

# INFOBulletin

Keeping health care providers informed of payment, policy or program changes

**To: Physicians, Registered Nurse Practitioners, Hospitals and Clinics**

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**Re: Implementation of 2012 Physician Services Agreement – Amendments to the Schedule of Benefits for Physician Services - Effective January 1, 2013**

1. Background
2. New Fee Codes
3. Amendments to Existing Services/Payments
4. Links to additional information

## 1. Background

This bulletin describes changes to the Schedule of Benefits for Physician Service (“Schedule”) effective January 1, 2013 resulting from the 2012 Physician Services Agreement between the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA). These changes include the introduction of new fee codes to reflect best available evidence and improvements in technology, as well as amendments to existing services and payments.

## 2. New Fee Codes

### Replacing the Annual Health Exam with Periodic Health Visit:

The MOHLTC and the OMA have agreed that the annual health exam (A003 with diagnostic fee code 917) will be replaced by a periodic health visit. The following fee codes are for Periodic Health Visits:

Periodic Health Visit	
K017 - child .....	43.60
K130 - adolescent .....	77.20
K131 - adult aged 18 to 64 inclusive.....	50.00
K132 - adult 65 years of age and older.....	77.20



**Definition:** A Periodic Health Visit (including a primary or secondary school examination) is performed on a patient, after their second birthday, who presents and reveals no apparent physical or mental illness. The service must include an intermediate assessment, a level 2 paediatric assessment or a partial assessment focusing on age and gender appropriate history, physical examination, health screening and relevant counselling.

**Payment rules:**

A Periodic Health Visit is limited to one per patient per *12 month period* per physician.

**Commentary:**

Periodic Health Visit in excess of the limit is not insured.

**Claims submission instruction:**

Submit claims for personal periodic health visits using the fee codes listed below.

No diagnostic code is required.

Family Practice & Practice in General	Paediatrics
K017 – child (aged 2 to 15 inclusive)	K267 - 2 to 11 years
K130 – adolescent (aged 16 to 17)	K269 - 12 to 17 years
K131 - adult aged 18 to 64 inclusive	
K132 - adult aged 65 years and above	

**Colonoscopy:**

To align with Cancer Care Ontario’s (CCO) screening program, payment intervals for colorectal cancer follow-up screening are increased. For asymptomatic patients whose colonoscopy shows either no polyps or small (<1 cm) hyperplastic polyps present, the interval for payment for follow up colonoscopy is one every five (5) years or one every ten (10) years based on patient indications.

**Colonoscopy for Risk Evaluation:**

Z497 is eligible for payment for a colonoscopy rendered for a patient with a positive:

1. Faecal occult blood test(s) (FOBT) or faecal immunochemical test(s) (FIT);
2. Sigmoidoscopy;
3. Barium enema; or
4. CT abdomen/pelvis or CT colonography examination(s).

For a patient with a normal colonoscopy billed as Z497 or Z555, the patient is next eligible for an insured colonoscopy in ten (10) years. That colonoscopy service is Z493.

If the patient develops any symptoms or signs that require a colonoscopy before ten years, the colonoscopy is insured using the fee code appropriate to the patient’s condition.

Z499 – New wording has been added that Z499 is payable in association with an increased risk of malignancy (e.g. a first degree relative or at least two second degree relatives with colorectal cancer or a premalignant lesion) and is only insured for a patient 50 years of age or older, or, 10 years younger than the earliest age of diagnosis of the affected relative.

For a patient with a normal colonoscopy billed as Z499 the patient is next eligible for an insured colonoscopy in five (5) years. That colonoscopy service is Z492.

If the patient develops any symptoms or signs that require a colonoscopy before ten years, colonoscopy is insured and payable using the fee code appropriate to the patient's condition.

New fee codes Z495 for follow up of an unsatisfactory colonoscopy and Z491 for follow up of an incomplete polyp resection have been added.

### **3. Amendments to Existing Services/Payments**

#### **Cervical Screening:**

The schedule cervical screening fee code (G365) is amended to reflect CCO's new guidelines for cervical cancer screening. Cervical screening is insured once every three (3) years if the result of the pap smear is normal. Cervical screening is not an insured service when rendered to an individual younger than 21 years of age or older than 70 years of age who have had three or more normal tests in the prior 10 years.

Papanicolaou Smear (G394) for follow-up of an abnormal or inadequate test is an insured service.

#### **Annual Stress Tests:**

To be consistent with the recommendations of the American College of Cardiology and the American College of Physicians in the Choosing Wisely Campaign, language has been added to the Schedule clarifying that annual stress tests for asymptomatic patients at low risk for coronary heart disease are not insured by OHIP.

G315, G319, G174, G111 and G112 are *uninsured* services for asymptomatic patients where the patient's 10 year risk of coronary heart disease is less than 10% calculated by generally accepted methodology such as the Framingham Risk Score.

#### **Injection of Viscosupplementation Agents:**

The intra-articular injection of viscosupplementation agents such as Hyaluronic acid for osteoarthritis is no longer insured. The intra-articular injection services are G370, G371, G328, and G329.

#### **Arthroscopic Lavage:**

Knee arthroscopy (R687) is an uninsured service for arthroscopic lavage of the knee alone (without debridement) for osteoarthritis.

#### **Pre-operative Testing for Non-Cardiac Low to Moderate Risk Surgery:**

The technical and professional components are not eligible for payment for chest x-rays, nuclear medicine cardiac tests, electrocardiograms, stress tests and stress echocardiograms

unless there is a clinical indication requiring these tests other than solely for preoperative preparation or screening of the patient.

### **Thyroid Scans:**

Commentary has been added to the Schedule advising that thyroid scans (J818/J618 and J871/J671 ) are payable when indicated for investigation of hyperthyroidism, including nodules associated with hyperthyroidism; congenital hypothyroidism and masses in the neck or mediastinum suspected to be thyroid in origin. Thyroid scans are not generally indicated for investigation of thyroid nodules (except if associated with hyperthyroidism) and adult hypothyroidism.

### **GP Psychotherapy Premium:**

The GP psychotherapy premium is reduced from 15 percent to 12 percent.

### **Reductions in Professional Fees:**

Professional fees for Nuclear Medicine, Sleep Studies, and Radiotherapy Treatment Planning are reduced by 5% effective January 1, 2013.

Charts detailing all of the fee code changes referenced within are available as attachments to this bulletin at:

[http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/4000/bulletin\\_4000\\_mn.html](http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/4000/bulletin_4000_mn.html)

### **Further information about these changes is available at:**

[http://www.health.gov.on.ca/en/pro/programs/phys\\_services/default.aspx](http://www.health.gov.on.ca/en/pro/programs/phys_services/default.aspx)

### **The new version of the Schedule is available at:**

[www.health.gov.on.ca/english/providers/program/ohip/sob/sob\\_mn.html](http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html)

**Hard copies of the Schedule will not be distributed. If you would like to order a paper copy or compact disk (CD) of the Schedule for a fee, please visit**

<https://www.publications.serviceontario.ca>

### **Physicians without access to the Internet can contact ServiceOntario at 1-800-668-9938.**

This Bulletin is a general summary provided for information purposes only. Physicians, hospitals, and other health care providers are directed to review the *Health Insurance Act*, Regulation 552, and the Schedules under that regulation, for the complete text of the provisions. You can access this information at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca) . In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulations, the legislation and/or regulations prevail.