Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4383	**April 1, 2002**	Ministry of Health and Long-Term Care Processing Office
Distribution		(address below)
Physicians, Hospitals, Clinics and Laboratories		

Subject: Medical and Practitioner Review Committee Activity

As a result of legislative changes, enhanced information technology, and additional staffing, the ministry has improved its ability to detect and analyze claims that raise the suspicion of impropriety. Physicians and practitioners are solely accountable for the propriety and accuracy of their claims to OHIP.

The General Manager of OHIP has four options for action available when it appears that incorrect claims have been submitted:

1. Letters to providers to point out unusual billing patterns
2. Direct recovery of funds under section 18 (5) of the *Health Insurance Act* (no review committee referral)
3. Referral to the appropriate medical/practitioner review committee for detailed review
4. If there is a suspicion of fraud, referral to the Investigation Unit, a team of OPP Anti-Rackets police officers dedicated to investigating health care fraud

Providers who have been directed to repay funds following a review committee review are also subject to:

- An interest charge on the amount of repayment, and
- A charge for the cost of the review.

Providers who have been directed to repay funds following a panel committee review may be subject to:

- Publication of the review committee case

Once all appeal rights have been exhausted, the *Health Insurance Act* authorizes the General Manager of OHIP to publicize information about providers who have been directed by a panel of a Medical or Practitioner Review Committee to repay money received for improper claims. This Bulletin contains the first release of this information.

Office locations

Barrie
30 Poyntz St.
L4M 3P2

Etobicoke
3300 Bloor St. W., Unit 142
M8X 2W8

Hamilton
119 King St. W
P.O. Box 2280, Stn. A
L8N 4C8

Kenora
220-808 Robertson St.
P9N 1X9

Kingston
1055 Princess St.
P.O. Box 9000
K7L 5A9

Kitchener
1400 Weber St. E. Unit B2
N2A 3Z8

London
217 York St., 5th Floor
P.O. Box 5700
Terminal A
N6A 1B7

Mississauga
201 City Centre Dr.
P.O. Box 7020, Stn. A
L5A 3M1

Newmarket
465 Davis Dr. 3rd floor
L3Y 8T2

North Bay
101-447 McKeown St.
P1B 9S9

North York
4400 Dufferin St. Unit 4A
M3H 6A6

Oakville
Oakville Town Centre II
200 North Service Rd. W.
Unit P5030.
L6M 2Y3

Oshawa
Exec. Tower,
Oshawa Centre.
419 King St. W.
P.O. Box 635 L1H 8L4

Ottawa
Fuller Building
75 Albert Street
K1P 5Y9

Owen Sound
981 2nd Avenue E.
N4K 2H5

Peterborough
550 Lansdowne St. W.
K9J 8J8

St. Catharines
59 Church St
3rd Floor
L2R 3C3

Sarnia
452 Christina St. N.
N7T 5W4

Sault Ste. Marie
Roberta Bondar Place
70 Foster Dr., Ste. 100
P6A 6V4

Scarborough
2063 Lawrence Ave. E.
M1R 2Z4

Sudbury
199 Larch St.,
Suite 801
P3E 5R1

Thunder Bay
435 James St. S. ,
Suite 113
P7E 6T1

Timmins
38 Pine St. N.,
Suite 110
P4N 6K6

Toronto
2195 Yonge St.
P.O Box 1700 Stn. A
M5W 1G9

Windsor
1427 Ouellette Ave.
N8X 1K1

Head Office
P.O. Box 48
Kingston, ON
K7L 5J3

The following information pertains to physicians who appeared before a panel of the Medical Review Committee for services provided on or after May 1, 1996, and who have been directed to repay claims to OHIP as of July 31, 2001 and whose appeal rights have been exhausted.

