

INFOBulletin

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

To: Physicians and Hospitals

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Re: June 1, 2011 changes to the Schedule of Benefits for Physician Services (Physician Schedule).

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.

Some evidence-based changes were implemented in the summer and fall of 2010, and on April 1, 2011. The following changes to the Physician Schedule effective June 1, 2011 are a continuation of this strategy.

What has changed in the Physician Schedule?

The following Fee Schedule Codes will be amended / added to the Schedule:

- Pre-dental/Pre-operative Assessments
 - o A903 – General/Family Practice/Paediatrics/Emergency Medicine
 - o A904, C904, W904 – Specialists
- Continuous ECG Monitoring (e.g. Holter) technical and professional components for 14 or more days scanning/recording
 - o G647 – technical component – 14 or more days recording
 - o G648 – technical component – 14 or more days scanning
 - o G649 – professional component – 14 or more days recording
- Echocardiography Contrast
 - o G585 - technical component, with use of contrast agent for complete echocardiography studies
- Emergency Department Ultrasound
 - o H100 Emergency department investigative ultrasound

Deleted Fee Codes

The plantar wart excision fee codes (Z169, Z170, and Z171) are being removed from the Schedule. This treatment to remove plantar warts is not the standard of care. Procedures to treat by other methods (e.g. cryotherapy) remain insured.

New Fee Codes and Revisions to the Schedule

Urine and Blood Testing and Vitamin Injections for Weight Loss Management:

Venipuncture (G489), injections (G372, G373) and urinalysis (G010, G009) are not insured when rendered for the purpose of facilitating weight loss. There is no evidence that vitamin injections facilitate weight loss and there is no evidence that rapid weight loss programs are effective in the long term.

Pre-operative Assessment:

Clarification of service requirements for A903; new fee codes for pre-dental and pre-operative assessments by specialists (A904, C904 and W904) to more accurately reflect the services required pre-operatively.

Pulmonary Functions Studies:

Clarification of service requirements for simple spirometry (J301, 324) and flow volume loop studies (J304, 327), including record keeping and training requirements.

Electrocardiography:

Addition of timeframe limitation to technical and professional components for 60 or more hours to 13 day recording for continuous ECG Monitoring e.g., Holter (G684, G685, G659), and addition of new codes for continuous ECG monitoring for 14 days or more (G647, G648, G649). There is also a reduction in fees payable for technical components for Cardiac loop monitoring (G692, G693).

Echocardiography:

Clarification of services description for echocardiography including complete studies (1 and 2 dimensions), cardiac Doppler studies, limited studies and addition of echocardiography contrast. These amendments reflect current practice.

Emergency Department Ultrasound:

Description modified to state that with the exception of ultrasound guidance, ultrasound services listed in the diagnostic ultrasound section rendered by an Emergency Department Physician are not eligible for payment.

A new fee code is being added for emergency department investigative ultrasound (H100).

On-line Resources

The most current version of the Physician Schedule is always available on-line at:

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

Further information about these evidence-based changes are available at:

http://www.health.gov.on.ca/en/news/bulletin/2011/hb_20110223.aspx

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