

INFOBulletin

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

To: Physicians, Registered Nurse Practitioners, Hospitals and Clinics

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**Re: Implementation of 2012 Physician Services Agreement –
Appendix F – Requirement for Referring Field for Tracking -
Effective April 1, 2013**

Background:

Item 7 of Appendix F of the 2012 Physician Services Agreement (PSA) states:

“Diagnostics by other practitioners (requirement of referring field for tracking) - Review and evaluate appropriateness of diagnostic studies (e.g., x-rays) ordered by non-physicians (e.g., chiropractors). **For tracking and evaluative purposes, require referring provider number be provided for OHIP payment purposes.**”

Referring provider numbers are currently required for diagnostic radiology, nuclear medicine, diagnostic ultrasound, pulmonary function studies, and nuclear magnetic imaging. However, other diagnostic services do not require a referring provider number.

To comply with the provisions of the PSA, changes in claims processing are required.

Change Required:

Effective April 1, 2013, a referring provider number will now be required for fee codes found in Section J – Diagnostic and Therapeutic Procedures of the Schedule for Benefits for Physician Services (Schedule of Benefits) where there is both a technical and professional fee.

Registered Nurses in the Extended Class, Midwives, and Oral and Maxillofacial Surgeons may order specified tests found in the Schedule of Benefits. Claims for services should include the

provider number whether the service is referred by a physician or non-physician provider. Physicians ordering the service on their own patient may include their own provider number as the referring provider.

If the referring provider field is blank, the system will reject the service. Physicians must resubmit the claim with the referring provider field completed for payment.

The fee codes that will now require a referring provider number effective April 1, 2013 are:

Professional Services								
G105	G145	G252	G332	G425	G450	G524	G555	G650
G112	G147	G253	G343	G428	G456	G525	G571	G653
G120	G148	G283	G346	G432	G457	G526	G572	G656
G126	G150	G307	G350	G433	G459	G529	G575	G657
G138	G151	G313	G351	G436	G469	G530	G578	G658
G139	G166	G317	G353	G437	G473	G533	G581	G659
G141	G180	G319	G354	G438	G477	G543	G583	G660
G142	G197	G320	G415	G439	G516	G545	G584	G690
G144	G251	G321	G418	G444	G518	G546	G649	G816
Technical Services								
G104	G167	G414	G471	G577	G661	G692	G857	
G111	G174	G440	G519	G582	G682	G815	G858	
G121	G181	G441	G540	G585	G683	G850		
G127	G209	G442	G541	G647	G684	G851		
G140	G284	G443	G542	G648	G685	G852		
G143	G308	G448	G544	G651	G686	G853		
G146	G310	G451	G554	G652	G687	G854		
G149	G311	G455	G570	G654	G688	G855		
G152	G315	G466	G574	G655	G689	G856		

The current version of the Schedule of Benefits is available at:

www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html

Hard copies of the Schedule will not be distributed. If you would like to order a paper copy or compact disk (CD) of the Schedule for a fee, please visit:

<https://www.publications.serviceontario.ca>

Physicians without access to the Internet can contact ServiceOntario at 1-800-668-9938.

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