

Fact Sheet for Physicians¹

An Overview:

How do physicians bill for OTN telemedicine consultations?

Physicians submit their bills for telemedicine consultations directly to the Ontario Health Insurance Program (OHIP).

Is telemedicine an insured service with OHIP?

No. Telemedicine is an uninsured service. Remuneration is provided through the provincial telemedicine program but billings are sent directly to OHIP. Patients do not have to pay for telemedicine services.

Why do physicians bill OHIP directly?

This procedure makes it easier for physicians to bill for telemedicine services and eliminates the need for a separate paper billing process to OTN. The common administrative approach is fair and encourages the use of telemedicine across Ontario.

What do I have to do to prepare for the direct-to-OHIP billing procedure?

What do I have to do?

Physicians must be registered as “telemedicine physicians” with OHIP before their claim is accepted. The following simple steps are required:

- Physicians must sign a registration form with OTN. This form, entitled *OHIP Telemedicine Physician Registration Form*, is similar to the original OHIP form signed by doctors at the start of their practice.
- Once the form has been received at OTN, OTN will submit it to OHIP to register the physician as a telemedicine physician.
- Once OHIP has processed the registration, a Registration Acknowledgement Letter will be sent to the physician from OTN. Detailed billing information will be included with this letter.

What elements are covered under the direct-to-OHIP billing arrangement?

The arrangement includes the following elements:

- sharing of telemedicine claims payment related data with MOHLTC and OTN for program planning purposes.
- payment and reporting of telemedicine claims to the physician's group if the physician submits the claims through an OHIP group billing number
- disclosure of applicable telemedicine claims related data with the Workplace Safety Insurance Board by MOHLTC for program planning purposes
- recovery of any overpayment of telemedicine claims
- billing OHIP only when the consultant and patient are at OTN-certified sites

¹ Please note that OTN does not endorse these billing processes as appropriate when “non-telemedicine” services are claimed to OHIP.

A Few More Details

Do the telemedicine premium codes apply?

Yes. Special OTN telemedicine premiums for all patients seen via OTN apply. Fee codes for these telemedicine premiums, as well as codes for missed appointments (patient no-show) and technical failures have been developed by OHIP.

How do Alternate Payment Plan (APP) physicians bill under this process?

APP and FHT physicians can submit claims as per their APP contract.

Are Workplace Safety Insurance Board (WSIB) consultations covered?

Yes. Physicians can submit invoices for WSIB claims.

What happens if a claim is rejected?

A list of fee codes that cannot be billed for telemedicine is included in the Physician Billing Information Manual that is sent to you with the letter acknowledging your successful registration.

If a claim you believe to be valid is rejected, you should resubmit it as a manual claim. For example, if the physician thinks they are using the right code for an innovative new use of telemedicine, resubmit the claim with this explanation. Manual claims will be reviewed by a panel and accepted if the fee code is deemed appropriate to be done by telemedicine.

Questions?

If you have questions about the OHIP billing process, please contact your [local OHIP claims office](#).

If you have questions about OTN, please visit www.otn.ca, email hcpinfo@otn.ca or call 1-866-454-6862.

Disclaimer: Every effort has been made to ensure that the contents of this Guide are accurate. OTNhub members should, however, be aware that the laws, regulations and other agreements may change over time. The Ontario Telemedicine Network assumes no responsibility for any discrepancies or differences of interpretation of applicable Regulations with the Government of Ontario including but not limited to the Ministry of Health and Long-Term Care (MOHLTC), and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing – by contacting their regional OHIP office.