

To: All Members of the Section on Cardiac Surgery
From: OMA President Dr. Sohail Gandhi

I wanted to reach out to you personally and provide important information about recommended fee schedule changes specific to Cardiac Surgery that will be in effect on April 1, 2020. This is a long email (apologies) but it does deal with finances, and how decisions were made.

I want to (briefly) recap the process that has led to the decisions on fee code changes. As you are all aware, for the first time in the history of Ontario, physicians were given an Arbitrated Award for a Physician Services Agreement (PSA). This is why there was no ratification vote. The Award is binding both on the OMA and the Ministry of Health (MOH).

As part of that process, the Arbitrator agreed that we must deal with the issues of relativity. The official OMA model for relativity is CANDI (the FAIR model you may have heard about is not final yet, it is in development). The government refused to accept CANDI. The official MOH model for relativity is RAANI. The OMA feels that there are serious, significant and unresolvable issues with RAANI, and we refused to accept it. The Arbitrator (acting in this case as a mediator), worked with both sides, and came up with the Hybrid model, and the Hybrid model will be used for all 4 years of the current PSA. *Please note, it has yet to be decided what relativity model will be used in the next PSA (2021-2025).*

As a result of the award and the Hybrid process, the Section on Cardiac Surgery was awarded a 1.6% normative increase.

This Hybrid model is not perfect. It does not address the fact that some services are provided by members in multiple Sections. If those fees go up, then the allocation to that Section will rise automatically.

In order to come up with fairest way of making changes, we tasked the Medical Services Payment Committee (MSPC) with the enormous responsibility of doing this for every Section. The timelines were tight as the MOH insisted they had to have a decision by December 18, 2019, in order to program their computers for April 1, 2020. I ask that you keep in mind that MSPC is a bilateral committee — half OMA and half MOH. For a decision to be made, both sides have to agree. If they don't agree, then we go to arbitration on those issues. By now, I believe all members are keenly aware of just how long arbitration takes.

In July, the MSPC sent letters to all Section executives outlining this process. In August, the MSPC surveyed members of each Section to see what fee codes were in need of change. On September 20, the Section executives were sent the survey results, and asked to provide input by October 14 (as mentioned the timelines were tight). This was to allow the OMA staff to model the effect of proposed changes on the members. It also allowed time for the MSPC to contact Sections as needed, to clarify their submissions. Our goal was to ensure that the fewest possible members had a negative impact.

The majority of Section executives, including the Section Executive for Cardiac Surgery, provided feedback, which helped inform the MSPC recommendations. I thank the Section Executive for all their hard work.

The MSPC went through multiple modeling exercises, and came up with the best possible recommendations they could for Cardiac Surgery. The final recommendations indicate that with these changes, in the Section on Cardiac Surgery:

- 90 physicians will see an increase in their income (average of \$8,232, representing 1.54% of their billings).

The specific changes recommended by MSPC for your Section are provided below and also posted online [here](#). Recommendations for all OMA Sections and Medical Interest Groups, along with background documents related to the MSPC, are available on the OMA website [here](#).

As with all fee schedule changes, the MSPC recommendations will be submitted to Cabinet for final approval.

If you have any questions, or require additional information, please contact mSPC@oma.org.

Ontario's Doctors Rock!

Sohail Gandhi
OMA President

Section on Cardiac Surgery

April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

Highlighted Fee Changes

Fee Increases and revisions

E671 - Re-operation involving open heart procedures with pump – following previous sternotomy is scheduled to increase from \$337.00 to \$543.60 (61%). The descriptor will be revised to strike “with pump” as the increased work effort relates to the prior sternotomy rather than the nature of the procedure once the sternotomy is performed.

Fee Increases to Cardiac Surgery and Add-on Fee Codes:

