

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.

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 |
| GPFFC | 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 mssc@oma.org