Using the Master Number for Claims Submission

INTRODUCTION

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC's primary goal is to educate physicians about submitting OHIP claims that accurately reflect the services provided and that are in compliance with the law.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters. They are provided for education and information purposes only and express the Ministry's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the September 1, 2011, Schedule of Benefits — Physician Services (Schedule). While the OMA and Ministry make every effort to ensure that this Bulletin is accurate, the Health Insurance Act (HIA) and Regulations are the only authority in this regard and should be referred to by physicians. Changes in the statutes, regulations or case law may affect the accuracy or currency of the information provided in this Bulletin. In the event of a discrepancy between this Bulletin and the HIA or its Regulations and/or Schedule under the regulations, the text of the HIA, Regulations and/or Schedule prevail.

EPC Bulletins are available on the OMA website (http://www.oma.org/Resources/Pages/EPCbulletins.aspx). The Schedule is available on the Ministry website (http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html).

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with information on the use of the four-digit master number from the Master Numbering System.

Claims Requiring a Valid Four-Digit Master Number

Currently, physicians submitting claims for services provided in certain facilities are required by the Ministry of Health and Long-Term Care to include a four-digit identification code on the claim. This unique code is assigned under the Master Numbering System and is identified in that system as the "master number." Some claims will reject for payment and appear on an error report if the master number is not on the claim (for example, hospital inpatient and emergency services). The requirement for a master number on certain claims is not new to the claims processing system, however, recently there have been some questions about the use of the master number and this information is provided in order to help clarify when it is required and when it is preferable to include the master number on the claim.

What is the Master Numbering System?

The Master Numbering System is a list of numbers that has been developed in order to bring together all health facilities and programs under one system of identification. It is a composite of health units and health-related units, facili-

ties, clinics, programs and services. Master numbers are assigned based on the "type" of service or program offered (e.g., ambulatory care, acute care).

How do I know when I need to include the master number on a claim?

In general, if services are rendered to a patient in a location other than an Independent Health Facility, your own office or walk-in clinic (e.g., in an emergency department, hospital inpatient, long-term care facility) it is likely that the master number is required on the claim. As previously stated, a claim will reject for payment and appear on an error report if the master number is not on the claim when it is required. The appropriate master number should also be used for services rendered in other facilities or institutions, including correctional facilities and rehabilitation centres. These claims may not reject for payment if the master number is not included, however, it is preferable to include it when the service is rendered in these locations.

A general rule of thumb is that if the fee code is prefaced with a "C," "H," or "W," the master number is required on the claim. While A-prefix assessments rendered in the emergency department will not reject by the claims processing system if a master number is not on the claim, it is preferable to include the master number on these claims as well.

There are 2 four-digit numbers in the Master Numbering System Code Book – which number do I use?

Always use the number under the "master number" column in the Master Numbering System. There is also a column called the "facility number." A facility number is often given to a hospital or institution, however, this is not the number that is to be included on the claim. The facility number applies to the entire facility or corporation, whereas the master number represents a unit or program within the facility. There are usually many master numbers associated with one facility number, and, in some cases there is no facility number at all, however, there is always a master number. Physicians are reminded to use the master number and not the facility number.

To illustrate which number to include on a claim, the following is taken directly from the Master Numbering System Code Book:

Name	Type	Master Number	Facility Number
Toronto East General Hospital (The)	AT	1302	0858
Toronto East General Hospital (The)	AM	4209	0858
Toronto East General Hospital (The)	GR	4279	0858
Toronto East General Hospital (The)	CR	4341	0858
Toronto East General Hospital (The)	MH	4567	0858
Toronto East General Hospital Detox	DT	1300	0858
Toronto Emergency Medical Services	AS	2526	
Toronto Jail	CC	2328	

You can see from the information above that the Toronto East General Hospital has six different types, or broad classifications, of services within its facility. The facility number (0858) is not required on a claim, however, depending on where the service is rendered, the appropriate master number should be on the claim. The type "AT" stands for acute care and the type "AM" stands for ambulatory care — a full list of these types and their meanings is found in the Master Numbering System Code Book (see link below).

You can also see that Toronto Emergency Medical Services and the Toronto Jail do not have a facility number, however, they are assigned a master number, which should be on claims for services rendered in those locations or as part of those programs.

Hospital amalgamations or program transfers may result in the retirement of previously valid master numbers. To ensure that the master number you are using is currently valid, please refer to the Master Numbering System Code Book or contact your software vendor for an updated list of valid master numbers. The Master Numbering System document is updated occasionally and is available in electronic format on the Ministry's public Internet site at: http://www.health.gov.on.ca/en/public/publications/pub_ministry_reports.aspx.

Examples

Example 1

Dr. A sees patients for supportive care (C010) after transfer from the intensive care unit of the Toronto East General Hospital.

What master number should be included on the claim?
Dr. A must submit these claims with the master number 1302 (corresponding with the name Toronto East General Hospital, and the number that corresponds with type code "AT" — the type code for "acute care").

Example 2

Dr. B attends to patients at the Toronto Jail, a correctional centre, on the first Monday of the month.

What master number should be included on the claim?
Dr. B should submit claims with the master number 2328 (corresponding with the name Toronto Jail, and the type code "CC" for "correctional centre").

Example 3

Dr. C, an internal medicine specialist who does not work in the emergency department (ED), is asked to consult on a patient in the ED of Toronto East General Hospital. She renders the consultation and submits a claim.

Is the master number required on the claim? If so, which master number should be included?
While the claim will not reject for payment if a master number is not included, Dr. C should submit the claim with master number 4209 (corresponding with the type code "AM" for "ambulatory care"). This identifies that the patient was seen in the hospital for the consultation.

Important Reminder

It is important that you keep your address information current and up-to-date with the Ministry. Under Regulation 57/97 of the Health Insurance Act, physicians are required to inform the Ministry of all practice locations. You may report an address change to your local OHIP claims office.

Your feedback is welcomed and appreciated!

The Education and Prevention Committee welcomes your feedback on the Bulletins in order to help ensure that these are effective educational tools. If you have comments or questions on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing (referencing this bulletin) to:

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The PSC Secretariat will anonymously forward all EPC Interpretive Bulletin comments, questions or suggestions to the Co-Chairs of the EPC for review and consideration.

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

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