The 2012 Physician Services Agreement (PSA) between the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA) includes provisions for new Fee Schedule Codes to be added to the Schedule of Benefits effective January 1, 2013.

**New Fee Schedule Codes:**

Effective January 1, 2013 the following Fee Schedule Codes will be added to the Schedule of Benefits:

<table>
<thead>
<tr>
<th>Fee Code</th>
<th>Description</th>
<th>Fee</th>
<th>Assistant</th>
<th>Anaesthetist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z491A</td>
<td>Follow up of incomplete polyp resection</td>
<td>51.95</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Z492A</td>
<td>Five year follow up of normal colonoscopy (Z499), absence of intervening signs or symptoms – sigmoid to descending</td>
<td>51.95</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Z493A</td>
<td>Ten year follow up of normal colonoscopy (Z497, Z555), absence of intervening signs or symptoms – sigmoid to descending</td>
<td>51.95</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Z494A</td>
<td>Hereditary (e.g. Familial adenomatous Polyposis or Hereditary Non-Polyposis Colorectal Cancer) or other bowel disorders (e.g. inflammatory bowel disease) associated with increased risk of malignancy</td>
<td>51.95</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Z495A</td>
<td>Follow up of unsatisfactory colonoscopy</td>
<td>51.95</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
These fee schedule codes when billed for a rostered or non rostered patient will pay fee for service.

Effective January 1, 2013, the annual health exam (A003 with diagnostic code 917) will be replaced by a periodic health visit. Please see INFObulletin #4585 which provides details related to the introduction of the periodic health visit codes into the Schedule of Benefits. The following are the new fee schedule code for Periodic Health Visits:

<table>
<thead>
<tr>
<th>Fee Code</th>
<th>Description</th>
<th>Proposed Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>K130A</td>
<td>Periodic Health Visit - adolescent</td>
<td>77.20</td>
</tr>
<tr>
<td>K131A</td>
<td>Periodic Health Visit - adult aged 18 to 64 inclusive</td>
<td>50.00</td>
</tr>
<tr>
<td>K132A</td>
<td>Periodic Health Visit - Adult aged 65 years and above</td>
<td>77.20</td>
</tr>
</tbody>
</table>

Effective January 1, 2013 these new fee schedule codes have been identified as Primary Care Services so when billed for a rostered patient the claim will pay at zero dollars with a payment explanation code of ‘I2’ - service is globally funded (Shadow Billing). The Blended FFS Premium will be applied.

**After Hours Premium (Q012A):**

The new periodic health visit fee codes K130A – K132A are being added to the list of allowable codes list for payment of the after hour’s premium under your agreement. This change will be implemented in ministry payment systems in the near future. In the interim, please hold any K130A – K132A claims services which were performed in an after hours session for which you are entitled to bill the after hours premium (Q012A). You will be informed by separate INFObulletin when to submit your held claims.

**Preventive Care Management Fees (Q001A to Q005A)**

As of April 1, 2013, the Preventive Care Management fee codes Q001A, Q002A, Q003A, Q004A and Q005A will be ended. The ministry systems have been updated to remove the billing rules to allow for the submission of any outstanding claims to be processed with service dates March 31, 2013 and prior.
House Call Bonus and Premiums:

The 2012 PSA includes a provision (Appendix D, item 4.3) which enhances the current bonus and premiums available for the provision of house calls. The text of this section reads:

The parties agree that primary care physicians should be encouraged to provide more house calls with a focus on homebound and frail elderly patients. Accordingly, the parties agree to enhance the current premium for house calls and to implement new house call incentives for homebound frail elderly patient as follows:

A new fee code, at the same value as the A901, will be developed for house calls to homebound and frail elderly patients. The definition of “homebound and frail elderly patient” for the purpose of this fee code shall be developed by PHCC.

the current premiums for house calls shall be revised as follows:

<table>
<thead>
<tr>
<th>Bonus Level</th>
<th>Home Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessary annual criteria</td>
<td>A</td>
</tr>
<tr>
<td>3 or more patients served and</td>
<td>6 or more patients served and</td>
</tr>
<tr>
<td>12 or more encounters</td>
<td>24 or more encounters</td>
</tr>
<tr>
<td>$1,500</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

These changes are effective April 1, 2013. The new fee code for house calls to homebound and frail elderly patients will be added to the Schedule of Benefits effective April 1, 2013. The appropriate use of this new fee code is important as components of the bonus and premium structure rely on information on services provided to frail elderly and homebound patients.

Thank you for your continued participation in advancing Primary Health Care in Ontario.
All claims inquiries should be directed to your Claims Service Branch Office.

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