Physician Payment Committee

**2023** **Professional Fee Assessment Form**

**Introduction of a new fee code**

**RESOURCE TOOL**

**PLEASE NOTE:**

* **This document is intended to serve as a RESOURCE ONLY to help sections prepare their Professional Fee Assessment Form (PFAF****). As such, technical fees revisions will not be considered. Additionally, professional fee changes which require a technical fee change will not be considered.**
* **PLEASE DO NOT SUBMIT THIS FORM TO THE PPC.** **SUBMISSIONS WILL ONLY BE ACCEPTED VIA THE ONLINE FORM PROVIDED. THE ONLINE FORM CAN BE FOUND** [**HERE**](https://app.smartsheet.com/b/form/5c4bd24e40e2450286c07fba8f58ce8c)**.**
* **If you have any further questions please contact the OMA PPC support staff at** **PPC@oma.org**
* **The PPC is a bilateral committee with equal representation from the OMA an the MOH. As such, all submission materials will be shared with the MOH strictly for 2023 PPC purposes.**

**Name:**

**Preferred email address for correspondence from PPC:**

**AUTHORIZATION**

***I authorize the PPC to distribute my contact information (as needed) to other Section/MIG/Forum Executives strictly for PPC purposes:***

 Yes No

***I authorize the PPC to share the contents of this form with the Ministry of Health strictly for PPC purposes:***

 Yes No

***I authorize the PPC to share the contents of this form with other Constituencies strictly for PPC purposes:***

 Yes No

**Please note that the submitter of the PFAF in the online portal must certify that:**

1. **The Section/MIG/Forum has approved and recommends the proposed change requested in the PFAF;**
2. **You are a member of the Section/MIG/Forum and authorized as either an executive or on behalf of the executive of your Section/MIG/Forum to submit this form and represent your Section/MIG/Forum at the PPC Allocation process.**

**SECTION 1: GENERAL INFORMATION**

**OMA Section/MIG/Forum:**

**Please select the option that best reflects the nature of your request:**

* Revision to an existing fee code
* Introduction of a new fee code
* Deletion of a fee code
* Only multiple price changes based on common rationale (more than 5 codes)

**SECTION 2: REQUEST DETAILS**

If this is an **Introduction of a new fee code**, please identify.

* **Proposed Fee: $**
* **Proposed Descriptor:**
* **Proposed Payment Rules and/or Medical Record Keeping Requirements (if any):**

## Subsection (A)

**DESCRIPTION OF PROCEDURE OR SERVICE**

**Please provide an assessment of the service’s level of complexity (e.g.: additional training required, technical and other skills, risk and stress in performance of this procedure/service):**

**Is this a novel or previously uninsured therapeutic or diagnostic service?**

 Yes No

If this is a **YES**,

* **Is this service generally accepted as standard of care? (PLEASE NOTE:** PPC requests that if yes, high level evidence to support that this is standard of care must be uploaded at the end of this form.)

**If no, please explain why this is proposed as an insured service and provide high level evidence to support [upload at the end of this form]**

**Has this procedure/service been reviewed by Ontario Health Technology Advisory Committee (OHTAC) or another similar evaluating body?** (**PLEASE NOTE:** If yes, PPC requests that a copy of the OHTAC review(s) be uploaded at the end of this form.)

 Yes No Don’t Know

**If applicable, describe the indications for the service (e.g.: patient type, disease, and other contextual factors).**

## Subsection (B)

**COMPARATOR SERVICES**

**If applicable, list comparable existing fee codes, their fee amounts and their descriptors (as they appear in the OHIP Schedule).**

## Subsection (C)

**﻿OTHER SERVICES**

**If this service is currently provided in Ontario, choose all that apply: (NOTE**: If one or more of the following options are chosen, specification will be required: "included as part of another fee code," "independent consideration," and "program funding.")

Included as part of another Fee Code(s)

Independent Consideration

Directly Billed to Patient

Program Funding

Not Aware of Any Source of Funding

**Please specify:**

**SECTION 3: ANALYSIS OF COMPONENTS OF PROCEDURE OR SERVICE**

## Time intervals

**Time intervals of procedure or service** (i.e.: time spent by physician with patient; include any objective statistical data to support time estimates) Please base your time estimates on definitions provided below.

**Typical Pre-Service Time (in mins only)**

**Pre-Service Time Includes**:

* chart review prior to a consultation or visit;
* time spent preparing the patient for the procedure on the day of service;
* time spent reviewing patient information and test results prior to and on the day of procedure or service.

**Typical Intra-Service Time (in mins only)**

**Intra-Service Time Includes** • time during which the service or procedure is actually being performed

**Typical Post-Service Time (in mins only)**

**Post-Service Time Includes:**

* time spent dictating consultation reports;
* time spent with the patient in the recovery room;
* time spent in discussion with relatives

**Typical Total Time (in mins only)**

**SECTION 4: ADDITIONAL INFORMATION**

**Frequency of Procedure or Service: What do you estimate will be the total number of claims for this service (all physicians) annually?**

**What is the basis for your estimation (e.g.: number of physicians providing the service, number of patients eligible for the service)**

**Any additional comments pertaining to your request?**

**If applicable, please upload:**

* Literature that provides high level evidence to support your proposal. Please ensure that the Committee is provided with complete copies of the literature.
* Survey or other data to inform expected utilization **(only applies to those submitting a request for a new fee code or revising an existing fee code)**
* OHTAC review **(only applies to those submitting a request for a new fee code)**
* Any other materials you believe would be of use to the Committee.

**NOTE:** Maximum of 10 files that cannot collectively exceed 30 MB