



# Education and Prevention Committee Interpretive Bulletin

Volume 6, No. 1

## *Payment Correction List (PCL)*

### **Introduction**

#### **What is the Education and Prevention Committee (EPC)?**

The Ministry of Health and Long-Term Care (MOHLTC) 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 service provided, and are in compliance with payment requirements.

#### **What is an Interpretive Bulletin?**

Interpretive Bulletins are prepared jointly by the MOHLTC and the OMA to provide general advice and guidance to physicians on specific billing matters. Bulletins are provided for education and information purposes only, and express the MOHLTC and OMA understanding of the law at the time of publication. The information provided in this Bulletin is based on the Health Insurance Act (HIA) and Regulations. The Health Insurance Act 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, the latter prevail.

EPC Interpretive Bulletins and all other MOHLTC bulletins are available on the Ministry website:  
[http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin\\_mn.html](http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html)

### **Purpose**

The purpose of this Interpretive Bulletin is to provide physicians with information on one component of the revised medical audit process, specifically, the Payment Correction List (PCL).

#### **Who will find this information most useful?**

All physicians who bill OHIP for insured services should find the information in this Bulletin useful. This Bulletin explains the PCL and provides information on why the payment of some claims for insured services may be adjusted or reduced.

It also explains the options available to physicians when the General Manager of OHIP (GM) has made, or intends to make, a payment adjustment based on a circumstance on the PCL.

#### **What is the PCL?**

The PCL identifies specific billing errors that result in incorrect claims for which the GM is authorized to make payment adjustments. The GM may refuse to pay, or pay a reduced amount, for a claim in a circumstance on the PCL prior to initial payment. If, after a claim has been paid, the GM is of the opinion that a circumstance on the PCL existed with

respect to the claim, the GM may give notice to the physician of the circumstance and the amount that is believed owing.

### **Why was the PCL created?**

Millions of claims are submitted to OHIP each year, and are usually paid as submitted. However, errors can occur, which may require correction to the payment and/or the patient's claim history. As such, the PCL was created to clearly identify the circumstances under which the GM may make a correction to a claim. The PCL enables the correction of payment associated with common billing errors without the need for a review by the tribunal legislated to review OHIP claims and, as such, simplifies the process for the correction of payment associated with common billing errors.

### **How does a circumstance get listed on the PCL?**

The initial list was jointly developed by the Ministry and the OMA, and was initially published with the approval of the bilateral Medical Services Payment Committee. Future additions or deletions to the PCL will be made by a legislated Joint Committee, which will have half of its appointed members nominated by the OMA.

### **Pre-payment adjustments**

The GM may adjust the payment for a claim to an amount below that submitted by the physician, provided, the circumstance giving rise to reducing the amount payable exists on the PCL. This notice of prepayment adjustment is provided by "electronic transfer of data" on the physician's remittance advice and is effective on the day the remittance advice is sent.

### **Post-payment adjustments**

The GM is only authorized to make a recovery for a paid claim if the circumstance is one identified on the PCL. The GM will notify the physician in writing of his or her opinion that a situation on the PCL exists with respect to a claim or claims.

### **What if I disagree with the GM's opinion?**

If the physician disagrees with the GM's opinion in a pre-payment or post-payment PCL situation, he or she may request a review of that decision by the Transitional Physician Audit Panel (TPAP).<sup>1</sup> The physician has 20 business days from the date of receipt of the notice to request a review of the decision. Instruction on requesting a review is on the physician's remittance advice (for pre-payment adjustments) or in the written correspondence (for post-payment adjustments). If

the physician does not request the review within 20 business days of receiving written notification of the PCL circumstance, the MOHLTC may proceed with the recovery. Physicians can be assured that no post-payment adjustments will be made by the MOHLTC without the physician's knowledge and agreement (unless the GM is directed as such by the TPAP, another tribunal, or the court).

### **Where can I find the PCL?**

The MOHLTC distributed an OHIP Bulletin to all physicians in September 2007 (Bulletin No. 4455) listing the circumstances on the PCL. The PCL is also available on the Ministry website ([www.health.gov.on.ca](http://www.health.gov.on.ca)) by selecting the tab "Health Care Providers" and scrolling down the right side to the section entitled "OHIP for Health Care Professionals."

### **Circumstances not listed on the PCL**

The PCL currently lists only the circumstances that the OMA and the MOHLTC agreed to at the time of initial publication. The PCL may be amended and other circumstances added in the future. An error not captured by the PCL may be adjusted with physician agreement. Where the Ministry determines that a situation that is not on the PCL exists, a review of claims will be conducted, and a dialogue will take place between the Ministry and the physician in an effort to resolve the concern. If the physician does not agree that an error has occurred, no adjustment will be made. However, the Ministry may deal with the issue through the revised audit process. The latter offers a number of checks and balances to ensure fairness and to protect the right of the physician to be paid in accordance with the Schedule of Benefits.

