

To: All Members of the Section on Long Term Care & Care of the Elderly  
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 Long Term Care & Care of the Elderly 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).*

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 provided feedback to the MSPC. The MSPC went through multiple modeling exercises, and came up with the best possible recommendations they could for Long Term Care & Care of the Elderly.

The specific changes recommended by MSPC for OHIP Specialty 00 (Family Practice and Practice in General) of which your Section is a part 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](mailto:mspc@oma.org).

Ontario's Doctors Rock!

Sohail Gandhi  
OMA President



## OHIP Specialty 00 (Family Practice and Practice in General)

### April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

#### Highlighted Fee Changes

##### Various fee code increases

A wide range of fee codes are to be increased. The following table highlights some of the fee increases – for a complete listing of fee increases that impacts GPs please [click here](#).

##### Select Assessments and Consultations

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
A007	GP/FP - Intermediate assessment/well baby care	\$33.70	\$36.85	9.35%
P004	Obstetrics - Prenatal care - Minor prenatal assessment	\$33.70	\$36.85	9.35%
A001	GP/FP - Minor assessment	\$21.70	\$23.75	9.45%
A003	GP/FP - General assessment	\$77.20	\$84.45	9.39%
K131	GP/FP - Periodic health visit - Adult age 18 to 64 inclusive	\$50.00	\$54.00	8.00%
A005	GP/FP - Consultation	\$77.20	\$84.45	9.39%
A888	GP/FP - ED equivalent - Partial assessment	\$33.70	\$36.85	9.35%
K030	GP/FP - Diabetic Management Assessment	\$39.20	\$40.55	3.44%
C002	family & general practice - non-emergency hospital inpatient services - subsequent visits - up to five weeks - per visit	\$31.00	\$34.10	10.00%

##### Select Time Based Codes

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
K005	primary mental health care - individual care	\$62.75	\$67.75	7.97%
K013	counselling - individual care	\$62.75	\$67.75	7.97%
K007	psychotherapy - individual care	\$62.75	\$67.75	7.97%
K023	palliative care support	\$62.75	\$72.15	14.98%
K002	interviews - with relatives or a person who is authorized	\$62.75	\$67.75	7.97%
K028	sexually transmitted disease (std) management	\$62.75	\$67.75	7.97%
K029	insulin therapy support (its)	\$62.75	\$67.75	7.97%
K032	specific neurocognitive assessment - diagnosis of dementia	\$62.75	\$67.75	7.97%
K037	Fibromyalgia/chronic fatigue syndrome care - Fibromyalgia/chronic fatigue syndrome care	\$62.75	\$67.75	7.97%



Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
K040	group counselling - two or more persons	\$62.75	\$67.75	7.97%
K680	Substance abuse - extended assessment	\$62.75	\$67.75	7.97%

#### Other codes and procedures

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
G512	Palliative Care - Palliative Care case management fee	\$62.75	\$67.75	7.97%
G365	Gynaecology - Papanicolaou Smear - Periodic	\$6.75	\$8.65	28.15%
E430	When Papanicolaou smear is performed outside of hospital, to G365.....add	\$11.55	\$11.95	3.46%
E542	Add-on - When performed outside hospital	\$11.15	\$11.55	3.59%
G700	Basic fee- Per- Visit premium for procedures marked(+)	\$5.10	\$5.60	9.80%
G590	Immunization - Influenza agent	\$4.50	\$4.95	10.00%
G538	Immunization - Other immunizing agents not listed above	\$4.50	\$4.95	10.00%
G841	Injections and Infusions - Immunization - Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus, Haemophilus influenza type b (DTaP- IPV- Hib) - Paediatric	\$4.50	\$5.40	20.00%
G842	Injections and Infusions - Immunization - Hepatitis B (HB)	\$4.50	\$5.40	20.00%
G843	Injections and Infusions - Immunization - Human Papillomavirus (HPV)	\$4.50	\$5.40	20.00%
G844	Injections and Infusions - Immunization - Meningococcal C Conjugate (Men-C)	\$4.50	\$5.40	20.00%
G845	Injections and Infusions - Immunization - Measles, mumps, rubella (MMR)	\$4.50	\$5.40	20.00%
G846	Injections and Infusions - Immunization - Pneumococcal conjugate	\$4.50	\$5.40	20.00%
G847	Injections and Infusions - Immunization - Diphtheria, Tetanus, acellular Pertussis (Tdap) - Adult	\$4.50	\$5.40	20.00%
G848	Injections and Infusions - Immunization - Varicella (VAR)	\$4.50	\$5.40	20.00%
G010	Laboratory Medicine - one or more parts of above without microscopy	\$2.07	\$2.14	3.38%
G014	Laboratory Medicine - Miscellaneous - Rapid streptococcal test	\$5.50	\$5.70	3.64%
G420	Otolaryngology - Ear syringing and/or extensive curetting or debridement unilateral or bilateral	\$11.25	\$11.35	0.89%
G197	Skin testing - professional component, to a maximum of 50 per year, per test	\$0.19	\$0.21	10.00%



