

Section on Psychiatry Tariff Update April 2020 Schedule of Benefits Revisions

Dear colleague,

As communicated in previous Section correspondence, for year 4 of the arbitrated settlement, as of April 1, 2020 there will be *permanent allocation of the cumulative compounded global arbitration increase into the Schedule of Benefits*. This increase has been implemented through a formal bilateral fee setting body (the Medical Services Payment Committee (MSPC)) to determine allocation of year 4 increases to the Schedule of Benefits.

The global normative increase is distributed across sections via allocation proportional to their hybrid CANDI/RAANI relativity score, with the top 5 sections receiving a zero increase. As a result of the relativity based allocation, the **overall increase to psychiatry for year 4 is more than double the 3.54% arbitrated global amount, or approximately 7.6%**. The majority of this increase, comprising 92% of additional funding, has been implemented as across the board fee increases for most Psychiatry codes in the Schedule of Benefits, which results in **most Psychiatry fees increasing by about 8.2% in the OHIP Schedule of Benefits as of April 1, 2020**. MSPC directed a small amount of the sectional allocation to make specific fee codes adjustments in an attempt to maintain relativity of codes in the Schedule of Benefits cross-linked with other Sections, hence not all codes have the same 8.2% increase. The approximately 7.6% overall psychiatry increase should also be reflected in the contract value of all APP/AFP agreements, salaries, top-ups and programs, consistent with the flow through process that was used with the 2008 Physician Services Agreement (the total increase to these programs is anticipated to be slightly less than the full amount of 7.6%, consistent with the 2008 flow through process).

Common Fee Increases

The table below provides selected new psychiatric fee codes with their April 1 increase (most commonly used codes bolded).

Fee code	Description	2019 Fee Value	New Fee Value	Percent Increase
A191	Consultative interview on behalf of disturbed patient (including report) - consultative interview with caregiver(s) of a patient at least 65 years of age, or a patient less than 65 years of age with a diagnosis of dementia	\$212.65	\$230.00	8.16%
A192	Consultative interview on behalf of disturbed patient (including report) - consultative interview with patient at least 65 years of age, or a patient less than 65 years of age with a diagnosis of dementia	\$212.65	\$230.00	8.16%
A194	Partial assessment	\$38.05	\$41.15	8.15%

Fee code	Description	2019 Fee Value	New Fee Value	Percent Increase
A195	Consultation	\$199.40	\$215.65	8.15%
A197	Consultative interview on behalf of disturbed patient (including report) - consultative interview with parent(s) or patient representative(s) of patient less than age 22	\$212.65	\$230.00	8.16%
A198	Consultative interview on behalf of disturbed patient (including report) - consultative interview with patient less than age 22	\$212.65	\$230.00	8.16%
A895	Consultation in association with special visit to a hospital in-patient, long-term care in-patient or emergency department patient	\$232.70	\$251.70	8.17%
C/W895	Consultation	\$232.70	\$251.70	8.17%
C194	Specific re-assessment	\$61.25	\$66.25	8.16%
G478	Electroconvulsive therapy (ECT) cerebral - single or multiple - in-patient	\$80.30	\$86.85	8.16%
G479	Electroconvulsive therapy (ECT) cerebral - single or multiple – out-patient	\$92.60	\$100.15	8.15%
K189	Urgent community psychiatric follow-up, to A190, A195, A695 or A795	\$200.00	\$216.30	8.15%
K190	Psychotherapy - Individual in-patient psychotherapy	\$84.15	\$91.00	8.14%
K191	Family psychiatric care – in-patient	\$105.10	\$113.70	8.18%
K192	Hypnotherapy - Individual	\$80.30	\$86.85	8.16%
K193	Psychotherapy - Family psychotherapy - out-patients (two or more members)	\$95.45	\$103.25	8.17%
K194	Hypnotherapy - Group - for induction and training for hypnosis - per member (maximum eight people)	\$14.60	\$15.80	8.22%
K195	Psychotherapy - Family psychotherapy - out-patients (two or more members)	\$91.10	\$98.55	8.18%
K196	Family psychiatric care – out-patient	\$91.10	\$98.55	8.18%
K197	Psychotherapy - Individual out-patient psychotherapy	\$80.30	\$86.85	8.16%
K198	Psychiatric care – out-patient	\$80.30	\$86.85	8.16%
K199	Psychiatric care – in-patient	\$92.60	\$100.15	8.15%
K200	Group psychotherapy, in-patients - per member - first 12 units per day – 4 people	\$21.00	\$22.70	8.10%
K201	Group psychotherapy, in-patients - per member - first 12 units per day – 5 people	\$16.80	\$18.15	8.04%
K202	Group psychotherapy, in-patients - per member - first 12 units per day – 6 to 12 people	\$15.15	\$16.40	8.25%
K203	Group psychotherapy, out-patients -per member - first 12 units per day – 4 people	\$20.10	\$21.75	8.21%
K204	Group psychotherapy, out-patients -per member - first 12 units per day – 5 people	\$16.05	\$17.35	8.10%

