

Bulletin



Bulletin Number	Date	Direct inquiries to
4467	February 1, 2008	Ministry of Health and Long-Term Care Processing Sites
Distribution		(address below)
Physicians, Hospitals, Clinics and Laboratories		

Subject: Implementation of 2007 Re-assessment Memorandum of Agreement effective February 1, 2008 - Amendments to the Schedule of Benefits for Physician Services.

- 1. Fee increases**
- 2. Deleted fee codes**
- 3. New fee codes**
- 4. Revision to existing fee code descriptors**
- 5. Amendment charts**

In keeping with the provisions of the 2007 Re-assessment Memorandum Agreement, a number of changes to the Schedule of Benefits are to be implemented effective February 1, 2008. In particular, significant revisions were made to fee schedule codes dealing with nasal and sinus surgery (pages P1 to P5) and Botulinum toxin injections (page J32). It is recommended that physicians review the Schedule for changes that may affect them.

1. Fee increases

Effective February 1, 2008, fee increases to specific fee codes will be implemented. These fee increases are summarized in Chart 1.

2. Deleted fee codes

A number of fee schedule codes will be deleted effective February 1, 2008. In most circumstances, the service will now be claimed using a new or existing fee schedule code. These deleted fee codes are summarized in Chart 1.

3. New fee codes

Effective February 1, 2008, new fee codes will be introduced. These fee codes are summarized in Chart 2.

Processing Sites			
Hamilton 119 King Street West, 10 th Floor P.O. Box 2280, Stn A L8P 4Y7	Kingston 1055 Princess Street, Suite 401 P.O. Box 9000 K7L 5A9	London 217 York Street, 5 th Floor Station A N6A 5P9	Mississauga 201 City Centre Drive Suite 300 L5B 2T4
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4. Revisions to existing fee code descriptors

A number of revisions will be made to the wording/definitions of some existing fee codes in order to reflect revised insurability criteria for certain procedures effective February 1, 2008. These revisions are summarized in Chart 3.

5. Amendment charts

Chart 1 – Fee increases and Deleted fee codes - effective February 1, 2008

Chart 2 – New fee codes - effective February 1, 2008

Chart 3 – Revisions to existing fee code descriptors - effective February 1, 2008

A revised Schedule of Benefits for Physician Services, including all amendments set out in this Bulletin, is expected to be distributed to physicians in the new fiscal year.

Bulletins and the updated version of the Schedule reflecting February 1, 2008 amendments are available on the Ministry of Health and Long-Term Care website <http://www.health.gov.on.ca/>.

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.

Chart 1

Fee increases effective February 1, 2008

Fee Code	Fee Code Description	Change	Existing Fee	Feb 1 2008
E546	With axillary node dissection up to the level of the axillary vein	Fee Increase	\$315.95	\$388.75
E582	When testing with penicillin minor determinant mixture outside a hospital setting to G196	Fee increase	\$11.40	\$32.20
R244	Revision total knee arthroplasty	Fee Increase	\$838.00	\$1,174.30

Deleted fee codes effective February 1, 2008

E980	When performed endoscopically	Delete	\$41.25	x
G464	Botulinum toxin injection(s) for treatment of spasmodic dysphonia	Delete	\$82.95	x
G468	Botulinum toxin injection of extraocular muscle(s) with electromyographic control per muscle(s)	Delete	\$82.95	x
G597	Botulinum toxin - Injection into first muscle per day	Delete	\$20.40	x
G598	Botulinum toxin - additional injections to 8	Delete	\$10.20	x
G599	Botulinum toxin - with electromyographic guidance of injection(s) into one or more muscle(s)	Delete	\$20.40	x
K120	Paediatric adolescent care	Delete	\$65.95	x
M019	Septorhinoplasty with autologous bone or cartilage graft - from site other than nose	Delete	\$690.35	x
M024	Septorhinoplasty with non-autologous graft or implant.	Delete	\$542.75	x
M060	Intranasal ethmoidectomy - unilateral	Delete	\$158.25	x
M066	Closure of antral fistula - simple	Delete	\$98.80	x
P022	P022 - Oxytocin infusion for induction	Delete	\$67.75	x
R105	Partial mastectomy with radical node dissection	Delete	\$658.15	x
R247	Revision total arthroplasty ankle	Delete	\$564.30	
S102	Closure of esophago-tracheal fistula	Delete	\$656.80	x
S334	Omphalocele or gastroschisis repair - one stage	Delete	\$375.80	x
S335	Omphalocele or gastroschisis repair - multiple stage - gross method or Silon method	Delete	\$370.95	x
S336	Omphalocele or gastroschisis repair - second stage	Delete	\$370.95	x
S337	One stage procedure - transabdominal	Delete	\$508.55	x
S338	One stage procedure - trans-thoracic	Delete	\$508.55	x
S339	Second stage and abdominal closure	Delete	\$295.40	x

