Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4397	**February 1, 2003**	**Ministry of Health and Long-Term Care Processing Office**
Distribution **Physicians, Hospitals, Clinics and Laboratories**		(See Address Below)

Subject Schedule of Benefits Changes - February 1, 2003

The following three items are being implemented into the Schedule of Benefits for Physician Services effective February 1, 2003 :

1. The addition of the new service - Botulinum Toxin (Botox ®) injections are insured for treating focal spasticity secondary to an upper motor neuron disorder.
2. **a)** Amending the Schedule of Benefits to allow banked time for inpatient individual psychiatric care and psychotherapy.
   b) Increase the fee value of K199 inpatient psychiatric care to $60.10.
3. Amending the number of anesthetic units for circumstances under which extra units may be claimed in addition to Basic Units for adults aged 80 years or older (code E018C) from 2 units to 3 units
   .

1. Diagnostic and Therapeutic Procedures: Injections or Infusions

Effective February 1, 2003, Botulinum Toxin injections are insured for treating focal spasticity secondary to an upper motor neuron disorder such as cerebral palsy, multiple sclerosis, stroke, spinal cord or traumatic brain injury.

The following text will be inserted on page J49 of the Physical Medicine subsection of the Diagnostic and Therapeutic Procedures section of the Schedule of Benefits :

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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 Canada Life Square Main Floor 235 King St. E., N2G 4N5	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 38 Kingston, ON K7L 5J2

Schedule of Benefits Changes - February 1, 2003

Botulinum Toxin - intramuscular injection with botulinum toxin into peripheral muscle for treatment of focal spasticity secondary to an upper motor neuron disorder. The procedure is an insured service payable at nil unless rendered personally by a pediatrician, neurologist or physical medicine specialist or a physician with equivalent post-graduate training and experience with neuromuscular disorders. Maximum one botulinum treatment of one or more muscles per patient every 10 weeks.

G597 - Injection into first muscle per day $20.00

G598 - each additional muscle same day as G597 when G597 is payable in full (maximum 8 per day) . . . . . add $10.00

G599 - with electromyographic (EMG) guidance of injection into one or more muscles when G597 is payable in full (maximum 1 per day) . . . . . .add $20.00

E543 - use of disposable EMG hypodermic electrode outside hospital when G599 is payable in full (maximum 1 per patient per day) $30.00

Note : Any EMG code other than G599 claimed for the same day same patient as botulinum toxin injection is performed is an insured service payable at nil.

[Commentary :
The above definitions and fees for botulinum toxin injection have been introduced on an interim basis and will be subject to a joint review by the ministry and the Ontario Medical Association on or before February 1, 2004.]

The content under location and injection of peripheral motor nerves for reduction of spasticity under the Physical Medicine sub-section on page J49 will be changed to the following on February 1, 2003 :

Chemodenervation injection of individual peripheral motor nerve using phenol, ethyl alcohol or similar non-anesthetic chemical agents for reduction of focal spasticity, and may include electromyography (EMG) guidance of injection(s):

G485 - first major nerve and/or its branches $44.55

G486 - each additional major nerve and/or its branches same day . . . . . add $27.95

Repeat or additional procedure within 30 days of previous chemodenervation injection :

G487 - first major nerve and/or its branches $27.95

G488- each additional major nerve and/or its branches same day . . . . . add $18.45

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Note :

1. Use nerve block listings under Nerve Blocks sub-section if anesthetic agents are used instead of phenol or alcohol or similar non-anesthetic chemical agents.
2. Chemodenervation injection into same muscle same day as botulinum toxin is an insured service payable at nil.

2. a

General Preamble: Psychotherapy/Hypnotherapy/Counseling/Primary Mental Health and Psychiatric Care - Other Terms and Conditions

Effective February 1, 2003, the Schedule of Benefits will be revised to allow psychiatrists to accumulate billable time towards a single claim per day for inpatient individual psychotherapy or psychiatric care for multiple discontinuous visits where individual visits may otherwise not meet the minimum time duration of at least 20 minutes. There is an increase in the fee for K199 inpatient psychiatric care.

