

# INFOBulletin

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

**To: Physicians and Hospitals**

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**Re: April 1, 2011, changes to the Schedule of Benefits for Physician Services (Schedule) and to the Out-of-Country Prior Approval Program**

In June, 2010, the *Excellent Care for All Act, 2010* came into effect – the framework for a strategy that puts patients first by improving the quality and value of the patient experience through the application of evidence-based health care. Some evidence-based changes were implemented in the summer and fall of 2010, and the following changes to the Schedule and Regulation 552 under the *Health Insurance Act* are a continuation of this strategy.

## What has changed in the Schedule?

Effective April 1, 2011, changes have been made to:

- introduce two new fee codes for computed tomography (CT) colonography and CT angiography (eligible for payment only for specific indications);
- remove an outdated service for sinus ultrasound (J106 and J406); and
- restrict payment of pre-operative electrocardiograms (ECG) and chest x-rays when ordered solely for the purposes of preparation for colonoscopy, cystoscopy, carpal tunnel release and arthroscopy (when no other indication is present).

## New Codes

Two new codes for CT diagnostic testing have been introduced:

Fee Code:	For more information on the service including the rules and medical record requirements for payment of this service, see pages:
X234 - CT colonography	D20-D21
X235 – Cardio Thoracic CT (also referred to as CT angiography)	D18-D20

For both of the above services, the application of radiation dose should be consistent with the ‘As Low As Reasonably Achievable’ principle and current standards under the direction of the radiologist Radiation Protection Officer.

**Note:** these services are not eligible for payment when rendered for asymptomatic screening.

### Removal of fee codes

Sinus ultrasound is no longer an appropriate standard of care and has been replaced by CT or sinus endoscopy. Fee codes J106 and J406 (Paranasal sinuses – A mode) have been removed from the Physician Schedule.

### Pre-operative ECGs and chest x-rays prior to specified procedures

Pre-operative ECGs and chest x-rays prior to colonoscopy, cystoscopy, carpal tunnel release and arthroscopy should not be routinely requested as part of preparation for these procedures and are therefore, not eligible for payment when ordered solely in preparation for these procedures.

If a physician feels that an ECG (G310) and/or chest x-ray (X090, X091, X092) is required in preparation of one of the above listed procedures, and for the sole reason that the patient is having that procedure, a request for prior approval must be submitted to the ministry outlining the medical necessity or rationale for the test.

However, if there is an indication requiring an ECG and/or chest x-ray other than preparation for colonoscopy, cystoscopy, carpal tunnel release or arthroscopy, prior approval is not required and the professional and technical fee are eligible for payment.

Further details can be found in the preambles of the Diagnostic Radiology section (page D3) and the Diagnostic and Therapeutic Procedures section (page J2) of the Physician Schedule.

### **What has changed in the Out-of-Country Prior Approval Program that may affect physicians?**

There are two changes that may affect you depending on your specialty:

- 1) An application for OHIP funding of a non-emergency out-of-country service now must be submitted or endorsed by a specialist in the field of the requested service (unless the service is within the scope of a GP)
  - this requirement will assist the ministry (when reviewing the application) to determine if the requested service is generally accepted in Ontario, if it is performed in Ontario and if a delay in obtaining the service in Ontario would lead to death or medically significant irreversible tissue damage.
- 2) An application for funding for genetic testing must be submitted or endorsed by a Fellow of the Canadian College of Medical Geneticists or a Geneticist with a specialist certificate from the Royal College of Physicians of Canada
  - this requirement will assist in determining that genetic tests are medically necessary.

Additional information about the changes will soon be available on the internet at:

[www.health.gov.on.ca/en/public/programs/ohip/outcountry\\_services.aspx](http://www.health.gov.on.ca/en/public/programs/ohip/outcountry_services.aspx)

### **Other Changes**

A new diagnostic code, 995 – Anaphylaxis was introduced in October, 2010.

### **On-line Resources**

The most current version of the Physician Schedule is available on-line at:

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

Further information about these evidence-based changes is available at:

[www.health.gov.on.ca/en/ms/ecfa/pro/ecfa\\_ebc.aspx](http://www.health.gov.on.ca/en/ms/ecfa/pro/ecfa_ebc.aspx).

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 on-line 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 regulation, the legislation and/or regulations prevail.