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Bulletin Number 4346	Date October 1, 1999	Direct inquiries to Ministry of Health Processing Office <i>(address below)</i>
Distribution Physicians, Hospitals, Clinics, and Laboratories		

Subject CHANGES TO THE PHYSICIANS' SCHEDULE OF BENEFITS and TECHNICAL FEE ADJUSTMENTS FOR OCTOBER 1, 1999

According to the current 3-year agreement with the OMA, the Physician Services Committee (PSC), monitors physician expenditures and makes appropriate recommendations.

The current set of initiatives are being implemented October 1, 1999, to manage expenditures for fiscal year 1999/2000. The measures include changes to the Physician Schedule of Benefits, and to the amounts paid for technical fees to cover equipment and overhead in hospitals and independent health facilities.

1. TECHNICAL FEE ADJUSTMENTS

The technical fee adjustment applied to claims with a service date on or after October 1, 1999 has been adjusted as follows:

- hospital diagnostic groups – change from 3 % to 7%
- Independent Health Facilities (IHF's) – change from 4.2% to 7%

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2. SCHEDULE OF BENEFITS CHANGES

The following changes are being made to the Schedule of Benefits and are based on the input of advisory committees to the PSC:

- **Bone mineral density (BMD) testing**

BMD screening of low risk patients for osteoporosis that was previously allowed annually will be limited to once in any 24-month period, based on current scientific evidence. For services on or after October 1, 1999, the 24-month period is determined from April 1, 1998 onwards. The diagnostic facility should verify eligibility for insured BMD testing with both the patient and the referring physician prior to rendering the service. Additional BMD tests of low risk patients beyond the annual limit are uninsured.

High-risk patients will continue to receive unrestricted access to medically necessary testing to assess fracture risk and monitor treatment. The relative value of technical fees for BMD will be adjusted by 35% to reflect the lower cost of the new technology.

Enclosed is a Patient Fact Sheet that explains the above changes regarding BMD benefits. This Fact Sheet may be reproduced by physicians for distribution to their patients.

- **Sleep studies**

Patients with sleep disorders will be limited to 2 overnight sleep studies in any 12-month period. For services on or after October 1, 1999, the 12-month period is determined from October 1, 1998 onwards. The diagnostic facility should verify eligibility for insured sleep studies with both the patient and the referring physician prior to rendering the service. Medically necessary additional testing will require prior authorization from the Ministry of Health and Long-Term Care's District Medical Consultant.

- **Flow volume loop tests**

Definitions for spirometry and flow volume loop tests are clarified. Associated changes to pulmonary function tests include disallowing redundant tests and modernizing the Schedule by removing four obsolete services.

- **Acne therapy**

Assessment and treatment of acne with prescribed medications remains an insured service. Surgical procedures for treatment of acne are either ineffective or cosmetic in nature and are therefore not insured services.

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- **Special visits to multiple resident dwellings**

Special visit premiums for house calls to apartment blocks and other multiple resident dwellings will be for the first patient seen in the building, regardless of the number of households or residential units visited. Appropriate assessment fees remain payable for additional patients seen in same building.

Amendment List #5, which contains the updated pages to the Schedule of Benefits reflecting the changes identified above, is enclosed with this Bulletin.

Note: The actual new Schedule pages dated October 1, 1999, to remain consistent with the April 1, 1999 update, reflect the fee values prior to April 1, 1999. For fees payable on or after April 1, 1999, you must refer to the Numeric Index. A new consolidated Schedule is planned to be issued in 2000.

3. **COMMUNICATIONS**

Additional copies of this Bulletin or Amendment List #5 are available for purchase from the Publications Ontario (1-800-668-9938). As well, other Bulletins, Patient Fact Sheets on select topics and the updated version of the Schedule may be seen on the ministry's web site: www.health.gov.on.ca.

4. **AN IMPORTANT REMINDER**

Please remember to submit all claims with the new fees in order to get paid at the higher amounts which were implemented April 1, 1999. The 4-month transitional provision, which automatically paid at the higher amount, has ended.

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FACT SHEET: BONE MINERAL DENSITY TESTING

Ontario Health Insurance Plan

What does OHIP cover?

Osteoporosis is a disease characterized by low bone mass leading to fragile bones and increased risk of fractures. Bone mineral density (BMD) testing assesses bone loss due to osteoporosis and helps the patient and physician to measure the risk of future fractures, determine the need for medical treatment and to monitor the success of existing treatment.

Medical experts recommend that BMD testing be carried out using only the 'axial DXA' machine which scans both hip and spine. This technique is clinically superior to all other testing methods and is the only method insured by OHIP.

OHIP covers all necessary BMD tests in persons at high risk for osteoporosis and future fractures. The high-risk group includes any person with any of the following major risk factors:

- premature menopause (less than 45 years old) or longstanding premenopausal hypogonadism.
- high dose steroid therapy for longer than 3 months or Cushing's Syndrome.
- family history of osteoporosis (first degree relatives).
 - past history of fragile fractures.
 - longstanding malnutrition or malabsorption.

- post-menopausal women with any two of the following risk factors: smoker, hyperthyroidism, low calcium intake, excess alcohol intake.

Effective October 1, 1999, low risk patients are eligible for BMD testing once in any 24-month period. For services on or after October 1, 1999, this 24-month period will be determined from April 1, 1998 onwards.

Low risk patients and referring physicians need to advise diagnostic facilities of the date of any previous BMD test so that the facility can verify that the planned test is insured.

What is not covered?

BMD testing of low risk persons provided more frequently than once every 24 months is uninsured but may be provided at the patient's expense.

Why?

Current guidelines do not support the need for low risk patients to be tested more often than every two years. The changes in OHIP coverage reflect the current guidelines. High risk patients (determined by the physician) will continue to receive unrestricted access.

Further Information?

This fact sheet includes material provided by the Osteoporosis Society of Canada (OSC). Further information on osteoporosis may be obtained from the OSC's web site: www.osteoporosis.ca.

- longstanding use of anticonvulsant drugs.
- primary hyperparathyroidism.
- cancer chemotherapy.
- weight below 57 kgs. (125 lbs.) or Body Mass Index (BMI) less than 20.

Patients should discuss their individual health needs with their family physician.

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