

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: Physicians

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Re: ColonCancerCheck Physician Incentives

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Background

In 2008, the Ontario government, in collaboration with Cancer Care Ontario, launched the 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 encourages people aged 50 to 74 and with an average risk for colorectal cancer to be screened using the fecal occult blood test (FOBT) every two years. All patients with a positive (abnormal result) FOBT should be referred for a follow-up colonoscopy within eight weeks of the abnormal test result. Patients at increased risk because of a family history of one or more first degree relatives (i.e. 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 physician incentives is to focus on the screening of patients aged 50 to 74 years, including those at average or increased risk of developing colorectal cancer. Some physician 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	Eligibility - Fee-For-Service Primary Care Physicians
FOBT Distribution and Counseling Fee Q150A	Yes	Yes
FOBT Completion Fee Q152A	Yes, if minimum roster size not met	Yes
Colorectal Cancer Screening Preventive Care Bonus Q118A – Q123A	Yes	No
New Patient Fee FOBT Positive/ Colorectal Cancer Increased Risk Q043A	Yes	No

Fecal Occult Blood Test Kits

For screening as part of the ColonCancerCheck program, health care providers should only use the ColonCancerCheck Fecal Occult Blood Test (FOBT) kits (green envelope and test card).

For diagnostic testing, providers may continue to use non-program (non-ColonCancerCheck) FOBT kits (red test card) available through a participating community laboratory.

Additional kits may be ordered from the participating community laboratories (in alphabetical order):

- Alpha Laboratories
- Bio-Test Laboratory
- Dynacare
- LifeLabs
- Med-Health Laboratories
- Medical Laboratories of Windsor

The process for re-ordering ColonCancerCheck FOBT kits is the same as for ordering other supplies from your community laboratory: contact your preferred community laboratory and complete the order form, fax it to the number on the form and the kits are shipped from the laboratory's distribution centre within the same time frame as other supplies. To simplify the process some laboratories (LifeLabs and Dynacare) have links on their websites where providers can access communications on the program and download the FOBT kit order form.

Note: Specimen Collection Centres do not have ColonCancerCheck FOBT kits.

FOBT Distribution and Counseling Fee: Q150A

Physicians in Ontario who provide the FOBT kit directly, in person, to the patient may bill the Q150A fee code to receive the seven dollar (\$7) incentive payment.

To claim the fee the physician must complete all of the following:

- 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 the correct use of the FOBT kit; and
- provide a separate, completed and signed laboratory requisition form for the FOBT using the revised OHIP Laboratory Requisition Form (4422-84). The revised form (4422-84) includes a separate requisition box - ColonCancerCheck FOBT, appearing on the bottom right of the form. Primary health care providers are required to use this selection in order to identify that the test requested is a ColonCancerCheck FOBT.
 - The OHIP Laboratory Requisition form is available through this link:
[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-4422-84~1/\\$File/4422-84.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-4422-84~1/$File/4422-84.pdf)

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 the same 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.

Please note that, when ordering a ColonCancerCheck FOBT (regardless if the kit is mailed, dropped off, or completed at the same time as other tests), no other tests can be ordered on the same Laboratory Requisition to ensure that ColonCancerCheck FOBTs are not rejected due to incomplete documentation. For additional clarity, if other tests need to be ordered for a patient, an additional requisition form is to be completed.

A test will be rejected by the laboratory if the requisition is missing, not fully completed or not signed.

Tip: Physicians and laboratories have found that a useful approach for reducing the number of tests that are rejected is for the physician's office to place a patient label on both the laboratory requisition form and the test card. This label should include the patient's: name, health number, date of birth, gender and current address.

Please refer to Bulletin number 4471: ColonCancerCheck Fecal Occult Blood Testing (FOBT) for additional details with respect to the revised OHIP Laboratory Requisition Form (4422-84), amendments to Ontario Regulation 552 made under the Health Insurance Act, the New Fee Code: L179 ColonCancerCheck FOBT and amendments to Ontario Regulation 682 made under the Laboratory and Specimen Collection Centre Licensing Act.

FOBT Completion Fee: Q152A

Once the patient's FOBT results have been reviewed by the primary care physician and communicated to the patient, eligible primary care physicians in Ontario may bill the Q152A to receive the five dollar (\$5.00) incentive payment.

Primary care physicians not in a PEM as well as Family Health Group (FHG) and Comprehensive Care Model (CCM) physicians identified as new graduates who have not met the minimum roster size requirement of 450 enrolled patients may bill the Q152A fee. All other FHG and CCM physicians are eligible to submit the Q152A fee if their roster sizes are less than 650 enrolled patients.

Physicians participating in PEMs who are eligible to receive the Preventive Care Bonus Payment and FHG or CCM physicians above the minimum roster size requirement are eligible to submit the appropriate Colorectal Cancer Screening Preventive Care Bonus fee code (Q118A – Q123A).

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 physician's 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, FHG and CCM physicians who have not met the minimum roster size requirement 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.

Colorectal Cancer Screening Preventive Care Bonus enhancements: Q118A – Q123A

Physicians participating in PEMs and FHG or CCM physicians above the minimum roster size requirement are eligible to receive the Preventive Care Bonus for providing colorectal cancer screening to their enrolled patients.

The Preventive Care Bonus is payable based on achieving the following enrolled population screening thresholds:

Enrolled Population Screening Threshold	Bonus Payment	Fee Code
15%	\$220	Q118A
20%	\$440	Q119A
40%	\$1,100	Q120A
50%	\$2,200	Q121A
60%	\$3,300	Q122A
70%	\$4,000	Q123A

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'.

New Patient Fee FOBT Positive/Colorectal Cancer Increased Risk: Q043A

As part of the ColonCancerCheck program, Cancer Care Ontario is collecting and maintaining a referral 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 are able to obtain their FOBT kit from a community pharmacy, through Telehealth Ontario (Toll-free: 1-866-797-0000 or Toll-free TTY: 1-866-797-0007) or from one of Cancer Care Ontario's two mobile screening coaches. The patient will complete the FOBT and mail it to the laboratory for processing in the postage prepaid envelope or drop it off at a community laboratory specimen collection centre.

For patients without a family physician and 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.

For patients without a family physician and when abnormal results are obtained, the program will contact a physician from the referral list in order to arrange an appointment for follow-up care (e.g. referral to colonoscopy). The program will contact the patient to provide the details about the appointment.

Physicians willing to accept new patients who are FOBT positive or at increased risk are asked to complete the Primary Care Provider Registration Form on the program website:

<https://www.cancercareontario.ca/sites/ccocancercare/files/assets/CCCProviderRegistrationForm.pdf>

Physicians are able to remove themselves from the referral list at any time by contacting the program. The referral list is not available publicly; it is only used by the program for the purpose of referring individual unattached patients with a positive FOBT or at increased risk to physicians.

To be eligible for the New Patient Fee FOBT Positive/Colorectal Cancer Increased Risk, 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. The patient is given a copy of the enrolment/consent form and the physician retains a copy of both forms for practice records.

To claim the New Patient Fee FOBT Positive/CRC Increased Risk the physician must bill the Q043A claim to the Ministry 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

If a physician's software program does not support multiple amounts for the same fee code, the physician may bill 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 an individual patient a physician may only claim one of the following fees: Q023A-Unattached Patient Fee, Q043A-New Patient Fee FOBT Positive/CRC Increased Risk or Q053A-HCC - Complex Vulnerable New Patient Fee.

For any further inquiries regarding ColonCancerCheck, please contact the Service Support Contact Centre at:

1-800-262-6524 or SSContactCentre.MOH@ontario.ca