

OHIP Billing: Special Premiums

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
<p>What is a special premium?</p>	<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
<p>Which payment models are eligible for the special premiums and bonuses?</p>	<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>
<p>How do I claim the special premium bonuses?</p>	<p>To claim the different bonuses, you will have to bill specific codes which can be found on the next page.</p>
<p>When do I have to bill these codes to claim the bonuses?</p>	<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	\$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, B998A, K092A, K093A, K094A, and K095A.	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: W010A, W102A, W002A, W008A, W121A, W003A, W001A, W109A, W107A, W777A, W903A, W004A and W104A.	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