

OHIP Billing: Special Premium Bonuses

Quick Reference Guide

This short guide will help you understand the different special premium categories and how to claim their bonuses.

What is a special premium?

Special Premiums are additional payments that physicians receive on top of their regular fee codes for enrolled and/or non-enrolled patients in the following bonus categories:

- Hospital Services, Labour & Delivery
- Palliative Care
- Home Visits
- Prenatal Care (enrolled patients only)
- Long Term Care
- Primary Care Serious Mental Illness (PCSMI) (enrolled patients only)
- & Office Procedures (enrolled patients only)

Who are eligible for the special premium bonuses?

Physicians who are in FHO, FHN or FHG payment models are eligible to claim special premium and bonuses. However, FHG physicians are **not eligible** for bonuses in the Hospital Services, Office Procedures and Prenatal categories.

How do I claim the special premium bonuses?

To claim the different bonuses, you will have to bill specific codes which can be found on the [next page](#).

When do I have to bill these codes to claim the bonuses?

Physicians bill the eligible codes during the fiscal year from April 1st to March 31st. Keep in mind that the March claim submission cut-off date is the guaranteed date for claims to be paid before the next fiscal year starts. The bonuses will then reset on April 1st.



Special Premium	Eligible Codes	Requirements	Bonus
Hospital Services	The following fee codes will accumulate to the Hospital Services special premiums for enrolled and non-enrolled patients: A933A, C002A, C003A, C004A, C005A, C006A, C007A, C008A, C009A, C010A, C121A, C122A, C123A, C124A, C142A, C143A, C777A, C905A, C933A, E082A, E083A and H001A.	Bill at least \$2000 of the eligible hospital codes	\$5000
Labour & Delivery	The following fee codes will contribute to the Labour and Delivery special premium thresholds for enrolled and non-enrolled patients: P006A, P007A, P009A, P018A and P020A.	Bill eligible codes against 5 patients	\$5000
		Bill eligible codes against 23 patients	\$8000
Palliative Care	The following fee codes will accumulate to Palliative Care special premium thresholds for enrolled and non-enrolled patients: K023A, C882A, A945A, C945A, W882A, W872A, B997A and B998A.	Bill eligible codes against 4 patients	\$2400
		Bill eligible codes against 10 patients	\$6000
Home Visits (other than Palliative Care)	The following fee codes will accumulate to Home Visits special premium thresholds for enrolled and non-enrolled patients: A900A, A902A, B990A, B992A, B993A, B994A, and B996A.	3 patients & 12 services	\$1500
		6 patients & 24 services	\$3000
		17 patients & 68 services	\$5000
		32 patients & 128 services	\$8000
Prenatal Care	After submitting valid claims for fee codes P003 and/or P004 for prenatal care during the first 28 weeks of gestation for five (5) or more FHO enrolled patients in any fiscal year.	Bill eligible codes against 5 patients	\$2000
Long Term Care	The following fee codes will accumulate to Long Term Care premium thresholds for enrolled and non-enrolled patients: W001A, W002A, W003A, W004A, W008A, W010A, W102A, W104A, W109A, W107A, W121A, W777A, and W903A.	Bill eligible codes against 12 patients	\$2400
		Bill eligible codes against 36 patients	\$6000
PCSMI	The following fee codes will accumulate to PC-SMI premium thresholds for enrolled patients: Q020 and Q021.	Bill eligible codes against 5 patients	\$1200
		Bill eligible codes against 10	\$2400
Office Procedures	View here for full list of eligible codes	Bill at least \$1200 worth of eligible codes	\$2000