**GP/FP Focus Practice Assessment Codes**

A917, A927, A937, A947, A957 or A967 are to be increased by 9.35% to remain in relativity with A007 Intermediate assessment, from \$33.70 to \$36.85.

**Anaesthesiologist Unit Fee**

The unit fee for Anaesthesiology is being increased from \$15.01 to \$15.29 (1.87%).

**Surgical Assistant Unit Fee**

The unit fee for Surgical Assistants is being increased from \$12.04 to \$12.25 (1.74%).

**Focused Practice Psychotherapy Premium**

The automatic premium for focused practice psychotherapy is being increased from 12% to 17%.

**New Automatic Premium for Hospitalists**

Physicians who provide a significant level of service to hospital inpatients, as a hospitalist, will be eligible for a premium.

Eligible physicians are identified with the following criteria:

- Provision of at least 1,500 core services, per annum; and
- Provision of at least one core service on at least 110 days of the year.

Core services consist of the following services:

- C122, C123, C124 (Subsequent visits by MRP)
- Subsequent visits C002 or the relevant subsequent visit code for the physician's specialty (e.g., C132 for Internal Medicine)
- C142, C143 (Subsequent visits by MRP following transfer from an ICU)
- Subsequent visits C007 and C009 and their comparable specialist codes for the sixth to thirteenth weeks and after the thirteenth week (e.g., C137 and C139 for Internal Medicine)
- A/C933 On-call admission assessment;
- C882/C982 palliative care subsequent visit
- E082 Admission Assessment by the Most Responsible Physician (MRP) Premium; and
- E083 Subsequent visit and palliative care visit by the MRP premium

Eligibility will be determined in a similar manner as focused practice psychotherapy premium. Eligible physicians will receive an additional 17% on their FY20/21 claims for the codes that are used to identify a hospitalist in the context of this premium.

**New Exxx Premium for Weekend and Holiday Subsequent Visits to Hospital Inpatients by the MRP**

When subsequent visits are provided on weekends and holidays by the MRP, the physician is eligible to claim Exxx for a 45% premium; This premium is to act as a substitute to using the current MRP premium E083 (30% premium).

The physician must be registered with OHIP as having one of the following designations:

00(Family Practice and Practice in General), 02(Dermatology), 07(Geriatrics), 12(Emergency Medicine), 13(Internal Medicine),15(Endocrinology & Metabolism), 16(Nephrology), 18(Neurology), 19(Psychiatry),



22(Genetics), 26(Paediatrics), 28(Pathology), 31(Physical Medicine), 34(Therapeutic Radiology), 41 (Gastroenterology), 44(Medical Oncology), 46(Infectious Disease), 47(Respiratory Disease), 48(Rheumatology), 60 (Cardiology), 61(Haematology), 62(Clinical Immunology).

