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Ministry of Health
Ministry of Long-Term Care

Ontario Health Insurance Plan

INFOBulletin

Temporary Fees for Identified AGMPs in Community Settings

Physicians are now eligible to receive a temporary modifier OHIP payment for eligible AGMPs performed outside of hospitals.

To: Physicians

Category: Physician Services

Written by: Health Services Branch, Ontario Health Insurance Plan Division

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To further support the government's efforts in responding to the COVID-19 outbreak in Ontario, the Ministry of Health (ministry) and the Ontario Medical Association (OMA) have reached an agreement to implement a temporary 30% modifier payment for eligible Aerosol-Generating Medical Procedures (AGMPs) performed outside of hospitals.

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Temporary Modifier Payment for Community Based AGMPs

The new temporary modifier payment will be applicable to eligible AGMPs rendered in community settings on or between October 1, 2020 and March 31, 2021 and under the eligibility criteria noted below, unless the ministry and the OMA agree to further extensions.

The list of eligible AGMPs in community settings will mirror the list used for the equivalent modifier payment for AGMPs performed in hospitals, which was implemented as part of the larger COVID-19 temporary payments implemented for physician services in-hospital (please refer to [INFOBulletin 4758](#) <<http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4758.aspx>> titled "Temporary Fees for Identified AGMP Procedures-COVID-19-Hospital Physician Compensation" for additional information). This list of eligible AGMPs is currently being expanded to include additional procedures.

All eligible AGMPs, including the current list of eligible AGMPs and additional procedures to be added by the ministry, are listed in [Appendix A <#Appendix A>](#).

NOTE: The new temporary modifier for community-based AGMPs will only be eligible for payment on AGMPs when the AGMP:

- **Is rendered to patients who are COVID-19 positive, or at risk of being COVID-19 positive; and**
- **Commences between the hours of 7 am and 5 pm on weekdays.**

Patients defined as at risk of being COVID-19 positive in community settings include those who:

- Screen positive for COVID-19 based on the current [Public Health Ontario \(PHO\) screening guidance](#) <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf>; or
- Live in or have recently travelled to public health unit regions defined by PHO as level Orange-Restrict or higher, as defined in the [COVID-19 Response Framework: Keeping Ontario Safe and Open](#) <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf>

While payment for the provision of services associated with the new temporary modifier payment for community-based AGMPs is effective October 1, 2020, system changes are required in order to expand the list of eligible AGMPs and process payments for these services.

Physicians will need to wait to submit claims for these payments until further notification from the ministry, which will be communicated through a future INFOBulletin.

By claiming and accepting the temporary modifier payments, physicians will be deemed to agree to the following terms and conditions:

- All payment requirements in the Schedule of Benefits for Physician Services that are applicable to the eligible AGMPs must also be met for these temporary modifier payments to be payable.
- The same claims submission requirements for insured services in Regulation 552 under the *Health Insurance Act* must also be met when submitting claims for the temporary modifier payment described above.

Appendix A-Eligible AGMPs

Current List of Eligible AGMPs

Fee Schedule Code	Descriptor	April 2020 Price
Anaesthesia	Anaesthesia unit fee	\$15.29
E600	Larynx-Endoscopy- Laryngoscopy- Using operating microscope-To charges for laryngoscopy add	\$33.60
G050	Trachea and Bronchi-Endoscopy-Bronchoscopy-Endobronchial ultrasound (EBUS), for guided biopsy of hilar and/or mediastinal lymph nodes	\$203.05
G579	Echocardiography-Transoesophageal echocardiography-Saline study (including venipuncture, to G571, G574, G581 or G584 add	\$11.35
G580	Echocardiography-Transoesophageal echocardiography-Insertion of oesophageal transducer	\$45.00
G581	Echocardiography-Transoesophageal echocardiography-professional component (P1)	\$25.00
M012	Nose-Reconstruction-Septoplasty	\$293.95
M054	Accessory Nasal Sinuses-Endoscopic approach-Intranasal maxillary antrostomy -unilateral -by endoscopic or endonasal approach	\$123.70
M055	Accessory Nasal Sinuses-External or Endonasal Approach-Maxillary-Caldwell- Luc (includes intranasal antrostomy)-Unilateral	\$247.35
M056	Accessory Nasal Sinuses-Maxillectomy-Partial or complete	\$971.75
M061	Accessory Nasal Sinuses-External or Endonasal Approach-Sphenoid-Trans-Septal sphenoidectomy for tumour or radical exenteration of disease	\$355.65
M081	Larynx-Excision-Laryngectomy-Total	\$838.90
M083	Accessory Nasal Sinuses-Ethmoidectomy/antrostomy-Intranasal ethmoidectomy including maxillary antrostomy, with endoscope -unilateral (not eligible for payment with M061 or M054)	\$350.00
M084	Larynx-Excision-Laryngectomy-Segmental, including reconstruction	\$888.85
M086	Accessory Nasal Sinuses-Ethmoidectomy/antrostomy-Transnasal endoscopic repair of CSF rhinorrhea (includes harvesting of graft material) with or without 3D CT/MRI image guided system	\$822.45
M105	Chest Wall and Mediastinum-Excision-Chest wall tumour, resection of 2 or 3 ribs or cartilages	\$650.00
M135	Lungs and Pleura-Incision-Major decortication of lung for empyema or tumour	\$848.80
M137	Respiratory /Cardiovascular Surgical Procedures-Lungs and pleura-Incision-Multi-Thoracotomy with or without biopsy	\$390.65
M142	Lungs and Pleura-Excision-Pneumonectomy, may include radical mediastinal	\$1,485.40

