

# INFOBulletin

Keeping health care providers informed of payment, policy or program changes

**To:** Family Health Group (FHG)

**By:** Primary Health Care

**Issued:** November 2011

**Bulletin #:** 11028

**Re: Addition of New Fee Schedule Codes to Comprehensive Care Premium**

## Addition of new Fee Schedule Codes to Comprehensive Care Premium

The new Fee Schedule Codes listed below are being added to the list of services eligible to receive the 10% Comprehensive Care Premium retroactive to September 1, 2011 when rendered to assigned/enrolled patients. Implementation of these Comprehensive Care Premium changes is scheduled for November 1, 2011 and will start to be reported on the December 2011 Remittance Advice.

Claims already assessed by the Ministry of Health and Long-Term Care with service dates greater than or equal to September 1, 2011, up to November 1, 2011, will be reprocessed under the new rule resulting in the 10% Comprehensive Care Premium being applied to the fee paid on the claim item. The retroactive payments will be processed in December 2011 and reported on the January 2012 Remittance Advice.

Fee Schedule Code	Description of the Fee Schedule Code
G840A	DTaP-IPV-Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus – paediatric
G841A	DTaP-IPV-Hib—Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus, Haemophilus influenza type b paediatric
G844A	Men-C-C—Meningococcal C Conjugate
G845A	MMR—Measles, Mumps, Rubella
G846A	Pneu - Pneumococcal Conjugate
G848A	Var—Varicella
G842A	Hepatitis B (HB)
G843A	Human Papillomavirus (HPV) type 6, 11, 16, 18
G847A	Diphtheria, Tetanus, acellular Pertussis (DTaP) - adult

For further information please contact your local OHIP claims office.