

INFOBulletin

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

To: Physicians and Hospitals

Published By: Health Services Branch

Date Issued: May 7, 2012

Bulletin #: 4561

Re: Amendments to the Schedule of Benefits for Physician Services - Effective April 1, 2012

In recognition of the latest evidence, improvements in technology, and changes in standards of care, a number of changes are being implemented to the Schedule of Benefits for Physician Services (Schedule). This bulletin describes where to access details about these changes including implementation timelines.

New Fee Codes

New services have been introduced into the Schedule for:

- Positron Emission Tomography (PET) and Computed Tomography (CT) scans for esophageal cancer
- Physician to physician e-consultations conducted through secure e-mail:
 - The referring physician initiates the e-consultation with the intention of continuing the care, treatment and management of the patient.
 - The consultant physician provides opinion/advice/recommendations on patient care, treatment and management to the referring physician within thirty days.

Please refer to the corresponding charts for more information on these new fee codes.

Deleted Fee Codes:

Several fee codes have been deleted from the Schedule.

Please refer to the corresponding charts for more information.

Revised Fee Codes:

Additionally, there are a number of fee code revisions being introduced. Some examples of the changes include, but are not limited to, the following:

Referrals for Diagnostic Services

Diagnostic services listed in the following sections of the Schedule must be submitted with an eligible referring physician or practitioner number on the claim:

- Nuclear Medicine
- Diagnostic Radiology
- MRI
- Diagnostic Ultrasound
- Pulmonary Function Studies
- Diagnostic and Therapeutic Procedures (where the service is listed with both a Professional and Technical component)

Effective July 1, 2012, the absence of a referring physician number on a claim will result in a rejection of the claim and will require resubmission with the referring physician billing number on the claim in order for payment to be made.

Self-referral means a situation where the referring physician (i.e., the physician ordering the diagnostic service) and the physician rendering any component of the diagnostic service are the same physician. It also refers to a situation where the referring physician and the physician rendering any component of the diagnostic service are members of the same physician's group or physician's hospital group. Where the physician rendering the diagnostic service is also the referring physician, this physician must insert his/her billing number in the referring physician field.

Effective April 1, 2012, the fee paid for self-referrals for the above services will be reduced by 50%. The only exception to this is when services described by X172 and X178 are provided under the Ontario Breast Screening Program.

In addition, for ultrasound services, comparison views initiated by the radiologist are no longer eligible for payment.

Computed Tomography (CT) and/or Magnetic Resonance Imaging (MRI) for Chronic Low Back Pain –X-ray, CT or MRI studies of the lumbar spine are only eligible for payment when rendered for low back pain with suspected or known pathology. Examples include, but are not limited to: infection, tumour, osteoporosis, ankylosing spondylitis, fracture, inflammatory process, radicular syndrome, and cauda equina syndrome.

Pre-operative Echocardiograms - Pre-operative echocardiography for non-cardiac elective surgery is only eligible for payment when the service is medically necessary, and is not payable solely for the pre-operative preparation of the patient.

Electrocardiograms (ECGs) and/or Pulmonary Function Tests (PFTs) provided with the annual health visit - Payment for ECGs and PFTs will be included in the annual well person visit and will not be eligible for separate payment except where the patient has symptoms, signs, or an indication supported by current clinical practice guidelines relevant to the individual patient's circumstances.

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

The new version of the Schedule is available at:

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.

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