

To: All Members of the Section on Nuclear Medicine

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 Nuclear Medicine 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).*

Under the Hybrid Model, the Section on Nuclear Medicine was given a normative increase (i.e. raise) of 1.7%.

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 the 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 Nuclear Medicine, provided feedback, which helped inform the MSPC recommendations. I thank the Section Executive for their hard work on this issue.

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

- 54 physicians will see an increase in their income (average of \$6,132, representing 1.72% of their billing).
- 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.

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 Nuclear Medicine

April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

Highlighted Fee Changes

Various Consultation and Assessment Fee Changes

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
A/C635	Nuclear Medicine - Consultation	\$82.40	\$157.00	90.53%
A/C636	Repeat consultation	\$57.25	\$63.00	10.04%
A638	Partial assessment	\$35.35	\$38.90	10.04%
A/C735	Nuclear Medicine - Diagnostic consultation	\$33.70	\$67.40	100.00%
A/C835	Nuclear Medicine - Special Nuclear Medicine consultation	\$180.00	\$300.70	67.06%

Fee Code Revision

The MSPC recommends increasing the fee for A835 Special Nuclear Medicine Consultation from \$180.00 to \$300.70 (67%) and replacing its descriptor with one that is comparable to the other medical specialties as noted below.

- **A835 Comprehensive internal medicine consultation for radionuclide therapy, fee value \$300.70**

This service is a consultation rendered by a specialist in nuclear medicine who provides all the appropriate elements of a consultation and spends a minimum of seventy-five (75) minutes of direct contact with the patient exclusive of time spent rendering any other separately billable intervention to the patient.

A835 Comprehensive nuclear medicine consultation for radionuclide therapy \$300.70

Medical record requirements:

The start and stop times must be recorded in the patient's permanent medical record or the amount payable for the service will be adjusted to a lesser paying fee.

1. A835 must satisfy all the elements of a consultation (see page GP12).
2. The calculation of the 75-minute minimum time for comprehensive internal medicine consultations excludes time devoted to any other service or procedure for which an amount is payable in addition to the consultation.

New Fee Codes

The MSPC recommends creating three new fee codes; one Specific assessment and two Minor assessments comparable to the Radiology codes A331 and A338.

1. **Axxx Specific assessment, fee value \$70.55**
2. **Axxx Minor assessment, fee value \$17.75**

A minor assessment (Axxx) is the service rendered when a Nuclear Medicine specialist evaluates a patient on a non-emergent basis resulting in the cancellation or deferral of a planned nuclear medicine procedure due to procedural difficulties, including lack of patient co-operation, if no other nuclear medicine procedure is rendered.

3. Ayyy Minor assessment, fee value \$17.75

A minor assessment (Ayyy) is the service rendered when a Nuclear Medicine specialist evaluates a patient on a non-emergent basis on the advisability of performing a nuclear medicine procedure which eventually is not done.

Fee Changes Regarding Whole Body Scans

The MSPC recommends increasing the fees for J850 Bone scintigraphy from \$47.70 to \$49.70 (4.19%). It also recommends increasing and in one case decreasing the fees for a few other studies based on whole body scans by various amounts so that the final fee is \$49.70 in relativity to J850 as noted.

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
J850	IN VIVO - Musculoskeletal system - Bone scintigraphy - General survey	\$47.70	\$49.70	4.19%
J852	IN VIVO - Musculoskeletal system - Gallium scintigraphy - General survey	\$51.70	\$49.70	-3.87%
J865	IN VIVO - Miscellaneous - Total body counting	\$38.70	\$49.70	28.42%
J869	IN VIVO - Endocrine system - Adrenal scintigraphy - With MIBG	\$44.45	\$49.70	11.81%
J872	IN VIVO - Endocrine system - Parathyroid scintigraphy - Metastatic survey with I-131	\$44.45	\$49.70	11.81%
J881	IN VIVO - Hematopoietic system - Bone marrow scintigraphy - Whole body	\$47.70	\$49.70	4.19%
J883	IN VIVO - Hematopoietic system - In-111 leukocyte scintigraphy - Whole body	\$46.75	\$49.70	6.31%

Various Nuclear Medicine J-Code Fee Changes

The MSPC recommends increasing the Nuclear Medicine J-codes as proposed in the Section's spreadsheet subject to its available allocation. Various J codes are to be increased on average by 4.64% (up to 28.42%).

Other Fee Changes of Interest

- **IHF and office-based technical fees** – to be increased by 3.54% (across the board)
- **Selected GP/FP Time Based K-code fee increases** – to be increased between 8% and 25%.
- **G319 Maximal stress ECG - professional component** – to be decreased by 1%.
- **G112 Dipyramidole Thallium stress test - professional component** – to be decreased by 1%.

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 mshpc@oma.org