment	25.50
H154	n	Reassess	25.50
E H132	n	Comprehensive Assessment	46.30
H133	n	Multiple Systems Assessment	<b>41.60</b>
H131	n	Minor Assessment	18.70
H134	n	Re-Assessment	18.70
H105	n	Inpatient Interim Orders	21.00
N H122	n	Comprehensive Assessment	73.90
H123	n	Multiple Systems Assessment	<b>64.65</b>
H121	n	Minor Assessment	29.80
H124	n	Reassess	29.80
G521	n	Life threatening emergency situation-first 1/4 hr	<b>98.70</b>
G523	n	Life threatening emergency situation-2nd 1/4 hr	<b>49.30</b>
G522	n	“ “ “ after 1st half hour per 1/4 hr	<b>32.45</b>
G395	n	Other resuscitation-first 1/4 hour	<b>50.70</b>
G391	n	Other resuscitation-after first 1/4 hour	<b>25.30</b>

- n common fees outside the FHN basket  
o common fees outside the FHO basket

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## Diagnostic Codes

Abdominal Pain	787
Abortion (incomplete)	634
Abortion(Therapeutic)	640
Abortion(Threatened)	640
Abrasions, Contusions	919
Abscess(Skin)	685
Acne	706
Adenitis	289
Adjustment reaction	309
Adverse Drug Reaction	977
AIDS	042
Alcoholism	303
Alopecia	704
Amenorrhea	626
Anemia (aplastic)	284
Anemia (Iron Defic)	280
Anemia (Pernicious)	281
Angina	413
Ankle Strain	845
Anorexia	787
Anxiety	300
Appendicitis	540
Apthous Ulcer	528
Arrythmia	427
Arteriosclerosis	440
ArteritisTemporal	441
Arthritis(Osteo)	715
Arthritis(Rheumatoid)	714
ASHD	412
Asthma	493
Astigmatism	367
Ataxia	780
Athletes foot	110
Back Pain	847
Bakers Cyst	739
Balanitis	608
Basal Cell Ca	173
Behaviour Disorder	313
Biliary Colic	574
Birth Control	895
Bite (Animal)	919
Bite (Insect)	959
Bleeding (Post Menop)	627
Bleeding (rectal)	569
Blepharitis	373
Blocked Tear Duct	375
Boil	680
BPH	600
Breast Abscess	611
Breast Cancer	175
Breast Disorder	611
Breast Lump(benign)	217
Bronchitis (chronic)	491
Bronchitis Acute	466
Bunions	727
Burns	949
Bursitis	727
Calculus (biliary)	576
Cancer Cervix	180
Cancer Prostate	185
Cancer Uterus	182
Candidiasis	112
Cardiac Arrest	427
Carpal Tunnel Syndrome	739
Cataracts	366
Cellulitis	682
Cervical Disc Disease	847

