

INFOBulletin

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

To: Primary Care Physicians
General Practitioners

Published by: Negotiations Branch, Ministry of Health and Long-Term Care

Date Issued: May 13, 2019

Bulletin #: 4723

Re: ColonCancerCheck (CCC) Program- Fecal Immunochemical Test (FIT)

Page 1 of 6

On June 24, 2019 Ontario is transitioning from the guaiac fecal occult blood test (gFOBT) to the fecal immunochemical test (FIT) in the ColonCancerCheck program as the recommended screening test for people at average risk of developing colorectal cancer (CRC).

Cancer Care Ontario has provided primary care physicians with detailed information and resources regarding the transition to the FIT. For more information about FIT, visit the FIT resource hub at cancercareontario.ca/FIThub. If you have any questions about the ColonCancerCheck program, visit cancercareontario.ca/pcscreeningprograms or contact the program at screenforlife@cancercare.on.ca or 1-866-662-9233.

In support of the changes to the ColonCancerCheck program, effective June 24, 2019 the Ministry of Health and Long-Term Care will implement the following changes to support the transition from the gFOBT to the FIT for colorectal cancer screening.

Colorectal Cancer Screening Fee – Q150A

Physicians no longer need to maintain an inventory of, or distribute colorectal cancer screening tests (i.e., gFOBT). Instead, physicians will submit requisitions to LifeLabs (e.g., by fax or certified electronic medical record), and LifeLabs will mail FIT kits directly to their patients.

Physicians will bill the existing Q150A for counselling the patient on screening and the use of the FIT and for completing and submitting the requisition to LifeLabs.



The fee code description for the current Q150A FOBT Distribution and Counseling Fee code will be revised to 'Colorectal Cancer Screening Fee' to clarify that physicians will no longer be distributing the gFOBT.

Physicians who provide the following services, in person, to the patient may bill the Q150A fee code to receive the seven-dollar (\$7) incentive payment:

- discuss and assess the patient's medical and family history, and eligibility to determine if the FIT is appropriate for the patient;
- confirm the patient's date of birth and address for the FIT kit;
- educate the patient during an office visit on the correct use of the FIT kit; and
- submit the completed FIT requisition form to LifeLabs (e.g., by fax 1-833-676-1427 or certified electronic medical record).

All other existing billing rules for Q150A noted below remain unchanged:

- The Q150A fee code is billable for patients at average risk of developing colorectal cancer, ages 50 to 74 years.
- 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 (\$0) 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 Test Completion Fee Q152A

Laboratory providers will continue to test gFOBT kits for six months after the FIT becomes available. This will ensure that patients who have not yet completed the gFOBT after the FIT becomes available can still receive their gFOBT result.

During the six-month transition period, eligible primary care physicians may bill the existing Q152A to receive the five-dollar (\$5.00) incentive payment once the patient's gFOBT or FIT results have been reviewed by the physician and communicated to the patient. At the end of the six-month transition period, physicians will continue to bill the Q152A for the FIT.

The fee code description for the current Q152A FOBT Completion Fee will be revised to 'Colorectal Cancer Screening Test Completion Fee'.

All other existing billing rules noted below for Q152A remain unchanged:

- Primary care physicians not in a Patient Enrolment Model (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 'CRC Screening Test Completion Fee' at a fee value of \$5.00 per claim.

Preventive Care Target Population Service Reports (TPSR)

Occult blood testing not associated with the ColonCancerCheck program will continue to be available after the introduction of the FIT. Cancer Care Ontario does not recommend using occult blood testing for indications other than colorectal cancer screening (e.g., for diagnostic use, point-of-care testing). Stool-based testing has a low sensitivity for the diagnosis of colorectal cancer in patients with symptoms (1,2) and using stool-based testing as a diagnostic tool has been shown to lead to diagnostic delays and inefficiencies (3,4,5). Patients presenting with symptoms (e.g., rectal bleeding) or anemia should be referred to a specialist for evaluation. It is not appropriate to use occult blood testing in the evaluation of symptomatic patients.

The ColonCancerCheck program recommends the gFOBT should not be used for screening in persons at average risk once the FIT becomes available. The ColonCancerCheck program recommends using the FIT because it is more user-friendly and is a more sensitive screening test than the gFOBT. FIT detects twice as many clinically relevant lesions (i.e., high risk adenomas and cancers) as gFOBT (6). In addition, people who complete a non-program occult blood test are not considered to be screened within the ColonCancerCheck program. Participating in an organized colorectal cancer screening program provides important quality benefits to Ontarians, including screening correspondence letters and participating in a program in which quality and performance are carefully monitored.

