Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4369	**June 22, 2001**	**Ministry of Health** **Processing Office**
Distribution 1. **Physicians, Hospitals, Clinics, Laboratories** 2. **Independent Health Facilities**		*(address below)*

Subject **Changes to the Ministry of Health and Long-Term Care Schedule of Benefits for Physician Services Effective July 1, 2001**

The following changes are being implemented July 1, 2001 as part of the Ministry's agreement with the Ontario Medical Association to achieve a $50 million annual savings through modernization and tightening changes to the Schedule of Benefits. Transitional payment provisions will be in place while physicians incorporate changes into their office practices. Physicians can call their local district office for details.

1. Diagnostic and Therapeutic Procedures: Physical Medicine

With the exception of ultraviolet light therapy (see paragraph “2” below), the therapeutic modalities listed under G467 -- Miscellaneous therapeutic procedures are not insured. Uninsured miscellaneous therapeutic procedures are defined as physical therapy, therapeutic exercise and may include thermal therapy, ultrasound therapy, hydrotherapy, massage therapy, electrotherapy, magnetotherapy, transcutaneous nerve stimulation and biofeedback.

2. Diagnostic and Therapeutic Procedures: Dermatology

"Dermatology" is a new sub-section under Diagnostic and Therapeutic Procedures.

Ultraviolet light therapy and/or Psoralen plus Ultraviolet A (PUVA), only for treatment of dermatologic conditions is added in a new Dermatology sub-section under Diagnostic and Therapeutic Procedures to replace services that would otherwise be delisted with G467. Conditions regarding delegation and supervision, as per General Preamble B.10, Delegated Procedure, apply to this service. The supervising physician must be present in the office or clinic. If the supervising physician is not present, the service remains insured but the amount payable is nil.

3. Diagnostic and Therapeutic Procedures: Nerve Blocks

A maximum of 8 per patient per day for any combination of nerve blocks. The ninth and subsequent nerve blocks per patient per day are insured services payable at nil. Nerve blocks, which are defined as a bilateral procedure, are counted as two services for the purpose of the overall daily maximum.

G243, G244, G241, G242, G231 and/or G223 claimed in addition to or in lieu of G260 and rendered to the same anatomical site during the same visit are insured services payable at nil.

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Office locations

Barrie
30 Poyntz St.
L4M 3P2

Hamilton
119 King St. W
P.O. Box 2280, Stn. A
L8N 4C8

Kenora
220-808 Robertson St.
P9N 1X9

Kingston
1055 Princess St.
P.O. Box 9000
K7L 5A9

Kitchener
1400 Weber St. E. Unit B2
N2A 3Z8

London
217 York St., 5th FloorP.O. Box
5700 Terminal A
N6A 1B7

Mississauga
201 City Centre Dr.
P.O. Box 7020, Stn. A
L5A 3M1

North Bay
101-447 McKeown St.
P1B 9S9

Oshawa
Exec. Tower, Oshawa Centre. 419
King St. W.
P.O. Box 635 L1H 8L4

Ottawa
Fuller Building
75 Albert Street
K1P 5Y9

Owen Sound
981 2nd Avenue E.
N4K 2H5

Peterborough
550 Lansdowne St. W.
K9J 8J8

St. Catharines
59 Church St 3rd Floor
L2R 3C3

Sarnia
452 Christina St. N.
N7T 5W4

Sault Ste. Marie
Roberta Bondar Place
70 Foster Dr., Ste. 100
P6A 6V4

Sudbury
199 Larch St.,
Suite 801
P3E 5R1

Thunder Bay
435 James St. S. ,
Suite 113
P7E 6T1

Timmins
38 Pine St. N., Ste. 110
P4N 6K6

Toronto
2195 Yonge St.
P.O Box 1700 Stn. A
M5W 1G9

Windsor
1427 Ouellette Ave.
N8X 1K1

Head Office
P.O. Box 48
Kingston, ON
K7L 5J3

4. Diagnostic and Therapeutic Procedures: Otolaryngology - Diagnostic Hearing Tests

Fee code listings for Diagnostic Hearing Tests (DHT) are separated into "Basic Diagnostic Hearing Tests" and "Advanced Diagnostic Hearing Tests".

