Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4437	July 1, 2006	Ministry of Health and Long-Term Care Processing Office
Distribution		(address below)
Physicians, Hospitals, Clinics and Laboratories		

Subject: Implementation of 2004 Physician Services Agreement

1. **Fee Increases**
2. **Paediatric and geriatric age premiums**
3. **Second post-operative visit in hospital**
4. **W010 – LTC monthly management fee (Billing Clarification)**
5. **Mental Health Funding Improvements for Acute Care Psychiatry Services**
    a. **Psychiatric Stipend Funding**
    b. **K400 - Mental Health Sessional Fee Supplement (Billing Clarification)**
6. **Group billing numbers**
7. **Housekeeping**

In accordance with the 2004 Physician Services Agreement, a number of changes are being made to the Schedule of Benefits for Physician Services **effective July 1, 2006**.

1. Fee increases

Effective July 1, 2006, fee increases to specific fee codes will be implemented. These fee increases are summarized in the attached Chart 1.

The fee increases will be implemented into the OHIP claims processing system effective July 1, 2006.

Office locations

Barrie
34 Simcoe St.
Suite 102
L4N 6T4

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

Hamilton
119 King St. W 10th fl.
P.O. Box 2280, Stn. A
L8P 4Y7

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
Station A
N6A 5P9

Mississauga
201 City Centre Dr.
Suite 300
L5B 2T4

Newmarket
465 Davis Dr.
Unit 108
L3Y 8T2

North Bay
101-447 McKeown Ave.
P1B 9S9

North York
4400 Dufferin St N
Unit A4-A5
M3H 6A8

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

Oshawa
Exec. Tower,
Oshawa Centre.
419 King St. W.
P.O. Box 635 L1J 7J2

Ottawa
Fuller Building
75 Albert Street
K1P 5Y9

Ottawa
Government Service Centre
110 Laurier Ave W
K1P 1J1

Owen Sound
1400 1st Ave. W
Suite # 2.
N4K 6Z9

Peterborough
300 Water St, 1st Fl
North Tower
K9J 3C7

St. Catharines
301 St. Paul St.
Mezzanine Level
L2R 3M8

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.
Suite 417
M2N 7E7

Toronto-Downtown
777 Bay St,
Suite M212
M5G 2C8

Windsor
1427 Ouellette Ave.
N8X 1K1

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

2. Paediatric and Geriatric Age Premiums

Effective July 1, 2006, a paediatric age premium will be implemented that will be applied automatically to eligible services provided to patients less than 16 years of age.

Age Group	Premium applied:
Up to 30 days	add 30%
30 days up to 1 year	add 25%
1 year up to 2 years	add 20%
2 years up to 5 years	add 15%
5 years up to 16 years	add 10%

Services eligible for the paediatric age premium include all consultations rendered by a specialist and surgical procedures from Sections K through Z of the Schedule of Benefits. The premium is only payable to the surgeon and surgical assistant, i.e. surgical procedures billed with suffix A or B. Services in Sections K through Z not eligible for the premium include non-surgical services in these sections such as payment for services performed outside hospital (E542) and all premiums including special visit and after hours.

Effective July 1, 2006, the geriatric age premiums E070 and E071 will also be calculated automatically for eligible services provided to patients 70 years of age and older.

Paediatric and geriatric premiums are payable on a fee-for-service basis only for physicians who are not funded for services eligible for the premium through an alternative payment program or capitation model. Physicians in Comprehensive Care Models, Family Health Groups and fee-for-service physicians will receive summarized details regarding premium payments in the Message Facility area of the RA as illustrated below:

PREMIUM PAYMENTS

FOR PAYMENT:
PROVIDER NUMBER:
PROVIDER NAME:
GROUP BILLING NUMBER:
GROUP NAME:

CURRENT FISCAL

PAYMENT TYPE	PAYMENT RATE		NUMBER OF CLAIMS	TOTAL DOLLAR VALUE OF APPROVED CLAIMS	TOTAL PAYMENT
ADJ GERIATRIC G	15.0000%	MTD			
		YTD			
ADJ GERIATRIC I	15.0000%	MTD			
		YTD			
CHILD <30 DAYS	30.0000%	MTD			
		YTD			
CHILD >=30D<1YR	25.0000%	MTD			
		YTD			
CHILD 1YR <2YR	20.0000%	MTD			
		YTD			
CHILD 2YR <5YR	15.0000%	MTD			
		YTD			
CHILD 5YR <16YR	10.0000%	MTD			
		YTD			
GERIATRIC GA	15.0000%	MTD			
		YTD			
GERIATRIC IA	15.0000%	MTD			
		YTD			

Fee codes E070 and E071 will no longer be eligible for payment as of July 1, 2006. Physicians with services eligible for a retroactive payment for the geriatric age premium will also find this retroactive payment on the August 2006 RA on lines identified as ADJ GERIATRIC.

