CLAIMS SUBMISSION

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4. CLAIMS SUBMISSION

4.1 Overview

This section provides an overview of the claims submission process, including:

- method of submitting claims
- process to submit claims
- submission of claims
- reports
- reconciliation and payment
- inquiries

4.2 Method of Submitting Claims

All claims must be submitted through medical claims electronic data transfer (MC EDT) in accordance with Regulation 552, Section 38.3 of the Health Insurance Act (HIA).

Medical Claims Electronic Data Transfer (MC EDT)

The MC EDT is a secure web-enabled service that offers a:

- simple user interface (web page) with basic upload and download functions using an internet connection; and
- a web service for complete automation and integration with Electronic Medical Record (EMR)/Clinic Management System (CMS) software or billing software systems.

The web page is not intended for use with automated programs or scripts. The MC EDT web page is suitable for those with a low number of daily file uploads. File uploads and downloads are a manual process and cannot be scripted or integrated with a systems interface.

Users of the web service will require third party software/vendor to develop a fully automated system to submit and receive files. The MC EDT technical specifications for the web service is located on the ministry website at:


Some of the key benefits of the MC EDT service include:

- Secure user authentication;
- Ability to designate access to administrative staff, third party agents or other health care providers, to act on your behalf for the submission and/or reconciliation of claim files;
- Additional electronic reports.
The MC EDT service is available 24 hours a day, seven days a week with the exception of weekly scheduled system maintenance on Sunday mornings between the hours of 1:00 am and 5:00 am and Wednesday mornings between the hours of 5:00 am to 8:00 am.

The MC EDT service currently supports the following file types:

- Medical Claims
- Stale Dated Claims
- Overnight Batch Eligibility Checking (OBEC)

For further information on MC EDT and how to register, refer to the MC EDT Reference Manual located at:


4.3 Process to Submit Claims

Claim files must be submitted in a specific file format as outlined in the Technical Specifications-Interface to Health Care Systems manual.

You should contact a software vendor to determine the most appropriate hardware and billing software that would meet your needs based on your business practices and technical capabilities. All hardware and software must conform to the specifications as contained in the Technical Specifications-Interface to Health Care Systems manual.

4.4 Submission of Claims

There are three types of claims a physician will submit:

- Health (HCP)
- Workplace Safety Insurance Board (WSIB)
- Reciprocal Medical Billing (RMB)

**HCP Claim**

Health claims are claims for services rendered by physicians or private medical labs to a patient with Ontario health insurance coverage.

- Payment program “HCP”
- Payee - “P” for pay provider
- Payee - “S” for pay patient

**Note:** Payee is dependent on whether you opted in or opted out when you registered.
WSIB Claim

Workplace Safety and Insurance Board (WSIB) (formerly Workers’ Compensation Board (WCB)) claims are for services rendered to patients with Ontario health insurance coverage who have work related injuries.

- Payment program is WCB
- Payee is “P” for pay provider
- If the patient is assessed for a non-WCB related problem during a WCB visit (minor assessment only), A008A (Mini Assessment) may be payable. Refer to the Schedule of Benefits, sections General Preamble and Consultations and Visits
- A008A cannot be billed on the same claim as the WCB service. It must be billed on a separate HCP claim. A008A can be billed only when the WSIB claim is for A001A
- If the physician bills any service on a WCB claim other than a minor or partial assessment, no other assessment can be submitted as an HCP claim.

Note: Other than the payment program, the information required to bill is the same as for HCP claims.

The following services are excluded from WCB submissions to the ministry:

- Service codes prefixed by “T” or “V”
- Lab services provided by private medical laboratory facilities
- Services provided by hospital diagnostic departments
- Services rendered to patients registered in other Canadian provincial plans
- Services rendered by out-of-province physicians
- Fee schedule codes: A008, K018, K021, K051, K053, K061, P004, P006
- Charges for completion of form, such as M640 (must be billed directly to WSIB)
- Services provided by OPTED-OUT health care providers

RMB Claim

Reciprocal Medical Billing claims are used to bill for services rendered by physicians to a patient insured under another Canadian provincial/territorial health coverage plan, excluding Quebec.

- Payment program - RMB
- Payee - P for pay provider

Note: Except for the section on patient information all other areas are identical to those on the regular HCP claim.
**Patient Information**

- **Province**: Two letter code representing the province of the patient’s registration
- **Registration Number**: Assigned to the patient in his or her province of residence (may be up to 12 characters without any spaces or special characters)
- **Date of Birth**: YYYYMMDD format (e.g., 19491225)
- **Patient’s Surname**: Up to 13 characters of the patient’s last name
- **Payment Program**: Must be RMB
- **Payee**: Must be P for pay provider
- **Patient’s First Name**: Up to six characters of the patient’s first name
- **Sex**: 1 (male) or 2 (female)

Participation in the Reciprocal Medical Billing System (RMBS) is voluntary. Physicians who do not submit through the RMBS and bill the ministry directly must complete and submit the standard “Out of Province Claim for Physician Services” form (0000-80) available online at:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0000-80](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0000-80)

This form is also used for claims for residents of Quebec and for RMB excluded services that are OHIP benefits.

The following services are excluded from RMB (but are not necessarily OHIP benefits) and should be billed directly to the non-resident patient (or to the non-resident’s home province/territory if prior approval has been granted by the home province/territory):

- Surgery for alteration of appearance (cosmetic surgery)
- Sex reassignment surgery
- Surgery for reversal of sterilization
- Routine periodic health examinations including routine eye examinations
- In-vitro fertilization, artificial insemination
- Lithotripsy for gall bladder stones
- Treatment of port wine stains on other than the face or neck, regardless of the mode of treatment
- Acupuncture, acupressure, transcutaneous electro-nerve stimulation (TENS), moxibustion, biofeedback, hypnotherapy
• Services to persons covered by other agencies (e.g., Armed Forces, Workplace Safety and Insurance Board, Department of Veterans’ Affairs, Correctional Services of Canada [Federal penitentiaries])
• Services requested by a third party
• Team conference(s)
• Genetic screening and other genetic investigation, including DNA probes
• Procedures still in the experimental/developmental phase
• Anaesthetic services and surgical assistant services associated with all of the above
• Services required by the Ministry of Community and Social Services and the Ministry of Attorney General or the Solicitor General
• PET scans and Gamma Knife Radiosurgery
• Telemedicine services

Note: The patient may be eligible for direct reimbursement by his or her own provincial/territorial plan.

Coding Requirements

Fee Schedule Codes are located in the ministry Schedule of Benefits for Physician Services. In addition, the following information will assist with the submission of claims:

• Diagnostic Codes
• Services Requiring Diagnostic Codes

Cut-Off Date for Claims Submission

The ministry operates on a monthly billing cycle. Claims received by the 18th of the month will typically be processed for payment by the 15th of the following month. When the 18th falls on a weekend or holiday, the deadline will be extended to the next business day. Claims received after the 18th of the month will be processed prior to month end if time and volumes permit.

Claims must contain complete, valid and accurate information in order to be processed on time. Claims requiring internal review by ministry staff may have payment delayed.