## **Examples**

### **Example 1**

Dr. Eh, a general family practitioner, renders an annual exam, to Ms. Bee. The claim is submitted and paid as S003 (surgical procedure - excision of lesions 2-4 cm). Several months after the claim is paid, routine claims analysis identifies that this claim was likely intended to be A003.

### **What steps does the MOHLTC take?**

This situation appears to meet the "keying and administrative errors" circumstance on the PCL. The physician is advised in writing of the GM's opinion that a keying error may have occurred. If the physician disagrees with the GM's opinion, he or she may request a review by the TPAP (or other tribunal in effect at the time), or provide a written explanation to the

Ministry substantiating that the service was billed correctly. Details of requesting a review are contained in the letter to the physician. If there is no request for review within 20 business days of the physician receiving the notice, the Ministry will proceed with the claim adjustment.

### **Example 2**

Sarah, who is 39-years-old, has just discovered that she is pregnant. She has had high-risk pregnancies in the past and is therefore referred by her family physician to Dr. Kenobi, an obstetrician and gynecologist. At the first visit, Dr. Kenobi performs all of the elements of the consultation and discusses the health risks to Sarah and her child. Dr. Kenobi submits a claim for Sarah for a consultation (A205A) and the antenatal preventative health assessment (P005A). Three months later, routine claims analysis identifies that these two fee codes were submitted together and subsequently paid.

### **What steps does the MOHLTC take?**

This situation appears to meet the “prohibited code combinations” circumstance on the PCL. The Schedule of Benefits states that where a consultation or visit (other than a major or minor prenatal visit) has been rendered, the antenatal preventative health assessment is an insured service payable at nil. The physician is advised in writing of the GM’s opinion that the amount paid for P005A shall be reduced to nil. If the physician disagrees with the GM’s opinion, he or she may request a review by the TPAP (or other tribunal in effect at the time), or provide a written explanation to the Ministry substantiating that the service was billed correctly. Details of requesting a review are contained in the letter to the physician. If there is no request for review within 20 business days of the physician receiving the notice, the MOHLTC will proceed with the claim adjustment.

### **Important note**

Correspondence relating to PCL circumstances will be delivered by registered mail or courier in a confidential envelope to the address which the physician has directed the MOHLTC to use for correspondence. Where a letter is sent to a physician’s mailing address and subsequently returned as undeliverable, the Ministry will send the correspondence to the physician’s practice address (which physicians are required by law to provide to the Ministry). The 20-day period for requesting a review begins when the Ministry receives confirmation that the correspondence has been received. Physicians are responsible for ensuring their address informa-

tion is up-to-date with the Ministry. Address updates may be made through the physician’s local MOHLTC office:

- **Hamilton:** 10th Floor, Ellen Fairclough Bldg., 119 King St. W., PO Box 2280, LCD 1 Hamilton, L8P 4Y7  
(905) 521-7547
- **Kingston:** 1055 Princess St., P.O. Box 9000, K7L 5A9  
(613) 545-0656
- **London:** 217 York St., 5th Fl, N6A 5P9  
(519) 675-6700 or (519)-675-6800
- **Mississauga:** 201 City Centre Dr., Suite 300, L5B 2T4  
(905) 896-6000
- **Oshawa:** 419 King St. W., L1J 7J2  
(905) 576-2870
- **Ottawa:** 75 Albert St., 7th Fl., K1P 5Y9  
(613) 237-9100
- **Sudbury:** 199 Larch St., Suite 801, P3E 5R1  
(705) 675-4010 or 1-800-461-4006
- **Thunder Bay:** 435 James St. S., Suite 113, P7E 6T1  
(807) 475-1351
- **Toronto:** 47 Sheppard Ave. E., Suite 505, M2N 7E7  
(416) 314-7770

### **End note**

1. Until the relevant sections of the Health Insurance Act are proclaimed, reviews will be conducted by the TPAP. After proclamation of these relevant sections, physicians requesting a review of the GM’s decision on a PCL concern will make the request to the new Physician Payment Review Board (PPRB).

### **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 on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing to:

Physician Services Committee Secretariat  
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Toronto, Ontario, M5G 2K7  
Fax: (416) 340-2961

E-mail: [secretariat@physician-services-committee.ca](mailto:secretariat@physician-services-committee.ca)

Dr. Jane MacNaughton, Co-Chair / Dr. Larry Patrick, Co-Chair  
Education and Prevention Committee

Note: The Physician Services Committee Secretariat will anonymously forward all comments/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:**

Provider Services Branch, Physician Schedule Inquiries,  
370 Select Drive, P.O. Box 168, Kingston, Ontario, K7M 8T4