The "Total Payment" column reflects the actual premium amount paid for eligible services. This amount is calculated on a claim by claim basis and then totaled for inclusion on the chart.

3. Second post-operative visit in hospital

The surgical preamble will be amended to allow physicians to bill for the second post-operative visit in hospital within two weeks following surgery. As a result of this amendment, surgeons are now eligible to bill for the first two post-operative specialty specific subsequent visits in hospital within two weeks of surgery and all visits outside hospital.

4. W010 – LTC Monthly Management Fee (Billing Clarification)

The LTC Monthly Management Fee was implemented effective April 1, 2006. Physicians who are claiming W010 should submit only the W010 code and should not submit any of the fee codes listed as components of W010 (see General Preamble page GP66).

5. Mental Health Funding Improvements for Acute Care Psychiatry Services

a. Psychiatric Stipend Funding

Effective July 1, 2006, the ministry is introducing the second installment ($9.4 million) of the Psychiatric Stipend funding initiative.

The second installment of Psychiatric Stipend funding is being invested to enhance the remuneration of psychiatrists providing psychiatric services in eligible hospitals and to attract psychiatrists to work in hospitals.

Funding is administered through contractual arrangements between each eligible hospital and the Ministry of Health and Long-Term Care. Details will be communicated shortly.

b. K400 Mental Health Sessional Fee Supplement

Effective April 1, 2006, physicians registered in Mental Health sessional groups are eligible to submit K400 claims to OHIP for payment of the sessional fee supplement.

Fee code K400A will pay $11.00 per sessional unit. A sessional unit is defined as a 30-minute period of time. Each group has been assigned an annual number of units. This number was communicated to the group administrator upon notification of their group billing number. It is recommended that services for this fee code be billed by the designated group administrator or Chief of Psychiatry on behalf of the physicians in the group using the Mental Health sessional group number and the individual physician's billing number who provided the services.

No other fee codes can be claimed under this group number.

Claims submitted by the group administer or Chief of Psychiatry to OHIP **must include**:

- the Mental Health sessional group number,
- the individual physicians' billing numbers who provided the sessional services,
- the total number of sessional units (counted per 30-minute intervals) provided by the individual physician in the group, in that **month.** **Note**: If the number of ½ hour services exceeds 99 services, submit the remaining services on a second claim line and set the **manual review indicator to "Y"**,
- the service date - the claim should represent the last working day of that month,
- the health number, version code and date of birth – should be left blank.

The maximum number of units identified for the group was calculated based on the number of current sessionals (non fee-for-service program). If a group submits claims in excess of their assigned number of units, the additional units will be disallowed and an explanatory code **"MA-Maximum number of sessions has been reached"** will be applied.

Payments for K400A will be directed to the respective group billing number bank accounts. A monthly remittance advice (RA) will be provided to each group administrator including a payment breakdown by physician.

A Data Link is available on the ministry website for vendors and billing agents regarding the health number requirements under the heading "Technical" available at:
http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html.

Physicians should contact their group administrator or Chief of Psychiatry for additional information on this program.

6. Group billing numbers

Section 38.0.0.1 (6) of Regulation 552 has been revoked which will facilitate issuance of group billing numbers to non-hospital based medical groups and other insured health care providers.

7. Housekeeping

A small number of housekeeping amendments will be implemented July 1, 2006. These changes are summarized in the attached Chart 2.

This Bulletin is a general summary provided for information purposes only. Physicians, hospitals and other health care providers are directed to review the *Health Insurance Act*, Regulation 552 and the Schedules under that regulation, for the complete text of the provisions. You can access this information on-line at: www.e-laws.gov.on.ca/. In the event of a conflict or inconsistency between this Bulletin and the applicable legislation and/or regulation, the legislation and/or regulation prevails.