The ministry recommends daily or weekly submissions of claims to ensure timely adjudication of claims files and to aid in the subsequent reconciliation of rejected claims.

Resubmission of Unpaid Claims

In accordance with regulation under the HIA, all claims must be submitted within six months of the date of service. This includes original and resubmitted claims (i.e. corrected). Claims submitted more than six months following the date of service are termed “stale dated” claims.
Claims Submission Resource Manual for Physicians

Claims Requiring Documentation

The manual review indicator is a field in your medical claims billing software which allows you to inform the ministry that special attention is required to process a specific claim.

Supporting documentation should be faxed to your claims processing office when the claim is submitted:


Supporting documentation may include an operative report, or a “Claims Flagged for Manual Review” form (2404-84). The reasons for submitting this form as supporting documentation are listed on the form.

A “Request for Approval of Payment for Proposed Surgery” form (0691-84) is another supporting document; however, it is to be submitted to your claims processing office prior to the service being rendered.

This form is available at:

http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0691-84

4.5 Reports

The following reports are sent electronically from the ministry. Only reports applicable to your practice will be sent to you. All reports must be retrieved (downloaded) for review or appropriate action.

File Reject Message

A File Reject Message notifies you if the ministry has rejected an entire claims file. This report is usually sent within a few hours of the ministry receiving your claims submission.

Batch Edit Report

A Batch Edit Report notifies you of the acceptance or rejection of claims batches. This report is usually sent within 24 hours of the ministry receiving your claims submission. If claims are uploaded on a weekend, holiday or at month end, the Batch Edit Report is delivered on the next claims processing day.

Claims Error Report

Claims submitted may be rejected for a variety of error conditions. Each file submission processed by the ministry will generate an Error Report (if applicable), therefore, several error reports may be received throughout the month based on the frequency of claims
submissions. Claims rejected to an Error Report are automatically deleted from the payment stream. Rejected claims must be corrected and resubmitted to be processed for payment.

A Claims Error Report provides a list of rejected claims and the appropriate error codes or error report message for each claim. Error codes may be reported at the header level of a claim and/or at the item level. Rejected claims may have more than one error code or error report message assigned (refer to section – Error Codes or Error Report Messages for further detailed explanation of the possible error codes).

The Error Code is a three-character alpha/numeric code. The first character is an alpha and denotes the type of reject as follows:

- V Validity Error (applies to HCP/WCB/RMB payment programs)
- A Assessment Error (applies to HCP/WCB/RMB payment programs)
- E Eligibility Error (applies to HCP/WCB/RMB payment programs)
- R Reciprocal Medical Billing (RMB) Specific Errors

A rejected claims item may be internally re-routed to the Error Report by the ministry and will include an error report message. The error report message is generated to provide more detailed information as to why the claim is being returned. Error report messages appear directly below the related claim item (refer to section – Error Report Messages).

Rejected claims shown on the Error Reports are returned during the processing month. The corrected information should be resubmitted immediately. If the resubmitted information is received prior to the 18th of the same month, the claim can be processed for payment in the same billing cycle. Claims must be resubmitted within six months of the date of service to avoid being rejected as a stale dated claim.

Claims Error Reports should be retained on file in your office to assist in monthly payment reconciliations. If claims are not approved for payment on your monthly Remittance Advice Report (RA), then check your Error Report for that month to determine if the claim was rejected and needs to be submitted again.

A Claims Error Report is usually sent within 48 hours of claims file submission. If claims are uploaded on a weekend, holiday or at month end, the Error Report is delivered on the next claims processing day.

**Split Claims Error Report**

The Split Error Report is only available to physicians affiliated with a primary care group.

This report summarizes an individual physician’s rejected claims that were submitted under the group number. A list of rejected claims and the appropriate error codes for each claim will appear on the report (refer to section – Error Codes).
Remittance Advice Report (RA)

An RA is a monthly statement of approved claims. You will receive your RA between the 5th and 7th of the month following the successful submission and processing of your claims.

Your RA is issued before you receive your payment on the 15th business day of each month.

Group RA Split/Extract

The group RA Split/Extract is only available to individual physicians within a Family Health Network (FHN) for reconciliation of their own claims.

The FHN primary care groups operate over a wide area of separate physical locations and every physician in a FHN may have a different billing package and submit claims from individual locations. The RA Split/Extract contains a FHN physician’s own claim details only.

OBEC Response File

OBEC is a Health Card Validation (HCV) method that enables health care professionals to verify the eligibility of a patient’s health number/version code before a health service is provided. A formatted file of health numbers/version codes can be sent to the ministry for processing and eligibility is verified against the ministry’s database based on the date the file is submitted.

OBEC files received by the ministry by 4:00 pm are processed overnight and the response file will be sent to your MC EDT account by 7:00 am the following morning.

Governance Reports

Governance Reports are only sent to groups that provide specialty services in a hospital or an academic health sciences centre within specific communities. The following reports are generated monthly and sent to the MC EDT account for the governance at time of registration with the ministry.

- Academic Health Science Centre (AHSC) Governance Reports
- Northern Specialist Alternate Payment Program Governance Reports

Primary Care Reports

The following enrolment/consent reports are only sent to primary care physicians.
Enrolment/Consent Outside Use Report

Outside Use is a core service that is provided to enrolled patients by any family physician who is not affiliated with the patient’s primary care group. The report includes outside use details for each physician within a specific primary care group to assist in the calculation of their Access Bonus payment.

Enrolment/Consent Patient Summary Report

This report is a summary of patient enrolment activity to date. The report includes total number of members, breaks down total numbers into member status (e.g. assigned, enrolled, pre-members) and unconfirmed total.

4.6 Reconciliation and Payment

Your RA may contain codes that indicate when a service has been reduced or disallowed because of medical rules which control the payment of claims (refer to section – Explanatory Codes).

Inquiries on your RA should be submitted within four months from the date of the RA on which the claim appears.

Information updates will be transmitted via the message facility of the monthly RA. It is important that your reconciliation software allows you to read information displayed in the RA message facility. Please read all communications to ensure you are up-to-date on topics relevant to your practice. Copies of communications should be kept for reference.

4.7 Inquiries

- Inquiries regarding underpayments must be made within four months of the date of the RA on which the payment appears and should include information/documentation to support the inquiry/request.

- Inquiries should be submitted to your claims processing office on a “Remittance Advice Inquiry” form (0918-84) which is available online at:

  http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0918-84

- The ministry may determine that the decision is its final payment decision at any stage of the inquiry process.

  If the payment decision has not been identified as final, the physician may continue the inquiry process by providing new information or documentation in a timely manner to support the Ministry’s review of the claim(s). This may continue so long as there is meaningful dialogue between the physician and the ministry (i.e., new documentation/information is provided). A new RAI should not be submitted.
• Where a physician disagrees with the Ministry’s final payment decision, a hearing by the Physician Payment Review Board may be requested. This request must be made within 20 business days of receipt of the RAI or a payment decision letter from the Ministry (whichever is later). Instruction on requesting a review can be found on the RA in the messages section.