Chart 2

New fee codes effective February 1, 2008

Fee Code	Fee Code Description	Schedule Pages	Feb 1, 2008	Ass't Units	Anaest Units
A365	Special Interventional Radiological Consultation	A83	\$132.50		
C142	First subsequent visit by MRP following transfer from Intensive Care Area	A7, A26, A27, A28, A30, A33, A36, A37, A39, A44, A46, A47, A50, A52, A56, A62, A63, A65, A69, A73, A76, A79, A85, A86, A87, A88	\$55.45		
C143	Second subsequent visit by MRP following transfer from Intensive Care Area	A7, A26, A27, A28, A30, A33, A36, A37, A39, A44, A46, A47, A50, A52, A56, A62, A63, A65, A69, A73, A76, A79, A85, A86, A87, A88	\$55.45		
C365	Special Interventional Radiological Consultation	A84	\$132.50		
E506	With sentinel node biopsy (per draining basin), to R111	M18	\$330.45		
E507	With sentinel node biopsy (per draining basin), to R010	M5	\$330.45		
E554	Synovectomy for rheumatoid arthritis or synovial tumour requiring minimum 30 minutes	N1	\$175.00		
E643	When using laser with microlaryngoscopy for benign disease to Z323	P6	\$121.65		
E645	Off pump coronary artery bypass grafting to R742 or R743	Q5	\$366.50	24	40
E684	When performed in infant or child to Z456 or Z446	J7	\$172.65		
E691	primary repair where mobilization of the abdominal wall musculature is required to S348	S27	\$100.00		
E806	Head and neck intraoperative cranial nerve monitoring	SP6	\$125.00		
E841	With autologous bone or cartilage graft - from site other than nose, to M014	P2	\$206.20		
E842	With non-autologous graft or implant to M014	P2	\$58.60		
E843	Endoscopic sphenoidotomy - bilateral to Z350	P5	\$103.05		
E844	Intranasal ethmoidectomy, including maxillary antrostomy with endoscope - bilateral to M083	P5	\$200.00		
E845	When performed using a 3D CT/MRI image guided system to M083 or Z350	P5	\$140.00		
E853	with resection of diaphragm including reconstruction to S727	V11	\$145.00		
E875	with magnetic resonance spectroscopy to X421	F2	\$19.40		
E876	with magnetic resonance spectroscopy to X425	F2	\$9.70		
G126	Digital photoplethysmography- professional component, per extremity	J15	\$7.00		
G127	Digital photoplethysmography- technical component, per extremity	J15	\$12.85		
G190	Serial oral or parenteral provocation testing to a food, drug or other	J5	\$184.95		
G279	Percutaneous peripheral nerve catheter insertion	J46	\$109.30		
G332	Capsule endoscopy - P fee	J30	\$122.25		
G387	Intravenous local anaesthetic infusion for central neuropathic pain	J35	\$125.00		
G399	Transvaginal Sonohysterography - procedural fee	J31	\$44.15		
G870	Botulinum toxin injection(s) of extraocular muscle(s) - unilateral	J32	\$120.00		
G871	Botulinum toxin injection(s) for blepharospasm - unilateral or bilateral	J32	\$120.00		
G872	Botulinum toxin injection(s) for hemifacial spasm - unilateral or bilateral	J32	\$120.00		
G873	Botulinum toxin injection(s) for spasmodic dysphonia	J32	\$120.00		
G874	Botulinum toxin injection(s) for sialorrhea - unilateral or bilateral	J32	\$50.00		
G875	Botulinum toxin injection(s) for the following conditions: oromandibular dystonia, limb dystonia, cervical dystonia or spasticity - first injection	J32	\$40.00		
G876	Botulinum toxin injection(s) for the following conditions: oromandibular dystonia, limb dystonia, cervical dystonia or spasticity - each additional injection to maximum of 11	J32	\$10.00		
G877	with EMG guidance, for one injection	J32	\$18.85		
G878	with EMG guidance, for two or more injections	J32	\$28.10		
G879	with ultrasound guidance, for one injection	J32	\$18.85		
G880	with ultrasound guidance, for two or more injections	J32	\$28.10		

