INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: Physicians, Hospitals and Laboratories

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Re: Changes to the Schedule of Benefits for Physician Services (Physician Schedule) and Regulation 552 under the Health Insurance Act – effective July 1, 2010

On June 3rd, 2010, the Ontario Government passed the Excellent Care for All Act, 2010 – the framework for a strategy that places greater emphasis on patients getting better quality care through evidence-based practices, which will mean getting better value for the investments in the health care system.

The following changes to the Physician Schedule and the Regulation are the first initiatives to be implemented under this strategy.

What has changed in the Physician Schedule and the Regulation?

Effective July 1, 2010, changes have been made to:

- the eligibility period for repeat bone mineral density testing for patients at low-risk for osteoporosis;
- the eligibility period for diagnostic and therapeutic sleep studies;
- the eligibility of pre-operative electrocardiograms (ECG) and chest x-rays when ordered solely for the purposes of preparation for cataract surgery (when no other indication is present); and
- in-office laboratory testing.

Bone Mineral Density Testing

Low Risk Patients

For patients at low-risk for osteoporosis, the third and subsequent tests are eligible for payment **no earlier than 60 months** after the previous test. No change has been made to eligibility for the baseline or the second test, which remain eligible for payment no sooner than 36 months after the baseline. See page D16-D17 in the Physician Schedule for specific details.

This change is based on recommendations from the Ontario Heath Technology Advisory Committee (OHTAC) and consultations with stakeholders.

Ontario

High Risk Patients

Note: No change has been made to payment eligibility for testing patients at high-risk for osteoporosis.

Interactive Voice Response (IVR) System

The IVR System will be updated in the fall to accommodate these changes and physicians will be notified once these changes have been implemented.

An on-line chart associated with this INFOBulletin outlines changes to the fee codes (link at end of bulletin).

Diagnostic and Therapeutic Sleep Studies

The following payment eligibility changes have been implemented for sleep studies:

- one per patient per 12-month period for insured diagnostic studies; and
- one per patient per 24-month period for insured therapeutic studies.

Previously, two overnight studies in a 12-month period (either diagnostic or therapeutic) were eligible for payment per patient.

Note: the **new limits do not apply to patients in respiratory failure in a specialized facility or to children who are receiving services in a specialized facility** as defined in the Physician Schedule. Physicians who feel their patients require services in excess of these maximums may apply for independent consideration as they currently can.

These changes were developed in conjunction with the Ontario Medical Association and are consistent with current sleep medicine guidelines prepared by the College of Physicians and Surgeons of Ontario.

IVR System

The IVR System will be updated in the fall to enable physicians to find out when an individual obtained the last sleep study. Physicians will be notified when this service becomes active.

Pages J80-J85 of the Physician Schedule have been updated to reflect these amendments and the on-line chart illustrates the changes to the fee codes (line at end of bulletin).

Pre-operative ECGs and chest x-rays prior to cataract surgery

Various studies have shown that patients without any indications do not benefit from pre-operative ECGs and chest x-rays prior to cataract surgery. These tests should not be routinely requested as part of preparation for the surgery.

Therefore pre-operative ECGs or chest x-rays are not eligible for payment when ordered solely in preparation for cataract surgery.

If a physician feels that these services are required in preparation for cataract surgery and for the sole reason that the patient is having cataract surgery, a request for prior approval must be submitted to the ministry outlining the medical necessity or rationale for the test.

However, if there is an indication requiring an ECG and/or chest x-ray other than preparation for cataract surgery, prior approval is not required and the professional and technical fee are eligible for payment.

Further details can be found on page D3 and J2 of the Physician Schedule.

In-office laboratory testing

The Physician Schedule has been amended to include additional in-office laboratory services where immediate results are required for treatment or clinical decision making. Fee codes for twenty six new in-office laboratory tests primarily for reproductive biology and addiction medicine have been added. See pages J49-J50 of the Physician Schedule for the new listings and the on-line chart illustrating the changes (link at end of bulletin).

Physicians rendering laboratory services in their offices are only eligible to claim laboratory services listed in the Physician Schedule under 'Laboratory Medicine'. Regulatory amendments now limit the payment of services listed in the Laboratory Schedule of Benefits (Laboratory Schedule) to laboratories licensed under the Laboratory and Specimen Collection Centre Licensing Act.

If a physician is rendering a laboratory service listed in the Laboratory Schedule but the service is not listed in the Physician Schedule, that service is insured but payable at nil.

In addition, four services (G003, G006, G007 and G008) have been removed from the Physician Schedule as immediate results for these tests are not required for treatment.

The Physician Schedule and the Laboratory Schedule

The Physician Schedule has been updated online; however, revised pages will not be mailed. The Physician Schedule is available on the public internet site at:

http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html.

The Laboratory Schedule has not been amended.

Other On-line Resources

A chart listing the new, revised and deleted fee codes is available on-line with this INFOBulletin at:
http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/4000/bulletin_4000_mn.html

The ministry posts fact sheets on OHIP coverage and/or programs on the public internet site. Physicians may refer to these fact sheets and/or print these for use in their practice. They are available on-line at:

http://www.health.gov.on.ca/en/public/publications/pub_ohip.aspx

An updated fact sheet regarding BMD testing will be available at this site.

To help you communicate these changes to your patients, non-technical, patient focused fact sheets have been developed for BMD testing, sleep studies, and pre-operative testing. They are available on-line at:

http:// www.health.gov.on.ca/en/ms/ecfa/public/default.aspx

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 regulations prevail.

