

# INFOBulletin

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

**To: All Providers**

**Published by: Claims Services Branch, Ministry of Health**

**Date Issued: September 8, 2020**

**Bulletin #: 4766**

**Re: Kaplan Board of Arbitration Award Year 4-Technical Fees Increase Medical Claims Adjustment (MADJ)**

Page 1 of 2

Effective April 1, 2020, all technical fees listed in the [Schedule of Benefits for Physician Services](#) have been increased by the global rate of 3.54%. As awarded by the Kaplan Board of Arbitration, these increases do not apply to hospital technical fees, as such the technical component of a diagnostic service set out in Appendix E and rendered in hospital is payable at 96.58% of the listed fee in the column headed "T"; please refer to GP 11 of the Schedule for details.

Due to the staged implementation of the technical fee increases, a Medical Claims Adjustment (MADJ) is required to adjust all claims for non-hospital technical fees with service dates from April 1, 2020 onwards. These adjustments will appear on the September 2020 Remittance Advice.

All hospital services, whether provided in or out of hospital, require technical fees to be submitted with a Service Location Indicator (SLI) of:

- Hospital Out Patient (HOP),
- Hospital Referred Patient (HRP),
- Hospital Day Surgery (HDS), or
- Hospital Emergency Department (HED)

**Note:** Technical fees are not payable for inpatients (SLI = Hospital In Patient (HIP)).

For further information please refer to [INFOBulletin 4763](#).

**Ontario** 

## Medical Claims Adjustments (MADJ)

- Please note that during the MADJ process, the claims processing system selects an entire claim for reprocessing.
- A single claim can include multiple fee schedule codes and all codes will be reprocessed.
- Claims that were reprocessed with no change in payment will appear on the Remittance Advice (RA) with explanatory code '55-This deduction is an adjustment on an earlier account' and '57-This payment is an adjustment on an earlier account'. These two transactions will net to zero with no payment impact but will report on the Remittance Advice for reconciliation purposes.

## Claims Submissions

- Technical services are defined by Fee Schedule Codes (FSC) with a B suffix for Diagnostic Radiology, Diagnostic Ultrasound, Nuclear Medicine-In Vivo, Pulmonary Function Studies, Sleep Studies and for Diagnostic and Therapeutic Technical Procedures with any suffix.
- Current reductions remain in effect (i.e.technical fee reduction and silver reduction)
- If a claim is submitted with a fee billed higher than the fee approved amount after the reduction is applied, the claim will be paid at the lower amount and will have explanatory code '80-Technical Fee adjustment for hospitals'.
- This does not apply to Out-of-Province claims, which will be paid at the higher amount.

## For more information:

For any further inquiries, please contact the [Service Support Contact Centre](#) via email or by phone at 1-800-262-6524.

The latest version of the Schedule is available on the [Ministry of Health](#) website. Hard copies of the Schedule will not be distributed. If you would like to order a paper copy or compact disc (CD) of the Schedule for a fee, please visit [Publications Ontario](#). Physicians without access to the Internet can contact ServiceOntario at 1-800-668-9938.

This bulletin is a general summary provided for information purposes only. Physicians are directed to review the *Health Insurance Act*, Regulation 552, and the schedules under that regulation, for the complete text of the provisions. You can access this information at [ontario.ca/laws](http://ontario.ca/laws). In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulations, the legislation and/or regulations prevail.