Note: inquiries related to overpayments or correcting a claim (e.g., incorrect health number, service date, diagnostic code, service not provided) can also be submitted on the RAI form. These should be submitted within four months of the date of the RA; however they may still be considered after this time.
## 4.8 Province/Territory Codes

<table>
<thead>
<tr>
<th>PROVINCE/TERRITORY</th>
<th>PROVINCE CODE</th>
<th>FORMAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBERTA</td>
<td>AB</td>
<td>9 numerics - individual registration (effective June 1/94)</td>
</tr>
<tr>
<td>• Prior to June 1/94, 11 numerics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRITISH COLUMBIA</td>
<td>BC</td>
<td>10 numerics - individual registration (effective Jan. 1/91)</td>
</tr>
<tr>
<td>MANITOBA</td>
<td>MB</td>
<td>9 numerics – individual registration (effective Apr. 1/05)</td>
</tr>
<tr>
<td>• Prior to Apr 1/05, 6 numerics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEWFOUNDLAND/LABRADOR</td>
<td>NL</td>
<td>12 numerics - individual registration</td>
</tr>
<tr>
<td>NEW BRUNSWICK</td>
<td>NB</td>
<td>9 numerics - individual registration</td>
</tr>
<tr>
<td>NORTHWEST TERRITORIES</td>
<td>NT</td>
<td>8 characters - individual registration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>One alpha (N, D, M or T and 7 numerics)</td>
</tr>
<tr>
<td>NOVA SCOTIA</td>
<td>NS</td>
<td>10 numerics - individual registration (effective Jan. 1/94)</td>
</tr>
<tr>
<td>• Prior to Jan. 1/94, 11 numerics</td>
<td></td>
<td>(Family Based)</td>
</tr>
<tr>
<td>PRINCE EDWARD ISLAND</td>
<td>PE</td>
<td>9 numerics (SIN) - individual registration</td>
</tr>
<tr>
<td>SASKATCHEWAN SK</td>
<td>SK</td>
<td>9 numerics - individual registration (effective April 1/91)</td>
</tr>
<tr>
<td>TERRITORY OF NUNAVUT</td>
<td>NU</td>
<td>9 numerics - individual registration (effective April 1/99)</td>
</tr>
<tr>
<td>YUKON</td>
<td>YT</td>
<td>9 numerics - individual registration</td>
</tr>
</tbody>
</table>
4.9 Error Codes

Error Code – Description(s) – “A” Codes

A2A  Patient is underage or overage for this service code
A2B  This service is not normally performed for this sex. Please check your records.
A3E  No such service code for date of service
A3F  No fee exists for this service code on this date of service
A3L  Other New Pt Fee Already Pd
A34  Multiple duplicate claims
A4D  Invalid specialty for this service code
AC1  Maximum reached – resubmit alternate fsc
AC4  A valid referring/requisitioning health care provider number must be present for
     this service code.
     Referring number is 722900-744292 (Nurse Practitioner) and
     FSC are not any of the five following:
     •  Laboratory Services (L***)
     •  Cardiology codes G310, G313, G700
     •  Physiotherapy Code
     •  Xray - X codes
     •  Ultra Sound Codes - J code
AD1  Corresponding Procedure Not Claimed
AD9  Premium not allowed alone
ADF  Corresponding Procedure Invalid, Omitted or Paid at zero
AH5  Admit date mismatch
AH8  Hospital and/or Admission date is missing or invalid. - Invalid Adm Dte/Hosp No
AMR  Minimum service requirements have not been met.

Error Code – Description(s) – “C” and “D” Codes

CNA  Counselling Not Allowed
DF   Corresponding Procedure Invalid, Omitted or Paid at Zero
Error Code – Description(s) – “E” Codes

EF1  IHF number not approved for billing on the date specified
EF2  IHF not licensed or grandfathered to bill FSC on the date specified
EF3  Insured services are excluded from IHF billings
EF4  Provider is not approved to bill IHF fee on date specified
EF5  IHF practitioner 991000 is not allowed to bill insured services
EF7  Referring physician number is required for the IHF fee billed
EF8  ‘I’ service codes are exclusive to IHFs
EF9  Mobile site number required
EH1  Srv. Date <Elig. Eff. Date
EH2  Mismatched Version Code
EH4  Srv. Date > Elig. End Date
EH5  Srv. Dt. Not in Elig. Period
ENP  Invalid FSC for NP
EPA  Network billing not approved
EPC  Patient not rostered/rostered to another Network
EPF  Enrlmt Date Mismatch
EPP  Incorrect Code for Eligibility (Ontario Works/Ontario Disability Support Program)
EPS  Patient Not Elig for Prog
EP1  Enrlmt Trans Not Allowed
EP2  Not for Enrol/Re Enrol
EP3  Check Srv Dte / Enrol Dte
EP4  Enrolmnt Restriction
EP5  Incorrect FSC for Grp Typ
EQ1  Practitioner not registered with OHIP - Clinic/Dr Not on File
EQ2  Specialty code is inactive or not registered on date of service
EQ3  Health care provider is registered as OPTED-IN for date of service – claim submitted as Pay Patient
EQ4  Health care provider is registered as OPTED-OUT for date of service – claim submitted as Pay Provider
EQ5  Lab inactive for service date
EQ6  Referring/requisitioning health care provider number is not registered with the Ministry of Health
EQ9 Lab No. not on File

EQB Solo health care provider number is not actively registered with the Ministry of Health on this date of service
Practitioner number is Midwife (700000 - 722899) referral only
Claims submitted by Chiropractors using their CSN

EQC Group number is not registered with the Ministry of Health.

EQD Group number is not actively registered with the Ministry of Health on this date of service

EQE Health care provider is not registered with the Ministry of Health as an affiliate of this group on date of service

EQF Health care provider is not actively registered with the Ministry of Health as an affiliate of this group on date of service

EQG Referring laboratory is not registered with the Ministry of Health

EQJ New Graduate bills New Patient fee (q013) or Physician (not a new graduate) bills new Graduate – New Patient fee (Q033) - Pract. Not Elig. On S/D

EQK A100 billed with a specialty code other than 00. - MNI Does not Meet Criteria

EQL A100 billed with a specialty code other than 00 or billed by provider with any EDAFA group number. - Phy Not Eligible to Claim

EQM Not Registered for Use

EQN Reg Usage Err on S/D

EQS Provider does not have a sub-specialty of PSY. - Pract Criteria Not Met

ERF Referring physician number is currently ineligible for referrals

ESD APP group affiliation on service date

ESF A non-encounter service claim submitted by a physician not eligible to bill FSC

ESH If a claim is submitted by a Mental Health Sessional Group for a code other than K400A, reject the claim to the error report. - Not Elig. For Blank HN

ESN If health number is on the claim for K400A- No HN required for FSC. Invalid Blank HN Claim

ET1 The telemedicine billing is submitted by a physician who is not registered as a Telemedicine physician. - Not Reg for Telemedicine

ET4 The telemedicine billing does not include a telemedicine premium code (B100, B101, B102, B200, B201, B202) - Telemed Fee code missing

ET5 The telemedicine billing is submitted with a telemedicine premium/tracking code but the SLI code is not ‘OTN’ or is not present. - Telemed SLI Missing/Invld
Error Code – Description(s) – “H” and “P” Codes

HCC  Not on Health Care Connect (HCC) database - Not Eligible
      On HCC database but not Complex-Vulnerable
      On HCC database but not in 'referred to' status

HCE  Patient enrolled to billing physician but later than 3 months from the “referred to” date on Health Care Connect database - Enrolment after 3 Months

PAA  To ensure the smoking cessation initial discussion fee (E079) has been paid within 365 days prior to the smoking cessation counseling fee (Q042) or the smoking cessation follow up fee (K039) - No Initial Fee Prev. Pd.