	node dissection, sampling or pericardial resection requiring repair	
M143	Lungs and Pleura-Excision-Lobectomy, may include radical mediastinal node dissection or sampling	\$1,402.60
M145	Lungs and Pleura-Excision-Wedge resection of lung	\$843.40
M149	Lungs and Pleura-Excision-Pleurectomy, and/or apical bullectomy for pneumothorax	\$525.00
M151	Lungs and Pleura-Excision-Bullectomy for major bullous disease	\$725.00
N111	Cranial-Skull Base Surgery-Resection of lesion(s)-Endonasal Approach-Pituitary lesion(s)-Transsphenoidal microscopic resection of lesion(s) originating in the sella turcica requiring simple closure, repair and/or reconstruction of surgical defect(s)	\$1,879.00
N112	Cranial-Brain-Skull Base Surgery -Surgical Access-Endonasal Approach-Surgeon not rendering resection of lesion(s)-Endonasal endoscopic or microscopic approach for surgical access to sella turcica-Includes when rendered middle turbinate reductions, maxillary antrostomies, ethmoidotomies, ethmoidectomies, sphenoidotomies, septotomy, septoplasty and septal mucosal flap(s) harvest associated with septotomy or sphenoidal mucosal flap(s)	\$1,360.00
N114	Cranial-Skull Base Surgery-Resection of lesion(s)-Endonasal Approach-Pituitary lesion(s)-Transsphenoidal endonasal endoscopic resection of lesion(s) originating in the sella turcica requiring simple closure, repair and/or reconstruction of surgical defect(s)	\$1,742.45
N116	Cranial-Skull Base Surgery-Resection of lesion(s)-Endonasal Approach-Non-Pituitary lesion(s)-Endonasal endoscopic resection of non- Pituitary lesion(s) not originating from pituitary tissue requiring simple closure, repair and/or reconstruction of surgical defect(s)	\$2,243.45
N150	Cranial-Cerebral Injury-C.S.F. leak-Intracranial repair (to include trans-Sphenoidal approach)	\$1,065.45
R181	Respiratory Surgical Procedures-Nose-Excision of nasopharyngeal or oropharyngeal lesion-With palatal split	\$508.20
S018	Oral Cavity and Pharynx-Excision-Glossectomy-Partial	\$197.45
S043	Salivary Glands and Ducts-Excision-Parotid gland-Total (with preservation of facial nerve)	\$885.75
S063	Oral Cavity and Pharynx-Excision-Branchial-Tonsillectomy and may include adenoidectomy	\$178.35
S065	Oral Cavity and Pharynx-Excision-Branchial-Adenoidectomy	\$101.25
S068	Oral Cavity and Pharynx-Excision-Closure of fistula-Pharyngo-Laryngectomy	\$1,155.45
S236	Endoscopic Ultrasound-Linear or radial echo- Endoscope-Excluding biliary or pancreatic examination (scope also used for therapeutic procedures)	\$203.05
S237	Endoscopic Ultrasound-Linear or radial echo- Endoscope-Including biliary and/or pancreatic examination (scope also used for therapeutic procedures)	\$253.80
Z292	Laryngoscopy Direct without biopsy	\$61.30
Z293	Laryngoscopy Direct with biopsy	\$61.30
Z296	Nose-Endoscopy-Fiberoptic endoscopy of upper airway (nose, hypopharynx or larynx) (IOP)-With flexible endoscope-If only operative procedure performed	\$20.10
Z299	Nose-Endoscopy-Fiberoptic endoscopy of upper airway (nose, hypopharynx or larynx) (IOP)-With rigid endoscope, for Diagnostic evaluation, or to facilitate biopsy or surgical treatment of pathology in the posterior nasal cavity, hypopharynx or larynx	\$8.55
Z301	Nose-Incision-Drainage of abscess or haematoma	\$55.60