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## Diagnostic Codes

Cervical Erosion/dysplas	622	Fissure in ano	565	Insect Bite	919	PAT	427	Strabismus	378
Cervicitis	622	Flatfeet	734	Insomnia	307	Pediculosis	132	Strep Throat	034
Chalazion	373	Flu	487	Intertrigo	695	Pelvic Inflammatory Dis	614	Stress incontinence	625
Chest Pain	785	Food Poisoning	005	Iritis	364	Peripheral Vascular Dis	443	Stroke	436
Chicken Pox	052	Foreign Body	930	Irritable Colon	564	Personality disorder	301	Stye	373
Chlamydia	099	Fractured Finger	816	Jaundice	787	Pharyngitis	460	Sunburn	691
Cholelithiasis	574	Frequency	788	Joint Pain	781	Phimosis	605	Syncope	785
Cirrhosis	571	Frostbite	944	Keloid	701	Phlebitis	451	Tachycardia	427
Coccydynia	774	Frozen Shoulder	729	Keratitis	370	Pilonidal Abscess	682	TB test, conversion	010
Colon Cancer	153	Fungal Infection	117	Keratosis	701	Pinworms	127	Tendonitis	727
Concussion	850	Furunculosis	680	Kidney Stone	592	Pleurisy	511	Tennis elbow	739
Condylomata	629	Gall Stone	574	Knee Pain	844	Pneumonia	486	Tenosynovitis	727
Congestive Heart Failure	428	Ganglion	727	Labyrinthitis	386	Poison Ivy, Oak	692	Tension Headache	307
Conjunctivitis	372	Gangrene	442	Laceration Lower	894	Poliomyelitis	045	Threatened Abortion	640
Constipation	564	Gastric Ulcer	531	Laceration Other	879	Pregnancy (ectopic)	633	Thrush	112
Contraception	895	Gastritis	535	Laceration Upper	884	Pregnancy (normal)	650	Thyroiditis	245
Contusion	919	Gastroenteritis	009	Laryngitis	464	Prolapse Uterus	621	Thyrototoxicosis	242
COPD	491	Gastrointestinal	787	Leg Cramps	781	Prostate Cancer	185	Tinnitus	388
Corneal Ulcer	370	Gingivitis	523	Legal Problems	906	Prostate Hypertrophy	600	TIA	435
Cough	786	Glaucoma	365	Leukorrhea	629	Prostatis	601	Tonsillitis	463
Corns, Calluses	700	Glossitis	529	Lipoma	214	Pruritus	698	Toothache	525
Coronary Artery Disease	412	Goitre	240	Liver Disease (other)	573	Psoriasis	696	Torticollis	739
Crohn's disease	555	Gout	274	Low Back Pain	724	Pulmonary embolism	459	Tracheitis	464
Croup	464	Grief Reaction	300	Lupus	695	Pyelonephritis	590	Trichomonas	131
CVA	436	Gynecomastia	611	Lymphangitis	457	Pyrexia	796	Trigger Finger	727
Cystitis	595	Hair Loss	704	Malaise	799	Pyuria	599	Ulcer (duodenal)	532
Cystocoele	618	Hallux Valgus	735	Marital Problems	898	Rash	691	Ulcer (Gastric)	531
Deafness	389	Head Injury	854	Mastitis (Abscess)	611	Raynaud's Phenomenon	443	Undescended testicle	608
Dementia	290	Headache NYD	780	Mastitis (Cystic)	610	Rectal Bleeding	569	URI	460
Dental Abscess	525	Headache(Migraine)	346	Measles	055	Reflux Esophagitis	530	Uremia	585
Dental Caries	521	Headache(Tension)	307	Melena	787	Renal Calculi	592	Urethral Stricture	598
Depression	311	Heart Failure	428	Meniscal tear	718	Renal Colic	788	Urethritis	597
Dermatitis (Contact)	692	Heart Murmur	429	Menopause	627	Renal Failure	584	Urinary Infection	599
Dermatitis (Seborrhea)	690	Heartburn	787	Menorrhagia	626	Rheumatoid Arthritis	714	Urticaria	708
Deviated Nasal Septum	470	Hemangioma	228	Menstrual Disorder	626	Rhinitis	477	Ulcerative Colitis	556
Diabetes	250	Hematomata	959	Mental Retardation	319	Ringworm (scalp, beard)	110	Umbilical Hernia	553
Diaper Rash	692	Hematuria	599	Migraine	346	Ringworm(other)	117	Unemployment	905
Diarrhea	009	Hemiplegia	349	Miscarriage	634	Rosacea	695	Vaginal Bleeding	626
Disc Disease	722	Hemoptysis	786	Mitral Valve Prolapse	429	Rubella	056	Vaginitis	616
Diverticulitis	562	Hemorrhoids	455	Mole	216	Scabies	133	Varicose Vein, ulcer	454
Divorce	901	Hepatitis	070	Mononucleosis	075	Scarring	709	Vasovagal attack	780
Dizziness	780	Hernia (Inguinal)	550	Multiple Sclerosis	340	Schizophrenia	295	Venereal Disease	099
Drug Dependence	304	Hernia(other)	553	Mumps	072	Sciatica	724	Vertigo	780
Drug Reaction	977	Herpes Genitalis	099	Muscle Spasm	728	Scoliosis	737	Viral illness	079
DVT	451	Herpes Simplex	054	Myopia	367	Sebaceous Cyst	706	Viral Rash	057
Dysmenorrhea	625	Herpes Zoster	053	Nausea or Vomiting	787	Seborrhea	690	Vomiting	787
Dyspareunia	625	HIV	279	Nephritis	580	Seizure Disorder	345	Vulvitis	616
Dyspepsia	536	Hives	708	Neuralgia (Trigeminal)	350	Senility	797	Warts	078
Dysphagia	787	Hydrocele	603	Neuritis	356	Sexual Dysfunction	306	Wax	388
Dyspnea	786	Hyperactivity	314	Nevus	216	Shingles	053	Weight Loss	796
Eczeema	691	Hypercholesterolemia	272	Nevus (Pigmented)	709	Shortness of Breath	786	Well Baby Visit	916
Edema	785	Hyperemesis	643	Nosebleed	786	Sickle Cell	282	Whiplash	847
Emphysema	492	Hypertension	401	Obesity	278	Sinusitis	461	Whooping Cough	033
Endometriosis	617	Hypertensive Heart	402	Occupational Problem	905	Sinusitis (acute)	461	Wound Infection	998
Enuresis	307	Hyperthyroid	242	Oral Ulcers	528	Sinusitis (chronic)	473	Wry Neck	733
Epididymo-orchitis	604	Hyperventilation	786	Osteoarthritis	715	Sleep Disorder	307	Yeast Vaginitis	616
Epilepsy	345	Hypothyroid	244	Osteomyelitis	730	Smoking Cessation	491		
Epistaxis	786	Hysteria	300	Osteoporosis	733	Social Maladjustment	904		
Esophagitis	530	Immunization	896	Otitis Externa	380	Sprain (Foot, ankle)	845		
Exhaustion	796	Impetigo	684	Otitis Media	381	Sprain (Leg, Knee)	844		
Failure to Thrive	799	Impotence	306	Ovarian Cyst	220	Sprain (lumbar)	724		
Family Planning	895	Incontinence	599	Overdose	977	Sprain (Neck)	847		
Fatigue	796	Indigestion	536	Pain (chest)	785	Sprain(Shoulder)	840		
Feeding Problem(Infant)	799	Infertility (Female)	628	Pain(joint,leg,muscle)	781	Sprain (Wrist)	842		
Fever	796	Infertility(male)	606	Pancreatitis	577	Sprain, Strain (Other)	848		
Fibroids	218	Influenza	487	Parkinson's	332	STD	099		
Fibrositis	729	Ingrown Toe Nail	703	Paronychia	686	Stomatitis	528		