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

Chart 1: July 1, 2006 Schedule of Benefits Changes

Fee Code	Fee Code Description	Schedule Section	Change	Existing Fee	July 2006
OMA Agreement					
H153	Family Practice & Practice in General - Multiple systems assessment, weekends	A10	Fee increase	$45.40	$47.40
H133	Family Practice & Practice in General - Multiple systems assessment, evenings	A10	Fee increase	$33.30	$35.30
H123	Family Practice & Practice in Generaly - Multiple systems assessment, nights	A10	Fee increase	$52.95	$54.95
H103	Family Practice & Practice in General - Multiple systems assessment, daytime	A10	Fee increase	$30.25	$32.25
A024	Dermatology - Partial Assessment	A31	Fee Increase	$19.55	$20.40
A034	General Surgery - Partial Assessment	A35	Fee Increase	$20.90	$22.45
A064	Orthopaedic Surgery - Partial Assessment	A56	Fee Increase	$19.90	$22.45
A084	Plastic Surgery - Partial Assessment	A66	Fee Increase	$19.90	$22.45
A094	Cardiovascular and Thoracic Surgery - Partial Assessment	A28	Fee Increase	$20.90	$22.45
A204	Obstetrics & Gynaecology - Partial Assessment	A52	Fee Increase	$20.30	$22.45
A234	Ophthalmology - Partial Assessment	A54	Fee Increase	$20.90	$22.45
A244	Otolaryngology - Partial Assessment	A58	Fee Increase	$20.10	$22.45
A315	Physical Medicine and Rehabilitation - Consultation	A63	Fee Increase	$127.50	$142.80
A354	Urology - Partial Assessment	A76	Fee Increase	$19.90	$22.45
A644	General Thoracic Surgery - Partial Assessment	A37	Fee Increase	$20.90	$22.45
C315	Physical Medicine and Rehabilitation - Consultation - Non Emergency Hospital In-Patient Services	A64	Fee Increase	$127.50	$142.80
	Pediatrics Premium For Age Group - 0 - <30 days	GP			add 30%
	Pediatrics Premium For Age Group - 30 days -<1yr	GP			add 25%
	Pediatrics Premium For Age Group - 1yr - <2yr	GP			add 20%
	Pediatrics Premium For Age Group - 2yr - <5yr	GP			add 15%
	Pediatrics Premium For Age Group - 5yr - <16yr	GP			add 10%
E070	Geriatric Age Premium for General Assessment	GP	Ended	add 15%	
E071	Geriatric Age Premium for Intermediate Assessment	GP	Ended	add 15%	
G378	Diagnostic and Therapeutic Procedures - Gynecology - Insertion of intrauterine contraceptive device	J30	Fee Increase	$21.40	$25.50
K099	GP Psychotherapy Premium		Fee increase	5%	10%
W515	Physical Medicine and Rehabilitation - Consultation - Non-Emergency Long-Term Care In-Patient Service	A63	Fee Increase	$127.50	$142.80
XXXB	Surgical assist base units	Add to front of sections	Fee Increase		Increase minimum base units to 5
XXXC	Anesthesia unit fee	NI	Fee Increase		$12.51
Z730	Female Genital - Cervix Uteri - Endoscopy - follow up to colposcopy	V7	Fee Increase	$8.55	$25.50
Z776	Obstetrics - High Rick Pregnancies - Fetal blood sampling	K8	Fee Increase	$33.80	$40.80
Z778	Obstetrics - High Rick Pregnancies - Amniocentesis - diagnostic or genetic	K8	Fee Increase	$58.00	$102.00
Z779	Obstetrics - High Rick Pregnancies - Chorionic villus sampling	K8	Fee Increase	$92.80	$153.00

	Surgical Preamble revision - Allow second post-operative visit for hospital in-patients within two weeks of non-Z prefix surgery	GP, SP, N	Revision		Permit claims for second visit in-hospital

Chart 2: Housekeeping Items

Fee Code	Fee Code Description	Schedule Section	Change	Existing Fee	July 2006
Ministry HK Items					
E365	Spinal fusion: Add N560, N561, N579 to list of codes for add-on E365	Z5	Revision	no change	
E384	Spinal fusion: Add N560, N561 to list of codes for add-on E384	Z8	Revision	no change	
E370	Spinal fusion: Add N560, N561 to list of codes for add-on E370	Z8	Revision	no change	
E377	Spinal fusion: Add N560, N561 to list of codes for add-on E377	Z8	Revision	no change	
E387	Spinal fusion: Add N560, N561 to list of codes for add-on E387	Z9	Revision	no change	
E420	Trauma Premium	GP	Revision	no change	
N189	Ulnar nerve transposition at elbow	N13	Revision	no change	
General Preamble	Psychotherapy, Psychiatric and Counseling - Commentary	GP	Revision	no change	
Z783C	Secondary closure - Anaesthesia units missing	N3, N44	Revision	no change	
H007/H267	Attendance at Maternal delivery	A8, A61	Revision	no change	