bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4304	**January 16, 1998**	**Ministry of Health Processing Office** (address below)
Distribution: **Physicians, Hospitals, Clinics, Laboratories and Independent Health Facilities**		

Subject **OHIP SCHEDULE OF BENEFITS - FEBRUARY 1ST,1998**

The new February 1, 1998, OHIP Schedule of Benefits will be distributed in January 1998 and will have text changes (in bold lettering) as well as changes to fee codes.

All changes for New Fee Schedule Codes; Deleted Fee Schedule Codes; revisions to Underweighted/overweighted fees; I.C. codes assigned fees and maximum number of service changes will be effective February 1, 1998.

To assist you in your claims submission, billing/reconciliation software changes, the following items represent the major changes from the 1992 Schedule.

New Codes | Deleted Codes | Underweighted Revisions | Overweighted Revisions | Independent Consideration Codes | Maximum Services Increased | Maximum Services Decreased

Most insured services include as a constituent element providing the premises, equipment, supplies and personnel used tp perform the common and specific elements of the service. However, this is not the case for the services denoted by codes marked with prefix # and for the services which are divided into professional and technical components where only the professional component is an insured service under the Health Insurance Act.

Note that the new Schedule will also serve as the basis for study by the Resource Based Relative Value Commission (RBRVSC). The RBRVSC was established under the 1997 agreement between the Ontario Medical Association and the Ministry, with a mandate to create a complete and indivisible relative value fee schedule. Information about the RBRVSC, including copies of reports and stakeholder submissions can be viewed on its website (www.rbrvs.on.ca). A final report, including a proposed new fee schedule, is expected for joint consideration by the Ministry and OMA in June 1998.

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NEW FEE SCHEDULE CODES:

Location	Code	Description	Fee
GENERAL PREAMBLE	K111	Air ambulance transfer per quarter hour or part thereof	**$116.28**
CONS & VISITS			
Emergency Department	H102	Comprehensive assessment & care	**$29.80**
	H122	*12 midnight to 8:00 a.m.* Comprehensive assessment & care	**$43.20**
	H152	*Saturdays, Sundays and Holidays* Comprehensive assessment & care	**$37.85**
Primary Mental Health Care	K005	Individual care - per ½ hour	**$47.35**
Anaesthesia	C215	Ltd consultation for acute pain management	**$42.50**
Genetics	K222	Genetic care, per ½ hour	**$55.89**
	K223	Clinical interpretation	**$26.54**
Geriatrics	A775	Comprehensive geriatric consultation	**$145.46**
	C775	Comprehensive geriatric consultation	**$145.46**
	W775	Comprehensive geriatric consultation	**$145.46**
Lab Medicine	A586	Repeat consultation	**$59.50**
	C586	Repeat consultation	**$59.50**
Radiology	A338	Minor assessment (cancellation due to radiologists decision)	**$16.25**

			H	P1	P2
Nuclear Medicine	J809/ J609	- application of SPECT (maximum 2 per examination) .....add	**$43.50**	**$24.60**	**$12.30**

Diag Ultrasound	J164/ J464	Follicle monitoring studies	**$24.41**	**$14.52**	**$10.92**
	J290	Spinal aonography	**-**	**$29.05**	**-**
	J151	Ultrasound compression of groin pseudoaneurysm, per ¼ hour	**-**	**$18.65**	**-**

			T	P
Diag Radiology	X121	Stereotactic core breast biopsy	**-**	**$57.76**
MRI	X487	When gadolinium is used, ... add	**-**	**$34.77**

			FEE	ANAES
Clinical Proc Assoc with Diag Radiology	#J056	Transcatheter Fibrinolytic Therapy	**$384.69**	**5**
	#J058	Vascular stenting	**$67.04**	**5**
	#J066	Renal angioplasty	**$289.37**	**5**
	#J067	Spinal angiography for AV malformation, per vessel, to a maximum of 12 vessels per side	**$25.25**	**5**
	#J068	Hydrostatic/pneumatic reduction of intussusception	**$29.24**	**4**
	#J065	Dilation of non-vascular structures	**$16.77**	**4**
	#J059	Non-vascular stenting	**$67.04**	**-**
	#J057	Transjugular intrahepatic portosystemic shunt (TIPS)	**$519.95**	**5**
	Z597	Intracavitary/Intratumoral injections	**$65.06**	**4**
Diag & Therapeutic Procedures	#Z430	Provision of anaesthetic services for patients undergoing magnetic resonance imaging	**-**	**4**
	#G294	Arteriovenous slow continuous ultrafiltration - initial and acute (maximum of 3)	**$170.03**	**-**
	#G295	Continuous arteriovenous haemofiltration - initial and acute (maximum of 3)	**$226.71**	**-**

