

Information Sheet for Telestroke Consultations¹

Telestroke consultations are aligned with regular fee codes for face-to-face consultations. *The OTN premium (formerly OTN₁ and OTN₂, now called B100A and B200A) must be billed for all telemedicine services.*

The following fees may be billed during Telestroke consultations:

- B100A:** \$35.00* First Telemedicine Patient Encounter premium (formerly OTN₁)
- B200A:** \$15.00 Subsequent Telemedicine Patient Encounter premium (formerly OTN₂)
Neurology service fee codes (e.g. A185 Consult)

****Only one \$35.00 first patient encounter premium can be billed per day.***

Please note that the special fee code (TS3) developed by OTN can no longer be billed for Telestroke services provided after April 1, 2008.

A number of data elements are required to bill OHIP. A valid Health Card number is required for the patient as well as the referring physician's OHIP billing number. (The hospital's facility number is not required on the OHIP claim unless the patient is an inpatient at the hospital at the time of the consultation.) OTN is currently working to develop a consistent process for communicating this information from the referring site to the consultant. However, until such time as this process is in place, please ensure that you obtain this information from the referring site during the Telestroke consultation process.

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.

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

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.