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Bulletin 241204 — Temporary increases for physician services payments

The ministry will temporarily increase physician payments by an additional 9.95% for the period January 1, 2025 to March 31, 2025.

To: All Physicians

Category: Physician Services

Written by: Provider Services Branch, Physician and Provider Services Division

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Physician Services Agreement initiatives effective January 1, 2025

The Ministry of Health (the ministry) and the Ontario Medical Association (OMA) have been working together to implement physician compensation increases in accordance with the Arbitration Award (Award) for Year 1 of the 2024-2028 Physician Services Agreement (PSA).

The ministry and the OMA have agreed to implement an interim 9.95% compensation increase on physician payments for services rendered during the period of January 1, 2025 to March 31, 2025.

The temporary 9.95% increase will be applied as an across the board (ATB) increase to the value of Fee Schedule Codes (FSCs). This will be achieved through an update to the

Fee Schedule Master (FSM). The Schedule of Benefits for Physician Services will not be updated for the temporary increase.

The 9.95% ATB compensation increase for Year 1 of the 2024-2028 PSA will be combined with the 2.8% ATB compensation increase from Year 3 of the 2021-2024 PSA, resulting in a compounded increase of 13.0286% to Fee-for-Service (FFS) payments for services rendered between January 1, 2025 and March 31, 2025.

Tables showing Fee Schedule Code increases

Tables showing the applicable FSC increases are available with this INFOBulletin.

- Fee Code Table 1: Increases by Fee Schedule Code - Physician Services (<https://www.ontario.ca/files/2024-12/moh-fee-code-table-increases-fee-schedule-code-physician-services.pdf>)
- Fee Code Table 2: Increases by Fee Schedule Code - Technical and Professional (<https://www.ontario.ca/files/2024-12/moh-fee-code-table-increases-fee-schedule-code-technical-professional.pdf>)

Primary Care models and programs

The FSM will be updated to reflect the 9.95% increases to FFS and Primary Care Q-codes. Please see INFOBulletin 241203 Temporary Increases for Primary Care and Alternate Payment Programs (<https://www.ontario.ca/document/ohip-infobulletins-2024/bulletin-241203-temporary-increases-primary-care-and-alternate>) for additional information regarding funding agreements that will receive the additional 9.95% increase for the period of January 1, 2025 to March 31, 2025.

Shadow billing

Physician contract payments which are tied to the OHIP claims system through

shadow billing will receive the temporary 9.95% increase.

Premium and add-on Fee Schedule Codes

Premium and add-on FSCs that pay a percent increase have not been changed but will calculate the premium payments using the increased fee approved value of the accompanying eligible service(s).

Community Palliative Care On-Call

The temporary 9.95% increase has also been applied to the Community Palliative Care On-Call (CPOC) FSC (B400) submitted through the OHIP claims system for services rendered between January 1, 2025 and March 31, 2025.

Update your billing software

Please ensure that your billing software is updated to reflect the new FSC values for any services rendered on or after January 1, 2025, before submitting your claims.

The updated Fee Schedule Master (<https://www.ontario.ca/page/ohip-schedule-benefits-and-fees#section-2>) will be available for download by January 7, 2025.

Claims processed through the OHIP claims system with service dates between January 1, 2025 and March 31, 2025 will reflect these increases and will be reported on your Remittance Advice.

Technical fees

All technical services will be eligible for the temporary increase of 9.95% except for

technical services performed in hospital.

Technical services are defined by Fee Schedule Codes with a B suffix for Diagnostic Radiology, Diagnostic Ultrasound, Nuclear Medicine-In Vivo, Pulmonary Function Studies, Sleep Studies and for Diagnostic and Therapeutic Technical Procedures with any suffix.

Technical services performed in hospital must be billed with a Service Location Indicator of HED (hospital emergency department), HOP (hospital out patient), HDS (hospital day surgery), HRP (hospital referred patient), or HIP (hospital in-patient).

Eligible technical services performed in office and facility costs paid to Integrated Community Health Services Centres will receive the temporary 9.95% increase effective January 1, 2025 through to March 31, 2025.

Keywords/Tags

FSM; payments; technical fees; physicians; Physician Services Agreement; PSA; fee schedule master

Contact information

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