Bulletin

Bulletin Number	Date	Direct inquiries to
4470	April 1, 2008	Ministry of Health and Long-Term Care Processing Sites (address below)
Distribution: Physicians, Hospitals, Clinics and Laboratories		

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

1. **Revisions to existing fee code descriptions**
2. **New fee codes**
3. **Deleted fee code**
4. **Amendment chart**
5. **Interactive Voice Response changes**

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 April 1, 2008.

1. Revisions to existing fee code descriptions

Effective April 1, 2008 revisions will be made to the wording/definitions of some existing fee codes to reflect revised insurability criteria for certain procedures. These revisions are summarized in the attached chart.

2. New fee codes

Effective April 1, 2008, new fee codes will be introduced. These fee codes are summarized in the attached chart.

3. Deleted fee code

Effective April 1, 2008, a fee code will be deleted. The deleted fee code is summarized in the attached chart.

Processing Sites			
Hamilton 119 King Street West, 10th 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, 5th Floor Station A N6A 5P9	**Mississauga** 201 City Centre Drive Suite 300 L5B 2T4
Oshawa Executive Tower, Oshawa Centre 419 King Street West P.O. Box 635 L1J 7J2	**Ottawa** Fuller Building 75 Albert Street K1P 5Y9	**Sudbury** 199 Larch Street Suite 801 P3E 5R1	**Toronto** 47 Sheppard Avenue East Suite 505 M2N 7E7

4. Amendment Chart

The amendment chart includes all revisions to existing fee code descriptions, new fee codes and the deleted fee code - effective April 1, 2008.

5. Interactive Voice Response changes

Physicians may now choose to use the Interactive Voice Response (IVR) system to determine when a patient has last received bone mineral density measurement. Instructions on the use of IVR can be found at http://www.health.gov.on.ca/english/providers/pub/ohip/inter_voiceresp/inter_voiceresp_mn.html

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

Bulletins and the updated version of the Schedule reflecting April 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.

Schedule of Benefits Changes - April 1, 2008

Fee Code	Fee Code Description	Schedule Page	Change	Existing Fee	April 1 2008
J200/J500	**requires a minimum of 4** segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings - **unilateral or bilateral**	G10	Revision	H - $20.90 P1 - $28.15 P2 - $21.10	x
J196	with exercise and/or quantitative measurements, to **J200**	G10	Revision	H - $8.20 P1 - $13.30	x
J496	with exercise and/or quantitative measurements, to **J500**	G10	Revision	H - $8.20 P2 - $10.00	x
	Note: **1. G517 is not eligible for payment in addition to J200/J500.** **2. This service is only eligible for payment when the device used produces a hard copy output.**	G10	Revision	N/A	N/A
	[Commentary: **For ankle pressure determination and ankle-arm index, see G517 under Cardiovascular Diagnostic & Therapeutic Procedures.]**	G10	Revision	N/A	N/A
G517	Ankle pressure determination, ~~not to be claimed during surgery or during patient's post-operative stay in hospital~~ **includes calculation of the ankle-arm index systolic pressure ratio.**	J15	Revision	$10.05	x
	Note: **1. G517 is not eligible for payment when rendered during surgery or during the patient's post-operative stay in hospital.** **2. G517 is not eligible for payment in conjunction with J200/J500.**	J15	Revision	N/A	N/A
Z110	**Note:** **Trimming or clipping of nails does not constitute Z110.** **[Commentary:** **Trimming or clipping of nails is not an insured service.]**	M15	Revision	$17.45	x
W010	**Claims submission instructions:** **1. Claims for W010 may be submitted when the minimum required elements of the service have been rendered for the month.** **[Commentary:** **a. Payment for W010 is for mangement of the patient for the entire month for all the services listed as components of the W010 service, regardless of when the claim for W010 is submitted.** **b. When claiming W010, do not also submit claims for "W" prefix services listed as components of the W010 for the same month.]**	GP39	Revision	$85.70	x
X145	BMD - Baseline test, one site	D16	New code	N/A	H - $43.95 P - $41.30
X146	BMD - Baseline test, two or more sites	D16	New code	N/A	H - $56.60 P - $49.40
X157	Bone Mineral Density measurement by any radiological technique other than axial DXA	D16	Delete	N/A	x

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 April 1, 2008 on-line version of the Schedule of Benefits.