Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4439	October 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. **New Fee Code E080**
3. **Amendment Chart**

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

1. Fee Increases

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

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

Proposed changes to anaesthesia time units will be communicated separately.

2. New Fee Codes

A new fee code for a primary care visit after hospital discharge will be introduced to the Schedule of Benefits for Physicians Services effective October 1, 2006. The following text will be inserted on page GP24 of the General Preamble. Paediatricians may claim this fee code for patients when they are the patient's primary care physician.

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Kingston
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Mississauga
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Newmarket
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Unit 108
L3Y 8T2

North Bay
101-447 McKeown Ave.
P1B 9S9

North York
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Unit A4-A5
M3H 6A8

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220 North Service Rd. W.
L6M 2Y3

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Exec. Tower,
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419 King St. W.
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Ottawa
Fuller Building
75 Albert Street
K1P 5Y9

Ottawa
Government Service Centre
110 Laurier Ave W
K1P 1J1

Owen Sound
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Suite 113
P7E 6T1

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38 Pine St. N.,
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First visit by primary care physician after hospital discharge premium

E080 First visit after hospital discharge premium, to other service listed in paragraph 5 below, add……25.00

Payment rules:

1. *Subject to payment rules 2 through 5, E080 is only eligible for payment for a visit with the patient's primary care physician in the physician's office or the patient's home within two weeks of discharge following in-patient admission to an acute care hospital.*

[Commentary:
This premium is not payable for visits rendered to patients in other locations other than the physician's office or patient's home. As such, the premium is not payable for services rendered in places such as Nursing Homes, Homes for the Aged, chronic care hospitals, etc.]

2. *E080 is not eligible for payment if the admission to hospital was for the purpose of obstetrical delivery unless the mother required admission to an ICU during the hospital stay.*
3. *E080 is not eligible for payment if the admission to hospital was for the purpose of newborn care unless the infant required admission to a NICU during the hospital stay.*
4. *E080 is not eligible for payment if the admission to hospital was for the purpose of performing day surgery.*
5. *E080 is only eligible for payment when rendered with the following services:*

   A001, A003, A004, A007, A008, A888, A901, A903,
   K004–K008, K013, K014, K022, K023, K028-K030, K032,
   K033, K037, K623, P003, P004, P008, A261, A263, A264

Laboratory Medicine Fees

The Anatomic Pathology – Surgical Laboratory fee codes in the Diagnostics and Therapeutics Procedures Section of the Schedule is also being revised with new fee codes and descriptors. The current six fee codes for these services are being replaced with seven new fee codes. Two new fee codes for histochemical interpretation are being introduced under Special Procedures and Interpretation, and will be payable at zero dollars. These two fee codes will be used for interim tracking purposes only. Please see revised descriptors on pages J35 – J39 of the Schedule of Benefits.

3. Amendment charts

Chart 1 – Amendments to fee codes, fee increases and new fee codes.

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 ***Schedule of Benefits Amendments - October 1, 2006***

This chart represents fee increases, new fee codes, fee code deletion in the Schedule of Benefits for Physician Services effective October 1, 2006

Fee Code	Fee Code Description	Schedule Section	Change	Existing Fee	October 2006
A921	Medical Management of Early Pregnancy - subsequent visit	K4	Fee increase	$30.20	$30.95
C122	Most Responsible Physician - Day 2	A7, A26-29, A31, A34-A35, A37, A41, A43-A44, A47, A49, A52, A55-A56, A58, A61, A63, A66, A68, A73-A76	Fee increase	$46.15	$55.45
C123	Most Responsible Physician - Day 3	A7, A26-29, A31, A34-A35, A37, A41, A43-A44, A47, A49, A52, A55-A56, A58, A61, A63, A66, A68, A73-A76	Fee increase	$46.15	$55.45
C124	Most Responsible Physician - Day of Discharge	A7, A26-29, A31, A34-A35, A37, A41, A43-A44, A47, A49, A52, A55-A56, A58, A61, A63, A66, A68, A73-A76	Fee increase	$46.15	$55.45
E080	First Visit Premium - to be billed by GP for first visit after patient discharged from hospital	GP24	New fee code		$25.00
P008	Postnatal assessment	K6	Fee increase	$30.20	$30.95
A007	Family Practice & Practice in General - Intermedicate assessment	A3, A59	Fee increase	$30.20	$30.95
A777	Family Practice & Practice in General - Pronouncement of death - office	A3, A11	Fee increase	$30.20	$30.95
C777	Family Practice & Practice in General - Pronouncement of death - hospital	A7	Fee increase	$30.20	$30.95
K030	Family Practice & Practice in General - Diabetic Management assessment	A21	Fee increase	$35.25	$36.00
K033	Family Practice & Practice in General - Counselling individual - over 3 services	A13	Fee increase	$30.20	$30.95
K041	Family Practice & Practice in General - Counselling group - over 3 services	A13	Fee increase	$30.20	$30.95
W777	Family Practice & Practice in General - Pronouncement of death - non-emergency long-term care in-patients services	A11	Fee increase	$30.20	$30.95
L861	Surgical Pathology - Level 1	J35, J38	New code		$5.20
L862	Surgical Pathology - Level 2	J35, J38	New code		$8.45
L863	Surgical Pathology - Level 3	J35, J38	New code		$14.30
L864	Surgical Pathology - Level 4	J36, J38	New code		$48.65
L865	Surgical Pathology - Level 5	J36, J38	New code		$103.20
L866	Surgical Pathology - Level 6	J37, J38	New code		$149.95
L867	Surgical Pathology - Unlisted specimens	J37, J38	New code		$46.65
L868	Special histochemistry for identification of microorganisms	J39	New code		$0.00
L869	Special histochemistry for identification of elements other than microorganisms	J39	New code		$0.00
L839	Simple specimen	J36, J37	Delete	$19.80	
L821	Small and uncomplicated specimen	J36, J37	Delete	$26.05	
L840	Curettings or specimen requiring multiple slides	J36, J37	Delete	$49.35	
L851	Organ or large specimen	J36, J37	Delete	$73.95	
L852	Complex small or large specimen	J36, J37	Delete	$118.35	
L853	Comprehensive large specimen	J36, J37	Delete	$147.95	