

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.

Challenge	DoctorCare Best Practices and Recommendations
What is a special premium?	<p>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:</p> <ul style="list-style-type: none"> • 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
Which payment models are eligible for the special premiums and bonuses?	<p>Physicians who are in FHO, FHN or FHG payment models are eligible to claim special premium and bonuses.</p> <p>However, FHG physicians are not eligible for bonuses in the Hospital Services, Office Procedures and Prenatal categories.</p>
How do I claim the special premium bonuses?	<p>To claim the different bonuses, you will have to bill specific codes which can be found on the next page.</p>
When do I have to bill these codes to claim the bonuses?	<p>Physicians bill the eligible codes during the fiscal year from April 1st to March 31st</p>

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	\$5140
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 Bill eligible codes against 23 patients	\$5140 \$8224
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 Bill eligible codes against 10 patients	\$2467 \$6168
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 6 patients & 24 services 17 patients & 68 services 32 patients & 128 services	\$1542 \$3084 \$5140 \$8224
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	\$2056
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 Bill eligible codes against 36 patients	\$2467 \$6168
PCSMI	The following fee codes will accumulate to PC-SMI premium thresholds for enrolled patients: Q020 and Q021.	Bill eligible codes against 5 patients Bill eligible codes against 10	\$1234 \$2468
Office Procedures	View here for full list of eligible codes	Bill at least \$1200 worth of eligible codes	\$2056