

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: Physicians, Hospitals, Clinics and Laboratories

Published By: Ministry of Health and Long-Term Care

Date Issued: February 10, 2010

Bulletin #: 4507

Re: Retroactive Claims Adjustment Overpayments

The Ministry of Health and Long-Term Care has identified a problem with the claims adjustments processed for the retroactive payments per the October 2009 General Fee Increase, which resulted in an overpayment to some physicians with any or all remittances for December 2009, January 2010, and February 2010.

The fee codes applicable to the overpayment are identified in Appendix 1. The most significant overpayments are for services rendered in October 2009 and adjusted in January 2010, where the fee code is submitted in unit fees (mainly B and C suffixes) for which the system erroneously added an additional \$100.00 to each unit claimed.

The ministry plans to correct the overpayment problem in February for recovery of the overpayments from the March 2010 remittance. In the meantime, providers can review the claim item details on the Remittance Advices for their December 2009 and January/February 2010 remittances for the fee codes in Appendix 1 to determine if they are affected by the overpayment.

The ministry apologizes for any inconvenience this oversight may have caused.

Appendix 1: Fee Codes Applicable to the Overpayment Error:

Fee Code	Description
E004C	Controlled Hypotension-Anaes- (Extra)
E201C	Same as E200 (excision of skin, with or without partial excision of the orbicularis oculi muscle) plus removal of orbital fat and/or major lid fold reconstruction - one lid
E340C	Ear-Middle-Extracochlear (Round Window) Perm. Prosthesis
E420B	Evenings (17:00h – 24:00h) Monday to Friday or daytime and evenings on Saturdays, Sundays or Holidays - increase the total assistant's fee by
E420C	Trauma premium
E793B	Laparoscopic or laparoscopic assisted, to R905 add 25%
E862B	Retropubic Urethropexy for Stress Incontinence - when performed laparoscopically, to S549 or S546 add 25%
J041A	Percutaneous removal of intravascular and intraureteric foreign bodies
K001A	Detention – per full quarter hour
K101A	Ground ambulance transfer with patient per quarter hour or part thereof
K102A	Detention for the Transport of Donor Organs - Per quarter hour or part thereof(not eligible for payment with K001)
K112A	Return trip without patient to place of origin following air or ground ambulance transfer, per half hour or major part thereof
K887A	CTO initiation including completion of the CTO form and all preceding CTO services directly related to CTO initiation
K888A	CTO supervision including all associated CTO services except those related to initiation or renewal per unit
M013A	Partial septorhinoplasty (excluding osteotomies)
M013C	Partial septorhinoplasty (excluding osteotomies)
M014A	Septorhinoplasty
M014C	Septorhinoplasty
R026C	Scar Revision - any method of closure - Up to 2.5 cm - other areas
R029B	Scar Revision - any method of closure - Greater than 10 cm - other areas
R029C	Scar Revision - any method of closure - Greater than 10 cm - other areas
R110B	Reduction mammoplasty (female, to include nipple transplantation or grafting) - unilateral
R110C	Reduction mammoplasty (female, to include nipple transplantation or grafting) - unilateral
R112C	Augmentation mammoplasty - unilateral
R993C	Tumour-Excision-Not specifically listed-I.C.

S318B Panniculectomy - includes any necessary diastasis repair
S318C Panniculectomy - includes any necessary diastasis repair
X486C Complex spine (2 or more non-adjointing segments) - when cardiac gating is performed (must include application of chest electrodes and ECG interpretation) add 30%