PA1  Physician Assistant (PA) Pilot claim submissions may contain one or more PA Tracking FSC's but other OHIP insured service FSCs are not allowed on the same claim. - Invalid PA Srv

PA2  Physician Assistant Pilot (PA) claim submissions with the PA as the submitting physician must identify the solo billing number of the supervising physician in the “Refer Physician” field. - Invalid PA Claim

PA3  The physician and/or referring physician fields on the PA Pilot claim submission contain billing numbers which are not affiliated to the PA Pilot group number. Not registered for PA

PA4  PA Registrn on S/D Err

PA5  PA Affiliation Error

PA6  PA Affil'n on S/D Err

Error Code – Description(s) – “R” and “T” Codes

R01  Missing HSN

R02  Invalid HSN

R03  Invalid/Missing Province Code

R04  Service Excluded from RMBS

R05  Provincial code is ‘ON’ (Ontario) which is not valid for RMBS

R06  Wrong Provider for RMBS

R07  Invalid Pay Type for RMBS

R08  Invalid Referral Number

TM1  Dup Teledmed Claim, Same patient (uninsured)

TM2  Can't Bill with MSD/CNC AP

TM3  Service not Telemedicine Payable

TM4  Non Teledmed Claim paid for same patient
TM5  Telemed Claim Paid for same patient
TM6  Registration not in effect on Service Date
TM7  Dental Service not eligible for Telemedicine
TM8  Not eligible for Store FD

**Error Code – Description(s) – “V” Codes**

- **V02** Invalid Region Code
- **V05** Error - Clm No/Serv Date
- **V06** Incorrect Clinic Code
- **V07** Invalid Pract. Number
- **V08** Invalid Specialty Code
  - Specialty code is missing/not 2 numerics
  - Not a valid specialty code
  - Specialty code is 27 and provider number is not 599993
  - Specialty code is 90 and provider number is not 991000
  - Specialty code is 49, 50, 51, 52, 53, 54, 55, 70 and 71 and the health care provider number does not begin with 4
  - Specialty code is 56 and health care provider number does not begin with 80 or 81
  - Specialty code is 57 and health care provider number does not begin with 86 or 839985
  - Specialty code is 58 and health care provider number does not begin with 87
  - Specialty code is 59 and health care provider number does not begin with 88 or 89 or not in range 830000 – 839984
  - Specialty code is 80 or 81 and health care provider number does not begin with 82
- **V09** Invalid Referral Number
- **V10** Patient’s last name is missing/not alphabetic (A - Z)
  First field position is blank
  RMB claim only
- **V12** Patient’s first name is missing/not alphabetic (A - Z)
  First field position is blank
  RMB claim only
- **V13** Patient’s date of birth is missing/invalid format
  Month not in the range of 01 – 12
Not 8 numerics (new MRI format)
Day is outside acceptable range for month

V14  Patient sex must be ‘1’ (male) or ‘2’ (female)
RMB claim only

V16  Unacceptable Diagnostic Code
Not numeric
Health care provider number is 82XXXX and diagnostic code is not 4 numerics or is 3 numerics and not 070, 072, 880 or 971
Fee schedule code is G423, G424 and diagnostic code is not 360, 371 or 376

V17  Payee must be ‘P’ (Provider) or ‘S’ (Patient)

V18  In-patient admission date is not 8 numerics
Month of admission is not in the range of 01 - 12
Day of admission is outside the acceptable range for month
In-patient admission date is later than Ministry of Health system run date

V20  Service code is A007, patient is over 2 years old and diagnostic code is ‘916’ or service code is A003 and the patient is under 16 years old and the diagnostic code is ‘917’

V21  Diagnostic Code Required

V22  Invalid Diagnostic Code

V23  Check No. Of Services

V28  Invalid Hospital Number

V29  Invalid In-Out-Pat-Ind

V30  FSC/DX Code Combination NAB

V31  Missing any of the following: group number, health care provider number, specialty code

V34  Service code begins with ‘V1’ and health care provider number does not begin with 88 or 89, or in range 830000 - 839984 (and the reverse of this condition)
Service code begins with ‘V2’ and health care provider number does not begin with 86 or is 839985 (and the reverse of this condition)
Service code begins with ‘V3’ and health care provider number does not begin with 87 (and the reverse of this condition)
Service code begins with ‘V4’ and health care provider number does not begin with 80, 81, 84 or 85 (and the reverse of this condition)
Service code begins with ‘V8’ and health care provider number does not begin with 82 (and the reverse of this condition)
Service code begins with ‘T’ and health care provider number does not begin with 4, excluding fee schedule codes J99-- (and the reverse of this condition)

Service code begins with ‘H4’ and health number is not a sessional reference number

V35 Invalid OOP/OOC Service

V36 Check input criteria required for sessional billing

V39 Number of items exceeds the maximum (99)

V40 Service code is missing

Service code is not in the format ANNNA where:

A is alphabetic (A - Z)

NNN is numeric (001 - 999)

A is alphabetic (A - C)

V41 Fee submitted is missing/not 6 numerics

Fee submitted is not in the range ‘000000’ - ‘500000’ ($$$cc)

V42 Number of services is missing/not 2 numerics

Number of services is not in the range ‘01 - 99’

V47 Fee submitted is not evenly divisible (to the cent) by the number of services

V50 Service Date Pre Initial Visit

V51 Invalid location code - must be blank or four numerics. If present, must be valid based on MOHLTC Residency Code Manual

V53 Invalid FSC-Magnetic Tape/Disk

V62 Invalid service location indicator – assigned when a Service Location Indicator (SLI) code included with a hospital diagnostic service billing from a participating hospital physician/group is not of the five valid SLI codes (HDS, HED, HIP, HOP or HRP)

V63 Referring Laboratory Number must start with 5 (5###)

V64 Missing service location indicator – assigned when a hospital diagnostic service is billed by a participating hospital physician/group but a service location indicator code was not included

V65 Missing master number – assigned when SLI code HDS, HED, HIP, HOP or HRP is included with a diagnostic service billing from a participating hospital physician/group but a master number was not included

V66 Missing admission date – assigned when SLI code HIP is included with a diagnostic service billing from a participating hospital physician/group but an admission date was not included
V67  Missing master number and admission date – assigned when a SLI code HIP is included with a diagnostic service billing from a participating hospital/group but a master number and admission date were both not included

V68  Incorrect service location indicator – assigned when a diagnostic service is billed from a participating hospital physician/group with a master number and admission date but the SLI code is not HIP

V69  Serv Dte Invalid for SLI

V70  Date of service is greater than the file/batch creation date

V71  Invalid Dental Master No.