Fee code	Description	2019 Fee Value	New Fee Value	Percent Increase
K205	Group psychotherapy, out-patients -per member - first 12 units per day – 6 to 12 people	\$14.45	\$15.65	8.30%
K206	Group psychotherapy, out-patients -per member - first 12 units per day – additional units – per member (maximum 6 per patient per day)	\$12.85	\$13.90	8.17%
K207	Group psychotherapy, in-patients - per member - first 12 units per day – additional units – per member (maximum 6 per patient per day)	\$12.85	\$13.90	8.17%
K208	Group psychotherapy, out-patients -per member - first 12 units per day – 2 people	\$40.15	\$43.45	8.22%
K209	Group psychotherapy, out-patients -per member - first 12 units per day – 3 people	\$26.75	\$28.95	8.22%
K210	Group psychotherapy, in-patients - per member - first 12 units per day – 2 people	\$42.10	\$45.55	8.19%
K211	Group psychotherapy, in-patients - per member - first 12 units per day – 3 people	\$28.05	\$30.35	8.20%
K620	Consultation for involuntary psychiatric treatment	\$85.00	\$91.95	8.18%
K623	Form 1 – Application for psychiatric assessment	\$104.80	\$113.35	8.16%
K624	Form 3 - Certification of involuntary admission	\$129.05	\$139.60	8.18%
K629	Form 3 - All other re-certification(s) of involuntary admission including completion of appropriate forms	\$38.25	\$41.35	8.10%
K630	Psychiatric consultation extension, per unit	\$105.10	\$113.70	8.18%
K887	CTO initiation including completion of the CTO form and all preceding CTO services directly related to CTO initiation, per unit	\$84.70	\$91.60	8.15%
K888	CTO supervision including all associated CTO services except those related to initiation or renewal, per unit	\$84.70	\$91.60	8.15%
K889	CTO renewal including completion of the CTO form and all preceding CTO services directly related to CTO renewal, per unit	\$84.70	\$91.60	8.15%

Sample Calculations of K083 Units

As per previous Section communication, in response to the COVID outbreak the Ministry has introduced new temporary codes to facilitate provision of virtual care. The codes psychiatrists should most commonly use is the K083 code, which has a value of \$5 and is to be billed in units to equal (with rounding) the value of the specialist service you would otherwise have provided with your usual psychiatric service code. To calculate the number of units of K083 for whatever service you provide, round the fee the psychiatric service would normally have remunerated to the nearest \$5 and divide by 5. As communicated by the Ministry, they continue to work on the software implementation of K083, for the next few weeks you should keep track of all your services and associated K083 units and

subsequently bill when further guidance is provided (also fyi, it is understandable the Ministry has not yet been able to reprogram the system for accepting K083, they were working to ensure that for April 1 the fee changes were programmed into the system first, which obviously for all Ontario psychiatrists represents a significant increase...so hang tight and hold on to your K083 submissions for now).

The K083 code is not changing in value as of April 1. Each K083 unit remains \$5, however the number of units of K083 you bill will change to reflect the above psychiatric fee increases. Below is a table outlining the number of K083 units you will claim for April 1 and beyond services, using the **bolded** most commonly billed services above.

