

To: All Members of the Section on Physical Medicine & Rehabilitation
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 Physical Medicine & Rehabilitation 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 Physical Medicine & Rehabilitation was awarded a 5.3% 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 Physical Medicine & Rehabilitation, 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 Physical Medicine & Rehabilitation. The final recommendations indicate that with these changes, in the Section on Physical Medicine & Rehabilitation:

- 208 physicians will see an increase in their income (average of \$12,527, representing 5.28% of their billing).

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 Physical Medicine & Rehabilitation

April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

Highlighted Fee Changes

Consultation and Assessment fee increases

Fee code	Description	Current Fee Value	New Fee Value	Percent Increase
A315	Consultation	\$172.85	\$189.20	9.46%
C315	Non-emergency hospital in-patient services - Consultation	\$182.85	\$200.15	9.46%
W515	Non-emergency LTC in-patient Service - Consultation	\$182.85	\$200.15	9.46%
A/C/W511	Physical Medicine and Rehabilitation - Complex physiatry assessment	\$89.85	\$98.35	9.46%
H312	Physical Medicine and Rehabilitation - Team management in a rehabilitation unit - First twelve weeks per visit	\$39.00	\$42.70	9.49%
H317	Physical Medicine and Rehabilitation - Team management in a rehabilitation unit - from thirteenth to twenty-sixth week	\$39.00	\$42.70	9.49%
H319	Physical Medicine and Rehabilitation - Team management in a rehabilitation unit - twenty-seventh week onwards	\$39.00	\$42.70	9.49%
H313	Physical Medicine and Rehabilitation - Rehabilitation counselling - Per unit	\$76.95	\$84.20	9.42%

Other Fee Changes of Interest

- **Hospital inpatient MRP subsequent visits (C122, C123, C124, C142 and C143)** – to be increased by 4.00%.
- **G473 EMG Schedule C - professional component** – to be increased by 43.98%.
- **Various GP/FP Time Based K-code fee increases** – to be increased between 8% and 25%.
- **E542 when performed outside hospital** – to be increased by 3.59%.
- **New hospital subsequent visit MRP weekend premium:** Exxx Subsequent visit by the MRP, to subsequent visits and C122, C123, C124, C142, C143, C882 or C982 add 45%.
Payment Rules:
 - Exxx may only be claimed for Subsequent Visits provided on weekends and holidays.
 - Exxx may not be claimed in addition to E083.

The service is rendered by a physician registered with OHIP as having one of the following specialty 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).

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