Basic diagnostic hearing tests are insured services payable at nil unless:

i. the professional component is rendered personally by a physician qualified by appropriate education or training and experience to perform basic DHTs ('qualified physician'); and

ii. the technical component is either rendered by a qualified physician or delegated by a qualified physician to a person who is either an appropriately qualified employee of the physician or is an audiologist who is a member of the College of Audiologists and Speech-Language Pathologists of Ontario and employed by a public hospital.

Advanced diagnostic hearing tests are insured services payable at nil unless:

i. the professional component is personally rendered by an otolaryngologist or, for evoked audiometry, a neurologist or by a non-certified physician with equivalent post-graduate academic training ('appropriate specialist or equivalent'); and

ii. the technical component is personally rendered by an appropriate specialist or equivalent, or delegated by an appropriate specialist or equivalent to an audiologist who is a member of the College of Audiologists and Speech-Language Pathologists of Ontario and is employed by the appropriate specialist or equivalent or a public hospital.

Physicians submitting claims for diagnostic hearing tests shall maintain written records of appropriate qualifications as indicated above for themselves and those employees to whom they may delegate the technical component. Such records must be made available to the Ministry on request. In the absence of such records, the DHT is an insured service payable at nil.

To qualify for payment, delegated DHT services must comply with the requirements for delegation of insured services described in General Preamble B.10 and the standards, guidelines and current policy statement of the College of Physicians and Surgeons of Ontario regarding delegation and supervision of controlled medical acts.

Fixed level screening audiometry is not an insured service.

DHTs at the request of or arranged by third parties, e.g. school boards, employers or WSIB etc., are not insured services. See Appendix F regarding third party services.

Automatic impedance audiometry is redefined to include manual testing methods at the automated testing rates. Separate fee codes for Manual Impedance Testing codes are deleted.

The fee for the professional component of sound field audiometry is reduced.

Advanced testing is redefined to include miscellaneous advanced testing.

Hearing aid (re)evaluation and/or tinnitus masker (re)fitting are de-listed as these services fall within the discipline of audiology and it is not necessary for a physician to provide or supervise these services. These changes permit more effective allocation of physician resources by redirecting care that does not require the assessment or intervention of a physician.

5. General Preamble: Maximums and Unit Based Services

This section is revised to clarify that maximum and unit based services that are rendered to patient in excess of the allowed maximum frequency and/or units are insured services payable at nil.

In terms of a minimum number of services without reference to a specific time period to which the minimum applies, this means that the minimum refers to a minimum number of services per patient per day. Those services rendered by the same physician which total less than the minimum remain insured services and are payable at nil. This does not apply to those services listed in the "Diagnostic Radiology" section of the Schedule.

