Subject:  Retroactive Adjustments for Surgical Assistant and Anaesthetist Claims

1.  Decrease to Surgical Fee Code Values

Three fee codes with a decreased fee value were inadvertently excluded in the recovery adjustments processed in December 2009 for claims for services provided in October 2009 and assessed in October 2009 at the old Schedule of Benefit rates. An automated claims detail level adjustment is tentatively planned for April 2010 for recovery from the May 2010 remittance for the following three fee codes:

   E140A (Cataract Surgery):  fee decreased from $413.60 to $388.30
   S757A (Hysterectomy – Abdominal): fee decreased from $478.00 to $463.00
   S792A (Re-exploration of neck for hyperparathyroidism): fee decreased from $687.60 to $685.00

2.  Base Units

Effective for services rendered on or after October 1, 2009 per the provisions of the 2008 Physician Services Agreement (PSA), the fee value of base units for a number of surgical assistant and anaesthesia services were increased and in some cases decreased. Changes to the OHIP claims processing system were implemented effective November 1, 2009 to start paying the increased or decreased base units retroactive to October 1, 2009. Please click on the highlighted text to see Chart 6 - Anaesthesia Unit Increases and Decreases - effective October 1, 2009, of revised bulletin 4502 for the list of fee schedule codes that had an increased or decreased base unit value.

Claims that were processed and paid at the old base unit rates between October 1 and October 31, 2009 will be manually adjusted by the ministry commencing March 2010 and will continue into subsequent months until all adjustments have been processed. Physicians do not need to submit a “Remittance Advice Inquiry” form to request an adjustment to the October 2009 base unit claims.
3. **Triple Time Units**

Effective for services rendered on and after October 1, 2009 per the provisions of the 2008 PSA, surgical assistants are entitled to “triple” time units during the hours that surgeries exceed three hours. Changes to the OHIP claims processing system were implemented effective November 1, 2009 to start paying the triple units with eligible claim submissions retroactive to October 1, 2009.

The time units are calculated for each 15 minutes or part thereof as follows:

Up to and including September 30, 2009 the time unit values were:

- 1 unit per each 15 minute period during the first hour or less
- 2 units per each 15 minute period after the first hour

As of October 1, 2009 the time unit values are:

- 1 unit per each 15 minute period during the first hour or less
- 2 units per each 15 minute period after the first hour up to three hours
- 3 units per each 15 minute period after the third hour

The ministry will **not** be able to automate the retroactive adjustment of eligible claims that were already processed and paid between October 1 and 31, 2009.

**Physicians are requested to complete and submit a “Remittance Advice Inquiry” (RAI) form to their local OHIP Claims Office for the October 2009 claims eligible for a “triple” time unit adjustment by April 30, 2010.**

The RAI form is posted on the ministry’s website by clicking on the short cut link: [OHIP Remittance Advice Inquiry Form](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0918-84)

Physicians can include a list of the October 2009 claims that require a “triple” time unit adjustment (a copy of the October 2009 Remittance Advice with the applicable claims highlighted is acceptable). Please ensure that **all claim items**, including the associated services and premiums, are included in the list attached to the RAI form to ensure the OHIP claims assessment staff have the complete information to process the claim adjustment.