**Select increases specific to Addiction Medicine**

- A957 – GP/FP Focused Practice Assessment (FPA) – Addiction medicine 9.35%
- G010 – Laboratory Medicine – one or more parts of above without microscopy 3.38%
- K680 – Substance abuse – extended assessment 7.97%
- A005 - GP/FP – Consultation 9.39%
- Most time based K codes 7.97%

**Select increases specific to Chronic Pain**

- A937 - GP/FP - Focused Practice Assessment (FPA) - Pain management FPA 9.35%
- G010 – Laboratory Medicine - one or more parts of above without microscopy 3.38%
- A005 - GP/FP – Consultation 9.39%
- Most time based K codes 7.97%

**Select increases specific to Hospital Medicine**

- New Automatic Premium for Hospitalist
- New Premium for Weekend and Holiday Subsequent Visits to Hospital Inpatients by MRP
- C002 - family & general practice - non-emergency hospital inpatient services - subsequent visits - up to five weeks - per visit 10.00%
- C122 - subsequent visits -MRP-day following hospital admission assessment 4.00%
- C123 - subsequent visits -MRP-second day following hospital assessment 4.00%
- C124 - subsequent visits -MRP-day of discharge 4.00%
- A007 - GP/FP - Intermediate assessment/well baby care 9.35%

**Select increases specific to Long Term Care and Care of the Elderly**

- A967 - GP/FP - Care of the elderly FPA 9.35%
- G512 - Palliative Care - Palliative Care case management fee 7.97%
- A/W777 – Pronouncement of death 9.35%

**Select increases specific to Palliative Medicine**

- G512 - Palliative Care - Palliative Care case management fee 7.97%
- K023 – Palliative Care Support 14.98%
- A945 – Special Palliative Care Consultation 9.98%
- C002 - family & general practice - non-emergency hospital inpatient services - subsequent visits - up to five weeks - per visit 10.00%

**Select increases specific to Primary Mental Health**

- Focused Practice Psychotherapy Premium to increase from 12% to 17%
- Most time based K codes 7.97%

**Select increases specific to Sport and Exercise Medicine**

- A917 - GP/FP – Focused Practice Assessment (FPA)- Sport medicine FPA 9.35%
- A005 - GP/FP – Consultation 9.39%
- Most time based K codes 7.97%



- E542 – tray fee when performed outside hospital 3.59%

#### Primary Care Model Changes

Model	Long Name	Proposed Increase
FHO/FHN	Family Health Organization and Family Health Network - Base Rate	1.71% increase on Base Rate (plus increases to fee codes)
FHG	Family Health Group	Increases to fee codes (see above)
CCM	Comprehensive Care Model	Increases to fee codes (see above)
RNPGA	Rural and Northern Group Agreement	6.76% increase on Base Rate
SJHC	St. Josephs Health Centre	6.76% increase on Base Rate
GHC	Group Health Centre	6.76% increase on Base Rate
BSM	Blended Salary Model	15.0% increase on Base Rate
CHC	Community Health Centres	20% investment to increase Base and to aligned Urban/Rural rates
AHAC	Aboriginal Health Access Center Physicians	8.99% increase on Base Rate
AFHT	Aboriginal Health Family Health Teams	57% increase on Base to align with CHC and AHAC rates
IIPCT	Indigenous Interprofessional Primary Care Team	8.99% increase on Base Rate
TPCA	Toronto Palliative Care Associates	28% increase on Base Rate
GPFPC	GP Focus Palliative Care APP	28% increase on Base Rate
COE	Care of the Elderly APP	18% increase on Base Rate
HIV	HIV APP	28% increase on Base Rate
SLRPSI	Sioux Lookout Regional Physician Services Inc	28% increase on Base Rate
WAHA	Weeneebayko Area Health Authority	18% increase on Base Rate
ICHA	Inner City Health Associates	25% increase on Base Rate
Shelter Health	Shelter Health Network	25% increase on Base Rate
Sherbourne	Sherbourne Physician Group	25% increase on Base Rate

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](mailto:mssp@oma.org)