

To: All Members of the Section on Paediatrics
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 Paediatrics 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 of 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 Paediatrics was awarded a 4.1% 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 Paediatrics, provided feedback, which helped inform the MSPC recommendations. I thank the Section Executive for all their hard work.

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

- 1,191 physicians will see an increase in their income (average of \$8,392, representing 3.78% of their billing).
- Less than 5 physicians will see a decrease (average of \$420, representing 1.31% of their billing). Keep in mind that 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 dollar decrease, they would get \$309,854 for those same services in 2020/21.

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 Paediatrics

April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

Highlighted Fee Changes

Fee code	Description	Current Fee Value	New Fee Value	Percentage Increase
A/C/W265	Consultation	\$167.00	\$175.40	5.03%
A/C/W662	Extended special paediatric consultation	\$395.65	\$401.30	1.43%
A/C/W667	Neurodevelopmental consultation	\$395.65	\$401.30	1.43%
A/C665	Prenatal consultation	\$91.35	\$100.55	10.07%
A/C263	Medical specific assessment	\$77.70	\$80.05	3.02%
A/C264	Medical specific re-assessment	\$59.45	\$61.25	3.03%
A/C661	Complex medical specific re-assessment	\$68.80	\$72.25	5.01%
A262	Level 2 - Paediatric assessment	\$42.15	\$43.45	3.08%
A268	Enhanced 18 month well visit	\$62.40	\$64.30	3.04%
H261	Newborn care in hospital or home	\$57.90	\$60.80	5.01%
K119	Paediatric developmental assessment incentive	\$100.00	\$115.10	15.10%
K122	Paediatrics - Individual developmental and/or behavioural care per unit	\$80.30	\$86.85	8.16%
K123	Paediatrics - Family developmental and/or behavioural care per unit	\$91.10	\$98.55	8.18%

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).

Neonatal Intensive Care

- NICU Level A code G602 (31st day onwards. Per diem) will be delisted from the Schedule.
- NICU Level A code G601 will now apply to the 2nd day onwards, including for days beyond the 31st day.

- NICU Level A codes are now reflected in a two-tier system similar to that of Level B and Level C NICU per diem fee codes.
- NICU fees are to be increased as follows:

Fee code	Description	Current Fee Value	New Fee Value	Percent Increase
G600	Critical Care - Neonatal intensive care - Level A - 1st day	\$358.00	\$376.05	5.04%
G601	Critical Care - Neonatal intensive care - Level A - 2nd to 30th day, inclusive per diem	\$178.95	\$187.95	5.03%
G603	Critical Care - Neonatal intensive care - Level A - Neonatal low volume intensive care - Payable in lieu of G600 or G604 if sole newborn to maximum of 25 services per physician per fiscal year	\$536.95	\$564.00	5.04%
G610	Critical Care - Neonatal intensive care - Level B - 1st day	\$245.65	\$258.05	5.05%
G611	Critical Care - Neonatal intensive care - Level B - 2nd day onwards, per diem	\$122.80	\$129.00	5.05%
G620	Critical Care - Neonatal intensive care - Level C - 1st day	\$155.20	\$162.95	4.99%
G621	Critical Care - Neonatal intensive care - Level C - 2nd day onwards, per diem	\$77.60	\$81.50	5.03%

Subsequent Visits to Hospital Inpatients (C262, C267, C269)

- C267 (subsequent visits – seventh to thirteenth week inclusive) and C269 (subsequent visits – after thirteenth week) will be delisted from the Schedule.
- C262 fee will remain unchanged and is eligible for payment for all hospital subsequent visits regardless of how long the patient has been admitted.
- In addition, the following hospital subsequent visit fees are to be increased:

Fee code	Description	Current Fee Value	New Fee Value	Percent Increase
C122	Subsequent visits by the MRP – day following hospital admission assessment	\$58.80	\$61.15	4.00%
C123	Subsequent visits by the MRP – second day following hospital admission assessment	\$58.80	\$61.15	4.00%
C124	Subsequent visits by the MRP – day of discharge	\$58.80	\$61.15	4.00%
C142	Subsequent visits by the MRP following transfer from an ICU – first visit	\$58.80	\$61.15	4.00%
C143	Subsequent visits by the MRP following transfer from an ICU – second visit	\$58.80	\$61.15	4.00%

Injections and Immunizations

Fee code	Description	Current Fee Value	New Fee Value	Percent Increase
G538	Other immunizing agents not listed above	\$4.50	\$4.95	10.00%
G590	Influenza agent	\$4.50	\$4.95	10.00%
G840	Diphtheria, Tetanus, and acellular Pertussis vaccine/ Inactivated Poliovirus vaccine (DTaP/IPV) - Paediatric	\$4.50	\$5.40	20.00%
G841	Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus, Haemophilus influenza type b (DTaP- IPV- Hib) - Paediatric	\$4.50	\$5.40	20.00%
G842	Hepatitis B (HB)	\$4.50	\$5.40	20.00%
G843	Human Papillomavirus (HPV)	\$4.50	\$5.40	20.00%
G844	Meningococcal C Conjugate (Men-C)	\$4.50	\$5.40	20.00%
G845	Measles, mumps, rubella (MMR)	\$4.50	\$5.40	20.00%
G846	Pneumococcal conjugate	\$4.50	\$5.40	20.00%
G847	Diphtheria, Tetanus, acellular Pertussis (Tdap) - Adult	\$4.50	\$5.40	20.00%
G848	Varicella (VAR)	\$4.50	\$5.40	20.00%
G700	Basic fee- Per- Visit premium for procedures marked(+)	\$5.10	\$5.60	9.80%

Other Fee Changes of Interest

- **Various GP/FP Time Based K-code fee increases** – to be increased between 8% and 25%.
- **G418 Routine EEG and G543 Sleep-deprived/induced EEG** – to be increased by 25% and 100%, respectively.
- **G512 Palliative Care case management fee** – to be increased by 8%.
- **G208 Allergy provocation testing and G197 Allergy skin testing (professional component)** – to be increased by 12% and 10%, respectively.
- **Various Pulmonary Function Studies** – fees increased by approximately 5%.

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