## Patient Enrolled Models Q Codes

Updated to include changes implemented *since* **October 2008**

### Commonly Billed Q Codes

#### CCM,FHG,FHN & FHO (all models):

Q200A Enrollment Fee (first year only)	\$5.00
Q013A New patient premium max 55/year	\$100-\$180*
Q023A Unattached pt. fee, from hospital, no max	\$150
Q033A New Grad. New pt. fee (max 300,first year only)	\$100-\$180*
Q040A Diabetes Management incentive - Annual Flow Sheet	\$75/yr
Q042A Smoking Cessation Counselling Fee	\$7.50
Q043A New Pt. fee FOBT +/-Colorectal increased risk	\$150-230**
<b>Q053A HCC Complex vulnerable new patient***</b>	<b>\$350.00</b>
<b>Q054A Unattached mother/newborn (&lt;2 weeks from birth)</b>	<b>\$350.00</b>
<b>Q055A Unattached newborn,multiple births, each baby</b>	<b>\$150.00</b>
Q150A FOBT Distribution and Counselling Fee	\$7
Q050A Heart Failure Management Incentive	\$125

#### FHG, FHN and FHO only:

##### Primary Care Serious Mental illness

Q020A - Bi-polar Diagnostic Code 295 - Schizophrenia	
5-9 patients - \$1000/yr 10+ patients - \$2000/yr	
<b>Q012A After 5pm,W/E, holiday add-on</b>	<b>20%</b>

#### FHN and FHO automated claims:

Q555A Mainpro C	\$25/15 min
Q556A Mainpro M1	\$25/15 min
Q557A Other	\$25/15 min

Note: CME in 15 min increments.