Therefore, effective for service dates on or after December 24, 2019 (six months after the introduction of the FIT), the following fee schedule codes will no longer be services applicable to the Colorectal Cancer Screening bonus category and will no longer be reported on the TPSR - Previous Report and the TPSR – Projected Report:

- G004A – Occult Blood – In office
- L181A – Occult Blood – Laboratory Services

The TPSR - Previous Report and the TPSR – Projected Report will continue to report these services where the service date is prior to December 24, 2019 and the service was received by your enrolled patient in the 30 months prior to March 31st of the fiscal year for which the bonus is being claimed.

Colorectal Cancer Screening Preventive Care Bonus Q118A – Q123A

There are no changes to the Colorectal Cancer Screening Preventive Care Bonus billing and payment rules as a result of the implementation of the FIT.

All existing billing rules noted below for preventive care bonus codes Q118A to Q123A remain unchanged:

- 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 Abnormal/Increased Risk CRC: Q043A

The fee code description for the current Q043A New Patient Fee FOBT Positive/CRC Increased Risk will be revised to 'New Patient Fee Abnormal/Increased Risk CRC'.

All other existing billing rules noted below for Q043A remain unchanged.

- To claim the New Patient Fee Abnormal/Increased Risk CRC 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 Abnormal/Increased Risk CRC (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 Abnormal/Increased Risk CRC or Q053A-HCC-Complex Vulnerable New Patient Fee.

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 an abnormal FIT result or at increased risk of colorectal cancer (CRC).

Patients without a family physician can request a FIT through Telehealth Ontario by calling (Toll-free: 1-866-828-9213 or Toll-free TTY: 1-866-797-0007). The patient will complete the FIT and mail it to the laboratory for processing in the postage prepaid envelope or drop it off at a LifeLabs specimen collection centre.

For patients without a family physician and when normal 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 to arrange an appointment for follow-up care (e.g. referral to colonoscopy).

Physicians willing to accept new patients who have an abnormal FIT result or are at increased risk are asked to complete the ColonCancerCheck Provider Registration Form on the program website:

[ColonCancerCheck Provider Registration form](#)

Physicians can remove themselves from the referral list at any time by contacting the ColonCancerCheck program at 1-866-662-9233. The referral list is not available publicly; it is only used by the program for referring individual unattached patients with an abnormal FIT result or at increased risk to physicians.

To be eligible for the New Patient Fee Abnormal/Increased Risk CRC, 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.

For any further inquiries regarding the ColonCancerCheck program, please contact the Service Support Contact Centre at: 1-800-262-6524 or [Service Support Contact Centre](#)

References:

- (1) Farag A, Barkun AN, Martel M. The Utility of Fecal Occult Blood Testing for Clinical Indications of Suspected Gastrointestinal Blood Loss Outside a Setting of Colorectal Cancer Screening: A Systematic Review. Poster session presented at: Digestive Disease Week; 2016 May 22 – 24; San Diego, CA.
- (2) Pochapin MB, Fine SN, Eisorfer RM, Rigas B. Fecal occult blood testing in hospitalized patients. J Clin Gastroenterol. 1994; 19(4):274-277.
- (3) Narula N, Ulic D, Al-Dabbagh R, Ibrahim A, Mansour M, Balion C, et al. Fecal occult blood testing as a diagnostic test in symptomatic patients is not useful: A retrospective chart review. Can J Gastroenterol Hepatol. 2014; 28(8): 421–26.
- (4) van Rijn AF, Stroobants AK, Deutekom M, Lauppe C, Sturk A, Bossuyt PMM, et al. Inappropriate use of the faecal occult blood test in a university hospital in the Netherlands. Euro J of Gastroenterol and Hepatol. 2012; 24(11):1266-69.
- (5) Ip S, Sokoro AA, Kaita L, Ruiz C, McIntyre E, Singh H. Use of fecal occult blood testing in hospitalized patients: results of an audit. Can J Gastroenterol Hepatol. 2014; 28(9): 489-94.
- (6) Tinmouth J, Vella E, Baxter NN, Dubé C, Gould M, Hey A, et al. Colorectal cancer screening in average risk populations: Evidence summary. Toronto (ON): CCO; 2015 November 11. Program in Evidence-based Care Evidence Summary No.: 15-14.