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Bulletin 231202 — PSA related Medical Claims Adjustment: Release 6

Payments for K133A, E182A, E183A, E184A, E185A, E877A and G552A were reprocessed by a Medical Claims Adjustment (MADJ)

To: All Physicians

Category: Physician Services

Written by: Claims Services Branch; Health Programs and Delivery Division

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Background

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

As described in INFOBulletin 230310 (<https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-230310-physician-services-agreement-related-adjustments>), permanent adjustments to fee schedule codes within the Schedule of Benefits for Physician Services (<https://www.health.gov.on.ca/en/pro/programs/ohip/sob/>) (the Schedule) have been made effective April 1, 2023.

The payment rules for the fee schedule codes listed below were implemented

November 1, 2023, with an effective date of April 1, 2023. Further information can be found in INFOBulletin 231106 (<https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-231106-psa-related-adjustments-schedule-benefits-release-6>) :

- K133A – Periodic Health Visit for Adults with Intellectual and Developmental Disabilities
- 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)
- E877A – repeat strabismus procedure(s)
- G522A – removal of intrauterine contraceptive device

As a result, a Medical Claims Adjustment (MADJ) was required to reprocess related claims.

Action may be required on the part of the physician for fee schedule code K133A. See below for further details.

Medical Claims Adjustments (MADJ)

Claims already submitted for K133A, E182A, E183A, E184A, E185A, E877A, and G522A with service dates between April 1, 2023 and October 31, 2023 have been reprocessed during the MADJ. These claims have been adjusted in accordance with the changes to the Schedule of Benefits for Physician Services (Schedule) effective April 1, 2023.

Adjustments will begin to appear on the December 2023 Remittance Advice (RA).

Any claims submitted with these fee schedule codes have been corrected to conform with the payment rules.

Please note during the MADJ process, the claims processing system selects an entire claim and reprocesses it. A single claim can include multiple fee schedule codes and all codes will be reprocessed.

Claims reprocessed with no change in payment will appear on the Remittance Advice (RA) with explanatory code **'55 - This deduction is an adjustment on an earlier account'** and **'57 - This payment is an adjustment on an earlier account'**. These two transactions will net to zero with no payment impact but will report on the RA for reconciliation purposes.

Claims that were reprocessed and not eligible for payment in accordance with the Schedule will be accompanied with one of the following explanatory codes:

- DF – Corresponding fee code was not billed or paid at zero
- D7 – Not allowed in addition to other procedure
- DC – Procedure paid previously not allowed in addition to this procedure fee adjusted to pay the difference
- DX – Diagnostic code not eligible with fee schedule code
- R1 – Only one health exam allowed in a twelve-month period

Claims for K133A submitted with ineligible diagnostic codes will appear on the RA paid at zero dollars with explanatory code **'55 - This deduction is an adjustment on an earlier account'**. Physicians may need to resubmit with an eligible diagnostic code, if applicable, or the appropriate fee schedule code for the service provided. Please review page A7 of the Schedule for requirements and payment rules for K133A.

Keywords/Tags

E182; E183; E184; E185; E877; G552; E542; G378; Z735; K133; Physician Services Agreement; PSA; G552A; PPC; Medical Claims Adjustment; Physician Payment Committee

Contact Information

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