Ontario

Ministry of Health and Long-Term Care

# Divisional Communication

## Data Link

| Number | Page | of |
|---|---|---|
| 05-001 | 1 | 1 |

| Cross Reference | Reference |
|---|---|
| N/A | N/A |
| **Date** | **Response required** |
| April 1, 2005 | N/A |

**In preparation for the processing of claims for payment involving non-patient specific services (e.g. Primary Care Incentive Payments), this data link provides notice to software vendors and physicians of impending changes to the Technical Specification Manual.**

**The initial implementation will affect physicians participating in Primary Care Networks and Family Health Networks, who submit claims for Preventive Care Bonuses and Continuing Medical Education (CME) payments.**

**Physicians will be able to submit Preventive Care Bonus claims as of April 1, 2005, subject to software ability to submit claims without health numbers. The codes involved are Q100A through Q117A. These claims must have a service date of March 31 and a Fee Billed of zero.**

**In the future, physicians will be required to submit CME claims with a blank HN. The codes involved are Q555A, Q556A and Q557A.**

The Technical Specification Manual will be changed to update the following sections:

MRI Specifications: Claim Header - 1 Record, Health Encounter, Required for all claims (page 40.9 & 40.10)

| *Field Name:* | *Format:* | *Field Description* |
|---|---|---|
| Health Number | no change | Add: **Must be blank for non-patient specific claims** |
| Version Code | **A or S** | Add: **Must be blank for non-patient specific claims** |
| Patient's Birth date | **D or S** | Add: **Must be blank for non-patient specific claims** |
| Payment Program | no change | Add: **Must be 'HCP' for non-patient specific claims** |
| Payee | no change | Add: **Must be 'P' for non-patient specific claims** |

MRO Specifications: Claim Header Record, Health Reconciliation, Multiple Records (page 60.14 & 60.15)

| *Field Name:* | *Format* | *Field Description* |
|---|---|---|
| Health Registration Number | **X or S** | no change |
| Version Code | **A or S** | no change |

Updates to pages 40.9, 60.14 and 60.15 in the manual will be distributed in advance of the change.

Rejection Conditions (error messages)

If a claim for one of the fee codes listed above is submitted by a physician who is not eligible for payment, it will reject ESH – 'NOT ELIG TO BILL FSC'

If a Health Number is on a claim with one of the fee codes listed above, it will reject ESN – 'NO HN REQD FOR FSC'

Regular fee codes with a blank HN will continue to reject VH2 – 'MISSING HN'

Updates to relevant pages in the Reject Conditions, Reasons for Rejection, section of the manual will be distributed.

**Data to follow**
N/A


| For further Information contact | Telephone |
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