	#G091	Continuous arteriovenous haemodialysis - inital and acute (maximum of 3)	**$226.71**	**-**
	#G092	Continuous arteriovenous haemodiafiltration - initial and acute (maximum of 3)	**$283.39**	**-**
	#G090	Venovenous slow continuous ultrafiltration - initial and acute (maximum of 3)	**$283.39**	**-**
	#G085	Continuous venovenous haemofiltration - initial and acute (maximum of 3)	**$340.07**	**-**
	#G083	Continuous venovenous haemodialysis - inital and acute (maximum of 3)	**$340.07**	**-**
	#G082	Continuous venovenous haemodiafiltration - inital and acute (maximum of 3)	**$396.74**	**-**
	#G327	Insertion of femoral catheter for dialysis	**$64.57**	**-**
	#G312	Thrombolytic instillation into temporary and permanent percutaneous catheters	**$14.13**	**-**
	#Z520	Change of gastrostomy tube	**$7.92**	**-**
	Z462	Insertion of Norplant	**$40.00**	**-**
	Z463	Removal of Norplant	**$60.02**	**-**
	G390	Supervision of chemotherapy for induction phase of acute leukemia or myeloablative therapy prior to bone marrow transplantation (maximum of 1 per course of treatment)	**$205.57**	**-**
	L849	Interpretation and handling of decalcified tissue	**$11.80**	**-**
	#G408	Renal Transplantation - 2nd to 10th day (inclusive) per diem	**$97.20**	**-**
	#G409	Renal Transplantation - 11th to 21st day (inclusive) per diem	**$48.58**	**-**
	G264	Occipital nerve(s) (initial)	**$18.26**	**-**
	G265	Occipital nerve(s) (additional)	**$9.16**	**-**
	#G374	I.V. regional quanethidine	**$49.94**	**-**
	G418	EEG - professional component (16-21 channel EEG)	**$26.80**	**-**

	G403	Particle repositioning manoeuvre for benign paroxysmal positional vertigo	**$19.49**	**-**
	G404	Chronic ventilatory support outside an Intensive Care Unit (maximum 2 per week)	**$56.12**	**-**

			ASST	FEE	ANAES
Obstetrics	#P016	Epidural anaesthesia (one unit for each ½ hour to a maximum of 12 units), billable once per day per facility and not in association with code P015		-	
Integumentary	Z192	Suture of lacerations - more than 15.1 cm. - on face	-	**$142.56**	**4**
	#R076	Skin flaps - defect more than 10 cm average diameter - face, neck or scalp	**4**	**$653.23**	**5**
	R017	Scar revision - greater than 10 cm - face or neck	**4**	**$383.71**	**6**
	#E505	Breast - with limited axillary node sampling ..... add	-	**$125.99**	**1**
	#R105	Partial mastectomy plus radical node dissection	**5**	**$465.83**	**6**
	#Z182	Breast capsulectomy	**3**	**$234.67**	**4**
Musculoskeletal	E504	Metacarpal - each additional	-	**$20.47**	-
	E503	Bennett's - each additional	-	**$24.70**	-
	#R491	Replacement acetabular liner and/or femoral head	**8**	**$324.98**	**8**
	#E048	Intramedullary nail with distal and proximal locking screws - femur .....add	-	**$100.04**	-
	#E041	Intramedullary nail with distal and proximal locking screws - tibia .....add	-	**$75.03**	-
Respiratory	#Z342	Limited bronchoscopy with placement of endotracheal blocker and/or Double Lumen Tube	-	**$103.57**	-