Error Code – Description(s) – Other “V” Codes

VHB  No HN Req’d for FSC

VH1  Health Number is Invalid

VH2  HN is Missing

VH3  Invalid Payment Program

VH4  Invalid Version Code

VH8  No Match on DOB with HN

VH9  HN Not Reg’d with MOH

VJ5  Date of Service is missing/not 8 numerics

  Month is not in the range 01 - 12

  Day is outside acceptable range for month

  Date of Service is greater than Ministry of Health system run date

VJ7  Stale-dated Claim

VJ8  Stale-dated Claim Encounter

VS1  Invalid SEAMO Prvdr Code

VS2  Invalid Venue Type

VS3  Invalid Clinic Number

VS4  Invalid Healthcare Item

VS5  Invalid IP/OP Indicator

VS6  Invalid HC Item CdeFmt

VW1  Invalid WCB Service
4.10 Error Report Messages

Error Report Message – Description(s) – Numeric Codes

02 Incorrect District code 0 Correct & resubmit
03 Date of service does not match OP report - correct & resubmit
04 Special Visit premium payable only when submitting with FSC from the general listings
05 No receipt of supporting documentation requested by MOH
09 Fee Schedule Code(s) used is not correct. Please resubmit using appropriate code(s) from OHIP Schedule of Benefits
10 Resubmit as RMB Claim
11 Bill Patient or Quebec Medicare
12 Please advise Patient to contact MOH re eligibility /card status/address
13 Service date is prior to newborn’s date of birth
14 Fee billed low – check for current SOB fee
15 No. of Services exceed Maximum allowed
16 Cannot be claimed alone/service date mismatch
17 E409/E410 N/A – Resubmit with appropriate assist/anaesthetic premium codes
18 Resubmit with man review indicator and provide supporting documentation for two assistants
19 Resubmit with manual review indicator and forward copy of OP Report
20 Resubmit with manual review documentation i.e. consultation report/Hospital Records
21 Records indicate patient deceased/ Please clarify or confirm.
22 Code submitted requires prior approval
23 Hospital visits claimed by more than one physician – please clarify role in patient’s care
24 Claims appearing on previous RA’s as Over/Under Payments should not be resubmitted; please use inquiry form for payment adjustment requests.
25 Incomplete newborn registration – have parent/guardian contact MOH
26 One house call assessment (A901) allowed per visit. Please resubmit claim with appropriate service code
27 This duplication submission is being returned; Original submission currently on file pending medical consultant adjudication
28 Resubmit with manual review indicator with written explanation for detention. Total time spent with patient including consultation/assessment indicated.
29 Discrepancy between claim and documentation. Resubmit claim and documentation.
4.11 Explanatory Codes

Explanatory Code – Description(s) – Numeric Codes

30  Service is not a benefit of OHIP
31  Not a valid network service
32  OHIP records show service(s) on this day claimed previously
35  OHIP records show this service rendered has been claimed previously (used on Pay Practitioner duplicate claims)
36  OHIP records show service has been rendered by another Practitioner, Group, Lab
37  Effective April 1, 1993 the listed benefit for this code is 0 LMS units
40  Service or related service allowed only once for same patient
45  Specialty code restriction on FSC
48  Paid as submitted - clinical records may be requested for verification purposes
49  Paid according to the average fee for this service. Independent consideration will be given if clinical records/operative reports presented.
50  Paid in accordance with the Schedule of Benefits
51  Fee Schedule Code changed in accordance with Schedule of Benefits
52  Fee-for-service assessed by medical consultant
53  Fee allowed according to appropriate item in a previous Schedule of Benefits
54  Interim payment - claim under review
55  Deduction is an adjustment on an earlier account
56  Claim under review
57  This payment is an adjustment on an earlier account
58  Claimed by another physician within group
59  Practitioner's notification - WCB claims
60  Not a benefit of the Reciprocal Medical Billing Agreement
62  Claim assessed by Assessment Officer
66  Reduced per APP Funding Contract
70  OHIP records show corresponding procedure(s) on this day claimed previously by another physician
80  Technical fee adjustment for hospitals
Explanatory Code – Description(s) – “C” and “D” Codes

**C1** Allowed as repeat/limited consultation/midwife-requested emergency assessment

**C2** Allowed at re-assessment fee

**C3** Allowed at minor assessment fee

**C4** Consultation not allowed with this service - paid as assessment

**C5** Allowed as multiple systems assessment

**C6** Allowed as Type 2 admission assessment

**C7** An admission assessment (C003A) or general re-assessment (C004A) may not be claimed by any physician within 30 days following a pre-dental/pre-operative assessment

**C8** Payment reduced to geriatric consultation fee – maximum number of comprehensive geriatric consultations has been reached

**C9** Allowed as in-patient interim admission orders – initial assessment already claimed by other physician

**D1** Allowed as repeat procedure - initial procedure previously claimed

**D2** Additional procedures allowed at 50%

**D3** Not allowed in addition to visit fee

**D4** Procedure allowed at 50% with visit

**D5** Procedure already allowed - visit fee adjusted

**D6** Limit of payment for this procedure reached

**D7** Not allowed in addition to other procedure

**D8** Allowed with specific procedures only

**D9** Not allowed to a hospital department

**DA** Maximum for this procedure reached - paid as repeat/chronic procedure

**DB** Other dialysis procedure already paid

**DC** Procedure paid previously not allowed in addition to this procedure – fee adjusted to pay the difference

**DD** Not allowed as diagnostic code is unrelated to original eye exam

**DE** Lab tests already paid - visit fee adjusted

**DF** Corresponding fee code was not billed or paid at zero

**DG** Diagnostic/Miscellaneous services for hospital patients are not payable on a fee-for-service basis in the Hospital Global budget.

**DH** Ventilatory support allowed with Haemodialysis

**DL** Allowed as laboratory tests in private office
DM  Paid/disallowed in accordance with MOH policy regarding an Emergency Department Equivalent
DN  Allowed as pudendal block in addition to procedure - as per stated OHIP policy
DP  Procedure paid previously allowed at 50% in addition to this procedure - fee adjusted to pay the difference
DS  Not allowed – mutually exclusive code billed
DT  In-patient technical fee not allowed
DV  Service is included in Monthly Management Fee for LTC patients
DX  Diagnostic code not eligible with FSC

Explanatory Code – Description(s) – “E”, “F” and “G” Codes

E1  Service date prior to start of eligibility
E2  Incorrect version code for service date
E4  Service date after the eligibility termination date
E5  Service date not within an eligible period
EA  Service date is not within an eligible period - services provided on or after the 20th of this month will not be paid unless eligibility status changes
EB  Coding added/changed in accordance with Schedule of Benefits
EF  Incorrect version code - services provided on or after the 20th of this month will not be paid unless the current version code is provided
EV  Check health card for current version code
F1  Additional fractures/dislocations allowed at 85%
F2  Allowed in accordance with transferred care
F3  Previous attempted reductions (open or closed) allowed at 85%
F5  Two weeks aftercare included in fracture fee
F6  Allowed as Minor/Partial Assessment
FF  Additional payment for the claim shown
G1  Other critical/comprehensive care already paid
GF  Coverage lapsed - bill patient for future claims