The following text will be inserted on page xxv of the General Preamble of the Schedule of Benefits :

(Revise "Other terms and Definitions" for General preamble B.7 {page xxv} as follows)

OTHER TERMS AND DEFINITIONS

1. A unit of either inpatient individual psychotherapy by a psychiatrist and/or inpatient individual psychiatric care is defined as ½ hour or 'major part thereof' of consecutive or nonconsecutive therapy or care rendered to a particular patient during a day. Where only one unit is claimed per patient per psychiatrist per day, 'major part thereof' is defined as a minimum of 20 minutes of patient therapy or care. Where more than one unit is claimed per patient per psychiatrist per day, each preceding unit must be a full 30 minutes of therapy or care and 'major part thereof' means a minimum of 16 additional minutes of therapy or care.
2. Subsequent Visits claimed same patient same day as inpatient individual psychotherapy and/or inpatient individual psychiatric care by the same psychiatrist are insured services payable at nil.
3. The minimum time period for Psychotherapy /Hypnotherapy /Counseling /Primary Mental Health /Psychiatric Care other than inpatient individual psychotherapy by a psychiatrist or inpatient individual psychiatric care is 20 consecutive minutes. Where only one unit is claimed per patient per physician per day, 'major part thereof' is defined as a minimum of 20 minutes of

patient psychotherapy, hypnotherapy, counseling, primary mental health or psychiatric care. Where more than one unit is claimed per patient per physician per day all units must be for consecutive time periods and each preceding unit must be a full 30 minutes of psychotherapy, hypnotherapy, counseling, primary mental health or psychiatric care and 'major part thereof'means a minimum of 16 additional minutes of therapy or care.

4. Psychotherapy outside hospital, psychiatric care, primary mental health care or hypnotherapy rendered same day as a consultation or other assessment by the same physician is an insured service payable at nil unless there are clearly defined different diagnoses for the two services.

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5. All Psychotherapy, Hypnotherapy and all forms of Counseling, Primary Mental Health and Psychiatric Care must be rendered personally by the attending physician in the physical presence of the patient.

[Commentary : Psychotherapy, Hypnotherapy and all forms of Counseling, Primary Mental Health and Psychiatric Care rendered by telephone, other electronic communications or in the physical absence of the patient are uninsured services unless otherwise specifically listed in the Schedule of Benefits.]

I. **Psychotherapy :** is any form of treatment for mental illness, behavioural maladaptations, and/or other problems that are assumed to be of an emotional nature, in which a physician deliberately establishes a professional relationship with a patient for the purposes of removing, modifying, or retarding existing symptoms, or attenuating or reversing disturbed patterns of behaviour and of promoting positive personality growth and development. Psychotherapy claimed in conjunction with obstetrical delivery is an insured service payable at nil.

II. **Psychiatric Care/Family Psychiatric Care/Primary Mental Health Care :** are time-based services encompassing any combination or form of assessment and treatment by a physician for mental illness, behavioral maladaptation and/or other problems that are assumed to be of an emotional nature, in which there is consideration of, and alteration of, the patient's biological and psychosocial functioning. Family psychiatric care may be claimed by one physician per patient per visit when the care of the patient is carried out by the physician in the presence of one or more family members or professional caregivers NOT on staff at the facility where the patient is seen for treatment.

III. **Hypnotherapy :** is a form of treatment that has the same goals as psychotherapy but is provided with the patient under hypnosis. Hypnotherapy claimed in conjunction with obstetrical delivery is an insured service payable at nil.

2. b

Increase fee for K199 Psychiatric Care, inpatient page A43 to $60.10 per unit.

3. General Preamble: Anesthetists' Services

Effective February 1, 2003, the Schedule of Benefits will be revised to amend the number of anesthetic units for circumstances under which extra units may be claimed in addition to Basic Units for adults aged 80 years or older (code E018C) from 2 units to 3 units.

Communication

Bulletins and the updated version of the Schedule of Benefits are available on the Ministry of Health and Long-Term Care web-site at www.health.gov.on.ca

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Ministry of
Health and Long-Term Care

Ontario

OHIP Bulletin - Fact Sheet - February 2003

Botulinum Toxin Injections (Botox ®) for Treatment of Focal Spasticity

Ontario Health Insurance Plan

What does OHIP cover ?

Starting February 1, 2003, OHIP will cover intramuscular botulinum toxin (Botox ®) injections to treat focal spasticity secondary to an upper motor neuron disorder such as cerebral palsy, multiple sclerosis, stroke, spinal cord or traumatic brain injury.

OHIP currently insures botulinum toxin injections for treatment of oculomotor and laryngeal disorders.

Is Botox ® insured for cosmetic procedures ?

No. The ministry does not pay for services that are not medically necessary. The Ministry of Health and Long-Term Care and the Ontario Medical Association have agreed that cosmetic procedures do not improve or restore the health of Ontarians and they should not be financed by the public purse. Patients are free to seek and pay for cosmetic services.

If I began treatment before February 1, 2003, am I still eligible for a refund ?

Treatment received before February 1, 2003 is not insured and is not eligible for a refund.

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