

bulletin



Bulletin Number 4309	Date April 9, 1998	Direct inquiries to Ministry of Health Processing Office <i>(address below)</i>
Distribution Physicians, Hospitals, Clinics, and Laboratories		

Subject **CHANGES TO PHYSICIAN PAYMENTS FOR 1998/99**

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A. Announcement of Changes

The Ministry of Health and the Ontario Medical Association have accepted the recommendations of the Physician Services Committee (PSC) and will introduce a number of measures to manage OHIP payments for physician services within the authorized fee-for-service budget.

The recommendations fall into four major areas:

1. Threshold Exemptions

a) Professional Fees no longer exempt

The professional fees exempted from the thresholds that were originally introduced in June 1996 with specialty-specific thresholds are no longer exempt, effective April 1, 1998, including fee codes for:

- cataract and retinal surgery
- labour/delivery
- abortion
- dialysis
- cardiac surgery
- audiology
- selected laser surgery, Moh's surgery
- transplants
- radiation oncology

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B. Physician Fee Codes Which Are Now Included In Threshold Fee Reductions

The following fee codes were formerly excluded from threshold fee reductions (see Bulletin 4291), but will be included effective April 1, 1998.

1. Professional Fees Included in Threshold Calculations:

Abortion	-	S752, S785
All Transplants	- kidney	- S435, E769, S434, E771, S436, E753, S437, E762
	- bone	- Z425, Z426
	- heart	- R870, R872, R874, M157
	- cornea	- E108, E121, E122
	- lung	- M155
	- liver	- S274, S294, S295, E765
Angioplasty	-	Z434, G262
Audiology Professional Fees	-	G525, G526, G529, G450, G530, G527, G531, G446, G141, G142, G144, G145, G816, G105, G533, G454, G191, G108
Dialysis	-	G326, G332, G333
Cardiac Bypass Surgery	-	R742, R743, E654, E652
Cataract Surgery	-	E140, E141, E950, E138, E143, E144, E145, E146
Laser Surgery for extensive pelvic disease	-	Z737
Laser Treatment Port Wine Stains	-	R051
Moh's Surgery	-	R081, E524
Obstetrics	-	P006, P009, P018, P020, P041
Pacemakers	-	Z444, Z445, Z435, Z436, Z433, R751, R752, Z412, R753, Z415
Radiation Oncology	-	X301, X302, X304, X305, X306, X322, X323, X334, X324, X325, X326, X327, X335, X336, X328, X329, X330, X332, X333
Retinal Surgery	-	E151, E152, E153, E161, E154, E155, E159, E158, E162, E949, E952

Note: Surgical procedures listed above apply to services coded with A suffix, that is, to the surgeon performing the procedure.

2. Technical Fees Included in Threshold Calculations:

Diagnostic and Therapeutic Procedures

G467 Miscellaneous therapeutic procedures

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C. Physician Fee Codes Which Are Now Excluded From Threshold Fee Reductions

This Section replaces "Appendix E" of the preamble to the Schedule of Benefits (October 1, 1992, as amended June 1, 1996) effective April 1, 1998.

1. Professional Fees Excluded From Threshold Calculations:

Emergency department sessional fees - H400 to H408

2. Technical Fees Excluded From Threshold Calculations:

The following technical fees are excluded from the threshold calculations. When a physician reaches his or her threshold level (beginning at \$300,000 for GPs, \$380,000 for all specialists), technical fee payments will be discounted at the same rate as the professional fees.

Diagnostic Radiology

X001 - X230 The hospital components of the applicable "X codes" are excluded from threshold calculations.