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Fee Code	Descriptor Newly added test that modifies conditions of payment is underlined. Deleted text is ~~crossed out~~.	New (N) Revised (R) Deleted (D)	
+G470	Ultraviolet light therapy (general or local application) and/or Psoralen plus Ultraviolet A (PUVA), is an insured service only for treatment of dermatological conditions (maximum 1 per patient per day). G470 is an insured service payable at nil if rendered in a hospital in-patient or out-patient department or physiotherapy facility listed in Schedule 5 under Regulation 552 of *the Health Insurance Act*. [Commentary - See General Preamble for conditions and limitations regarding delegation and supervision of G470.]	$7.60	N
G467	Miscellaneous therapeutic procedures		D
G264	Occipital nerve - first block per day (maximum 1 per day ~~regardless of number of occipital nerve blocks rendered~~ to a maximum of 16 first blocks per calendar year)		R
G265	Occipital nerve - each additional unilateral block following G264, per spinal level per day (maximum 3 per day following G264 to a maximum of 48 additional unilateral blocks per calendar year)		R
G291	Occipital nerve- first block per day in excess of 16 per calendar year may be payable on an independent consideration (IC) basis upon submission to the ministry of a written recommendation of an 'independent expert' as described below (maximum 1 per day to a maximum of 16 blocks for a single IC request). A new written recommendation is required on an IC basis each time the number of first blocks exceeds 16.	$19.25	N
G292	Occipital nerve - each additional unilateral block following G291, per spinal level per day when G291 is payable in full (maximum 3 per day)	$9.70	N
	Note: 1. G265 and G292, are insured services payable at nil unless an amount is payable for G264 or G291 rendered to the same patient the same day. 2. When an amount is payable for G264, the amount payable for G291 rendered to the same patient on the same day is nil. 3. When an amount is payable for G265, the amount payable for G292 rendered to the same patient on the same day is nil. 4. For the purpose of G291, 'independent expert' in respect of a patient is a physician who: i. has special knowledge and expertise in multidisciplinary management of chronic non-malignant pain; ii. did not refer the patient for treatment; iii. is not actively involved in management of the patient; and iv. receives no direct or indirect financial benefit form nerve block services being rendered to the patient. [Commentary - See Appendix B regarding conflict of interest.]		
G442, +G529	~~Automatic~~ impedance audiometry - by manual or automated methods, and may include stapedial reflex and/or compliance testing:		R
G450	Sound field audiometry	$5.55	R
G443, G530	Miscellaneous advanced testing… ~~Central auditory at the request of third parties eg. school boards is not a benefit. See Appendix F regarding third party services~~. (Deleted text is relocated to DHT preamble.)		R
G434, G527	Manual impedance testing		D
G447, +G531, G445, +G446	Hearing aid evaluation and/or fitting of a tinnitus masker and re-evaluation or re-fitting		D

Communications

Bulletins, Fact Sheets and the updated version of the Schedule are available July 1, 2001 on the Ministry of Health and Long-Term Care website at **www.health.gov.on.ca**.

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FACT SHEET:
Hearing Aid Evaluation

Ontario Health Insurance Plan

What does OHIP cover?

OHIP insures diagnostic hearing tests ordered and performed by qualified physicians.

Diagnostic hearing tests requested or arranged by third parties, e.g. school boards, employers, Workplace Safety Insurance Board (WSIB) etc. are not insured services. Third party requests are not paid by OHIP.

What is changing?

Hearing aid evaluation and re-evaluation will no longer be insured by OHIP as these services are in the discipline of audiology and do not require a physician to provide or supervise the service.

Tinnitus is a condition of buzzing, whistling or ringing in the ear. A tinnitus masker is a device like a hearing aid which emits a sound in the ear to mask these other sounds. The evaluation for this device will no longer be insured by OHIP as it does not require a physician to provide or supervise the service.

What is not covered?

Hearing aid evaluation and re-evaluation and tinnitus masker evaluation are no longer insured services beginning July 2001.

Why?

These services do not require the expertise of a physician to provide or supervise the service.

What does the Assistive Devices Program (ADP) cover?

The Assistive Devices Program may contribute to the cost of your hearing aid if you are eligible. Your audiologist will be paid a dispensing fee for fitting and adjusting the hearing aid.

For information on this program contact the Assistive devices Program (ADP) at 1-800-268-6021 or write:

Ministry of Health and Long-Term Care
Assistive Devices Program
7th floor, 5700 Yonge St.
North York, ON M2M 4K5

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FACT SHEET:
Miscellaneous Therapeutic Procedures

Ontario Health Insurance Plan

What does OHIP cover?

Beginning in July 2001 OHIP will cover some treatments that your dermatologist recommends for specific skin conditions.

What is changing?

The catch-all service for miscellaneous therapeutic procedures will no longer be insured in the Physician Schedule of Benefits.

What is not covered?

Physical therapy and therapeutic exercise will no longer be covered including:

- heat or ice therapy
- light therapy
- ultrasound
- electrotherapy
- hydrotherapy
- massage
- magnetotherapy
- transcutaneous nerve stimulation
- biofeedback

Why?

It is not necessary that these services be rendered by a physician. These therapies will continue to be available in hospital out-patient clinics, OHIP physiotherapy facilities and in private clinics.

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