

Updating OHIP Fees To Improve Patient Care May 7, 2012

Service	Change	Implementation Year	Savings
TECHNOLOGY AND PRODUCTIVITY			
Optical Coherence Tomography	Limiting the service to 4 times per year for any combination of retinal disease or glaucoma and reducing the fee per service to \$25.	2012/13	(\$18.0M)
Intra-vitreous injections anaesthesia	Reducing the fee for this service, however still funding general anaesthesia when this service is needed.	2012/13	(\$0.3M)
Intra-vitreous injections	Reducing the fee paid as the time for performing the service is reduced.	2012/13	(\$9.9M)
Cardiac Loop Recording	Reducing fees for this older technology.	2012/13	(\$6.7M)
3D Interpretation fee for radiology	Reducing the fee by 50% to account for improved technology and productivity.	2012/13	(\$13.0M)
3D stereotaxis in brain surgery and nerve surgery	Reducing the fee by 50% to account for improved technology and productivity.	2012/13	(\$1.8M)
Electrocardiogram	Reducing the fee by 50% to account for improved technology and productivity.	2012/13	(\$21.0M)
Diagnostic Radiology – Interpreting Results	Reducing fees by 5% to account for improved technology and productivity.	2012/13	(\$30.0M)
Anaesthesia for Conscious Sedation	Reducing the fee to \$60 for procedural sedation for colonoscopies, sigmoidoscopies, cystoscopies and cataracts. Payment for services performed under general anaesthesia would be unchanged.	2012/13	(\$11.0M)
Cataract Surgery	Reducing the fee by 10 percent.	2012/13 (\$6.4M)	(\$6.4M)
Laparoscopic Surgical Fee Premiums	Reducing laparoscopic premiums from 25% to 10%.	2012/13	(\$1.1M)
Intra-operative monitoring of neural structures	Removing this fee code and including service in base surgical code.	2012/13	(\$0.6M)
Quality of Technical Procedures and Fees	Amending the physician schedule to clarify that the physician claiming the technical fee is personally responsible for the quality assurance and linking to standards. Reducing technical fees by \$20M per year for four years, starting in 2012/13 to account for improved technology and productivity.	2012/13	(\$20.0M)
EVIDENCE-BASED CHANGES			
CT/MRI Scans for Chronic Low Back Pain	Evidence-based criteria to fund X-ray, CT/MRI scans for lower-back pain only when the tests improve patient outcomes.	2012/13	(\$10.0M)
Vein Surgery and	Define medically necessary conditions for when patients are eligible for publicly	2012/13	(\$0.1M)

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Sclerotherapy	insured vein surgery and sclerotherapy.		
Pre-operative Echocardiograms	Evidenced-based criteria for echocardiograms for elective non-cardiac surgery. OHIP will still cover medically necessary echocardiograms.	2012/13	(\$20.0M)
Remove payment for Joint/Spine manipulation	Removing joint/spine manipulation services from the Schedule of Benefits to align with the previous removal of funding for chiropractic services.	2012/13	(\$0.7M)
Electrocardiogram and Pulmonary Function Tests in the Annual Health Visit	Restricting payment for these tests when conducted as part of a well person exam (i.e. on a patient without symptoms).	2012/13	(\$5.0M)
Physicians referring to themselves for diagnostic services	Reducing the payment for diagnostic services by 50% when the physician providing that service is the same physician that ordered the service.	2012/13	(\$44.1M)
PET scans for esophageal cancer	Insuring PET scans through OHIP for patients with esophageal cancer who are potential candidates for curative therapy.	Cost Neutral	Cost Neutral
VALUE-BASED CARE			
Payment for assessment with selected surgical procedures	Reducing the fee for an assessment the same day of surgery for selected surgical procedures if the patient had been previously evaluated.	2012/13	(\$5.5M)
Insertion of Cardiac Catheter	Eliminating the duplicate payment for cardiac catheterization procedures, as it is included in cardiac services.	2012/13	(\$14.6M)
Chronic Dialysis Team Fee	Reducing dialysis team management fees by 10% to reflect increased productivity.	2012/13	(\$7.0M)
Colonoscopies and Elective Gastroscopy	Reducing the colonoscopy/gastroscopy fees by 10% to reflect increased productivity.	2012/13	(\$10.0M)
After hours Procedural Premiums	Reducing the procedural premiums rates by 10 points for surgery performed between 5:00 pm and 7:00 am (e.g. if the rate was 50% it will be reduced to 40%).	2012/13	(\$13.0M)
Intensive or Coronary Care Unit Premium	Eliminating the intensive or coronary care unit premium.	2012/13	(\$3.4M)
Intermediate Assessment Fee or equivalent code	Reducing the intermediate assessment office visit codes by \$1.00 to reflect increased productivity due to EMR adoption.	2012/13	(\$25.1M)
STANDARD OF CARE			
Anaesthesia Premium Level 3	Limiting this service to two units in addition to the base units as it is the standard of care.	2012/13	(\$8.3M)
Acute pain consultation with epidural	Removing the duplicate payment for the service when it is already part of epidural service.	2012/13	(\$0.5M)
Paediatric consults on adults >22.	Paying paediatricians the specialty fee for assessments or consultations for an adult patient (over the age of 22) when the defined circumstances are met.	2012/13	(\$6.0M)
Oximetry - Define conditions for	Not paying a duplicate fee for this service when it is already part of the cardiac stress	2012/13	(\$1.2M)

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payment	test or echocardiography procedure.		
Sole visit fee when there is also a procedure fee.	Not paying this duplicate fee when there was already a technical procedure fee paid.	2012/13	(\$5.5M)
Sole procedure fee to capitation basket of services	Adding sole procedure premium to the basket of services included in the Family Health Network (FHN) and Family Health Organization (FHO) models with as the current capitation rate (payment per patient) is for comprehensive patient care.	2012/13	(\$2.2M)
Nerve Block Fees	Reducing fees for 4 nerve block fee codes to reflect time required to perform the procedure.	2012/13	(\$13.0M)
Out-dated vascular ultrasound technology	Removing the fee for outdated technology. Modern vascular ultrasound codes that reflect best practice will continue to be insured services.	2012/13	(\$5.0M)
Annual limits on sleep studies	Clarifying that the terms and conditions for repeat studies should be consistent with current practice standards.	2012/13	(\$0.5M)
Fee for Physicians to Consult with Other Physicians via Email	Funding physicians a consultation fee when they consult with each other via email reducing wait times through the use of technology. Referring Physician fee \$16 and consulting physician fee \$20.50	Cost Neutral	Cost Neutral
OTHER			
Dental Implants: Oral and Maxillofacial Reconstruction	Amending the dental schedule of benefits with complementary changes to fund dental implants for patients with trauma or disease. The investment shown is funding for the new Oral and Maxillofacial Reconstruction Program which includes dental implants.	2012/13	\$1.8M
Corneal Collagen Cross-Linking (CXL) Using Riboflavin and Ultra-violet-A for Corneal Thinning Disorders	A three year conditional funding program will be implemented as an evidence-based approach to the policy decisions relating to the future provision of corneal collagen cross-linking as an insured service.	2012/13	\$1.3M