Chart 2

New fee codes effective February 1, 2008

Fee Code	Fee Code Description	Schedule Pages	Feb 1, 2008	Ass't Units	Anaest Units
J069	Radiofrequency Ablation (RFA)	E5	\$404.95		
J199B	Penile Doppler - technical fee	G10	\$7.05		
J199C	Penile Doppler - professional fee (P1)	G10	\$10.05		
J499B	Penile Doppler - technical fee	G10	\$7.05		
J499C	Penile Doppler - professional fee (P2)	G10	\$7.50		
K122	Paediatric psychotherapy - individual, per unit	A68	\$65.65		
K123	Paediatric psychotherapy - family, per unit	A68	\$68.80		
M083	Intranasal ethmoidectomy including maxillary antrostomy with endoscope - unilateral	P5	\$350.00		6
M086	Trans-nasal endoscopic repair of CSF rhinorrhea (includes harvesting of graft material) with or without 3D CT/MRI	P5	\$822.45		15
P032	Emergency cervical cerclage	K8	\$250.00	6	6
P060	Percutaneous amniocentesis	K9	\$248.85	6	6
R054	Pilonidal cyst simple excision or marsupialization, if patient's BMI greater than 40	M3	\$183.30	6	6
R160	Pre-Malignant Lesions including biopsy of each lesion - face or neck - simple excision - single lesion	M4	\$53.20	6	6
R161	Face or neck - simple excision - two lesions	M4	\$87.40	6	6
R162	Face or neck - simple excision - three or more lesions	M4	\$174.75	6	6
R163	Pre-Malignant Lesions including biopsy of each lesion - other areas - simple excision - single lesion	M4	\$43.60	6	6
R164	Other areas - simple excision - two lesions	M4	\$71.80	6	6
R165	Other areas - simple excision - three or more lesions	M4	\$143.55	6	6
R227	Superior Labral Anterior Posterior (SLAP) Repair	N17	\$336.65	6	6
R261	Osteotomy - radius with or without ulna	N14	\$411.20	6	6
R442	Replacement liner	N39	\$353.25	8	8
R493	Total ankle replacement	N46	\$1,177.50	8	10
R877	Repair of abdominal aortic aneurysm to iliac artery	Q10	\$2,002.75	10	17
S103	Closure of H-type tracheo-oesophageal fistula by cervical or thoracic	S8	\$923.05		
S104	Repair of esophageal atresia with or without tracheal fistula	S8	\$1,153.85		
S265	Living donor hepatectomy	S20	\$4,760.60	20	35
S266	Living donor orthotopic liver transplantation	S20	\$5,289.55	25	35
S302	Pancreas Transplant - donor pancreas removal	S23	\$679.50	6	8
S303	Pancreas Transplant - back-bench pancreas graft preparation	S23	\$339.75		
S308	Pancreas Transplant - pancreas transplant	S23	\$2,378.30	20	30
S310	Insertion of intraperitoneal chemotherapy port by laparotomy or laparoscopy	S26	\$186.95	6	6
S315	Removal of intraperitoneal chemotherapy port by laparotomy or laparoscopy	S26	\$186.95	6	6
S346	Congenital diaphragmatic hernia - primary or first stage repair	S27	\$576.90	9	13
S347	Congenital diaphragmatic hernia - second or subsequent stage repair	S27	\$366.00	9	13
S348	Omphalocele or gastroschisis - primary or first stage repair	S27	\$375.80	7	7
S349	Omphalocele or gastroschisis - second or subsequent stage repair	S27	\$475.80	7	7
S400	Laparoscopic placement of probe(s) for ablation of renal tumour	T2	\$404.95	7	7
S793	Completion thyroidectomy following a previous subtotal or hemi-	W1	\$425.25	6	8
Z273	Muscle core biopsy	N4	\$63.35		
Z350	Endoscopic sphenoidotomy - unilateral	P5	\$123.70		6
Z351	Endoscopic septoplasty	P5	\$122.40		6
Z586	Hysteroscopy - with lysis of intrauterine adhesions/synechiae requiring a minimum of 60 minutes of surgical time	V8	\$349.00		6
Z610	Intravesical instillation of BCG or immunotherapeutic agent or chemotherapeutic agent for treatment of bladder cancer	T9	\$25.65		

