

# INFOBulletin

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

**To: Physicians**

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**Bulletin #: 4565**

**Re: April 1, 2012 Amendments to the Schedule of Benefits for Physician Services – Paediatricians Treating Adult Patients**

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The purpose of this INFOBulletin is to provide more information related to the implementation of the specific provisions in the April 1, 2012 amendments to the Schedule of Benefits for Physician Services (Schedule) related to paediatricians treating adult patients.

This amendment clarifies when paediatricians can bill for services rendered to adult patients using paediatric fee codes. Paediatricians may continue to see patients beyond adolescence for care provision and the Schedule is now explicit in specifying how those physicians will be paid in these circumstances.

As part of the implementation of this provision, the ministry will be providing exemptions without requiring a written request in cases where it can identify physicians in the following categories:

- paediatricians with dual specialties such as paediatric allergists, respirologists, or cardiologists
- paediatricians who have corresponded with the ministry in the past with information about their practice

Paediatricians may also write their OHIP claims office requesting a practice exemption. Some physicians have already contacted the ministry requesting an exemption. Physicians who are identified by the ministry or who have written requesting an exemption will receive a communication from the ministry.

The Schedule also provides for individual patient exemptions for situations where providing care to adult patients does not form a large part of the paediatrician's practice.

In addition, the age restriction will not apply to the following fee codes:

- prenatal consultation (A/C665),
- neurodevelopmental consultation (A/C667),
- attendance at maternal delivery (H267),
- mid-wife requested special assessment (A/C815) and
- all of the W prefix fee codes.

When paediatricians treat adult patients in a primary care setting, outside of their specialty practice (i.e. practicing as a general practitioner (GP)), these claims should be submitted using codes from the Family Practice and Practice in General section of the Schedule.

**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**

[www.publications.serviceontario.ca](http://www.publications.serviceontario.ca)

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

This INFOBulletin 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 INFOBulletin and the applicable legislation and/or regulations, the legislation and/or regulations prevail.