Explanatory Code – Description(s) – “H”, “I” and “J” Codes

H1  Admission assessment or ER assessment already paid
H2  Allowed as subsequent visit - initial visit previously claimed
H3  Maximum fee allowed per week after 5th week
H4 Maximum fee allowed per week after 6th week to pediatricians
H5 Maximum fee allowed per month after the 13th week
H6 Allowed as supportive or concurrent care
H7 Allowed as chronic care
H8 Hospital number and/or admission date required for in-hospital service
H9 Concurrent care already claimed by another doctor
HA Admission assessment claimed by another physician - hospital visit fee applied
HF Concurrent or supportive care already claimed in period
HM Invalid master number used on date of service
I2 Service is globally funded
I3 FSC is not on the IHF licence profile for the date specified
I4 Records show service has been rendered by another Practitioner, Group or IHF
I5 Service is globally funded and FSC is not on IHF licence profile
I6 Premium not applicable
I7 Claim date does not match patient enrolment date
I8 Confirmation not received
I9 Payment not applicable/expired
J3 Approved for stale dated processing
J7 Claim submitted six months after service date

Explanatory Code – Description(s) – “L” and “M” Codes

L1 This service paid to another laboratory
L2 Not allowed to medical Laboratory Director
L3 Not allowed in addition to other laboratory procedure(s)
L4 Not allowed to attending physicians
L5 Not allowed in addition to other procedure paid to another laboratory
L6 Procedure paid previously to another laboratory, not allowed in addition this procedure - fee adjusted to pay the difference
L7 Not allowed - referred specimen
L8 Not to be claimed with prenatal/fetal assessment
L9 Laboratory services for hospital in-patients or out-patients are not payable on a fee-for-service basis - included in the hospital global budget
LA Lab service is funded by special Lab Agreement
LS  Paid in accordance to special Lab Agreement
M1  Maximum fee allowed or maximum number of service has been reached same/any provider
M2  Maximum allowance for radiographic examination(s) by one or more practitioners
M3  Maximum fee allowed for prenatal care
M4  Maximum fee allowed for these services by one or more practitioners has been reached
M5  Monthly maximum has been reached
M6  Maximum fee allowed for special visit premium - additional patient seen
MA  Maximum number of sessions has been reached
MC  Maximum number of case conferences has been reached in a 12 month period
MD  Daily maximum has been exceeded
MN  Maximum number of occipital nerve block sessions has been reached
MR  Minimum service requirements have not been met
MS  Maximum allowed for sleep studies in a specific period by one or more physicians has been reached
MX  Maximum of 2 arthroscopy “R” codes with E595 has been reached
MY  Yearly maximum has been exceeded

Explanatory Code – Description(s) – “O”, “P” “Q” and “R” Codes

O1  Fee for obstetric care apportioned
O2  Previous prenatal care already claimed
O3  Previous prenatal care already claimed by another doctor
O4  Office visits relating to pregnancy and claimed prior to delivery included in obstetric fee
O5  Not allowed in addition to delivery
O6  Medical induction/stimulation of labour allowed once per pregnancy
O7  Allowed as subsequent prenatal visit - initial prenatal visit already claimed
O8  Allowed once per pregnancy
O9  Not allowed in addition to post-natal care
P2  Maximum fee allowed for low birth weight care
P3  Maximum fee allowed for newborn care
P4  Fee for newborn care/low birth weight care is not billable with neonatal intensive care
P5 Over-age for paediatric rates of payment
P6 Over-age for well-baby care
P8 HCC GT 3 months
P9 Complex New patient
PM Minimum roster size not met
Q7 No fee allowed for treatment of immediate family
Q8 Lab not licensed to perform this test on date of service
R1 Only one health exam allowed in a twelve-month period
RD Duplicate, paid in RMBS

Explanatory Code – Description(s) – “S” and “T” Codes
S1 Bilateral surgery, one stage, allowed at 85% higher than unilateral
S2 Bilateral surgery, two stage, allowed at 85% higher than unilateral
S3 Second surgical procedure allowed at 85%
S4 Procedure fee reduced when paid with related surgery or anaesthetic
S5 Not allowed in addition to major surgical fee
S6 Allowed as subsequent procedure - initial procedure previously claimed
S7 Normal pre-operative and post-operative care included in surgical fee
SA Surgical procedure allowed at consultation fee
SB Normal pre-operative visit included in surgical fee - visit fee previously paid - surgical fee adjusted
SC Not allowed, major pre-operative visit already claimed
SD Not allowed, Team/Assist Fee already claimed
SE Major pre-operative visit previously paid and admission assessment previously paid - surgery fee reduced by the admission assessment
SF Most Responsible Physician visit not allowed during post operative period – surgical fee adjusted
SV MRP visit not allowed during post operative period – fee reduced to subsequent visit fee.
T1 Fee allowed according to surgery claim
### Explanatory Code – Description(s) – “V”, “W” and “X” Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>Allowed as repeat assessment - initial assessment previously claimed</td>
</tr>
<tr>
<td>V2</td>
<td>Allowed as extra patient seen in the home</td>
</tr>
<tr>
<td>V3</td>
<td>Not allowed in addition to procedural fee</td>
</tr>
<tr>
<td>V4</td>
<td>Date of service was not a Saturday, Sunday or statutory holiday</td>
</tr>
<tr>
<td>V5</td>
<td>Only one OVA allowed within a 12-month period for age 19 and under, or 65 and over - and one within 24 months for age 20 - 64</td>
</tr>
<tr>
<td>V6</td>
<td>Allowed as minor assessment - initial assessment already claimed</td>
</tr>
<tr>
<td>V7</td>
<td>Allowed at medical/specific re-assessment fee</td>
</tr>
<tr>
<td>V8</td>
<td>This service paid at lower fee as per stated OHIP policy</td>
</tr>
<tr>
<td>V9</td>
<td>Only one initial office visit allowed within a twelve-month period</td>
</tr>
<tr>
<td>VA</td>
<td>Procedure fee reduced - consultation/visit fees not allowed in addition</td>
</tr>
<tr>
<td>VB</td>
<td>Additional OVA is allowed once within the second year for patients aged 20-64, following a periodic OVA</td>
</tr>
<tr>
<td>VG</td>
<td>Only one geriatric general assessment premium per patient per 12-month period</td>
</tr>
<tr>
<td>VM</td>
<td>Oculo-visual minor assessment is allowed within 12 consecutive months following a major eye exam</td>
</tr>
<tr>
<td>VP</td>
<td>Allowed with special visit only</td>
</tr>
<tr>
<td>VS</td>
<td>Date of service was a Saturday, Sunday or statutory holiday</td>
</tr>
<tr>
<td>VX</td>
<td>Complexity premium not applicable to visit fee</td>
</tr>
<tr>
<td>W4</td>
<td>Warning: - service location indicator code missing</td>
</tr>
<tr>
<td>X2</td>
<td>G.I. tract includes cine and video tape</td>
</tr>
<tr>
<td>X3</td>
<td>G.I. tract includes survey film of abdomen</td>
</tr>
<tr>
<td>X4</td>
<td>Only one BMD allowed within a 36 month period for a low risk patient</td>
</tr>
<tr>
<td>X5</td>
<td>Only one BMD allowed within a 12 month period for a high risk patient</td>
</tr>
<tr>
<td>X6</td>
<td>Only one BMD allowed within a 60 month period for a low risk patient</td>
</tr>
</tbody>
</table>
## 4.12 Specialty Codes

This is a list of specialties or disciplines recognized by the Royal College of Physicians and Surgeons of Canada relevant to services covered by the Ministry of Health and Long-Term Care.