Cardiovascular	#R701	Implantation of ventricular assist device - Uni-ventricular	**18**	**$663.92**	**28**
	#R702	- Bi-ventricular	**18**	**$1228.20**	**28**
	#R761	Implantation of cardioverter defibrillator by transvenous approach	**5**	**$540.42**	**8**
Digestive	#E501	Unilateral complete cleft lip with nasal cartilage realignment, ...add	**-**	**$280.01**	**-**
	#E662	ERCP - with intraductal cytology brushing or intraductal biopsy .....add	**-**	**$45.75**	**-**
	#E668	ERCP - with cannulation of minor papilla ..... add	**-**	**$86.28**	**-**
Urogenital	#E772	Percutaneous removal of staghorn calculus filling renal pelvis and extending into calyces ..... add	**-**	**$161.45**	**-**
	#Z636	Percutaneous endopyelotomy for ureteropelvic junction obstruction, primary or secondary	**-**	**$251.44**	**6**
	#Z637	Percutaneous ablation of calyceal diverticulum to include dilation of communication with calyx and fulguration	**-**	**$241.76**	**6**
	#E783	With secondary surgical evacuation of bladder clots and control of haemorrhage ..... add	**-**	**$91.74**	**-**
	#E773	With placement of ureteric stent past obstructing calculus (unilateral) ..... add	**-**	**$45.88**	**-**
Female Genital	#S772	Endometrial ablation	**-**	**$201.16**	**5**
	#S773	Endometrial ablation within one year of previous ablation by same surgeon	**-**	**$140.81**	**5**
Endocrine	#E885	Transcervical thymectomy performed in association with parathyroidectomy ..... add	**-**	**$97.49**	**-**

Nervous System	#Z662	Insertion Revision of Implantable Infusion pump	-	**$153.36**	-

...Previous page Bulletin Menu Next page...

DELETED FEE SCHEDULE CODES:

Location	Code	Description
GENERAL PREAMBLE	B991	Daytime Special visit to Patients Home additional patient seen - See increase to B990
	B993	Special Home visit with sacrifice of office hours "additional patient seen" - See increase to B992
	B995	Evening Special visit to Patents Home "additional patient seen - See increase to B994
	B997	Nights (midnight to 7:00 a.m.) Special Home visit "additional patient seen" - See increase to B996
Diag Rad	X118	Intravenous cholangiogram - Obsolete
	X148	Intra-uterine foetal transfusion - radiological control - Obsolete - See G280 in Schedule of Benefits
	X178	Intravenous angiocardiography with quantification - Obsolete - See Nuclear Medicine for current procedures
	X172	- without quantification - Obsolete - See X178 above
Clinical Proc	J109	Non-selective intravenous angiocardiography, including quantification - Obsolete - See X178 above
	J015	Peritoneal pneumogram - Obsolete
	J017	Presacral insufflation - Obsolete
Diag Ultrasound	J100/J400	Echoencephalography - midline, A-mode - Obsolete - See J122/J422
Diag & Thera	G279	Indirect transfusion - Delegated hospital procedure
	G093	Continuous haemodiafiltration initial and acute - Replaced by new codes G082/G092

	G095	Slow continuous ultrafiltration initial and acute - Replaced by new codes G090/G294
Musculoskeletal	R365	Electrical stimulation - Obsolete and not performed
	R366	- with muscle stripping of spine - Obsolete - See R365 above
	R367	Repair or replacement of electrodes - Obsolete - See R365 above
	R442	Surface replacement - Obsolete - See R241 in Schedule of Benefits
Urogenital	S502	With secondary surgical evacuation of bladder clots and control of haemorrhage - Replaced by new code E783
Nervous System	E905	Occipital artery - use of graft (autogenous vessel or synthetic) - Obsolete and not perfortmed

REVISIONS TO UNDERWEIGHTED FEES ARE AS FOLLOWS:

Code	Description	Fee October 1/92	Fee February 1/98
B990	Special visits to patients home or equivalent Daytime, Monday to Friday	$16.70	**$19.24**
B992	Emergency call with sacrifice of office hours	$33.40	**$38.43**
B994	Evenings (17:00 h - 24:00 h), Saturdays, Sundays, Holidays	$33.40	**$38.43**
B996	Nights (00:00 h - 07:00 h)	$50.20	**$57.79**
A777	Minor assessment - pronouncement of death	$16.25	**$24.80**
A008	Mini assessment	$7.50	**$8.51**
C777	Visit for pronouncement of death	$16.25	**$24.80**
W777	Visit for pronouncement of death	$16.25	**$24.80**
X105	Palatopharyngeal analysis (cine or videotape)	$25.00 (P)	**$27.95 (P)**

