Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4403 - **AMENDED**	July 1, 2003	Ministry of Health and Long-Term Care Processing Office
Distribution		(address below)
Physicians, Hospitals, Clinics and Laboratories		

Subject: Changes to the Schedule of Benefits for Physician Services and Related Changes

1) **Fee increases and elimination of technical fee threshold reductions in physician offices effective April 1, 2003**
2) **Revisions to existing fee codes and introduction of new fee codes effective July 1, 2003**
3) **Fee increases to balance specialty inequities effective August 1, 2003**
4) **2003 Schedule of Benefits**
5) **Amendments charts**

In accordance with the commitments of the Memorandum of Agreement (MOA) between the Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) for the 4th year of the 2000 Physician Services Agreement, a number of changes are being made to the Schedule of Benefits for Physician Services effective April 1, 2003, July 1, 2003 and August 1, 2003.

1) April 1, 2003 - Fee increases and elimination of technical fee threshold reductions

Retroactive to April 1, 2003 - fee increases to 172 existing fee codes in the Schedule of Benefits for Physician Services and elimination of the 33% threshold reduction applied to technical fees for diagnostic services provided in physician offices, when physicians reach their professional fee threshold.

2) July 1, 2003 - Introduction of new fee codes and revisions to existing fee codes

Effective July 1, 2003 - introduction of 21 new fee codes to the Schedule including scintimammography, endoscopic ultrasound, endoscopic placement of stent in duodenum, colon or rectum, and Specific Neurocognitive Assessment, and 124 existing fee codes are being revised to reflect current standards of practice.

Office locations

Barrie
34 Simcoe St.
Suite 201
L4N 6T4

Etobicoke
3300 Bloor St. W., Unit 142
M8X 2W8

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 Floor
P.O. Box 5700
Terminal A
N6A 1B7

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

Newmarket
465 Davis Dr. 3rd floor
L3Y 8T2

North Bay
101-447 McKeown St.
P1B 9S9

North York
4400 Dufferin St. Unit 4A
M3H 6A6

Oakville
Oakville Town Centre II
220 North Service Rd. W.
Unit P5030.
L6M 2Y3

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
301 St. Paul St.
Mezzanine Level
L2R 7R4

Sarnia
452 Christina St. N.
N7T 5W4

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

Scarborough
2063 Lawrence Ave. E.
M1R 2Z4

Sudbury
199 Larch St.,
Suite 801
P3E 5R1

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

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

Toronto
47 Sheppard Ave.E.
5th floor
M2N 7E7

Windsor
1427 Ouellette Ave.
N8X 1K1

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

3) August 1, 2003 - Fee increases to rebalance specialty inequities

Effective August 1, 2003 - introduction of two new fee codes and fee increases to 89 existing fee codes to rebalance specialty inequities in psychiatry, geriatrics, obstetrics and gynaecology, general surgery, family medicine, and internal medicine. The details of the August 1, 2003 changes are not included in this bulletin and will be communicated later under a separate cover and new Schedule of Benefits pages will be provided at that time.

4) 2003 Schedule of Benefits

The 2003 version of the Schedule of Benefits is enclosed. The July 2003 Schedule is a new version with a new Table of Contents, changes to page numbering, and is visually different from the previous Schedule. The new version does not include the Alphabetic Index. The Alphabetic Index will be forwarded with the August 1, 2003 changes.

5) Amendment Charts

- Chart 1 - Changes effective April 1, 2003.
- Chart 2 - Amendments effective July 1, 2003.

Fees are shown for new and revised fee codes only.

Please note: The Bulletin is a reference guide to identify Schedule of Benefits changes. For complete information, service descriptions, and billing information, please refer to the relevant pages in the July 2003 edition of the Schedule of Benefits, which is also available at our website identified below. Physicians should carefully review these fee code changes in the context of the Schedule of Benefits (including the General Preamble and any other associated Preambles).

6) Other Information

Payment

The April 1, 2003 changes to the Schedule of Benefits will be applied retroactively and automatically to all claim submissions for services provided on or after April 1, 2003. Retroactive payments for these services are planned to be included with the September Remittance Advice. Fee changes effective July 1st will be applied automatically to all claims processed on or after July 1, 2003.

To assist with updating OHIP billing software, Ministry District Offices will send a copy of the new Fee Schedule Master to physicians with the August Remittance Advice.

Communication

Bulletins and the updated version of the Schedule are available on the Ministry of Health and Long-Term Care website http://www.health.gov.on.ca/

Chart 1: Schedule of Benefits changes effective April 1, 2003

NOTE: This chart contains fee increases only

The Bulletin is a reference guide to identify Schedule of Benefits Changes. For complete information, service descriptions, and billing information, please refer to the relevant pages in the July 2003 edition of the Schedule of Benefits. Physicians should carefully review these fee code changes in the context of the Schedule of Benefits (including the General Preamble and any other associated Preambles).

