To: All Members of the Section on Diagnostic Imaging
From: OMA President Dr. Sohail Gandhi

I wanted to reach out to all Radiologists personally and provide important information about recommended fee schedule changes specific to Diagnostic Radiology 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 of the Award by the membership. 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)*.

The Hybrid model, as you all likely know, provided a zero per cent allocation for the Section on Diagnostic Imaging for this PSA. As you are also aware, the MOH position was to cut the allocation for specific Diagnostic Radiology procedures – which your Section is a part of – by 15%. Please note that when I say allocation, I refer to the total amount paid. Growth, however, is excluded. So, if the number of services goes up (due to our aging population), then that will be paid for, but the short, unpalatable news is that there will be no raises overall for the Section on Diagnostic Imaging.

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.

This is what we were faced with in Diagnostic Imaging. Some fees that many Radiologists bill are going up because they are billed by other Sections. In order to keep the total allocation at zero per cent, this means other fees need to go down. To be clear, *the total allocated to the Section on Diagnostic Imaging will not go down*. There will be *no cuts* to the Section as a whole. But some individual fees will go up, and

some will go down.

In order to come up with the fairest way of making these 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 provided feedback to the MSPC. The Diagnostic Imaging Executive did not. As a result, the MSPC went through multiple modeling exercises, based on the survey results from your Section, and came up with the best possible recommendations they could for Diagnostic Imaging. The final recommendations indicate that with these changes, in the OHIP Specialty 33 (Diagnostic Radiology), of which your Section is a part of:

- 302 physicians will see an increase in their income (average of $907, representing 0.12% of their billing)
- 829 will see a decrease (average of $269, representing 0.04% of their billing)
- The total aggregate payments to physicians in OHIP Specialty 33 remain the same
- Keep in mind this decrease would occur AFTER the return of the 4.45% clawback, i.e. if a physician billed $300,000 for services in 2017/18 – they would get $313,972 in 2019/20. IF they were to get an average percentage decrease, they would get $313,832 for those same services in 2020/21
- Additionally, there will be a 3.54% increase to all IHF and office-based technical fees on April 1, 2020. I believe this is of interest to the Section.

All the above numbers assume practice patterns stay static from the base year 2017/18 – i.e., you bill the exact same number and mix of services.

The specific changes recommended by MSPC for your Section are provided below and available 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.

I recognize there will still be some unhappiness with these recommendations. I can only assure you that the Board is committed to doing everything in its power to ensure we don't have to go through a process where any fee codes go down in the future.

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

For more information, or if you have any questions, please contact mspc@oma.org.

Ontario's Doctors Rock!

Sohail Gandhi
OMA President

Section on Diagnostic Imaging

April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

Highlighted Fee Changes

Fee Code	Description	Current Fee Value	New Fee Value	Percent Change
J135	Diagnostic Ultrasound - Thorax, abdomen and retroperitoneum - Abdominal scan - Complete	$26.55	$26.45	-0.38%
J138	Diagnostic Ultrasound - Pelvis - Intracavitary ultrasound* (e.g. transrectal, transvaginal)	$26.55	$26.50	-0.19%
X090	Diagnostic Radiology - Chest & Abdomen - Chest - Single view	$6.40	$6.35	-0.78%
X091	Diagnostic Radiology - Chest & Abdomen - Chest - Two views	$10.75	$10.70	-0.47%
X092	Diagnostic Radiology - Chest & Abdomen - Chest - Three or more views	$12.45	$12.40	-0.40%

Other Fee Changes of Interest

- **IHF and office-based technical fees –** to be increased by 3.54% (across the board)
- **Hospital inpatient MRP subsequent visits fees (C122, C123, C124, C142 and C143)** – to be increased by 4%.
- **Selected GP/FP Time Based K-code fee increases** - to be increased between 8% and 25%.
- **Various Nuclear Medicine J codes** – to be increased between approximately 4% and 12%.
- **J852 Gallium scintigraphy - General survey** – to be decreased by 3.87%.
- **Z804 Neurology - Lumbar puncture** – to be increased by about 10%.
- **Z805 Neurology - Lumbar puncture - With instillation of medication or other therapeutic agent** – to be increased by about 15%.
- **Z341 Closed drainage effusion or pneumothorax** – to be increased by 10%.
- **G319 Maximal stress ECG - professional component** – to be decreased by 1%.
- **G112 Dipyramidole Thallium stress test - professional component** – to be decreased by 1.00%.
- **N105/N154 Intracranial aneurysm repair - Craniotomy approaches** – to be increased by approximately 16%.
- **S118 Gastrostomy** – to be increased by 35% and new payment rules indicating that this fee is for the open approach and that percutaneous approach should be billed as J055 *Percutaneous gastrostomy.*
- **Surgical Assistant base unit fee** – to be increased by 1.74%.

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 mspc@oma.org