Fee code	Description	New Fee Value	Rounded to nearest \$5	Number of K083 units to bill
A191	Consultative interview on behalf of disturbed patient (including report) - consultative interview with caregiver(s) of a patient at least 65 years of age, or a patient less than 65 years of age with a diagnosis of dementia	\$230.00	\$230.00	46
A192	Consultative interview on behalf of disturbed patient (including report) - consultative interview with patient at least 65 years of age, or a patient less than 65 years of age with a diagnosis of dementia	\$230.00	\$230.00	46
A194	Partial assessment	\$41.15	\$40	8
A195	Consultation	\$215.65	\$215	43
A197	Consultative interview on behalf of disturbed patient (including report) - consultative interview with parent(s) or patient representative(s) of patient less than age 22	\$230.00	\$230	46
A198	Consultative interview on behalf of disturbed patient (including report) - consultative interview with patient less than age 22	\$230.00	\$230	46
A895	Consultation in association with special visit to a hospital in-patient, long-term care in-patient or emergency department patient	\$251.70	\$250	50
C/W895	Consultation	\$251.70	\$250	50
G478	Electroconvulsive therapy (ECT) cerebral - single or multiple - in-patient	\$86.85	\$85	17
G479	Electroconvulsive therapy (ECT) cerebral - single or multiple – out-patient	\$100.15	\$100	20
K190	Psychotherapy - Individual in-patient psychotherapy	\$91.00	\$90	18
K191	Family psychiatric care – in-patient	\$113.70	\$115	23
K195	Psychotherapy - Family psychotherapy - out-patients (two or more members)	\$98.55	\$100	20

Fee code	Description	New Fee Value	Rounded to nearest \$5	Number of K083 units to bill
K196	Family psychiatric care – out-patient	\$98.55	\$100	20
K197	Psychotherapy - Individual out-patient psychotherapy	\$86.85	\$85	17
K198	Psychiatric care – out-patient	\$86.85	\$85	17
K199	Psychiatric care – in-patient	\$100.15	\$100	20
K623	Form 1 – Application for psychiatric assessment	\$113.35	\$115	23
K624	Form 3 - Certification of involuntary admission	\$139.60	\$140	28
K629	Form 3 - All other re-certification(s) of involuntary admission including completion of appropriate forms	\$41.35	\$40	8
K630	Psychiatric consultation extension, per unit	\$113.70	\$115	23
K888	CTO supervision including all associated CTO services except those related to initiation or renewal, per unit	\$91.60	\$90	18

OTN

For OTN, you can continue billing the usual psychiatric codes as you previously were. However as of April 1 all OTN premiums have been removed (this is unrelated to COVID, this was announced in 2019). The new tracking codes (zero value, these are only for tracking and are required) for OTN are **B103A for a Hosted Video Visit** (i.e. patient attending at a host site) and **B203A for a Direct-to-Patient Video Visit** (i.e. patient on own device at home or other location, not at a host site).

Clinical Practice Modifier Premiums

For the high risk Clinical Practice Modifier premium codes that remunerate a percentage premium (K187, K188, K189) you continue billing those as normal. Since those are percentage premiums the increased base psychiatric code fee should flow through in the premium calculation (note: As you know these premium codes can only be attached to certain A or K codes, and with virtual care only the K083 code will be billed. The Ministry is still working on its software implementation for remunerating K083, we are communicating with the Ministry to ensure these premium codes will be properly applied for our psychiatric services).

Other combinations

The above table lists separately the K083 units for each code, for your convenience. Keep in mind that some codes are billed concurrently for one service, for example K630 extension code units plus base consultation code. In some cases it may be possible, with rounding errors, that the number of K083 units varies if each individual code is rounded first and then K083 units combined [which the numbers in the above table would provide], rather than total value of all services combined first and then rounded to calculate K083 units. For example, A195 plus 3xK630 units should be calculated as \$215.65 (A195)

plus 3×113.70 (K630) = \$556.75; rounded to \$555; and billed as 111 K083 units. Using the above table alone would lead to a rounding error by yielding 43 (A195) plus 3×23 (K630) or 112 K083 units. In such cases the total value of the service should be calculated first to the nearest \$5 and units calculated accordingly, so in this example **111** would be the correct number of K083 units to bill.

Future of Virtual Codes/Care

We have seen the Ministry respond quickly in introducing the new virtual care codes, which are quite flexible to use. You may recall that with SARS, the Ministry introduced temporary telephone codes but these were rescinded once the SARS crisis resolved. Technology and medical virtual care platforms have matured significantly since then, as have regulatory policies regarding privacy and standard of care for virtual medical services. The Section will be advocating for continued use of suitable virtual care codes beyond the current COVID outbreak (don't expect the K083 code to continue as is, that is highly unlikely, but we will be looking beyond this current crisis to advocate for suitable virtual care options for psychiatric care to continue to be available...more communication on that as things unfold).

Thank you again for supporting your Section's efforts to work towards improved relativity, it is nice to see some tangible increases moving forward. And more importantly, stay safe and healthy through our current struggles.

If you have any questions regarding the above as always feel free to contact me at psych@rogers.com .

Respectfully submitted,

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