

## Supplemental materials for

Kiran T, Wilton AS, Moineddin R, Paszat L, Glazier RH. Effect of payment incentives on cancer screening in Ontario primary care. *Ann Fam Med*. 2014;12(4):317-323.

**Appendix**

**Table 1.** Other fee code codes introduced along with preventive care incentives and included in calculation of incentive costs

	Fee Code	Financial Value	Description
Cervical Cancer Screening	Q001: Preventive Care Management Fee	\$6.86	Paid every 2 years for any given female enrolled patient between 35 and 70 years who is contacted for the purpose of scheduling a Pap smear. Only billable by physicians practicing in specific medical homes.
Breast Cancer Screening	Q002: Preventive Care Management Fee	\$6.86	Paid every 2 years for any given female enrolled patient between 50 and 70 years of age who is contacted for the purpose of scheduling a mammogram. Only billable by physicians practicing in specific medical homes.
Colorectal Cancer Screening	Q005: Preventive Care Management Fee	\$6.86	Paid every two years for any given enrolled patient between 50 and 74 years who is contacted for the purpose of scheduling an appointment for colorectal cancer screening. Billable by physicians practicing in any medical home who meet minimum enrollment criteria.
	Q150: FOBT Distribution and Counseling Fee	\$7	Paid to physicians who provide the FOBT kit directly to their enrolled and non-enrolled patients to a maximum of once every two years. Billable by any primary care physician.
	Q152: FOBT Completion Fee	\$5	Paid once the patient’s FOBT results have been reviewed by the primary care physician and communicated to the patient to a maximum of once every two years. Only billable by physicians not eligible for preventive care incentives (i.e. those not in a medical home or meeting minimum enrollment criteria).

FOBT = Fecal Occult Blood Testing