**Specialty Code - Physician – Specialty or Discipline**

<table>
<thead>
<tr>
<th>Code</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Family Practice and Practice in General</td>
</tr>
<tr>
<td>01</td>
<td>Anaesthesia</td>
</tr>
<tr>
<td>02</td>
<td>Dermatology</td>
</tr>
<tr>
<td>03</td>
<td>General Surgery</td>
</tr>
<tr>
<td>04</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>05</td>
<td>Community Medicine</td>
</tr>
<tr>
<td>06</td>
<td>Orthopaedic Surgery</td>
</tr>
<tr>
<td>07</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>08</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>09</td>
<td>Cardiovascular and Thoracic Surgery</td>
</tr>
<tr>
<td>12</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>13</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>15</td>
<td>Endocrinology</td>
</tr>
<tr>
<td>16</td>
<td>Nephrology</td>
</tr>
<tr>
<td>17</td>
<td>Vascular Surgery</td>
</tr>
<tr>
<td>18</td>
<td>Neurology</td>
</tr>
<tr>
<td>19</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>20</td>
<td>Obstetrics and Gynaecology</td>
</tr>
<tr>
<td>22</td>
<td>Genetics</td>
</tr>
<tr>
<td>23</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>24</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>26</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>27</td>
<td>Non-Physician Lab Director</td>
</tr>
<tr>
<td>28</td>
<td>Laboratory Medicine</td>
</tr>
<tr>
<td>29</td>
<td>Microbiology</td>
</tr>
<tr>
<td>30</td>
<td>Clinical Biochemistry</td>
</tr>
<tr>
<td>31</td>
<td>Physical Medicine</td>
</tr>
</tbody>
</table>
33 Diagnostic Radiology  
34 Therapeutic Radiology  
35 Urology  
41 Gastroenterology  
44 Medical Oncology  
46 Infectious Disease  
47 Respiratory Disease  
48 Rheumatology  
56 Optometrists  
58 Chiropodists  
60 Cardiology  
61 Haematology  
62 Clinical Immunology  
63 Nuclear Medicine  
64 Thoracic Surgery  
70 Oral Radiology  
71 Prosthodontics  
85 Alternate Health Professionals  
86 Generic Referral  
99 RMBS OOP/OOC

**Specialty Code - Dental – Specialty or Discipline**

49 Dental Surgery  
50 Oral Surgery  
51 Orthodontics  
52 Paedodontics  
53 Periodontics  
54 Oral Pathology  
55 Endodontics
Specialty Code - Practitioner – Specialty or Discipline

56  Optometry
58  Chiropody (Podiatry)
80  Private Physiotherapy Facility (Approved to Provide Home Treatment Only)
81  Private Physiotherapy Facility (Approved to Provide Office/Home Treatment)

Specialty Code - Other – Specialty or Discipline

27  Non-medical Laboratory Director
    (Provider Number Must Be 599993)
75  Midwife (Referral Only)
76  Nurse Practitioner
85  Alternate Health Care Profession
90  IHF Non-Medical Practitioner
    (Provider Number Must Be 991000)
### 4.13 Diagnostic Codes

**Diagnosis ( Starts with “A” ) – Description(s) – Code**

<table>
<thead>
<tr>
<th>Abdominal</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal</td>
<td>Pain, Masses</td>
<td>787</td>
</tr>
<tr>
<td>Adhesions</td>
<td></td>
<td>560</td>
</tr>
<tr>
<td>Abortion</td>
<td>Advice</td>
<td>895</td>
</tr>
<tr>
<td></td>
<td>Complete, Incomplete</td>
<td>634</td>
</tr>
<tr>
<td></td>
<td>Missed</td>
<td>632</td>
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<tr>
<td></td>
<td>Therapeutic</td>
<td>635</td>
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<tr>
<td></td>
<td>Threatened</td>
<td>640</td>
</tr>
<tr>
<td>Abrasions</td>
<td></td>
<td>919</td>
</tr>
<tr>
<td>Abruptio Placenta</td>
<td></td>
<td>641</td>
</tr>
<tr>
<td>Abscess</td>
<td>Anal or Rectal Regions</td>
<td>566</td>
</tr>
<tr>
<td></td>
<td>Bartholin's Gland</td>
<td>616</td>
</tr>
<tr>
<td></td>
<td>Brain</td>
<td>349</td>
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<tr>
<td></td>
<td>Breast</td>
<td>611</td>
</tr>
<tr>
<td></td>
<td>Dental</td>
<td>525</td>
</tr>
<tr>
<td></td>
<td>Fallopian Tube, Ovary or Tubo-ovarian</td>
<td>614</td>
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<tr>
<td></td>
<td>Pilonidal Tissue, Other</td>
<td>682</td>
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<tr>
<td></td>
<td>Skin and Subcutaneous</td>
<td>685</td>
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<tr>
<td></td>
<td>Urinary System</td>
<td>590</td>
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<tr>
<td>Acariasis</td>
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<tr>
<td>Acne</td>
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<tr>
<td></td>
<td>Rosacea</td>
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<tr>
<td></td>
<td>Vulgaris</td>
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<tr>
<td>Acromegaly</td>
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<td>253</td>
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<tr>
<td>Actinomycotic Infection</td>
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<td>039</td>
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<tr>
<td>Addison's Disease</td>
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<td>255</td>
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<tr>
<td>Adenitis Cervical</td>
<td></td>
<td>289</td>
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<tr>
<td>Adenitis - see Lymphadenitis</td>
<td></td>
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<tr>
<td>Acute</td>
<td></td>
<td>683</td>
</tr>
<tr>
<td>Adenoids, Chronic Infection</td>
<td></td>
<td>474</td>
</tr>
<tr>
<td>Medical Condition</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Adenoma Parathyroid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment Reaction</td>
<td>Of Drugs and Medications, including allergy, overdose, reactions</td>
<td></td>
</tr>
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<td>Adrenogenital Syndrome</td>
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**Diagnosis (Starts with “C”) – Description(s) – Code**