Z302	Nose-Incision-Turbinates reduction-Unilateral or bilateral (by any method)	\$55.60
Z305	Nose-Excision-Nasal polyp-Multiple or involving general anaesthetic-Unilateral	\$55.60
Z311	Nose-Excision-Removal of foreign body-Local anaesthetic	\$10.55
Z312	Nose-Excision-Removal of foreign body-General anaesthetic	\$50.90
Z314	Nose-Treatment of epistaxis (nasal Haemorrhage)-Cauterization-Unilateral	\$11.50
Z315	Nose-Treatment of epistaxis (nasal Haemorrhage)-Anterior packing-Unilateral	\$15.35
Z316	Nose-Treatment of epistaxis (nasal Haemorrhage)-Posterior packing-Unilateral or bilateral	\$35.50
Z317	Nose-Endoscopy-Fiberoptic endoscopy of upper airway (nose, hypopharynx or larynx) (IOP)-Examination under anaesthesia (EUA) of nose including suction cautery for posterior epistaxis-Unilateral or bilateral	\$112.05
Z318	Accessory Nasal Sinuses-Endoscopic approach-Trephine or endoscopic frontal sinusotomy	\$133.30
Z322	Larynx-Endoscopy-Direct-With removal of foreign body	\$106.45
Z323	Larynx-Endoscopy-Direct-With removal of lesion(s)	\$226.35
Z324	Larynx-Endoscopy-Indirect-With biopsy or removal of foreign body	\$44.70
Z325	Trachea and Bronchi-Incision-Emergency tracheotomy	\$474.65
Z326	Trachea and Bronchi-Tracheo-Bronchial aspiration-Change of tracheostomy tube	\$12.50
Z327	Trachea and Bronchi-Endoscopy-Bronchoscopy-Flexible or rigid, with or without bronchial biopsy, suction or injection of contrast material	\$124.90
Z329	Chest Wall and Mediastinum-Endoscopy-Mediastinoscopy	\$380.00
Z331	Lungs and Pleura-Introduction-Thoracentesis-Aspiration for Diagnostic sample	\$32.45
Z332	Lungs and Pleura-Introduction-Thoracentesis-Aspiration with therapeutic drainage with or without Diagnostic sample	\$59.15
Z334	Lungs and Pleura-Introduction-Thoracentesis-Total unilateral lung lavage with or without bronchoscopy using Double Lumen Tube and single lung anaesthesia	\$304.60
Z335	Thoracoscopy (pleuroscopy) with or without pleural biopsy, suction, etc.	\$242.35
Z336	Lungs and Pleura-Incision-Biopsy of pleura, needle-Including Diagnostic aspiration	\$59.15
Z338	Lungs and Pleura-Excision-Biopsy of pleura or lung-With limited thoracotomy	\$202.80
Z340	Lungs and Pleura-Incision-biopsy of lung, needle	\$137.85
Z341	Lungs and Pleura-Incision-Closed drainage effusion or pneumothorax	\$76.80
Z342	Trachea and Bronchi-Limited bronchoscopy with placement of endobronchial blocker and/or double lumen tube	\$112.55
Z343	Larynx-Endoscopy-Direct-With dilatation of larynx, to include bronchoscopy if necessary	\$202.35
Z344	Trachea and Bronchi-Tracheo-Bronchial aspiration-First procedure	\$45.95
Z345	Trachea and Bronchi-Tracheo-Bronchial aspiration-Subsequent procedures performed by same physician	\$18.60
Z346	Trachea and Bronchi-Tracheo-Bronchial aspiration-Transtracheal aspiration	\$22.35
Z350	Accessory Nasal Sinuses-Endoscopic approach-Ethmoidectomy/antroscopy-	\$123.70

