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Bulletin 230502 — PSA related adjustments to Schedule of Benefits: Release 2

New payment rules are being applied to Fee Schedule Codes K189A, E514A, E644A, E880A, and E949A

To: All Physicians
Category: Physician Services
Written by: Claims Services Branch; Health Programs and Delivery Division
Date issued: May 8, 2023

Background

The Ministry of Health and the Ontario Medical Association have been working together to implement the 2021 Physician Services Agreement (PSA).

Further to INFOBulletin 230310 (https://www.ontario.ca/document/ohip-

infobulletins-2023/bulletin-230310-physician-services-agreement-related-adjustments) , permanent Fee Schedule Code and contract adjustments were made effective April 1, 2023.

These changes are being added to the OHIP claims system through staged implementations.

The following Release 2 changes are being implemented May 1, 2023 with an effective date of April 1, 2023.

K189A - Urgent community psychiatric follow-up

The claims payment system will now allow automated payment of K189A in combination with A192A or A198A when all requirements have been met.

E514A - Post mastectomy breast reconstruction - immediate breast reconstruction following mastectomy

The claims payment system will now allow automated payment of E514A in combination with R118A when all requirements have been met.

E644A - Radical mediastinal node dissection following preoperative chemotherapy and/or radiotherapy

The claims payment system will now allow automated payment of E644A in combination with S128A when all requirements have been met.

E880A - Thyroidectomy - parathyroid(s) re-implantation

E880A is only eligible for payment with S788A or S793A.

If E880A is not billed with one of the above Fee Schedule Codes, it will pay at $0 with explanatory code '**DF-Corresponding fee code has not been claimed or was approved at zero'**

E949A - For adjustable suture (to Strabismus Procedures)

The claims payment system will now allow automated payment of E949A in combination with the following fee codes when all requirements have been met:

- E182A - transposition of extraocular muscle to treat paretic or lost, damaged eye muscle
- E183A - superior oblique muscle (per muscle)
- E184A - inferior oblique muscle (per muscle)
- E185A - horizontal or vertical rectus muscle (per muscle)

If E949A is billed without one of the listed services above, the claim for E949A will pay at $0 with explanatory code **'DF-Corresponding fee code has not been claimed or was approved at $0'**.

Medical Claims Adjustments (MADJ)

Please note, due to staged implementations, a Medical Claims Adjustment may be required.

Further information will be provided in advance of a Medical Claims Adjustment.

Keywords/Tags

K189A; E644A; E880A; E514A; E949A; Physician Services Agreement; PSA; Physician Payment Committee; PPC

Contact information

Do you have questions about this INFOBulletin? Email the Service Support Contact Centre (mailto:SSContactCentre.MOH@ontario.ca) or call 1-800-262-6524.

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