INFOBulletin

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

To: **All Providers**

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Date Issued: **October 8, 2019** **Bulletin #: 4729**

Re: **Kaplan Board of Arbitration Award – Appropriateness Working Group (AWG): Delisted and New Fee Schedule Code Changes to the Schedule of Benefits Effective October 1st, 2019**

Kaplan Board of Arbitration Award - Appropriateness Working Group (AWG)

As directed by the February 2019 Kaplan Board of Arbitration Award, the Ministry of Health and the Ontario Medical Association (OMA) formed the Appropriateness Working Group (AWG) with a mandate to use evidence, best practices and expert opinion to identify and update the delivery of certain services to help ensure the most effective care for Ontario patients.

New Fee Schedule Codes

The following new fee schedule codes (FSCs) have been added to the Schedule of Benefits (Schedule) effective October 1st, 2019. Further changes will be implemented over the next couple of months. Further information regarding implementation of these changes will be forthcoming.

Fee Schedule Code	Description
E498A	Knee Debridement
G694A	Continuous Cardiac Monitoring - Level 2 technical component - 14 or more days recording

Ontario

Fee Schedule Code	Description
G695A	Continuous Cardiac Monitoring - Level 2 - technical component - 14 or more days scanning
G696A	Continuous Cardiac Monitoring - Level 2 professional component - 14 or more days recording
R699A	Knee arthroscopy set-up non-degenerative disorder
Z292A	Laryngoscopy - without biopsy
Z293A	Laryngoscopy - with biopsy

If a claim is submitted for one of the above new FSCs for a service date prior to October 1st, 2019, the claim will be rejected to the error report with error code 'A3E - No Such F.S. Code'.

Delisted Fee Codes

The following list of FSCs will no longer be insured services and have been removed from the Schedule. The Fee Schedule Master has been updated with an end date of September 30th, 2019 for the following FSCs:

Fee Schedule Code	Description
A901A	House call assessment
A903A	Pre-dental/pre-operative general assessment
A904A	Pre-dental/pre-operative assessment
G364A	Post-Coital testing of cervical mucous
G660A (professional fee)	Event Recorder
G661A (technical fee)	Event Recorder
G690A (professional fee)	Cardiac Loop Monitoring
G692A (technical fee)	Cardiac Loop Monitoring
X008B (technical fee, H fee and facility fee)	Sinus Radiographs
X008C (professional fee)	Sinus Radiographs
Z321A (professional fee)	Laryngoscopy (with or without biopsy)
Z321C (anaesthetist fee)	Laryngoscopy (with or without biopsy)

FSCs identified in the Delisted Fee Codes section, submitted with service dates equal to or greater than October 1st, 2019 will be rejected to the error report with error code 'A3E - No Such F.S. Code'.

FSCs identified in the Delisted Fee Codes section, submitted with service dates prior to October 1st, 2019 will be processed through the medical claims payment system according to the payment rules in effect on the service date of the claim.

Special Visit and Travel Premiums (B960A-B964A, B990A-B994A, B996A) are not eligible for payment with A001A, A003A or A007A assessment codes for services rendered in a patients' home. If a special visit premium is submitted in association with any of these assessments with a service date on or after October 1st, 2019, the premium will pay at $0 with explanatory code 'IA – Services billed are not eligible for the premium'.

For details related to the AWG changes to the Schedule effective October 1st, 2019, please refer to INFOBulletin # 4726 Kaplan Board of Arbitration Award - Appropriateness Working Group (AWG): Changes to the Schedule are effective October 1st, 2019.

For any further inquiries, please contact the Service Support Contact Centre at: 1-800-262-6524 or SSContactCentre@ontario.ca