Fee Code	Descriptor	Current Value	New Fee Value	Percent Change
E645	Heart and Pericardium - Coronary artery repair- Off pump coronary artery bypass grafting, to R742or R743 add	\$366.50	\$371.00	1.2%
E650	Heart and Pericardium - Pump bypass- Includes cannulating and decannulating heart or major vein, major artery, supervision of pump and pump run add	\$366.50	\$371.00	1.2%
E652	Heart and Pericardium - Coronary artery repair - Use of Internal mammary or epigastric or radial artery for construction of bypass graft, to R742 or R743 add	\$186.70	\$187.85	0.6%
E654	Heart and Pericardium - Coronary artery repair- Each additional add	\$187.70	\$188.85	0.6%
R720	Heart and Pericardium - Repair - Total repair Tetralogy of Fallot - With or without previous arterial shunt	\$1,261.80	\$1,285.00	1.8%
R721	Heart and Pericardium - Repair - Arterial repair of transposition	\$1,687.50	\$1,739.20	3.1%
R722	Heart and Pericardium - Repair - Total anomalous pulmonary venous drainage	\$1,124.70	\$1,152.30	2.5%
R727	Valves - Tricuspid annuloplasty	\$662.55	\$678.80	2.5%
R723	Heart and Pericardium - Repair - Total correction transposition of great vessels	\$1,124.70	\$1,152.30	2.5%
R728	Valves - Tricuspid valve replacement	\$758.80	\$777.40	2.5%
R734	Valves - Mitral annuloplasty	\$770.70	\$789.60	2.5%
R735	Valves - Mitral replacement	\$948.70	\$960.35	1.2%
R738	Valves - Mitral valve reconstruction - Aortic valve replacement	\$1,036.50	\$1,049.20	1.2%
R743	Heart and Pericardium - Excision - Coronary artery repair - Two	\$1,255.00	\$1,278.10	1.8%
R758	Heart and Pericardium - Resection coarctation - Adolescent or adult	\$968.00	\$984.90	1.7%
R759	Heart and Pericardium - Resection coarctation - Congenital heart procedures - E.g. Blalock, Glenn, Potts, Waterston or Central	\$755.80	\$774.35	2.5%
R770	Heart and Pericardium - Repair - Correction of cor triatriatum	\$864.40	\$885.60	2.5%
R773	Valves - Mitral valve reconstruction - Simple (includes annuloplasty)	\$1,618.50	\$1,648.25	1.8%
R774	Valves - Mitral valve reconstruction - Complex (includes annuloplasty and repair of both the anterior and posterior leaflets)	\$2,021.05	\$2,058.20	1.8%

Fee Code	Descriptor	Current Value	New Fee Value	Percent Change
R799	Arterties - Thoracic aorta aneurysm - Repair or excision with graft - Ascending	\$1,455.30	\$1,473.15	1.2%
R800	Arterties - Thoracic aorta aneurysm - Repair or excision with graft - Arch	\$1,807.10	\$1,840.35	1.8%
R863	Valves - Mitral valve reconstruction -Replacement of aortic valve, replacement of ascending aorta, and reimplantation of coronary Arteries (Modified Bentall)	\$2,021.05	\$2,070.60	2.5%
R874	Heart and Pericardium - Percutaneous transluminal catheter assisted closure for Secundum arterial septal defect - Cardiopulmonary transplantation	\$2534.25	\$2,565.30	1.2%
R876	Valves - Mitral valve reconstruction - Valve sparing aortic root replacement or remodelling	\$2,021.05	\$2,144.95	6.1%
R923	Heart and Pericardium - Repair - Double outlet - Right/left ventricle	\$1,480.40	\$1,516.70	2.5%
R924	Heart and Pericardium - Repair - Double outlet ventricle with transposition	\$1,687.50	\$1728.90	2.5%
R925	Heart and Pericardium - Repair - Truncus arteriosus	\$1,687.50	\$1718.55	1.8%
R926	Heart and Pericardium - Repair - Interrupted aortic arch	\$1,480.40	\$1516.70	2.5%
R927	Heart and Pericardium - Repair - Aorto- Pulmonary window	\$948.75	\$960.40	1.2%

New Services

Rxxx Tricuspid valvoplasty, will be introduced in the Schedule effective April 1, 2020, valued at \$770.55. Simple repairs of the tricuspid valve could be claimed as either **Rxxx** or **R727** (Tricuspid annuloplasty) depending upon the nature of the repair. A complex repair could be claimed as **Rxxx** plus **R727** at 85%, for a total fee of \$1333.72.

New code Exxx for Suprarenal or Supraceliac Aortic Proximal Control (\$250.00) will be introduced April 1, 2020, applicable to R802, R817, R877, R783, R784, R785, R858 and R859.

Other Fee Changes of Interest

- **Hospital inpatient MRP subsequent visits (C122, C123, C124, C142 and C143)** - fee increases by approximately 4%.
- **Selected GP/FP Time Based K-code fee increases** - fee increases by approximately 8%.
- **Surgical Assistant Unit Fee Value** - surgical assistant unit fee increase from \$12.04 to \$12.25.

Note: These codes represent fee codes most commonly billed by your Section. A comprehensive list of ALL recommended fee code changes is available on the OMA website [here](#).

Notes:

1. The Schedule of Benefits changes listed above are recommended by the bilateral OMA-MOH Medical Services Payment Committee — Cabinet approval is pending.

2. Best efforts have been made to ensure the accuracy of information contained in this document. In the event of any errors, the Schedule of Benefits to be published April 1, 2020 is the definitive source. Further details about the Schedule will be available on the Ministry of Health OHIP Bulletins webpage [here](#).
3. This update was sent to you based on your primary affiliation with an OMA Section. Fee code recommendations for all OMA Sections and Medical Interest Groups are available on the OMA website [here](#).

Questions? Please email mssp@oma.org