Chart - INFOBulletin # 4515
Amendments to fee codes in the Schedule of Benefits for Physician Services

Fee Code	Lab Code	Description	Existing Fee Value	Proposed	Type	Schedule Section
Laboratory Medicine in Physician's Office						
		Reproductive Medicine				
G015	L315	FSH (pituitary gonadotrophins)	N/A	$11.37	New Code	J
G016	L341	TSH (thyroid stimulating hormone)	N/A	$9.82	New Code	J
G017	L332	Prolactin	N/A	$14.48	New Code	J
G018	L310	Estradiol	N/A	$28.44	New Code	J
G019	L328	LH (luteinizing hormone)	N/A	$9.31	New Code	J
G020	L331	Progesterone	N/A	$14.48	New Code	J
G021	L318	HCG (human chorionic gonadotrophins)	N/A	$15.51	New Code	J
G022	L340	Testosterone	N/A	$14.48	New Code	J
G023	L608	Testosterone, free	N/A	$25.85	New Code	J
G024	L305	Androstenedione	N/A	$38.78	New Code	J
G025	L347	Dehydroepiandrosterone sulphate (DHEAS)	N/A	$20.68	New Code	J
G026	L333	17-OH progesterone	N/A	$31.02	New Code	J
G027	L718	Seminal fluid examination (complete)	N/A	$11.37	New Code	J
G028	L713	Cervicovaginal mucous specimen for cellular analysis for postcoital testing	N/A	$10.34	New Code	J
G029	L373	Antithrombin III assay	N/A	$28.44	New Code	J
G030	L386	Circulating anticoagulant (e.g., lupus anticoagulant)	N/A	$5.17	New Code	J
G032	L322	Anti-DNA	N/A	$23.27	New Code	J
G033	L323	Anti-RNA	N/A	$23.27	New Code	J
G034	L502	Serial tube 4 or more antigens	N/A	$15.51	New Code	J
G035	L501	Titre - serial tube single antigen	N/A	$7.76	New Code	J
G036	L596	Sperm antibodies – screen	N/A	$10.34	New Code	J
G037	L597	Sperm antibodies – titre	N/A	$20.68	New Code	J
		Miscellaneous Test				
G031	L445	Prothrombin time	N/A	$6.20	New Code	J
		Addiction Medicine				
G039	L067	Creatinine - not with G040	N/A	$2.59	New Code	J
G040	L078	Drugs of abuse screen, urine	N/A	$35.16	New Code	J
G041	L073	Target drug testing, urine, qualitative or quantitative	N/A	$8.79	New Code	J
		Deleted Codes				
G003		Lactic dehydrogenase (LDH) total	$4.20	$0.00	Deletion	GP, J
G006		SGOT	$4.05	$0.00	Deletion	GP, J
G007		Urea nitrogen (BUN)	$2.42	$0.00	Deletion	GP, J
G008		Uric Acid	$2.42	$0.00	Deletion	GP, J

Fee Code	Description	Existing Fee Value	Proposed	Type	Schedule Section
	Sleep Studies				
J898B	Incomplete overnight sleep studies - less than 1 hour	N/A	$95.05	New Code	J
J899B	Incomplete overnight sleep studies - between 1 and 4 hours	N/A	$190.15	New Code	J
J990B	Incomplete overnight sleep studies - more than 4 hours	N/A	$380.25	New Code	J
J896B	Initial Diagnostic Study - H	N/A	$380.25	New Code	J
J896C	Initial Diagnostic Study - P1	N/A	$128.30	New Code	J
J696B	Initial Diagnostic Study - H	N/A	$380.25	New Code	J
J696C	Initial Diagnostic Study - P2	N/A	$68.85	New Code	J
J897B	Repeat Diagnostic Study - H	N/A	$380.25	New Code	J
J897C	Repeat Diagnostic Study - P1	N/A	$128.30	New Code	J
J697B	Repeat Diagnostic Study - H	N/A	$380.25	New Code	J
J697C	Repeat Diagnostic Study - P2	N/A	$68.85	New Code	J
J895B	Therapeutic Study for Sleep Related Breathing Disorders (H)	N/A	$380.25	New Code	J
J895C	Therapeutic Study for Sleep Related Breathing Disorders (P1)	N/A	$128.30	New Code	J
J695B	Therapeutic Study for Sleep Related Breathing Disorders (H)	N/A	$380.25	New Code	J
J695C	Therapeutic Study for Sleep Related Breathing Disorders (P2)	N/A	$68.85	New Code	J
J691B	Level 2 - Overnight sleep study - H	$237.80	$0.00	Deletion	J
J691C	Level 2 - Overnight sleep study - P2	$51.00	$0.00	Deletion	J
J891B	Level 2 - Overnight sleep study - H	$237.80	$0.00	Deletion	J
J891C	Level 2 - Overnight sleep study - P1	$93.40	$0.00	Deletion	J
	Bone Mineral Density				
Revision to payment rules and commentary		N/A	x	Revision	D
X142B	Subsequent test - low risk patient - one site - H	N/A	$43.95	New Code	D
X142C	Subsequent test - low risk patient - one site - P	N/A	$41.90	New Code	D
X148B	Subsequent test - low risk patient - two or more sites (H)	N/A	$56.60	New Code	D
X148C	Subsequent test - low risk patient - two or more sites (P)	N/A	$50.15	New Code	D
	Pre-Op Cataract Testing				
Revision to Diagnostic Radiology Preamble and Diagnostic & Therapeutic Preamble		N/A	x	Revision	D, J