#### FHN only:

Q014A Newborn Episodic Care (<1year old, max 8)	\$15.05
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#### FHO only:

Q015A Newborn Episodic Care (<1year old, max 8)	\$13.99
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#### FHG only:

FHGs-10% premium automatically added to A001, A003, A007,A008,A888,A901,A902,C010,C882,G365,G538, G539,G590,G591,K005,K017,K022,K023,K030

#### CCM only:

<b>Q016A After 5pm, W/E holiday add-on</b>	<b>20%</b>
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#### Q012 (FHG, FHN, FHO) and Q016 (CCM) apply to:

**A001A,A003A,A004A,A007A,A008A,A888A, K005A,K013A,K030A.K017A, K030 & Q040.**

#### \*Q013A & Q033A

New patients over 75 - \$180  
New patients over 64 - \$120  
Patients up to 64 - \$100

#### \*\*Q043A

Patients 75 years and over - \$230  
Patients over 64 - \$170  
Patients up to 64 - \$150

#### \*\*\*Q053

Same payment regardless of age  
Requires patient be registered with Health Care Connect  
No maximum number

### Preventive Care Tracking Codes

(Enrolled Patients Only)

Q130A Influenza Vaccine over 65
Q011A Pap 35-69
Q131A Mammogram 50-69
Q132A Immunization 18-24 Months
Q133A Colorectal Screening 50-74

#### Exclusion Code:

(Improves efficiency when calculating yearly bonus payments)

Q140A Pap 35-69
Q141A Mammogram 50-69
Q142A Colorectal Screening 50-74

### Preventive Care Management Fees

FHN and FHO only

For billing rules go to:

<http://www.oma.org/PC/fhn/FHNGeneralBlendedTemplatev02.01.pdf>

Q001A Pap smear	\$6.86
Q002A Mammogram	\$6.86
Q003A Influenza vaccine (>65 years).	\$6.86
Q004A Childhood immunizations (18-24 months)	\$6.86

#### FHN, FHO, FHG & CCM

Q005A Colorectal Screening 50-74	\$6.86
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### Preventive Care Service Enhancement Fees

#### FHN, FHO, FHG & CCM

Paid annually based on percentage of enrolled patients serviced

##### Influenza vaccine

Q100A 60%	\$220.00
Q101A 65%	\$440.00
Q102A 70%	\$770.00
Q103A 75%	\$1,100.00
Q104A 80%	\$2,200.00

##### Pap Smear

Q105A 60%	\$220.00
Q106A 65%	\$440.00
Q107A 70%	\$660.00
Q108A 75%	\$1,320.00
Q109A 80%	\$2,200.00

##### Mammogram

Q110A 55%	\$220.00
Q111A 60%	\$440.00
Q112A 65%	\$770.00
Q113A 70%	\$1,320.00
Q114A 75%	\$2,200.00

##### Childhood Immunizations

Q115A 85%	\$440.00
Q116A 90%	\$1,100.00
Q117A 95%	\$2,200.00

##### Colorectal Screening

Q118A 15%	\$220.00
Q119A 20%	\$440.00
Q120A 40%	\$1,100.00
Q121A 50%	\$2,200.00
Q122A 60%	\$3,300.00
Q123A 70%	\$4,000.00

#### APPLIES TO FFS OR PATIENT ENROLLED MODEL WITH LESS THAN MAXIMUM ROSTER SIZE

as per Q152 on front page

Q152 FOBT completion fee	\$5
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For further information on CCMs, FHGs, FHNs and FHOs, you may access the OMA Primary Care Renewal Tutorials at

<http://www.oma.org/cybermed/online/pcr/>

or contact your Primary Health Care Team Ministry Site

at 1-866-766-0266



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