Page #	FEE CODE	DESCRIPTION	2002 SOB Fee	EFFECTIVE April 1, 2003	N-New R-Revised D-Deleted
A50	A197	CONSULTATIONS & VISITS - Psychiatry - Consultation on behalf of disturbed child - consultative interview with parents	**$107.20**	**$122.00**	R
A50	A198	CONSULTATIONS & VISITS - Psychiatry - Consultation on behalf of disturbed child - consultative interview with child	**$107.20**	**$122.00**	R
A3	C002	CONSULTATIONS & VISITS - GP - Subsequent Visits - first five weeks	**$17.30**	**$23.00**	R
A3	C007	CONSULTATIONS & VISITS - GP - Subsequent Visits - 6th to 13th week inclusive	**$17.30**	**$23.00**	R
A3	C008	CONSULTATIONS & VISITS - GP - Subsequent Vistis - Concurrent care	**$17.30**	**$23.00**	R
A3	C009	CONSULTATIONS & VISITS- GP - Subsequent Visits - after 13th week	**$17.30**	**$23.00**	R
A3	C121	CONSULTATIONS & VISITS- GP - Subsequent Visits - Additional visits due to intercurrent illness	**$17.30**	**$23.00**	R
A15-A18, A20, A23-A24, A26, A28, A30-A31, A34, A36, A38, A40-A41, A43, A45-A46, A49, A51, A55-A58	C121	CONSULTATIONS & VISITS - Spec - Subsequent Visits - additional visits due to intercurrent illness	**$18.25**	**$23.00**	R
A3	C882	CONSULTATIONS & VISITS - GP - Subsequent Visits - Palliative care	**$17.30**	**$23.00**	R
A15-A18, A20, A23-A24, A26, A28, A30-A31, A34, A36, A38, A40-A41, A43, A45-A46, A49, A51, A55-A58	C982	CONSULTATIONS & VISITS - Spec - Subsequent Visits - Palliative Care	**$18.25**	**$23.00**	R
A3, A15-A18, A20, A23-A24, A26, A28, A30-A31, A34, A36, A38, A40-A41, A43, A45-A46, A49, A51, A55-A58	CXX2	CONSULTATIONS & VISITS - Spec - Subsequent Visits - first five weeks	**$18.25**	**$23.00**	R
A3, A15-A18, A20, A23-A24, A26, A28, A30-A31, A34, A36, A38, A40-A41, A43, A45-A46, A49, A51, A55-A58	CXX7	CONSULTATIONS & VISITS - Spec - Subsequent Visits - sixth to thirteenth week inclusive	**$18.25**	**$23.00**	R
A3, A15-A18, A20, A23-A24, A26, A28, A30-A31, A34, A36, A38, A40-A41, A43, A45-A46, A49, A51, A55-A58	CXX8	CONSULTATIONS & VISITS - Spec - Subsequent Visits - Concurrent care	**$18.25**	**$23.00**	R
A3, A15-A18, A20, A23-A24, A26, A28, A30-A31, A34, A36, A38, A40-A41, A43, A45-A46, A49, A51, A55-A58	CXX9	CONSULTATIONS & VISITS - Spec - Subsequent Visits - after thirteenth week	**$18.25**	**$23.00**	R
N16	#F040	SURGICAL PROCEDURES - OPERATIONS ON THE MUSCULOSKELETAL SYSTEM - Reduction - Fractures - closed reduction	**$202.85**	**$292.50**	R
J30	+G365	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Gynecology - Periodic Papanicolaou Smear	**$4.40**	**$6.60**	R
J30	+G394	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Gynecology - Additional Papanicolaou Smear - for follow-up of abnormal or inadequate smears	**$4.40**	**$6.60**	R
J50	+G420	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Otolaryngology - Ear syringing and/or extensive curetting or debridement - uni or bilateral	**$5.55**	**$11.05**	R
A4	H102	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Monday to Friday - Daytime (08:00h – 18:00h) - Comprehensive assessment and care	**$31.75**	**$34.65**	R
A4	H121	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Nights (00:00h – 08:00h) - Minor assessment	**$21.10**	**$24.45**	R
A4	H122	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Nights (00:00h – 08:00h) - Comprehensive assessment and care	**$46.05**	**$60.60**	R
A4	H123	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Nights (00:00h – 08:00h) - Multiple systems assessment	**$42.55**	**$49.35**	R
A4	H124	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Nights (00:00h – 08:00h) - Re-assessment	**$21.10**	**$24.45**	R
A4	H151	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Sat, Sun & Hol - Daytime/Evenings (08:00h – 24:00h) - Minor assessment	**$18.55**	**$20.95**	R
A4	H152	CONSULTATIONS & VISITS -GP - Emergency Department - Physician on Duty - Sat, Sun & Hol - Daytime and Evenings (08:00h – 24:00h) - Comprehensive assessment and care	**$40.35**	**$51.95**	R
A4	H153	CONSULTATIONS & VISITS -GP - Emergency Department - Physician on Duty - Sat, Sun, & Hol - Daytime/Evenings (08:00h – 24:00h) - Multiple systems assessment	**$36.85**	**$42.30**	R
A4	H154	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Sat, Sun, & Hol - Daytime/Evenings (08:00h – 24:00h) - Re-assessment	**$18.55**	**$20.95**	R
G8	J182/J482	DIAGNOSTIC ULTRASOUND - Miscellaneous - Extremities - per limb (excluding vascular study)	**H = $24.05** **P1 = $15.05** **P2 = $11.25**	**H = $25.90** **P1 = $15.40** **P2 = $11.30**	R
A53	K190	CONSULTATIONS & VISITS- Psychiatry - Individual in-patient psychotherapy (including aversive conditioning, narcoanalysis, psychoanalysis)	**$54.15**	**$56.40**	R

Page #	FEE CODE	DESCRIPTION	2002 SOB Fee	EFFECTIVE April 1, 2003	N-New R-Revised D-Deleted
A53	K191	CONSULTATIONS & VISITS - Psychiatry - Family Psychiatric Care, in-patient	**$61.40**	**$63.95**	R
A53	K193	CONSULTATIONS & VISITS - Psychiatry - Family psychotherapy - in-patients (two or more members)	**$61.40**	**$63.95**	R
A53	K195	CONSULTATIONS & VISITS - Pschiatry - Family psychotherapy - out-patients (two or more members)	**$61.40**	**$63.95**	R
A53	K196	CONSULTATIONS & VISITS - Psychiatry - Family psychiatric care, out-patient	**$61.40**	**$63.95**	R
A53	K197	CONSULTATIONS & VISITS - Psychiatry - Individual out-patient psychotherapy (including aversive conditioning, narcoanalysis, psychoanalysis)	**$54.15**	**$56.40**	R
A53	K198	CONSULTATIONS & VISITS - Psychiatry - Psychiatric care, out-patient	**$54.15**	**$56.40**	R
A53	K199	CONSULTATIONS & VISITS - Psychiatry - Psychiatric care, in-patient	**$60.10**	**$62.60**	R
A53	K200	CONSULTATIONS & VISITS - Psychiatry - Group psychotherapy, in-patients - per member- first 12 units per day - 4 people	**$13.45**	**$13.95**	R
A53	K201	CONSULTATIONS & VISITS - Psychiatry - Group psychotherapy - in-patients - per member - 5 people	**$11.10**	**$11.60**	R
A53	K202	CONSULTATIONS & VISITS - Psychiatry - Group psychotherapy - in-patients - per member - 6 to 12 people	**$9.55**	**$9.85**	R
A53	K203	CONSULTATIONS & VISITS - Psychiatry - Group psychotherapy - out-patients - per member - first 12 units per day - 4 people	**$13.45**	**$13.95**	R
A53	K204	CONSULTATIONS & VISITS - Psychiatry - Group psychotherapy - out-patients - per member - first 12 units per day - 5 people	**$11.10**	**$11.60**	R
A53	K205	CONSULTATIONS & VISITS - Psychiatry - Group psychotherapy - out-patients - per member - first 12 units per day - 6 to 12 people	**$9.55**	**$9.85**	R
A53	K206	CONSULTATIONS & VISITS - Psychiatry - Group psychotherapy, out-patients - per member - first 12 units per day - additional units - per member (maximum 6 per patient per day)	**$8.70**	**$9.15**	R
A53	K207	CONSULTATIONS & VISITS - Psychiatry - Group psychotherapy, in-patients - per member - first 12 units per day - additional units - per member (maximum 6 per patient per day)	**$8.70**	**$9.15**	R
N31, X8	#N337	SURGICAL PROCEDURES - Spine - Decompression - Posterior - Repeat posterior exploration or reopening of posterior exploration, more than six months after original procedure, includes foraminotomy, discectomy or neurolysis	**$638.65**	**$805.10**	R
K5	P008	OBSTETRICS - Obstetrical Care - Post natal care in office	**$24.65**	**$27.30**	R
M11	#R008	SURGICAL PROCEDURES - Operations on the Integumentary System - Skin & Subcutaneous Tissue - Lower transverse rectus abdominus flap	**$624.45**	**$965.25**	R
N12	#R486	SURGICAL PROCEDURES - Operations on the Musculoskeletal System - Elbow & Forearm - Arthroplasty - Complete arthroplasty replacement	**$480.35**	**$605.60**	R
A5	W002	CONSULTATIONS & VISITS - GP - Subsequent Visits - Chronic Care or Convalescent Hospital - first 4 subsequent visits per patient per month	**$17.30**	**$23.00**	R
A5	W003	CONSULTATIONS & VISITS - GP - Subsequent Visits - Chronic Care or Convalescent Hospital - first 2 subsequent visits per patient per month	**$17.30**	**$22.00**	R
A5, A21, A25, A29, A32, A35, A42, A47	W121	CONSULTATIONS & VISITS - Any Specialty - Subsequent Visits - Chronic Care or Convalescent Hospital - Additional visits due to intercurrent illness	**$17.30**	**$22.00**	R
A5	W872	CONSULTATIONS & VISITS - GP - Nursing Home or Home for the Aged - Palliative care	**$17.30**	**$22.00**	R
A5	W882	CONSULTATIONS & VISITS - GP - Subsequent Visits - Chronic Care or Convalescent Hospital - Palliative care	**$17.30**	**$23.00**	R
A21, A25, A29, A32, A35, A42, A47	W972	CONSULTATIONS & VISITS - Spec - Non-Emergency Long-Term Care In-Patient Services - Nursing home or home for the aged - Palliative Care	**$18.25**	**$22.00**	R
A21, A25, A29, A32, A35, A42, A45, A47	W982	CONSULTATIONS & VISITS - Spec - Non-Emergency Long-Term Care In-Patient Services - Subsequent Visits - Chronic care or convalescent hospital - Palliative Care	**$18.25**	**$23.00**	R
A5, A21, A25, A29, A32, A35, A42, A45, A47	WXX2	CONSULTATIONS & VISITS - Spec - Subsequent Visits - Chronic Care or Convalescent hospital first 4 subsequent visits per patient per month	**$17.30**	**$23.00**	R
A5, A21, A25, A29, A32, A35, A42, A47	WXX3	CONSULTATIONS & VISITS - Spec - Subsequent Visits - Nursing Homes or Home for the Aged - first 2 subsequent visits per patient per month	**$17.30**	**$22.00**	R

Chart 2: Schedule of Benefits changes effective July 1, 2003

Note: This Chart represents revisions to fee code descriptions and introduction of new fee codes

The Bulletin is a reference guide to identify Schedule of Benefits Changes. For complete information, service descriptions, and billing information, please refer to the relevant pages in the July 2003 edition of the Schedule of Benefits. Physicians should carefully review these fee code changes in the context of the Schedule of Benefits (including the General Preamble and any other associated Preambles).

PAGE#	FEE CODE	DESCRIPTION	2002 SOB Fee	EFFECTIVE July 1, 2003	N-New R-Revised D Deleted
A28	A071	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A31	A131	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A34	A181	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A46	A311	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A55	A341	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A23	A411	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A56	A471	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A57	A481	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A16	A601	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A30	A611	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A18	A621	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A44	A661	CONSULTATIONS & VISITS - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A28	C071	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A31	C131	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A34	C181	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A46	C311	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A55	C341	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A23	C411	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A56	C471	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A57	C481	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A16	C601	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A30	C611	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A18	C621	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
A44	C661	CONSULTATIONS & VISITS - Non-Emergency Hospital In-patient services - Complex Medical Specific Re-Assessment	**$52.10**	**$52.10**	R
GP57	A994	GENERAL PREAMBLE - Special Visit to Office or Other Similar Facility - Evenings (18:00h -24:00h) Mon-Fri or Daytime and Evenings on Sat, Sun or Hol	**$50.05**	**$53.50**	R
GP57	A996	GENERAL PREAMBLE - Special Visit to Office or Other Similar Facility - Nights (00:00h - 07:00h)	**$75.10**	**$80.25**	R
GP56	B994	GENERAL PREAMBLE - Special Visit to Patient's Home or a Multiple Resident Dwelling - Evenings (18:00h-24:00h) Mon-Fri or daytime and evenings on Sat, Sun, or Hol	**$58.50**	**$62.55**	R
GP56	B996	GENERAL PREAMBLE - Special Visit to Patient Home or a Multiple Resident Dwelling - Nights (00:00h - 07:00h)	**$87.85**	**$93.90**	R
GP56	C994	GENERAL PREAMBLE - Special Visit to Hospital Inpatient- Evenings (18:00h - 24:00h) Mon-Fri or Daytime and Evenings on Sat, Sun or Hol - first patient seen	**$50.05**	**$53.50**	R
GP56	C995	GENERAL PREAMBLE - Special Visit to Hospital Inpatient- Additional patients requiring special visit and seen during the same special visit	**$24.40**	**$26.75**	R
GP56	C996	GENERAL PREAMBLE - Special Visit to Hospital Inpatient-Nights (00:00h-07:00h)-first patient seen	**$75.10**	**$80.25**	R
GP56	C997	GENERAL PREAMBLE - Special Visit to Hospital Inpatient- Additional patients requiring special visit and seen during the same special visit	**$36.70**	**$40.15**	R

PAGE#	FEE CODE	DESCRIPTION	2002 SOB Fee	EFFECTIVE July 1, 2003	N-New R-Revised D Deleted
GP45	C998B	GENERAL PREAMBLE - Assistant's After Hour Premiums - Evenings (18:00h-24:00h) Mon-Fri or Daytime and Evenings Sat, Sun or Hol	**$50.05**	**$53.50**	R
GP49	C998C	GENERAL PREAMBLE - Anesthesia After Hours Premiums- Evenings (18:00h-24:00h) Mon-Fri or Daytime and Evenings on Sat, Sun or Hol or for non-elective surgery with sacrifice of office hours	**$50.05**	**$53.50**	R
GP45	C999B	GENERAL PREAMBLE - Assistant's After Hour Premiums - Nights (00:00-07:00h)	**$75.10**	**$80.25**	R
GP49	C999C	GENERAL PREAMBLE - Anesthesia After Hours Premiums- Nights (00:00h-07:00h)	**$75.10**	**$80.25**	R
GP51	E022C	GENERAL PREAMBLE - ASA lll - Patient with severe systemic disease limiting activity but not incapacitating	**Add 2 units**	**Add 4 units**	R
N20	#E057	MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES - Shoulder, Arm and Chest - reconstruction - muscles/soft tissues - revision/repair following previous rotator cuff surgery to R594		**Add 30%**	N
N21	#E058	MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES - Shoulder, Arm and Chest - reduction - dislocations - revisions/repair following previous glenohumeral joint surgery to R401		**Add 30%**	N
N46	#E059	MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES - Knee - reconstruction - ligaments - revision/repair following previous reconstruction of knee ligaments to R542		**Add 30%**	N
V11	#E090	FEMALE GENITAL SURGICAL PROCEDURES - Ovary - Excsion - Removal of contralateral ovary with moderate or severe endometriosis to S745		**$255.70**	N
GP45	E400B	GENERAL PREAMBLE - Assistant's After Hour Premiums - Evenings (17:00h-24:00h) Mon-Fri or Daytime and Evenings on Sat, Sun or Hol	**add 47.5%**	**add 50%**	R
GP49	E400C	GENERAL PREAMBLE - Anesthesia After Hours Premiums - Evenings (17:00h-24:00h) Mon-Fri or Daytime and Evenings on Sat, Sun or Hol	**add 47.5%**	**add 50%**	R
GP45	E401B	GENERAL PREAMBLE - Assistant's After Hour Premiums - Nights (00:00h-07:00h)	**add 68.75%**	**add 75%**	R
GP49	E401C	GENERAL PREAMBLE - Anesthesia After Hours Premiums - Nights (00:00h-07:00h)	**add 68.75%**	**add 75%**	R
GP60	E409	GENERAL PREAMBLE - After Hours Premium - Evenings (17:00h-24:00h) Mon-Fri or daytime and evenings on Sat, Sun, Hol	**add 45%**	**add 50%**	R
GP60	E410	GENERAL PREAMBLE - After Hours Premium -Nights (00:00h-07:00h)	**add 68.75%**	**add 75%**	R
J30	E430	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Gynecology - When Papanicolaou Smear is performed outside of hospital, add		**$10.95**	N
K5	#E502	OBSTETRICS - Labour – Delivery - Vaginal birth after caesarean section (VBAC) - whether successful or unsuccessful, add	**$28.50**	**$28.50**	R
J30, V8	E542	When performed outside hospital, add	**$10.95**	**$10.95**	R
S18	#E641	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Endoscopic placement of stent in rectum, add		**$134.35**	N
Q3	#E628	CARDIOVASCULAR SURGICAL PROCEDURES - Heart and Pericardium - Each additional lead extraction, add		**$190.70**	N
S12	#E630	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Endoscopic placement of stent in colon, add		**$134.35**	N
P8	#E640	RESPIRATORY SURGICAL PROCEDURES - Chest Wall and Mediastinum - Excision - Chest Wall reconstruction, add		**$176.05**	N
S5	#E629	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic placement of stent in duodendum, add		**$134.35**	N
S18, S5	#E797	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Endoscopy- management of uncomplicated upper or lower gastrointestinal bleeding, by any technique, add	**$45.40**	**$45.40**	R
S6	#E800	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic Ultrasound -radial or linear probe through endoscope to endoscopy fee, add		**$99.50**	N
S6	#E801	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic Ulttrasound - radial or linear probe through endoscope including biliary and/or pancreatic examination to endoscopy fee, add		**$149.30**	N
S6	#E802	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic Ultrasound - Biopsy or fine needle aspiration per lesion, to a maximum of 3, per lesion add		**$49.75**	N
S6	#E803	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic Ultrasound - Dilation of stricture, add		**$30.05**	N
S6	#E804	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic Ultrasound - Injection of one or more of any of the following - metastases, nodes, masses, or celiac plexus, add		**$142.20**	N
S6	#E805	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic Ultrasound - Drainage of pseudocyst (including stent insertion if performed), add		**$199.05**	N
V5	#E862	FEMALE GENITAL SURGICAL PROCEDURES - Vagina - when performed laparoscopically		**add 25%**	N
V5	#E863	FEMALE GENITAL SURGICAL PROCEDURES - Vagina - when performed laparoscopically		**add 10%**	N

PAGE#	FEE CODE	DESCRIPTION	2002 SOB Fee	EFFECTIVE July 1, 2003	N-New R-Revised D Deleted
X1-X3, X5, X7, X10-12	#E901	NEUROLOGICAL SURGICAL PROCEDURES - with operating microscope, add	**$211.15**	**$211.15**	R
X1	#E902	NEUROLOGICAL SURGICAL PROCEDURES- Cranial - Brain - lesion, greater than 2 cm in diameter - to N102, N153, add	**$366.45**	**$366.45**	R
X13	#E925	NEUROLOGICAL SURGICAL PROCEDURES - Peripheral Nerves - to basic fee for a repeat peripheral nerve procedure, when repair delayed for more than 4 weeks	**add 30%**	**add 30%**	R
Y4	#E952	OCULAR AND AURAL SURGICAL PROCEDURES - Extraocular muscles - Retina - Repeat strabismus procedure, add	**$121.25**	**$121.25**	R
X7	#E978	NEUROLOGICAL SURGICAL PROCEDURES - Spinal - tumours - per segment after 3 segments, add		**$156.75**	N
J4	G198	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Allergy - Patch test for industrial or occupational dermatoses (maximum of 90 per patient per year) per test	**$1.87**	**$1.87**	R
J4	G206	'DIAGNOSTIC & THERAPEUTIC PROCEDURES - Allergy - Patch test (maximum of 60 per patient per year) per test	**$1.87**	**$1.87**	R
J30	G398	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Gynecology - Pessary - Medical management of prolapse		**$41.10**	N
J54	G455	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Physical Medicine - Electromyography and nerve conduction studies - Schedule A - technical component	**$27.80**	**$27.80**	R
J54	G456	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Physical Medicine - Electromyography and nerve conduction studies - Schedule A - professional component - when physician performs EMG and/or performs or supervises nerve conduction studies and interprets the results (P1)	**$97.40**	**$97.40**	R
J54	G459	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Physical Medicine- Electromyography & Nerve Conduction Studies - Schedule A - interpretation only (P2)	**$21.30**	**$21.30**	R
J57	#G478C	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Psychiatry - Electroconvulsive therapy (ECT) cerebral single or multiple - In Patient	**3 units**	**5 units**	R
J57	#G479C	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Psychiatry - Electroconvulsive therapy (ECT) cerebral single or multiple - Out Patient	**3 units**	**5 units**	R
J13	G650	DIAGNOSTIC & THERAPEUTIC PROCEDURES- Electrocardiography (ECG) - Continuous ECG Monitoring; e.g., Holter - Level 1 - Professional component - 12 to 47 hours recording	**$46.95**	**$46.95**	R
J13	G651	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Electrocardiography (ECG) - Continuous ECG Monitoring; e.g., Holter - Level 1 - Technical component -12 to 47 hours recording	**$24.25**	**$24.25**	R
J13	G652	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Electrocardiography - Continuous ECG Monitoring; e.g., Holter - Level 1 - technical component - 12 to 47 hours scanning	**$33.20**	**$33.20**	R
J14	G653	DIAGNOSTIC & THERAPEUTIC PROCEDURES- ECG - Level 2 - professional component - 12 to 47 hours recording	**$33.45**	**$33.45**	R
J14	G654	DIAGNOSTIC & THERAPEUTIC PROCEDURES - ECG - Level 2 - technical component - 12 to 47 hours recording	**$23.15**	**$23.15**	R
J14	G655	DIAGNOSTIC & THERAPEUTIC PROCEDURES - ECG - Level 2 - technical component - 12 to 47 hours scanning	**$15.85**	**$15.85**	R
J14	G656	DIAGNOSTIC & THERAPEUTIC PROCEDURES -Electrocardiography Level 2 - professional component 48 to 71 hours recording	**$50.15**	**$50.15**	R
J14	G657	DIAGNOSTIC & THERAPEUTIC PROCEDURES -Electrocardiography- Level 2 - professional component 72 hours to 13 days	**$66.85**	**$66.85**	R
J13	G658	DIAGNOSTIC & THERAPEUTIC PROCEDURES -Electrocardiography - Continuous ECG Monitoring - Level 1 - professional component 48 to 71 hours recording	**$70.45**	**$70.45**	R
J13	G659	DIAGNOSTIC & THERAPEUTIC PROCEDURES -Electrocardiography - Continuous ECG Monitoring - Level 1 - professional component 72 or more hours recording	**$93.95**	**$93.95**	R
J13	G682	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Electrocardiography - Continuous ECG Monitoring - Level 1 - Technical Component 48 to 71 hours recording		**$48.50**	N
J13	G683	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Electrocardiography - Continuous ECG Monitoring Level 1 - Technical Component 48 to 71 hours scanning		**$66.40**	N
J13	G684	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Electrocardiography - Continuous ECG Monitoring Level - Technical Component 72 or more hours recording		**$72.75**	N
J13	G685	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Electrocardiography - Continuous ECG Monitoring Level - Technical Component 72 or more hours scanning		**$99.60**	N
J14	G686	DIAGNOSTIC & THERAPEUTIC PROCEDURES -Electrocardiography - ECG; Level 2 Technical Component 48 to 71 hours recording		**$46.30**	N

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J14	G687	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Electrocardiography - ECG; Level 2 Technical Component 48 to 71 hours scanning		**$31.70**	N
J14	G688	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Electrocardiography - ECG; Level 2 Technical Component 72 hours to 13 days recording		**$69.45**	N
J14	G689	DIAGNOSTIC & THERAPEUTIC PROCEDURES -Electrocardiography - ECG; Level 2 Technical Component 72 hours to 13 days scanning		**$47.55**	N
J14	G690	DIAGNOSTIC & THERAPEUTIC PROCEDURES - ECG - Cardiac Loop Monitoring (Per 14 day test) - Professional component, interpretation		**$119.85**	N
J14	G692	DIAGNOSTIC & THERAPEUTIC PROCEDURES - ECG - Cardiac Loop Monitoring (Per 14 day test) - Technical component, recorder		**$231.35**	N
J14	G693	DIAGNOSTIC & THERAPEUTIC PROCEDURES - ECG - Cardiac Loop Monitoring (Per 14 day test) - Technical component, Base station functions		**$166.55**	N
A4	H104	CONSULTATIONS AND VISITS - GP - Emergency Department - Physician on Duty - Mon - Fri - Daytime (08:00h – 18:00h) - Re-assessment	**$14.05**	**$14.05**	R
A4	H124	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Nights (00:00h – 08:00h) - Re-assessment	**$21.10**	**$24.45**	R
A4	H134	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Mon - Fri, Evenings (18:00h -24:00h) - Re-assessment	**$15.45**	**$15.45**	R
A4	H154	CONSULTATIONS & VISITS - GP - Emergency Department - Physician on Duty - Sat, Sun & Hol - Daytime/Evenings (08:00h – 24:00h) - Re-assessment	**$18.55**	**$20.95**	R
	J692B	DIAGNOSTIC THERAPEUTIC PROCEDURES - Overnight Sleep Studies - Level 3 - Overnight sleep study with monitoring to stage sleep (EEG, EOG, sub-mental EMG) and continuous monitoring of ECG			D
	J692C	DIAGNOSTIC THERAPEUTIC PROCEDURES - Overnight Sleep Studies - Level 3 - Overnight sleep study with monitoring to stage sleep (EEG, EOG, sub-mental EMG) and continuous monitoring of ECG			D
B9	J863/J663	NUCLEAR MEDICINE - In Vivo - Scintimammography - Unilateral or Bilateral		**P1 = $43.90** **P2 = $21.95**	N
J61	J889	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Overnight Sleep Studies - Level 1 - Therapeutic study for CPAP Titration		**P1 = $125.80**	R
J61	J890	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Overnight Sleep Studies - Level 1 - Diagnostic Study		**P1 = $125.80**	R
J61	J891	DIAGNOSTIC & THERAPEUTIC PROCEDURES - Overnight Sleep Studies - Level 2 - Overnight sleep study with continuous monitoring of oxygen saturation, ECG and ventilation by plethysmography		**P1 = $91.55**	R
	J892B	DIAGNOSTIC THERAPEUTIC PROCEDURES - Overnight Sleep Studies - Level 3 - Overnight sleep study with monitoring to stage sleep (EEG, EOG, sub-mental EMG) and continuous monitoring of ECG			D
	J892C	DIAGNOSTIC THERAPEUTIC PROCEDURES - Overnight Sleep Studies - Level 3 - Overnight sleep study with monitoring to stage sleep (EEG, EOG, sub-mental EMG) and continuous monitoring of ECG			D
A13	K032	CONSULTATION & VISITS - GP - Specific Neurocognitive Assessment		**$50.45**	N
GP55	K994	GENERAL PREAMBLE - Special Visit to Hospital Emergency Dept - Evenings (18:00h - 24:00h) Mon - Fri or Daytime and Evenings on Sat, Sun and Hol - first patient seen	**$50.05**	**$53.50**	R
GP55	K995	GENERAL PREAMBLE - Special Visit to Hospital Emergency Dept - additional patients requiring a special visit and seen during the same special visit	**$24.40**	**$26.75**	R
GP55	K996	GENERAL PREAMBLE - Special Visit to Hospital Emergency Dept - Nights (00:00h - 07:00h) - first patient seen	**$75.10**	**$80.25**	R
GP55	K997	GENERAL PREAMBLE - Special Visit to Hospital Emergency Dept - additional patients requiring a special visit and seen during the same special visit	**$36.70**	**$40.15**	R
N31, X9	#N185	MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES - Spine - Decompression - Posterior - Bilateral laminectomy with removal of the central portion of the lamina and base of the spinous process, one or two levels	**$596.60**	**$682.50**	R
N31, X9	#N186	MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES - Spine - Anterolateral or Posterolateral - decompression, lumbar or thoracic single level radical decompression requiring excision of the facet or pedicle	**$1,060.85**	**$1,144.95**	R
	#N193	SURGICAL PROCEDURES - Operations on the Nervous System - Cranial - Intracranial Abscess - Posterior fossa craniectomy and plugging of obex (to include decompression of Arnold Chiari malformation if present)			D
GP57	Q994	GENERAL PREAMBLE - Special visit to any non-professional setting not listed above - evenings (18:00h - 24:00h) Mon -Fri or daytime and evenings on Sat, Sun or Hol	**$35.60**	**$53.50**	R

PAGE#	FEE CODE	DESCRIPTION	2002 SOB Fee	EFFECTIVE July 1, 2003	N-New R-Revised D Deleted
GP57	Q996	GENERAL PREAMBLE - Special visit to any non-professional setting not listed above - nights (00:00h - 07:00h)	**$53.55**	**$80.25**	R
N54	#R360	MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES - Foot & Ankle - Reconstruction - Forefoot - Major forefoot reconstruction	**$362.10**	**$450.45**	R
N31, X8	#R457	MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES -Spine - Decompression - Posterior - Laminotomy or laminectomy single level, unilateral laminectomy including disc excision	**$412.55**	**$499.10**	R
S7	#S082	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Incision - Intrathoracic esophageal stent - via laparotomy	**$402.50**	**$402.50**	R
S7	#S083	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Incision - Intrathoracic esophageal stent - via esophagoscope (includes Z515)	**$298.25**	**$298.25**	R
S6	#S236	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic Ultrasound - Using linear or radial echo-endoscope (Scope also used for therapeutic procedures) excluding biliary or pancreatic examination, add		**$199.05**	N
S6	#S237	DIGESTIVE SYSTEM SURGICAL PROCEDURES - Esophagus - Endoscopic Ultrasound - Using linear or radial echo-endoscope (Scope also used for therapeutic procedures) including biliary and/or pancreatic examination		**$248.80**	N
GP55	U994	GENERAL PREAMBLE - Special Visit to Hospital Outpatient Dept - Evening (18:00h-24:00h) Mon - Fri or daytime and evenings on Sat, Sun, Hol - first patient seen	**$50.05**	**$53.50**	R
GP55	U995	GENERAL PREAMBLE - Special Visit to Hospital Outpatient Dept - additional patients requiring a special visit and seen during the same special visit	**$24.40**	**$26.75**	R
GP55	U996	GENERAL PREAMBLE - Special Visit to Hospital Outpatient Dept - Nights (00:00h - 07:00h) - first patient seen	**$75.10**	**$80.25**	R
GP55	U997	GENERAL PREAMBLE - Special visit to Hospital Outpatient Dept - additional patients requiring a special visit and seen during the same special visit	**$36.70**	**$40.15**	R
GP56	W994	GENERAL PREAMBLE - Special Visit to LTC Institution - Evenings (18:00h -24:00h) Mon-Fri or Daytime and Evenings on Sat, Sun or Hol	**$50.05**	**$53.50**	R
GP56	W996	GENERAL PREAMBLE - Special Visit to LTC Institution - Nights (00:00h - 07:00h)	**$75.10**	**$80.25**	R
GP44-GP47	XXXXB	GENERAL PREAMBLE - Assistant time unit preamble revision - Double assistant units after one hour		**Effective July 1**	R
GP48-GP49	XXXXC	GENERAL PREAMBLE - Anesthetic time unit preamble revision - Double anesthetist units after one hour		**Effective July 1**	R
Q3	#Z428	CARDIOVASCULAR SURGICAL PROCEDURES - Heart and Pericardium - Pacemaker lead extraction, including the use of extraction sheaths with or without laser or similar technology		**$586.75**	N
Q3	#Z429	CARDIOVASCULAR SURGICAL PROCEDURES - Heart and Pericardium - Implantation of coronary sinus lead for biventricular pacing		**$293.40**	N
	#Z559	SURGICAL PROCEDURES - Operations on the Digestive System - Biliary Tract - Endoscopy (IOP) - ERCP including sphincterotomy and may include removal of one or more bile duct stones - repeat within 90 days of previous Z558			D
	#Z579	SURGICAL PROCEDURES - Operations on the Digestive System - Biliary Tract - Endoscopy (IOP) - Endoscopic retrograde cholangiopancreatography (ERCP) with cannulation of common bile duct and/or pancreatic duct - repeat within 90 days of previous Z561			D
Y12	Z907	OCULAR AND AURAL SURGICAL PROCEDURES - Middle Ear - Introduction (IOP) - Under microscopy debridement of mastoid cavities and/or ears with significant external or middle ear pathology and/or repair of small perforation but not for removal of cerumen - unilateral or bilateral	**$26.30**	**$26.30**	R

Notes: XXXXC - Include all fee codes affected by change to anesthetist fees - double time units after 1 hour

XXXXB - Include all fee codes affected by change to surgical assist fees - double time units after 1 hour

All fee codes affected by change to surgical assist fees increase to base units (minimum 4 effective July 1, 2003)

Changes to the Schedule of Benefits for Physician Services Questions and Answers

1. **What are the changes to the Schedule of Benefits for Physician Services?**

   Changes to the Schedule of Benefits include the introduction of 21 new fee codes including the introduction of 2 new services -scintimammography and endoscopic ultrasound. Other changes provide fee increases and revisions to existing codes, deletion of obsolete codes and decreases to some fee code values in order to maintain relativity. The changes will be introduced in three phases on April 1, July 1, and August 1, 2003.

2. **Why are changes being made to the Schedule of Benefits?**

   These changes are required as part of the 4th year re-opener activities of the Physician Services Agreement between the ministry and the OMA that is in effect until March 31, 2004. Many changes are required to recognize changes in medical standards of practice and technology.

3. **How does the ministry decide what new services should be insured?**

   The ministry recommends the addition of new services that are required to support ministry initiatives or in response to stakeholder advice. Many new services and other changes are based on the advice of medical experts within the OMA who can advise the ministry on changes in medical standards of practice and technology. The ministry and the OMA jointly approve all recommended changes arising from implementation of the Physician Services Agreement.

4. **How will these changes be funded?**

   These changes will be covered by the existing 2% already committed under the 2000 Physician Services Agreement plus an investment of $90 million added to the Physician Services Budget as a result of the 4th year re-opener negotiations.

5. **What new services have been introduced into the Schedule?**

   Effective July 1, 2003 a total of 21 new fee codes have been introduced into the Schedule and 124 existing codes are revised to reflect current standards of practice including scintimammography, endoscopic ultrasound, endoscopic placement of stent, pace maker lead extraction, implantation of coronary sinus pacing lead, and specific neurocognitive assessment.

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Ontario Ministry of Health and Long-Term Care

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Changes to the Schedule of Benefits for Physician Services Questions and Answers

Effective August 1, 2003 2 new fee codes will be introduced into the Schedule and 89 existing codes will be increased to rebalance sectional inequities.

6. **What services have received fee increases in the Schedule?**

   Fee increases to 172 existing codes are retroactive to April 1, 2003 and include Pap smear tests, ear syringing, post natal care in office, subsequent visits to nursing homes and chronic care to promote improved access to primary care and long-term care. These increases will support physicians in their delivery of primary care services and ensure that hospitals can attract sufficient human resources to provide necessary services.

   Effective August 1, 2003, fee increases will be implemented to rebalance specialty inequities in psychiatry, geriatrics, obstetrics and gynaecology, general surgery, family medicine, and internal medicine including rheumatology to ensure that all physicians are remunerated in a fair and equitable manner.

7. **Have any decreases to fees been made?**

   Only 6 codes (in the areas of sleep studies and loop recorder monitoring) will receive fee decreases and tightening of service descriptions in the Schedule. These are services that are now considered to be overvalued as a result of improvements in medical technology and changes in current standards of practice. These changes are effective July 1, 2003. Specific codes are:

   G653, G654, G655: Continuous ECG monitoring – Loop recorder
   J890: Overnight Sleep Studies (Level 1)
   J889: Overnight Sleep Studies – therapeutic study for CPAP Titration (Level 1)
   J891: Overnight Sleep Studies (Level 2)

   A total of 5 services will be deleted from the Schedule:

   Z559: Endoscopy – repeat within 90 days of previous Z558
   This service will now be billed using the existing higher fee Z558, which is used for the first procedure, since it is recognized that the service is no less complicated when repeated than when it was first performed.

   Z579: Endoscopy – repeat within 90 days of previous Z561
   This service will now be billed using the existing higher fee Z561, which is used for the first procedure, since it is recognized that the service is no less complicated when repeated than

when it was first performed.

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Changes to the Schedule of Benefits for Physician Services Questions and Answers

N193: Posterior fossa craniectomy and plugging of obex (to include decompression of Arnold Chiari malformation if present)
This service will now be billed using the existing fee (N129) but will also include an add on code (E901) with operating microscope.

J892 and J692: Overnight Sleep Studies (Level 3)
These codes are the lowest of 3 levels of sleep studies and are rarely billed. They are therefore being delisted.

8. **When will these changes be effective?**

   These changes will be implemented in three phases. Services that will receive fee increases will have effective dates retroactive to April 1, 2003. Also at this time, the discount on technical services provided in physicians' offices will be eliminated.

   Effective July 1, 2003, a total of 21 new fee codes will be introduced and revisions to 124 existing codes will occur.

   Changes effective August 1, 2003 will rebalance sectional inequities by providing increases to 89 fee codes and introducing 2 new fee codes.

9. **Why are fee changes to address specialist inequities being communicated under a separate cover?**

   Fee increases to 89 existing fee codes and the introduction of 2 new fee codes to balance specialty inequities in psychiatry, geriatrics, obstetrics and gynaecology, general surgery, internal medicine including rheumatology, and family medicine are effective August 1, 2003. The affected fee codes are not included in this bulletin and will be communicated under a separate cover on or before August 1st.

10. **How are these changes being communicated?**

    The contents of the Schedule of Benefits for Physician Services under the Health Insurance Act will be replaced with a revised version for fiscal year 2003/04. Physicians will be receiving a copy of the new Schedule on or before July 1, 2003.

    A bulletin (#4403) which details the changes for fiscal year 2003/04 will accompany the revised Schedule and is also posted on the ministry’s web site at www.health.gov.on.ca.

The August 1, 2003 changes and the alpha index for the July 2003 version of the Schedule of Benefits will be communicated under a separate cover

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Changes to the Schedule of Benefits for Physician Services Questions and Answers

11. **What is the impact on the general public?**

    These changes will have a positive impact on Ontarians. Patients will have access to new services that recognize advances in technology for scintimammography and endoscopic ultrasound procedures, and there will be improved patient flow through emergency rooms and hospital on-call coverage, as well as improvements to primary care services.

12. **What is the impact on physicians?**

    Health care providers can expect overall improvements to the Schedule of Benefits that will accurately reflect current medical practice, provide a clear description of new services, and adjust funding levels to maintain relativity.

    What is different about the new Schedule version?

    The new version is a complete reprint and is visually different from the earlier Schedule. The changes include a new Table of Contents, new Preamble page numbering, and every section in the Schedule being listed on a new page to allow for easier use.

13. **Why is the Alpha Index not included in this version of the Schedule?**

    The new version does not include the alpha index and will be forwarded under a separate cover.

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