Specialty/ Practitioner Type:	Region where services under review provided:	Region where provider currently practicing: (as of 01/07/31)	Period of Review:	Codes Reviewed:		Recovery Amount*
				Referred to Review Committee	Contained in Review Committee Direction	
Family Practice and General Practice	Central East	Central East	96/05/01 to 97/11/30	H103, H104, H123, H124, H153, H154	H103, H104, H123, H124, H153, H154	$15,489.19
Family Practice and General Practice	Central West	Central West	96/05/01 to 96/12/31	A007, H103, H153	A007, H103, H153	$18,666.67
Paediatrics	East	East	96/05/01 to 96/07/31	C263, C265, C665, G600, G601, G602, G610, G611, G620, G621, H267	C263, C265, C665	$4,782.24
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 96/12/31	A003, A007, K990, K991, K994, K995	A003, A007, K990, K991, K994, K995	$15,469.28
Obstetrics and Gynecology	Southwest	Southwest	96/05/01 to 96/08/31	A003, A004, A007, A203	A003, A004, A007, A203	$16,666.67
Dermatology	Central South	Central South	96/05/01 to 96/09/30	A026, G467, G700, K007, Z117, Z161, Z171	A026, K007	$4,323.53
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 96/08/31	C004, H103, H123, H153	C004, H103, H123, H153	$173.35
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/06/30	A003, H103	A003, H103	$1,004.36
Internal Medicine	North	North	96/05/01 to 98/02/28	A133, A135, C133	A133, A135, C133	$28,417.38
Family Practice and General Practice	Central West	Central West	96/05/01 to 96/11/30	A003, A004, A007	A003, A004, A007	$24,791.67
Internal Medicine	Central East	Central East	96/05/01 to 97/01/31	A133, A135, A136	A133, A135, A136	$36,595.50
Family Practice and General Practice	Central West	Central West	96/05/01 to 96/11/30	A003, A004, A007	A003, A004	$10,976.64
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 97/01/31	A003, A007, A994, A995, K013	A003, A007, A994, A995, K013	$60,000.00
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/10/31	A003, A004, A007, G202, K013	A003, A004, A007, K013	$1,856.93
Neurology	Central East	Central East	96/05/01 to 98/02/28	A186	A186	$20,166.67
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/12/31	A001, A003, A004, A007, G467, K007, K013	A001, A003, A004, A007, K007, K013	$3,079.69
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/11/30	A003, A007, K007, K013	A003, A007, K007, K013	$1,234.99
Neurology	Central East	Central East	96/05/01 to 98/04/30	A183, A185	A183	$28,000.00
Family Practice and General Practice	Central West	Central West	96/05/01 to 96/09/30	A003, A007, K004, K007	A003, A007, K004, K007	$9,375.00
Cardiology	Central South	Central South	96/11/01 to 98/10/31	A603, A605	A603	$31,338.34
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/11/30	A001, A003, A004, A007, K007, K013	A001, A003, A004, A007, K007, K013	$6,291.71
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 96/10/31	A001, A003, A004, A007, K007	A003, A004, A007, K007	$17,500.00
Internal Medicine	Central East	Central East	96/05/01 to 96/12/31	A133, A135, A136, A138, A995, K013	A136, A995, K013	$19,666.67
Family Practice and General Practice	Central East	Central East	96/05/01 to 97/04/30	A003, A007, B992, K007	A003, A007, B992, K007	$1,527.79
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 96/07/31	A003, A004, A007, K007, K013	A003, A004, A007, K007, K013	$4,992.39
Family Practice and General Practice	Central East	Central East	96/05/01 to 97/08/31	A003, A007, K013	A003, A007	$16,666.66
Internal Medicine	Central West	Central West	96/05/01 to 98/02/28	A133, A134, A135	A133	$2,246.04
Family Practice and General Practice	Central West	Central West	96/05/01 to 97/04/30	A003, A004, A007, A901, B994, B995, G310, G313	A003, A004, A007, B994, B995	$3,305.86
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 96/06/30	A001, A003, A005, G536, G537, K004, K007, R051, Z156, Z157, Z158	A001, A003, Z156, Z157, Z158	$2,500.00
Psychiatry	East	East	96/05/01 to 96/06/30	K195, K197	K195, K197	$17,726.61
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/11/30	A003, A007, G202, K007, K013	A003, A007, G202, K007, K013	$12,541.67
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 96/08/31	A003, A004, A007, G372, K007, K013	A003, A004, A007, K007, K013	$9,000.00

Specialty/ Practitioner Type:	Region where services under review provided:	Region where provider currently practicing: (as of 01/07/31)	Period of Review:	Codes Reviewed:		Recovery Amount*
				Referred to Review Committee	Contained in Review Committee Decision	
Paediatrics	Central East	Central East	96/05/01 to 96/10/31	A565	A565	$1,097.48
Neurology	Central East	Central East	96/05/01 to 97/02/28	A184	A184	$15,582.56
Dermatology	Central East	Central East	96/07/01 to 98/06/30	A024, G465, Z117	G465	$19,950.53
Family Practice and General Practice	North	U.S.A.	96/05/01 to 96/09/30	K004, K007	K004, K007	$9,548.06
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 96/11/30	A003, A007, A888, G202	A003, A007, A888, G202	$9,270.34
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/12/31	A003, A007, K007, Z171	A003, A007, K007, Z171	$3,333.33
Family Practice and General Practice	Central East	Central East	16/05/01 to 97/06/30	Z432	Z432	$22,903.76
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/10/31	A003, A007	A003	$7,134.15
Family Practice and General Practice	East	East	96/05/01 to 97/03/31	A001, A003, A005, A007, G370, K007, K013, G467	A001, A003, A005, A007, G370, K007, K013	$16,041.67
Family Practice and General Practice	Central East	Central East	96/05/01 to 96/10/31	A003, A004, A007, K013	A003, A004, A007, K013	$12,788.73
Family Practice and General Practice	Central South	Central South	96/05/01 to 96/08/31	A003, A007, G489, G700, J304, K007	A003, A007, G700, J304, K007	$16,258.34
Family Practice and General Practice	Southwest	Southwest	96/05/01 to 96/08/31	C004, H103, H123, H153	C004, H103, H123, H153	$151.11

*The recovery amount includes amounts that pertain to services provided on or after May 1, 1996.

The Medical Review Committee cases noted above involve the referral of over 50 different codes for review. However, it should be noted that of the codes referred for review, some codes were referred much more frequently than other codes. Codes that were more commonly referred include the following:

Code:	Description:	Percentage of Referrals from Cases Noted Above:
A007	Intermediate Assessment/Well Baby Care	59%
A003	General Assessment	56%
A004	General Re-assessment	22%
K007	Psychotherapy – individual care	19%
K013	Psychotherapy – counseling	19%

The most common problems with the codes noted above are:

- **Mis-coding:** claiming for a higher cost service than was actually provided
- **Poor records:** the patient record did not adequately document the service, so the fee payable was reduced for inadequate documentation.

  Physicians are reminded that s.37.1 of the *Health Insurance Act* requires that records be maintained to establish:

  - whether an insured service was provided,
  - whether the service was medically necessary,
  - that the service claimed is the same as the service provided.

  This section of the Act states that records be created promptly when the service is provided and that in the absence of a record the fee payable is nil. The MRC also reviews records against the guidelines set out in the CPSO Policy Statement #11-00 on Medical Records.

Providers who have questions about claims for a given service are encouraged to contact their District Office and obtain clarification in writing.

More information about the review committee process is contained on the ministry's website:
http://www.gov.on.ca/health/