Diagnostic Ultrasound Nuclear Medicine/Pulmonary Function Studies

J101-J888	the hospital components of the applicable "J" codes
J301	the technical components of the applicable "J" codes
J304	the technical components of the applicable "J" codes
J324	the technical components of the applicable "J" codes
J327	the technical components of the applicable "J" codes
Y601-Y888	the technical components of the applicable "Y" codes
E450, E451	the hospital components of the applicable "E" codes

Diagnostic and Therapeutic Procedures

G104	Diagnostic Balance Tests, Positional testing with ENG, technical component
G111	Dipyramidole Thallium Stress test, technical component

G121	Impedance plethysmography, technical component
G140	Evoked potentials - two limbs, technical component
G143	Cortical evoked audiometry, technical component
G146	Brain stem evoked response - simple, technical component
G149	Visual Evoked response - simple, technical component
G152	Visual Evoked response - threshold, technical component
G167	Hydrogen breath test, technical component
G181	Dual chamber reprogramming, technical component
G209	Skin testing, technical component
G284	Single chamber reprogramming, technical component
G308	Pacemaker pulse wave analysis, technical component
G310	ECG, technical component
G311	ECG telephone transmitted, technical component
G315	Stress testing, technical component
G316	Stress testing vector, technical component
G414	EEG, technical component
G416	EEG add on - activating or sleep inducing drugs/or sleep deprivation
G434	Manual Impedence Testing, technical component
G440	Pure tone threshold audiometry with or without bone conduction, technical component
G441	Pure tone threshold audiometry (with or without bone conduction) and speech reception threshold and/or speech discrimination scores, technical component
G442	Automatic impedance audiometry, technical component
G443	Advanced testing per test, technical component
G445	Hearing aid re-evaluation, technical component
G447	Hearing aid evaluation, technical component
G448	Sound field audiometry (infants and children), technical component
G451	Balance test caloric testing with ENG, technical component
G455	Electromyography Schedule A, technical component
G466	Electromyography Schedule B, technical component
G491	Thermography, technical component
G505	Phonocardiogram, technical component
G506	Phonocardiogram, add on for pharmacologic intervention
G508	Apex cardiogram, technical component
G519	Phlebography, technical component
G540	Videotape recording of clinical signs with EEG, technical component
G542	Radiotelemetry EEG, technical component
G544	Polygraphic recordings of parameters in addition to EEG

G554	Ambulatory EEG monitoring, technical component
G560	Echocardiography complete study 1 dim., technical component
G566	Echocardiography complete study 2 dim., technical component
G570	Echocardiography complete study 1 & 2 dim., technical component
G574	Echocardiography, limited study 1 or 2 dim., technical component
G576	Cardiac colour Doppler in conjunction with echocard., technical component
G577	Cardiac colour Doppler study in conjunction with echocard., technical component
G651	Holter Monitoring Level 1 - recording, technical component
G652	Holter Monitoring Level 1 - scanning, technical component
G654	Holter Monitoring Level 2 - recording, technical component
G655	Holter Monitoring Level 2 - scanning, technical component
G661	Event recorder, technical component
G670	Sleep studies - Level 1, technical component
G673	Sleep studies - Level 2, technical component
G676	Sleep studies - Level 3, technical component
G679	Multiple Sleep Latency Test, technical component
G815	Electrocochleography, technical component
G850	Colour vision detailed assessment, technical component
G851	Dark adaptation curve, technical component
G852	Electro-retinography, technical component
G853	Fluorescein angiography, technical component
G854	Fluorescein angioscopy, technical component
G855	Hess screen examination, technical component
G856	Tonography, with or without water, technical component
G857	Visual fields - kinetic, technical component
G858	Visual fields - static perimetry, technical component

3. Additional List Of Codes

E542	When performed outside hospital
E545	When performed outside hospital
E584	Application of plaster cast outside hospital
E746	When performed outside hospital
E749	When performed outside hospital
E870	Cost of laminaria tent, when supplied by the physician
K018	Sexual assault examination for investigation of alleged sexual assault and documentation - female

K021

Sexual assault examination for investigation of alleged sexual assault
and documentation - male

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D. Applying for a Practice Exemption

The Ministry will consider applications by physicians for exemption where physicians are providing services to under-served populations, or practising in a unique sub-specialty or viewed as a provincial resource.