X106	Pharynx and oesophagus (cine or videotape)	$25.00 (P)	**$27.95 (P)**
X104	Oesophagus, stomach and duodenum - double contrast, including survey film, if taken	$32.00 (P)	**$35.09 (P)**
X103	Oesophagus, stomach and duodenum - double contrast, including survey film, if taken, and small bowel	$40.30 (P)	**$44.19 (P)**
X113	Colon - air contrast, primary or secondary, including survey films, if taken	$34.40 (P)	**$37.69 (P)**
#R081	MOH's Surgery - initial cut, including debulking	$201.95	**$244.23**
#E524	MOH's Surgery - one or more additional cuts ..... add	$151.10	**$214.90**
F006	Ontra-articular - closed	$72.40	**$110.17**
#R241	Revision total arthroplasty hip	$895.15	**$1,200.55**
#R513	Arthrodesis - Triple	$356.10	**$389.98**
#R474	Arthrodesis - midtarsal/subtalar	$324.50	**$341.24**
#S233	Percutaneous transhephatic catheter drainage of obstructed bile ducts including daily supervision and including percutaneous cholangeogram and catheterization -to duodenum if achieved	$243.30	**$292.49**
#E723	Laparotomy - with repair of lacerated spleen ..... add	$172.90	**$262.03**

REVISIONS TO OVERWEIGHTED FEES ARE AS FOLLOWS:

Code	Description	Fee October 1/92	Fee February 1/98
A905	Limited Consultation	$45.40	**$40.88**
J304	Flow volume loop	$13.30 (P)	**$8.90 (P)**

#R849	Haemodialysis - Initial and acute - See new codes G083/G091 and G085/G295	$802.90	**$571.66**
G325	Haemodialysis - Medical component - See new codes G083/G091 and G085/G295	$514.70	**$283.39**
#G323	Haemodialysis - Medical component - See new codes G083/G091 and G085/G295	$261.70	**$141.69**
#G412	- 1st day following transplantation	$619.30	**$194.34**
#R477	Metatarsophalyngeal Arthrodesis	$284.25	**$227.49**
#S532	Urethrotomy - transurethral (visual)	$304.70	**$152.84**
#S538	Urethrotomy - repeat procedure within 6 months by same surgeon	$175.60	**$88.07**
#S741	Tubal occlusion/interruption/removal by any method of approach for the purpose of sterilization	$159.10	**$143.25**
#N123	Sterotaxis - intracranial	$1,149.60	**$990.71**
#N208	Craniotomy for craniofacial repair	$980.30	**$844.78**
L821	Diagnostic examination - small and uncomplicated specimen	$26.00	**$24.00**

INDEPENDENT CONSIDERATION CODES WITH FEES ASSIGNED AS FOLLOWS:

Code	Description	Fee October 1/92	Fee February 1/98
#R671	Graft of burn - scalp over 50%	I.C.	**$297.75**
#R674	Graft of burn - neck over 50%	I.C.	**$288.85**
Z191	Suture of lacerations - more than 15.1 cm - routine	I.C.	**$71.17**
#R004	Skin flaps - defect more than 10 cm such as thoracic abdominal flap	I.C.	**$223.37**
#R074	Defect more than 10 cm average diameter	I.C.	**$439.68**

#R083	Full Thickness Grafts - major over 5 cm	I.C.	**$206.14**
R029	Scar revision - greater than 10 cm	I.C.	**$265.16**

THE MAXIMUM NUMBER OF SERVICES HAS BEEN INCREASED FOR THE FOLLOWING FEE SCHEDULE CODES:

Code	Description	Max # of Services October 1/92	Max # of Services February 1/98
X435	MRI - neck - repeat	2	**3**
X445	MRI - thorax - repeat	2	**3**
X455	MRI - abdomen - repeat	2	**3**
X465	MRI - pelvis - repeat	2	**3**
X475	MRI - extremities - repeat	2	**3**
X492	MRI - limited spine - repeat	2	**3**
X495	MRI - intermediate spine - repeat	2	**3**
X498	MRI - complex spine - repeat	2	**3**

THE MAXIMUM NUMBER OF SERVICES HAS BEEN DECREASED FOR THE FOLLOWING FEE SCHEDULE CODES:

Code	Description	Max # of Services October 1/92	Max # of Services February 1/98
J866/ J666	- application of SPECT (maximum 1 per examination) ..... add	2	**1**

E140	Basic units for Assistant have been decreased from	4 to **3**
	Basic units for Anaesthetic have been decreased from	8 to **6**

...Previous page **Bulletin Menu**