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Bulletin 240801 — PSA related medical claims adjustment: Release 13

Payments for fee schedule codes A210A and C210A were reprocessed by a MADJ

To: All Physicians
Category: Physician Services
Written by: Claims Services Branch; Health Programs and Delivery Division
Date issued: August 6, 2024
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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 (FSCs) within the Schedule of Benefits for Physician Services (https://www.ontario.ca/page/ohip-schedule-benefits-and-fees#section-1) have been made effective April 1, 2023.

The payment rules for the following fee service codes were implemented on July 1, 2024, with an effective date of April 1, 2023. See Bulletin 240701 – PSA related adjustment to the Schedule of Benefits: Release 13 (https://www.ontario.ca/

document/ohip-infobulletins-2024/bulletin-240701-psa-related-adjustment-schedule-benefits-release) for additional information.

- A210A - Special Anaesthetic Consultation – Office
- C210A - Special Anaesthetic Consultation – Hospital

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

Note: No action is required on the part of the physician.

Medical claims adjustment processing

Claims assessed and with service dates between April 1, 2023, and June 30, 2024 were subject to adjustment.

All claims submitted with the FSCs A210A and C210A will be corrected to conform with the payment rules. The adjustments will begin to appear on the August 2024 Remittance Advice (RA).

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

Claims reprocessed with no change in payment will appear on the RA with explanatory codes **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 $0 with no payment impact but will report on the RA for reconciliation purposes.

Claim items that are reprocessed and are not eligible for payment in accordance with the schedule will be accompanied with one of the following explanatory codes:

- C2 - Allowed at re-assessment fee
- 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
- DF – Corresponding fee code has not been claimed or was approved at zero
- DG – Diagnostic/miscellaneous services for hospital patients are not payable on a fee-for-service basis – included in hospital global budget
- H8 – Hospital number and/or admission date required for in-hospital service
- M1 - Maximum fee allowed or maximum number of service has been reached same/any provider

Keywords/Tags

A210A; C210A; Special Anaesthetic Consultation; Physician Services Agreement; PSA; MADJ; Physician Payment Committee; PPC

Contact information

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