Note: All page references in this chart reflects the February 1, 2008 on-line version of the Schedule of Benefits

Chart 3

Revision to existing fee code descriptors - effective February 1, 2008

Fee Code	Fee Code Description	Schedule Pages
E505	With limited axillary node sampling - allow with R111, R108, R117, R148, R149; not payable with E506	M18, M19
E542	When performed outside hospital, additional services eligible	M4
E543	Use of disposable EMG hypodermic electrode outside hospital (maximum of one per patient per day), to G877 or G878	J32
E626	With implantation of inferior mesenteric artery, to R802, R817 or R877	Q10
E627	Ruptured aneurysm to R802, R803, R817 or R877	Q10
E765	With reconstruction or repair of hepatic artery	S20
G195	Local anaesthetic hypersensitivity skin test, to a maximum of 25 per year	J5
G196	Penicillin Hypersensitivity skin test for validated drugs or agents excluding foods and inhalants to a maximum of 15 per year	J5
G199	Insect venom skin testing including physician interpretation to a maximum of 30 per year	J5
G224	Ankle block	GP62, J44, SP5
G254	Management of post liver or pancreas transplant immunosuppression - in lieu of non-emergency hospital visits - (once per day to a maximum of two weeks) per visit	J30
G360	When thermal dilution studies rendered in addition to Z438	J7
G420	Ear syringing and/or extensive curetting or debridement unilateral or bilateral, limited to 3 per physician per patient per 12 month period (Apr 1-Mar 31). Services in excess of the limit are not insured	J55
J165C	Transvaginal Sonohysterography - P1 fee only	G7
J476C	Transvaginal Sonohysterography - P1 fee only	G7
K030	Diabetic Management Assessment - Maximum 4 per patient per 12 month period.	A20
M012	Septoplasty (when intranasal ethmoidectomies or antrostomies are done in addition, add 50% of the appropriate fees - to M012, M013, M014, M015, M016, M019, M024)	P2
M054	Intranasal maxillary antrostomy – unilateral – by endoscopic or endonasal approach	P5
M054, M083	When billed in conjunction with M012, M013, M014, M015, M016, M019, M024 - pay M054, M083 at 85%	
M061	Trans-septal sphenoidotomy or sphenoid sinusotomy for tumour or radical exenteration of disease	P4
M064	External transethmoidal sphenoid or sphenoid sinusotomy	P4
M067	Closure of antral fistula under general anaesthetic	P4
P023	Oxytocin infusion for stimulation of desultory induction or augmentation labour	K8
P031	Suture of incompetent cervix in pregnancy Prophylactic cervical cerclage - any technique	K8
R109	Mastectomy, radical or modified radical [Commentary: Skin grafts are eligible for payment in addition to R109.]	M18
R117	Mastectomy - female - subcutaneous with nipple preservation Note: Skin grafts are not eligible for payment in addition to R117	M18
R259	Osteotomy - radius of ulna	N14
Z302	Turbinate reduction - unilateral or bilateral (to include cautery, cryosurgery, turbinectomy) (by any method)	P1
Z311	Removal of foreign body - simple local anaesthetic	P1
Z312	Removal of foreign body - complicated or involving general anaesthetic	P1
Z446	Insertion of subcutaneous venous access reservoir (chemoshunt)	J7
Z456	Insertion of permanent feeding line, e.g. Hickman or Broviac implantable central venous catheter	J7

Note:

Strikethrough indicates the word has been removed and bold indicates the word that has been added to the fee code descriptors. All page references refer to the February 1, 2008 on-line version of the Schedule of Benefits.