

Prevention Incentive

Quick Reference Guide

This short guide will provide you with key information to optimize your prevention incentive that is due for submission by December 31 every year

Read below for best practice recommendations on how to take advantage of the prevention fee and maximize your billings

Patient Requirements

- 1) Patients must be living at home or in assisted living
- 2) Patients must have one or more of the following risk factors: tobacco use/smoking, unhealthy eating, physical inactivity, medical obesity
- 3) Patients in Acute and Long Term Care Facilities are not eligible

Challenge

DoctorCare Best Practices and Recommendations

What is the prevention incentive?

- The Personal Health Risk Assessment (14066) is the prevention incentive that is payable to the family physician who is most responsible for the majority of the patient's longitudinal primary medical care.
- The physician must also be the doctor who undertakes a Personal Health Risk Assessment with a patient in one of the designated target populations (obese, tobacco use, physically inactive, unhealthy eating) and expected to develop a plan that recommends clinical prevention actions.
- This code is worth \$50.00.

Are there any recent updates to the codes?

- Effective April 1, 2020, fee item 14066 is only payable to MRP Family Physicians who have submitted 14070 or 14071.
- Effective June 1, 2020, the GPSC has announced that for the time being, the required face-to-face visit to provide a Health Risk Assessment can now be provided via Telehealth.

Are there any age restrictions?

- No. The fee is inclusive of all ages, including children, adolescents, and the adult population, with age appropriate prevention recommendations.

Challenge

DoctorCare Best Practices and Recommendations

Are there any restrictions on submission?

- Fee items 14033, 14043, 14063, 14076 and 14078 are not payable on the same day for the same patient.
- Not payable if 14063 has been billed and paid as patient has been changed from active management of chronic disease to palliative management.
- Not payable to physicians working under Alternative Payment/Funding model whose duties would otherwise include provision of this service.

How many times can this code be billed?

- The code is payable once per calendar year per patient.
- There is a maximum of 100 patients per calendar year, per physician.
- Not meant to be used for the same patients on an annual basis. However, if a repeat risk assessment is required, you can bill the prevention fee.

Can a locum in my office bill for this fee item?

- Yes, the locum in your office has the same access to billing 100 prevention fees per calendar year per physician provided that they have submitted the fee item 14071.

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca