Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4404	August 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 effective August 1, 2003

1) **Fee increases to rebalance specialty inequities**
2) **Amendment chart**
3) **Other information**

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 August 1, 2003.

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

Effective August 1, 2003 - introduction of two new fee codes and fee increases to more than 80 existing fee codes to rebalance specialty inequities in psychiatry, geriatrics, obstetrics and gynaecology, general surgery, family medicine, and internal medicine. These changes are being implemented to ensure physicians are being remunerated in a fair and equitable manner.

The fee increases apply to a broad range of services including intermediate assessment (A007), various surgical consultations, pediatric consultation, psychiatric consultation and various complex surgical procedures.

In addition, there are a number of fee increases to medical consultations including the fee for geriatric consultation (A075) increasing to $140.00, and fees for neurology, physical medicine and rehabilitation, rheumatology, hematology and clinical immunology consultations increasing to $125.00.

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Fees for internal medicine consultations (A135), except where an internist's practice is primarily cardiology, respirology or gastroenterology, are also increasing to $125.00. If an internist's practice is predominantly cardiology, respirology or gastroenterology, code A145 with a fee value of $112.35 must be billed. In this context, an internist's practice is predominantly cardiology, respirology or gastroenterology if 50% or more of their OHIP fee-for-service billings are generated from the practice of cardiology, respirology or gastroenterology. This would include such services as consultations, assessments, procedures and diagnostic tests.

2) Amendment Chart

- Attached is a chart detailing all changes to the Schedule of Benefits effective August 1, 2003

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 and subsequent amendment pages. 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).

3) Other Information

Payment

The August 1, 2003 changes to the Schedule of Benefits will be applied automatically to all claim submissions for services provided on or after August 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/

Schedule of Benefits changes effective August 1, 2003

Note: This Chart represents fee code increases and new fee codes

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FEE CODE	DESCRIPTION	2002 SOB Fee	EFFECTIVE August 1, 2003	N-New R-Revised
A007	Intermediate Assessment	**$27.30**	**$28.50**	R
A035	General Surgery - Office/Clinic - Consultation	**$59.55**	**$75.00**	R
A045	Neurosurgery - Office/Clinic - Consultation	**$89.70**	**$100.00**	R
A075	Geriatrics - Office/Clinic - Consultation	**$112.35**	**$140.00**	R
A135	Consult if physician's practice is not predominantly cardiology, respiratory or gastroenterology	**$112.35**	**$125.00**	R
A145	Consult if physician's practice is predominantly cardiology, respiratory or gastroenterology	**N/A**	**$112.35**	N
A185	Neurology - Office/Clinic - Consultation	**$112.35**	**$125.00**	R
A195	Psychiatry - Office/Clinic - Consultation	**$122.00**	**$125.00**	R
A197[(1)]	PSYCHIATRY - Office/Clinic - Consultation on behalf of disturbed child - consultative interview with parents	**$107.20**	**$125.00**	R
A198[(1)]	PSYCHIATRY - Office/Clinic - Consultation on behalf of disturbed child - consultative interview with child	**$107.20**	**$125.00**	R
A205	Obstetrics & Gynaecology - Office/Clinic - Consultation	**$57.30**	**$75.00**	R
A265	Paediatrics - Office/Clinic - Consultation	**$112.35**	**$135.00**	R
A315	Physical Medicine & Rehabilitation - Office/Clinic - Consultation	**$112.35**	**$125.00**	R
A485	Rheumatology - Office/Clinic - Consultation	**$112.35**	**$125.00**	R
A615	Haematology - Office/Clinic - Consultation	**$112.35**	**$125.00**	R
A625	Clinical Immunology - Office/Clinic - Consultation	**$112.35**	**$125.00**	R
A645	General Thoracic Surgery - Office/Clinic - Consultation	**$59.85**	**$75.00**	R
C035	General Surgery - Non-Emergency Hospital In-Patient - Consultation	**$59.55**	**$75.00**	R
C045	Neurosurgery - Non-Emergency Hospital In-Patient - Consultation	**$89.70**	**$100.00**	R
C065	ORTHOPAEDIC SURGERY - Non-Emergency Hospital In-Patient Services - Consultation	**$56.15**	**$61.15**	R
C075	Geriatrics - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C095	Cardiovascular & Thoracic Surg. - Non-Emergency Hospital In-Patient - Consultation	**$59.55**	**$75.00**	R
C135	Internal Medicine - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C185	Neurology - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C205	Obstetrics & Gynaecology - Non-Emergency Hospital In-Patient - Consultation	**$57.30**	**$75.00**	R
C225	Genetics - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C265	Paediatrics - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$135.00**	R
C315	Physical Medicine & Rehab. - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C355	Urology - Non-Emergency Hospital In-Patient - Consultation	**$55.95**	**$60.95**	R
C415	GASTROENTEROLOGY - Non-Emergency Hospital In-Patient Services - Consultation	**$112.35**	**$125.00**	R
C475	Respiratory Disease - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C485	Rheumatology - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C605	Cardiology - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C615	Haematology - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C625	Clinical Immunology - Non-Emergency Hospital In-Patient - Consultation	**$112.35**	**$125.00**	R
C645	General Thoracic Surgery - Non-Emergency Hospital In-Patient - Consultation	**$59.85**	**$75.00**	R
C895	Psychiatry - Non-Emergency Hospital In-Patient - Consultation	**$134.25**	**$140.00**	R
E076	If consultation rendered in conjunction with a special visit to a hospital emergency department or special visit to hospital inpatient (consultation … A145, A415, A475, A605)	**N/A**	**$12.65**	N
E505	Partial Mastectomy or wedge resection - with limited axillary node sampling	**$134.25**	**$174.55**	R
E525	Partial Mastectomy Plus radical node dissection - add	**$31.35**	**$40.75**	R
E546	Partial Mastectomy or wedge resection - with radical axillary node dissection	**$238.25**	**$309.75**	R
G610	Critical Care - Neonatal Intensive Care - Level B - 1st day	**$195.10**	**$207.00**	R
G611	Critical Care - Neonatal Intensive Care - Level B - 2nd day onwards	**$55.05**	**$75.35**	R
K197[(1)]	PSYCHIATRY - Office/Clinic - Individual out-patient psychotherapy (including aversive conditioning, narcoanalysis, psychoanalysis) - per ½ hour or major part thereof	**$54.15**	**$58.40**	R
K198[(1)]	PSYCHIATRY - Office/Clinic - Psychiatric care, out-patient - per ½ hour or major part thereof	**$54.15**	**$58.40**	R
M155	Lung Transplant (one lung)	**$1,549.20**	**$2,013.95**	R
M157	Donor heart - Lung removal	**$683.60**	**$888.70**	R
N102	Meningioma and other tumourous lesions	**$1,205.45**	**$1,567.10**	R
N103	Brain - supratentorial	**$1,044.30**	**$1,357.60**	R
N105	Intracranial aneurysm repair - carotid circulation	**$1,285.45**	**$1,671.10**	R
N109	Intracranial abscess - hemispherectomy	**$1,416.55**	**$1,841.50**	R
N110	Cerebral lobectomy	**$1,647.20**	**$2,141.35**	R
N111	Transsphenoidal microscopic approach to pituitary fossa	**$1,205.45**	**$1,567.10**	R
N117	Intracranial abscess - craniotomy	**$1,044.55**	**$1,357.90**	R
N151	Brain - infratentorial	**$1,205.45**	**$1,567.10**	R
N152	Craniotomy plus lobectomy	**$1,094.70**	**$1,423.10**	R
N153	Meningioma and other tumourous lesions	**$1,567.20**	**$2,037.35**	R

Schedule of Benefits changes effective August 1, 2003

Note: This Chart represents fee code increases and 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 and subsequent amendment pages. 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).

FEE CODE	DESCRIPTION	2002 SOB Fee	EFFECTIVE August 1, 2003	N-New R-Revised
N313	Removal of spinal tumour - excision	**$994.25**	**$1,292.55**	R
N314	Removal of spinal tumour - one surgeon	**$1,155.25**	**$1,501.85**	R
N317	Extradural partial or total removal by laminectomy	**$864.00**	**$1,123.20**	R
N318	Intradural partial or total removal of spinal tumour	**$1,094.70**	**$1,423.10**	R
N319	Tumours- Intramedullary - biopsy and/or decompression	**$930.05**	**$1,209.05**	R
N320	Tumours- Intramedullary - removal	**$1,255.65**	**$1,632.35**	R
R105	Partial mastectomy plus radical node dissection	**$496.35**	**$645.25**	R
R109	Mastectomy, radical or modified	**$496.30**	**$645.25**	R
R111	Partial Mastectomy or wedge resection	**$203.15**	**$264.10**	R
R216	Radical resection tumour - excision - bone	**$759.70**	**$987.60**	R
R330	Major resection tumour - excision - bone	**$474.85**	**$617.30**	R
R874	Cardiopulmmonary transplantation	**$1,911.20**	**$2,484.55**	R
R911	Excision - neck - radical	**$636.00**	**$826.80**	R
R915	Excision - neck - modified radical	**$683.60**	**$888.70**	R
S005	Resection of lesion of oral cavity	**$676.80**	**$879.85**	R
S007	Extended resection of lesion of oral cavity	**$799.00**	**$1,038.70**	R
S068	Pharyngo-laryngectomy	**$871.40**	**$1,132.80**	R
S090	Total thoracic oesophageal resection	**$880.55**	**$1,144.70**	R
S267	Hepatectomy - 3 or 4 liver segments	**$1,245.95**	**$1,619.75**	R
S270	Hepatectomy - 1 or 2 liver segments	**$893.35**	**$1,161.35**	R
S271	Hepatectomy 5 or more liver segments	**$1,345.85**	**$1,749.60**	R
S274	Liver transplant - donor	**$727.40**	**$945.60**	R
S294	Liver transplant - recipient	**$2,072.95**	**$2,694.85**	R
S295	Repeat liver transplant	**$2,847.80**	**$3,702.15**	R
S300	PANCREAS - Excision - Pancreatectomy - "Whipple type" procedure	**$1,346.50**	**$1,750.45**	R
S434	Kidney re-transplant	**$1,401.30**	**$1,821.70**	R
S435	Kidney transplant	**$1,171.30**	**$1,522.70**	R
S436	Donor nephrectomy	**$492.60**	**$640.40**	R
S437	Renal autotransplantation	**$876.00**	**$1,138.80**	R
S710	Hysterectomy with omentectomy for malignancy	**$513.30**	**$667.30**	R
S727	Ovarian debulking for ovarian carcinoma	**$667.30**	**$867.50**	R
S750	Radical resection pelvic and para-aortic nodes for cancer	**$601.40**	**$781.80**	R
S762	Hysterectomy - radical trachelectomy excluding node dissection	**$604.15**	**$785.40**	R
S763	Hysterectomy - radical includes node dissection	**$673.90**	**$876.05**	R

Note:

(1) A197, A198, K197 & K198 will be increased on April 1st, 2003 & August 1st, 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 two new fee codes and fee increases to more than 80 existing codes to rebalance specialty inequities. The changes will be introduced on 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.

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 August 1, 2003, two new fee codes will be introduced into the Schedule.

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

   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 physicians are remunerated in a fair and equitable manner.

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

The changes are effective August 1, 2003.

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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

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

   A bulletin (#4404) which details the changes for August 1, 2003 will be sent by mail and is also posted on the ministry's web site at www.health.gov.on.ca.

9. **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

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