INFOBulletin

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

To: **Physicians, Nurse Practitioners, Hospitals and Clinics**

Published By: **Health Services Branch**

Date Issued: **September 14, 2015** **Bulletin #:** **4657**

Re: **Payment Reduction on Fee-for-Service Professional Fee Payments of $1 Million or more, Payment Discount of 1.3%, and Amendments to the Schedule of Benefits for Physicians Services**

This bulletin describes changes to the Schedule of Benefits for Physician Services (Schedule) as well as the implementation of a payment discount and a payment reduction on fee-for-service (FFS) professional fee payments of $1M or more.

1. **Implementation of the Payment Reduction on FFS professional fee payments of $1M or more Effective April 1, 2015**

   Effective April 1, 2015 a 1% reduction will be applied to the amount payable for the professional component of FFS claims rendered by a physician who has been paid $1,000,000 or more for professional fees. This 1% reduction will be applied to the professional fees paid over $1,000,000 and will be calculated after all other payment discounts have been made. A separate INFOBulletin will be issued which describes the implementation details of this payment reduction.

2. **Implementation of 1.3% Payment Discount Effective October 1, 2015**

   Effective October 1, 2015 a 1.3% payment discount will be applied on all fee-for-service physician payments. This discount is in addition to the existing discounts. The discount will be reported on the Remittance Advice as a Physician Payment Discount.

Ontario

3. Changes to the Schedule of Benefits Effective October 1, 2015

Effective October 1, 2015, a number of changes have been made to the Schedule. Charts detailing all fee code changes are available as attachments to this bulletin.

Professional Fee Codes for Diagnostic Imaging:

The current P1-P2 fee structure has been converted to a single P fee. The new fee amounts are available as attachments to this bulletin.

Point of Care Laboratory Services

Changes have been made to remove fee schedule codes and reduce fees for point of care laboratory testing.

Diabetes Management Incentive

In order for a physician to be eligible for the Diabetes Management Incentive (Q040), the physician must have rendered a minimum of three (3) Diabetes Management Assessments (K030) for the same patient in the same 12 month period to which the Q040 service applies.

Pre-Operative Consultations for Low Risk Surgery

Pre-operative consultations when billed solely for preparation of a patient for low risk elective procedures, under local anaesthesia and/or I.V. sedation, are no longer eligible for payment unless the medical record demonstrates that the consultation is medically necessary. The low risk procedures are as follows:

- Cataract surgery,
- Colonoscopy,
- Cystoscopy,
- Carpal tunnel surgery, and
- Arthroscopic surgery.

Echocardiography with Cardiac Doppler

Fee codes G577 and G578 for applying cardiac doppler are discontinued. The professional fee for cardiac doppler (G578) and the professional fee for a complete study (G570) and a stress study (G583) are combined. The technical fee for cardiac Doppler (G577) has been combined with each of the technical fees for a complete study (G571) and stress study (G582) and both have been reduced by 5%.

Intravitreal Injections

The fees for intravitreal injections (E147 and E149) have been reduced from $105 to $90.

4. Changes to the Schedule of Benefits Effective April 1, 2016

Effective April 1, 2016, new requirements must be met in order for echocardiography services to be eligible for payment.

Facilities - the service must be rendered at a facility that has applied for accreditation by April 1, 2016 and whose application to be accredited has not been denied. The accreditation body approved by the MOHLTC is the Cardiac Care Network (CCN).

Physicians - the physician performing the service must be able to establish that they have:

a. Level III (advanced) echocardiography training; or

b. Level II (basic prerequisites for independent competence in echocardiography) and documented performance in an established laboratory, with interpretation of at least 400 Echo/Doppler studies per year for the preceding three (3) years and at least 24 hours of accredited CME activities relevant to echocardiography over a period of two (2) years for the preceding three (3) years.

Indications - the indication must be one described in the document titled *Standards for Provision of Echocardiography* in Ontario found at http://www.ccnecho.ca/Standards/DownloadStandards.aspx and was in place on the date the service was rendered.

Physicians who have billed for echocardiogram services are encouraged to review the CCN standards found at http://www.ccnecho.ca/Standards/DownloadStandards.aspx to learn what the standards are both for facilities and for physicians working in the facility.

As the time for introduction of these proposed amendments is April 1, 2016, physicians are encouraged to advise the facility where they provide echocardiography services that accreditation will be mandatory for services to be paid by OHIP. Services will remain insured but payable at nil unless the facility is accredited and, the physician has the required qualifications.

A separate INFOBulletin will be issued which describes the implementation details of these requirements.

Links to Additional Information

Charts detailing all of the fee code changes referenced within are available as attachments to this bulletin at: http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/4000/bulletin_4000_mn.html

The full details of the changes to the Schedule can be found at:

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

Hard copies of the Schedule will not be distributed. If you would like to order a paper copy or compact disk (CD) of the Schedule for a fee, please visit https://www.publications.serviceontario.ca

Physicians without access to the Internet can contact ServiceOntario at 1-800-668-9938.

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 at http://www.e-laws.gov.on.ca/. In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulations, the legislation and/or regulations prevail.