Physician Payment Committee

**Year 3 (2021 PSA) & Year 1 (2024 PSA)** **Professional Fee Assessment Form**

**Introduction of a new fee code**

**RESOURCE TOOL**

**IMPORTANT:**

**This document is intended to serve as a RESOURCE ONLY to help sections prepare their Professional Fee Assessment Form (PFAF).**

**PLEASE DO NOT SUBMIT THIS FORM TO THE PPC. SUBMISSIONS WILL ONLY BE ACCEPTED VIA THE ONLINE FORM PROVIDED. THE ONLINE FORM CAN BE FOUND** [**HERE**](https://app.smartsheet.com/b/form/510dbc2de2434d21afbd12d52d069c99)**.**

**Please READ before completing this form:**

1. This process is assessing changes to professional fees only. **As such, technical fees revisions will not be considered. Additionally, professional fee changes which require a technical fee change will not be considered.**
2. All fees and descriptors should be listed as they appear or would appear in the OHIP Schedule of Benefits (“Schedule”).
3. All sections of the form with a red asterisk must be completed (you may enter N/A if a question is not applicable to you).
4. For proposals that do not conform to the constraints of a PFAF (e.g. large scale intrasectional relativity initiatives, major schedule re-writes), you can use the Schedule Modernization Brainstorming Form (a.k.a. “big ideas” form).
5. Should you require any assistance, please contact the OMA at ppc@oma.org.
6. Please note you cannot save this form, however you can have a copy of your submission emailed to you by selecting the option at the end of the form.
7. **Targeted Implementation: April 1st, 2026**

**Name:**

**Preferred email address for correspondence from PPC:**

**AUTHORIZATION**

Please note that the submitter of the PFAF in the online portal must certify that:

(a) The Section/MIG/Forum has approved and recommends the proposed change requested in the PFAF;

(b) You are a member of the Section/MIG/Forum and authorized as either an executive or on behalf of the executive of your Section/MIG/Forum to submit this form and represent your Section/MIG/Forum at the PPC Allocation process

***I authorize the PPC to distribute my contact information (as needed) to other Section/MIG/Forum Executives strictly for PPC purposes:***

 I authorize

***I authorize the PPC to share the contents of this form with the Ministry of Health strictly for PPC purposes:***

 I authorize

***I authorize the PPC to share the contents of this form with other Constituencies strictly for PPC purposes:***

 I authorize

**SECTION 1: GENERAL INFORMATION**

**OMA Section/MIG/Forum:**

**Please select the option that best reflects the nature of your request:**

 Revision to an existing fee code (descriptor, payment rules, with or without fee value change)

Introduction of a new fee code

Deletion of a fee code

 Fee value changes only (single or multiple)

**SECTION 2: REQUEST DETAILS**

If this is an **Introduction of a new fee code**, please identify.

**Name of Service:**

**Brief description (vignette) of service:**

**Proposed Fee: $**

**Proposed Descriptor (for Schedule of Benefits):**

**Proposed Payment Rules and/or Medical Record Keeping Requirements (if any):**

## Subsection (A)

**DESCRIPTION OF PROCEDURE OR SERVICE**

**Please provide an assessment of the service’s level of complexity (e.g.: additional training required, technical and other skills, risk and stress in performance of this procedure/service):**

**Is this a novel or previously uninsured therapeutic or diagnostic service?**

 Yes No

If this is a **YES**,

* **Is this service generally accepted as standard of care?**

**PLEASE NOTE:** PPC requests that if yes, high level evidence to support that this is standard of care must be uploaded at the end of this form.

**If no, please explain why this is proposed as an insured service and provide high level evidence to support [upload at the end of this form]**

**Has this procedure/service been reviewed by Ontario Health Technology Advisory Committee (OHTAC) or another similar evaluating body?**

 Don’t Know No Yes

If this is a **YES,**

* **Please confirm upload of OHTAC review:**

**NOTE:***Ontario Health Technology Advisory Committee(OHTAC) reports can be found here and can be uploaded at the end of this form:*

<https://www.hqontario.ca/Evidence-to-Improve-Care/Health-Technology-Assessment/Reviews-And-Recommendations>

 Yes No

**If applicable, describe the indications for the service (e.g.: patient type, disease, and other contextual factors).**

## Subsection (B)

**COMPARATOR SERVICES**

**If applicable, list comparable existing fee codes, their fee amounts and their descriptors (as they appear in the OHIP Schedule).**

## Subsection (C)

**﻿OTHER SERVICES**

**If this service is currently provided in Ontario, choose all that apply: (NOTE**: If one or more of the following options are chosen, specification will be required: "included as part of another fee code," "independent consideration," and "program funding.")

Included as part of another Fee Code(s)

Independent Consideration

Directly Billed to Patient

Program Funding

Not Aware of Any Source of Funding

**Please specify:**

**Frequency of Procedure or Service: What do you estimate will be the total number of claims for this service (all physicians) annually?**

**What is the basis for your estimation (e.g.: number of physicians providing the service, number of patients eligible for the service)**

 No credible time data currently exists, estimates are based on expert opinion

 Time data exists and will be attached at the end of the form

**SECTION 3: ANALYSIS OF COMPONENTS OF PROCEDURE OR SERVICE**

## Time data collection

**Time data of procedure or service** (i.e: time spent by physician to the exclusion of other services; include any objective statistical data to support time estimates) Please base your time estimates on definitions provided below.

**Typical Direct Time (in mins only)**

**Direct time is defined as:** Time spent by the physician directly interacting with the patient to the exclusion of other services

**Typical Indirect Time (in mins only)**

**Indirect time is defined**as the other time spent by the physician to complete the service.

**Examples:**

**﻿**

* Physician preparation time prior to the patient encounter
* Physician work resulting from the patient encounter
* Other non-patient facing time by the Physician (see to GP 15, items F&G)

**Typical Total Time (in mins only)**

**NOTE:**Please upload all supporting documents at the end of the form.

**SECTION 4: ADDITIONAL INFORMATION**

**Any additional comments pertaining to your request?**

**If applicable, please upload:**

* Literature that provides high level evidence to support your proposal. Please ensure that the Committee is provided with complete copies of the literature.
* Survey or other data to inform expected utilization **(only applies to those submitting a request for a new fee code or revising an existing fee code)**
* OHTAC review **(only applies to those submitting a request for a new fee code)**
* Any other materials you believe would be of use to the Committee.

**NOTE:** Maximum of 10 files that cannot collectively exceed 30 MB