Exemptions under the Underserviced Area Program and the Specialist Retention Initiative will continue for 1998/99. Further exemptions will be considered for:

- family physicians who practise in undersupplied communities requiring four or fewer family physicians where vacancies currently exist.
- physicians whose practice is dedicated to providing specialized services where shortages exist, such as AIDS, palliative and French language care.
- specialists in significantly undersupplied areas, or who are providing a highly specialized service in their field.

All applications for physician practice exemption must be made to the Underserviced Area Program by March 1, 1999, for fiscal year 1998/99. For more information on this initiative please contact the Northern Health Programs and Planning Branch, Underserviced Area Program, 159 Cedar Street Suite 406, Sudbury, Ontario P3E 6A5. Telephone (705) 670-7280. Facsimile (705) 670-7231.

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The only exception is Emergency Sessional Fees (fee codes H400 to H408) which will continue to be excluded from thresholds. In addition, Miscellaneous Therapeutic Procedures (fee code G467) has been removed from the list of excluded fees. A detailed listing of the codes that will not longer be excluded, as well as, a list of the fee codes that will continue to be excluded from thresholds is contained in Sections B and C of this bulletin. This change will be reflected in the billing information provided on your May remittance advice.

Effective Date: April 1, 1998

b) Technical Fees subject to threshold

Only professional fees will be used to determine the level of threshold reduction, and the rate of threshold reduction will be applied to both the professional and technical fees. For example, if a physician's professional fee billings reach the first threshold (\$300,000 for General Practitioners; \$380,000 for Specialists), associated technical payments will be adjusted at the same rate as the professional payment. Details will be provided in a later bulletin. The Ministry will have the systems changes ready by July 1, 1998 but it will not be needed until physicians begin reaching threshold later in the fiscal year.

Effective Date: System ready by July 1, 1998; will be effective when physicians reach threshold

2. Technical Fees and Facility Fees

a) Technical Fees for Diagnostic Services in Hospitals

Technical Fee billings to OHIP for diagnostic services provided in hospitals have increased by more than 12% for fiscal year 1997/98. Technical fees will be limited to 1.5% growth for fiscal years 1998/99 and 1999/2000, the same growth rate agreed to for the overall authorized fee-for-service budget. A variety of options are being considered and will be reviewed with the Ontario Hospital Association. Details will be provided in a future bulletin.

Effective Date: Systems changes will be implemented as necessary for fiscal year 1998/99

b) Facility Fees for Independent Health Facilities (IHF's)

Facility Fee billings by IHF's to the OHIP fee-for-service budget are also growing in excess of the 1.5% provided for in the Physician Service Agreement. Facility fees paid to IHF's will also be subject to payment controls, which have yet to be finalized. A volume discount is being considered.

c) Other Technical Fee Control Measures

The Ministry is looking at ways to improve compliance with the Schedule of Benefits with respect to hospital billings to OHIP for technical fees. Diagnostic services for in-patients including emergency room patients are paid for through the hospital operating budgets and are not to be billed to OHIP. A bulletin will follow clarifying previously issued Ministry bulletins on the same subject.

3. Schedule of Benefits Changes

The following changes have been recommended and agreed to by the PSC:

- a) Limit of two ultrasounds per normal pregnancy, one of which is a complete ultrasound.
- b) Sleep study clinics must be licenced as an Independent Health Facility if not operating in a hospital.
- c) Special visit premiums for additional patient seen will be removed from the Schedule of Benefits, with the exception of K codes (ER) and C codes (in-patient).
- d) Full payment of resuscitation fees will be limited to a maximum of three physicians.
- e) Attendance at delivery can be billed only if the physician attends the labour.
- f) Payment one pap test per year unless results are other than normal, in addition to pap smears included in consultations or assessments.
- g) Immunizations for travel will not be billable to OHIP. They are available through public health units.
- h) Physicians will be paid only the P2 fee for self-referred diagnostic tests.
- i) The technical fees associated with colour doppler will be removed from the Schedule of Benefits.

A bulletin and amendments to the Physician Schedule of Benefits will be mailed out in June 1998.

Effective Date: Changes are to be effective July 1, 1998

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