To: All Members of the Section on Neurology
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 Neurology 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 Neurology was awarded a 4.6% 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 Neurology, provided feedback, which helped inform the MSPC recommendations. I thank the Section Executive for all their hard work.

I also want to acknowledge and apologize for an error that occurred during the process. On December 18, a summary of the MSPC recommendations was sent to all Section Executives. Unfortunately, this document contained a preliminary set of recommendations from the MSPC for the Section on Neurology, not the final one. The main difference is that instead of three new fee codes for stroke management as the Section Executive had requested, there are only two new codes. I recognize that this is quite disappointing to the Section Executive, and particularly that they should have been told about this on December 18, and not found out on January 21. I can commit to you that the OMA will be doing a full post mortem on the MSPC process to find out how this error occurred.

Having said that, I want to assure you all that the allocation and normative increase (raises) to the Section on Neurology are in line with the Arbitration Award. The Section is still getting the 4.6% normative increase, it is simply coming via different fee codes.

The specific changes recommended by the 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 Neurology

April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

Highlighted Fee Changes

Consultation Fee Increases

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
A/C/W185	Consultation	$176.35	$178.60	1.28%
A/C183	Medical specific assessment	$78.80	$79.80	1.27%
A/C184	Medical specific re-assessment	$62.10	$62.90	1.29%
A/C181	Complex medical specific re-assessment	$71.90	$72.85	1.32%
A188	Partial assessment	$37.65	$38.15	1.33%
A/C/W113	Complex neuromuscular assessment	$89.85	$91.00	1.28%

Other Neurology Fee increases:

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
G418	Routine EEG - professional component (16 - 21 channel EEG)	$50.00	$62.50	25.00%
G543	Electroencephalography - Sleep-deprived/induced EEG - professional component	$60.00	$120.00	100.00%
Z804	Lumbar puncture	$67.60	$74.35	9.99%
Z805	Lumbar puncture - With instillation of medication or other therapeutic agent	$75.10	$86.35	14.98%
G473	Schedule C - professional component, when physician performs EMG and/or performs or supervises nerve conduction studies and interprets the results	$191.00	$275.00	43.98%

Critical Care fee changes:

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
G405	Critical Care - Ventilatory support (ICA) physician-in-charge - 1st day	$193.45	$183.80	-4.99%
G406	Critical Care - Ventilatory support (ICA) physician-in-charge - 2nd to 30th day, inclusive per diem	$101.55	$96.45	-5.02%
G407	Critical Care - Ventilatory support (ICA) physician-in-charge - 31st day onwards per diem	$67.60	$64.20	-5.03%
G557	Critical Care - Comprehensive Care (Intensive Care Area) - Physician-in-charge - 1st day	$325.40	$374.35	15.04%

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
G558	Critical Care - Comprehensive Care (Intensive Care Area) - Physician-in-charge - 2nd to 30th day, inclusive per diem	$213.50	$223.50	4.68%
G559	Critical Care - Comprehensive Care (Intensive Care Area) - Physician-in-charge - 31st day onwards per diem	$85.35	$113.00	32.40%

New Fees for Consultation and Ongoing Management for Acute Cerebral Vascular Syndrome
The MSPC recommends creating two codes for consultation and the ongoing management of an acute cerebral vascular syndrome with tPA as noted below. It is intended to compensate the Neurologist who is personally managing the patient and not for patients who are being managed through Telestroke.

- **Axxx Consultation for Acute Cerebral Vascular Syndrome, fee value $200.00**
  A Consultation for Acute Cerebral Vascular syndrome is a consultation in which the physician provides all the elements of a consultation (A185) but because of the patient's condition spends a minimum of 30 minutes with the patient exclusive of time spent rendering any other separately billable intervention to the patient.

  Payment Rules:
  1. Applicable for patients seen within 4.5 hours of the onset of symptoms.
  2. The service is rendered by a physician registered with OHIP as having a specialty designation 18 (Neurology).
  3. The consultation is rendered in a hospital or facility with adequate diagnostic capabilities (i.e. laboratory services, diagnostic imaging ability including CT scan, MRI and ultrasound) to ensure timely patient care.
  4. The Neurologist is in constant attendance.
  5. Not billable with Critical Care or other services.

- **Kxxx Management of Acute Cerebral Vascular Syndrome with peripheral tPA, fee value $90.00 per unit (maximum 6 units per day)**
  Management of Acute Cerebral Vascular Syndrome with peripheral tPA requires the Neurologist to remain in constant or nearby attendance in order to clinically monitor and treat a patient with acute cerebral vascular syndrome. It includes an ongoing review of laboratory and imaging results including discussions with other Specialists including Radiologists and Intensive Care physicians. It includes the administration of peripheral tPA and post administration monitoring for at least 60 minutes.

  Payment Rules:
  1. For payment purposes, Axxx constitutes the first half hour of the time spent with the patient.
  2. Applicable following Axxx.
  3. Maximum six units per day.
  4. Start and stop times must be recorded in the patient's permanent medical record.
  5. Unit is the greater part of 30 minutes.
  6. The service is rendered by a physician registered with OHIP as having a specialty designation 18 (Neurology).

7. The consultation is rendered in a hospital or facility with adequate diagnostic capabilities (i.e. laboratory services, diagnostic imaging ability including CT scan, MRI and ultrasound) to ensure timely patient care.
8. The Neurologist is in constant attendance.
9. Not billable with Critical Care or other services.

New Extended Special Neurological Consultation, $401.30
The MSPC recommends the introduction of a new Extended special neurological consultation fee of $401.30. It is a consultation in which the physician provides all the elements of a regular consultation (e.g., A185) and spends a minimum of 90 minutes of direct contact with the patient and/or caregiver. Please note that the start and stop times of this consultation must be recorded in the patient's permanent medical record.

New EEG with time-locked video fee, $120.00
The MSPC recommends creating a new fee code for *EEG with time-locked video recording* requiring a minimum recording time of 30 minutes at a fee of $120.

New Premium for Weekend and Holiday Subsequent Visits to Hospital Inpatients by the MRP, add 45%
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).

Other Fee Changes of Interest

- **Hospital inpatient MRP subsequent visits fees (C122, C123, C124, C142 and C143)** – to be increased by 4%.
- **GP/FP Time Based K-code fee increases** – to be increased between 8% and 25%.
- **G557/G558/G559 - ICU Comprehensive Care per diem fees** – to be increased between 4.68% and 32.40%.

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