	Endoscopic sphenoidotomy-Unilateral	
Z355	Trachea and Bronchi-Quadroscope or panendoscopy-With or without biopsy (nasopharyngoscopy, laryngoscopy, bronchoscopy, oesophagoscopy with or without gastro-duodenoscopy) using separate instruments in search of malignant disease	\$321.45
Z356	Trachea and Bronchi-Tracheo-Bronchial aspiration-Closure of persistent tracheostoma	\$133.95
Z359	Trachea and Bronchi-Repeat bronchoscopy for tracheobronchial toilet when performed within one week of another bronchoscopic procedure	\$56.65
Z360	Trachea and Bronchi-Endoscopy-Bronchoscopy-Emergency rigid bronchoscopy for obstructed airway	\$474.65
Z361	Lungs and Pleura-Incision-Chronic indwelling pleural catheter for palliative management of malignant pleural effusion-Insertion of indwelling catheter	\$200.00
Z399	Oesophagus-Endoscopy-Oesophagoscopy- Gastroscopy, with or without duodenoscopy-Elective	\$92.50
Z400	Oesophagus-Endoscopy-Oesophagoscopy- Gastroscopy, with or without duodenoscopy-for active bleeding	\$125.10
Z515	Oesophagus-Endoscopy-Oesophagoscopy, with or without biopsy(ies)	\$68.25
Z524	Oral Cavity and Pharynx-Incision-Drainage of haematoma or deep neck abscess (external approach)	\$271.05
Z527	Stomach-Endoscopy-Gastroscopy-May include biopsies, photography and removal of polyps less than or equal to 1 cm	\$82.90
Z528	Gastroscopy-subsequent (within three months following previous gastroscopy)	\$67.85
Z547	Stomach-Endoscopy-Gastroscopy-With removal of foreign body	\$99.75
Z558	Biliary Tract-Endoscopy-Endoscopic retrograde cholangiopancreatography (ERCP)-Including sphincterotomy and may include removal of one or more bile duct stones	\$300.25
Z561	Biliary Tract-Endoscopy-Endoscopic retrograde cholangiopancreatography (ERCP)-With cannulation of common bile duct and/or pancreatic duct	\$213.15
Z584	Intestines (except rectum)-Endoscopy-Small bowel push enteroscopy	\$185.15
Z738	Trachea and Bronchi-Incision-Insertion of Montgomery "T" Tube or similar laryngeal or tracheal stent	\$216.10
Z741	Trachea and Bronchi-Incision-Tracheotomy	\$273.15
Z760	Biliary Tract-Endoscopy-Endoscopic retrograde cholangiopancreatography (ERCP)-Through gastrojejunostomy following previous Billroth II	\$251.85

AGMPs to be Added to the Eligible List

The following procedures, when requiring the use of a high-speed device in the respiratory tract, are eligible for the AGMP premium when performed on patients who are COVID-19 positive or who are treated as at risk of COVID-19 positive:

Fee Schedule Code	Descriptor	April 2020 Price
F138	Mandible-Closed reduction, includes maxillary-mandibular fixation	\$350.00
F139	Mandible-Open reduction, per fracture, to include intermaxillary fixation	\$575.00
F140	Mandible-Removal of intermaxillary fixation device(s)	\$100.00
E173	Orbit-Open reduction rim/wall fracture-Zygomatic fracture dislocation	\$594.70
E174	Orbit-Blowout fracture of floor	\$667.00
F143	Midface fractures-Application of craniofacial suspension wires and external	\$577.65

	fixation devices (not to be billed in addition to maxillary repair)-Middle ¼ facial	
F144	Midface fractures-Application of craniofacial suspension wires and external fixation devices (not to be billed in addition to maxillary repair)-Cranial-facial separation	\$1,594.90
F142	Orbit with maxilla-With wiring and local fixation	\$685.20
M063	Maxillectomy-Coronal and/or osteoplastic procedure for frontal sinusotomy, reconstruction or obliteration-Unilateral or bilateral	\$716.25

Additional eligible procedures when requiring open suctioning of the airway:

Fee Schedule Code	Descriptor	April 2020 Price
Z317	Endoscopy-Examination under anaesthesia (EUA) of nose including suction cautery for posterior epistaxis-Unilateral or bilateral	\$112.05
Z314	Treatment of epistaxis (nasal haemorrhage)-Cauterization-Unilateral	\$11.50
E839	Excision-Nasal polyp-With flexible endoscope, to Z304	\$19.20
M027	Treatment of epistaxis (nasal haemorrhage)-Ligation of external carotid artery-Unilateral	\$297.25
R788	Treatment of epistaxis (nasal haemorrhage)-Ligation of internal maxillary artery-Unilateral	\$408.10
R789	Treatment of epistaxis (nasal haemorrhage)-Ligation of anterior ethmoidal artery-Unilateral	\$299.85
Z313	Treatment of epistaxis (nasal haemorrhage)-Endoscopic transnasal ligation of the sphenopalatine artery for posterior epistaxis-Unilateral	\$123.70
M144	Segmental resection, including segmental bronchus and artery	\$1,441.75

Keywords/Tags

COVID-19; Aerosol-Generating Medical Procedures; AGMP; modifier payment.

For more information

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Schedule of Benefits for Physician Services

The latest version of the Schedule of Benefits for Physician Services is [available on the Ministry of Health website <http://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 of Benefits for Physician Services 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 [Publications Ontario <https://www.publications.gov.on.ca/>](https://www.publications.gov.on.ca/). Physicians without access to the Internet can contact ServiceOntario at 1-800-668-9938.

Please review the *Health Insurance Act*

This bulletin is a general summary provided for information purposes only. Physicians 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 [ontario.ca/laws <http://www.ontario.ca/laws/>](http://www.ontario.ca/laws). In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulations, the legislation and/or regulations prevail.

For More Information

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