

# After Hours Premium (Q012A) Fee Code

## Quick Reference Guide

This short guide will provide you with key information on how to bill the after hours premium incentive fee code Q012A.

### Challenge

### DoctorCare Best Practices and Recommendations

What is the After Hours (Q012A) premium?

The After Hours (Q012A) premium is a premium physicians receive for providing after hours services to enrolled patients. Physicians are eligible for a **30% premium** on the value of select fee codes for scheduled and unscheduled services provided during a scheduled After Hours session coverage.

What are the billing requirements to bill this code?

### Billing Requirements

- The Q012A fee code must be submitted in order to receive the premium.
- To accommodate software billing systems that will not support varying amounts for the same fee code, physicians have the option to bill Q012A with the fee amount equal to the highest fee amount paid (\$37.50). Ministry systems will automatically approve the appropriate fee.

What are the common error and explanation codes?

### Common Error and Explanation Codes

#### AD9 – Premium not allowed alone

The Q012A **must have the same service date as the accompanying fee code** or the claim will be rejected with error code AD9 reported on the monthly RA. If the service code was previously approved without a valid After Hours premium code, the Q012A may be submitted separately for the same patient with the same service date.

#### I6 – Premium not applicable

The Q012A **may only be billed when the associated services are rendered to enrolled patients** of the billing physician or any other physician in the same FHO during a scheduled after-hours session. If the patient is not enrolled on the Ministry database, the explanatory code I6 will report on the monthly RA.

#### AH3 – Maximum number of services

The **maximum number of services allowed for each Q012A is one**. If the number of services is greater than one, explanatory code AH3 will report on the monthly RA. If the physician has seen the patient on two occasions on the same day where Q012A is applicable, the second claim must be submitted with a manual review indicator and supporting documentation.

**Challenge**

**DoctorCare Best Practices and Recommendations**

How much will I get paid for the Q012A premium?

**Q012A and the Corresponding Service Codes**

Fee Code	Payment	Q012A Premium Amount
A001A	\$24.25	\$7.27
A003A	\$86.15	\$25.85
A004A	\$39.10	\$11.73
A007A	\$37.60	\$11.28
A008A	\$13.30	\$3.99
A888A	\$37.60	\$11.28
K005A	\$69.10	\$20.73
K013A	\$69.10	\$20.73
K017A	\$44.50	\$13.35
K030A	\$41.35	\$12.40
K033A	\$48.65	\$14.59
K130A	\$78.75	\$23.63
K131A	\$55.10	\$16.53
K132A	\$78.75	\$23.63
Q050A	\$127.50	\$38.25
Q888A	\$37.60	\$11.28

**Please note:** Prices are listed as FFS and are not reflective of PEM billing specifics.

**Example**

If a physician has provided more than one half-hour (i.e. major part of a second half-hour) of counselling or mental health care (K005A), ensure the number of services for Q012A is one and claim the appropriate fee.

Fee Code	Number of services	Amount Paid
K005A	2	\$138.20
Q012A	1	\$41.46