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## Claims Submission

### Resource Manual for Physicians

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<td>Burns - thermal or chemical</td>
<td>949</td>
</tr>
<tr>
<td>Other injuries or trauma</td>
<td>959</td>
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<tr>
<td><strong>Adverse Effects</strong></td>
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</tr>
<tr>
<td>Of drugs and medications - including allergy, overdose, reactions</td>
<td>977</td>
</tr>
<tr>
<td>Of other chemicals (e.g., lead, pesticides, and venomous bites)</td>
<td>989</td>
</tr>
<tr>
<td>Of physical factors (e.g., heat, cold, frostbite, pressure)</td>
<td>994</td>
</tr>
<tr>
<td>Of surgical and medical care (e.g., wound infection, wound disruption, other iatrogenic disease)</td>
<td>998</td>
</tr>
</tbody>
</table>
# Supplementary Classifications

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td><strong>Family Planning</strong></td>
<td>Family planning, contraceptive advice, advice on sterilization or abortion</td>
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<tr>
<td>Immunization</td>
<td>Immunization - all types</td>
<td>896</td>
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<tr>
<td></td>
<td>Pentavalent (DPT POLIO/ACT HIB)</td>
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<td></td>
<td>DPT Polio</td>
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<td>DT</td>
<td>962</td>
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<tr>
<td></td>
<td>MMR (Measles, Mumps, Rubella)</td>
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<tr>
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<td>Hepatitis B</td>
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<tr>
<td></td>
<td>MMR (Measles, Mumps, Rubella)</td>
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<tr>
<td></td>
<td>TD Polio</td>
<td>966</td>
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<tr>
<td></td>
<td>TD (Adults and aged 7 years and older)</td>
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<tr>
<td></td>
<td>Influenza</td>
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<td>Pneumococcal</td>
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<tr>
<td><strong>Social, Marital and Family Problems:</strong></td>
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<tr>
<td>Economic problems</td>
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<td>897</td>
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<tr>
<td>Marital difficulties</td>
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<tr>
<td>Parent-child problems (e.g., child-abuse, battered child, child neglect)</td>
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<tr>
<td>Problems with aged parents or in-laws</td>
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<tr>
<td>Family disruption, divorce</td>
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<tr>
<td>Educational problems</td>
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<tr>
<td>Illegitimacy</td>
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<tr>
<td>Social maladjustment</td>
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<tr>
<td>Occupational problems, unemployment, difficulty at work</td>
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<td>905</td>
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<tr>
<td>Legal problems, litigation, imprisonment</td>
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<td>906</td>
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<tr>
<td>Other problems of social adjustment</td>
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<tr>
<td><strong>Other</strong></td>
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<tr>
<td>Well baby care</td>
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<td>916</td>
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<tr>
<td>Annual health examination adolescent/adult Well Vision Care</td>
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<td>917</td>
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</tbody>
</table>
Physiotherapy

Operations on the Musculoskeletal System:

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<tbody>
<tr>
<td>Arthritis Osteo-degenerative</td>
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<td>Cervical</td>
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<tr>
<td>Gout</td>
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<tr>
<td>Rheumatic</td>
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<tr>
<td>Non-specified Acute</td>
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<tr>
<td>Non-specified Chronic</td>
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<tr>
<td>Bells Palsy</td>
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<tr>
<td>Bursitis</td>
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<tr>
<td>Calcaneal Spur</td>
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<td>Calcaneal Bone</td>
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<tr>
<td>Calcium Bursa</td>
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<td>Calcium Joint</td>
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<td>Capsulitis</td>
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<td>Chest Disease</td>
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<td>Chondromalacia</td>
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<tr>
<td>Compression Fracture - Cervical</td>
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<td>Contusion Knee</td>
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<tr>
<td>Dislocated Shoulder</td>
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<td>Epicondylitis</td>
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<td>Fibrositis</td>
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<td>Fracture Ankle (closed)</td>
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<td>Humerus (unspecified)</td>
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<td>Leg</td>
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<td>Vertebra</td>
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<td>Wrist</td>
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<td>Gout</td>
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<td>Hamstring - Tendon</td>
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<td>Headache</td>
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<td>Condition</td>
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<tr>
<td>Injury Elbow</td>
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<td>Injury Shoulder</td>
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<td>Kyphosis (acquired)</td>
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<td>Lumbago</td>
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<td>Lymphedema</td>
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<td>Muscle Spasm</td>
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<td>Muscle Strain</td>
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<td>Myositis Plain and Trauma</td>
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<td>Neuralgia (unspecified)</td>
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<td>Pagets Disease</td>
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<td>Pain Arch</td>
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<td>Pain Back (posterial)</td>
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<td>Pain Back (low)</td>
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<td>Plantar Fascitis</td>
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<td>Pelvis Inflammatory Disease/Salpingitis</td>
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<td>Rheumatism (muscle)</td>
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<td>Spondylolisthese</td>
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<td>Strained Ankle</td>
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<td>Strained Elbow</td>
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<td>Strained Hip</td>
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<td>Strained Knee and Leg</td>
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<td>Strained Metacarpal</td>
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<td>Strained Shoulder</td>
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<tr>
<td>Shin Splints</td>
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<td>Stiff Neck</td>
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<td>Synovitis</td>
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<tr>
<td>Condition</td>
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<tr>
<td>-------------------------------</td>
<td>--------</td>
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<tr>
<td>Temporomandibular Strain/Sprain</td>
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<td>Tendinitis</td>
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<tr>
<td>Tennis Elbow</td>
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<td>Thoracic Strain</td>
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<td>Torn Rotator Cuff</td>
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<td>Torticollis</td>
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<tr>
<td>Trapezius Sprain</td>
<td>8408</td>
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<tr>
<td>Whiplash Injury</td>
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</tbody>
</table>
4.14 Questions and Answers

What is the monthly cut-off for claims submission and when will I receive payment?

Claims submissions received by the 18th of the month will be processed for payment by the 15th of the following month. When the submission cut-off date (18th) falls on a weekend or holiday, the deadline will be extended to the next business day. Claims received after the 18th of the month will be processed prior to month end if time and volumes permit.

My software program includes a field for “Manual Review Indicator”. What is it and when would I use it?

For most claims, this field would be blank; however, if the claim requires special consideration (e.g., two identical services billed same day), a Y indicator should be entered in this field. If Y is used, the claim will be flagged for internal manual reviewed and adjudication.

Supporting documentation must be sent to the ministry so that it can be matched to the claim submission. The “Claims Flagged for Manual Review” form (2404-84) indicates the information that is required for claims submitted with a Y indicator. This information is to be included in the supporting documentation as well. The form and supporting documentation should be faxed to your claims processing office:


When claims are submitted, how do I get notified of submission errors?

Claim errors are listed on your Claims Error Report which will be sent to you within 48 hours after the file submission. Errors reported must be corrected and resubmitted in order for payment to be made. Error reports should be retained in order to track claims that may not appear on the next RA.

When is a claim considered stale dated?

Claims must be submitted within six months of the service date. Claims submitted more than six months after the service has been rendered will not be accepted for payment unless there are extenuating circumstances as defined by ministry policy.

How do I inquire about a claim that has been overpaid/underpaid?

Inquiries regarding overpayments or underpayments should be made within four months of the RA on which the payment appears. Inquiries should be submitted to your claims processing office on a “Remittance Advice Inquiry” form (0918-84).

The above form is available online at:

http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0918-84