

Information Sheet for Virtual Critical Care Intensivists & On-Site Physicians (MRP)¹

Clinical Context:

- Virtual Critical Care consultations are aligned with regular fee codes for face-to-face consultations.
- The Most Responsible Physician (MRP) at the patient site remains the MRP for the patient while in the Critical Care area.

Billing for Intensivists

Initial consult on a new patient by each Intensivist involved:

- a) Consult fee
- b) C101A when applicable (patient in a critical care area premium)
- c) Special visit fee appropriate to afterhours/weekends (99x series of codes) when applicable
- d) B100A: \$35.00* First Telemedicine Patient Encounter (for the first patient seen in any given day) or B200A: \$15.00 Subsequent Telemedicine Patient Encounter premium (for additional patients seen in the same calendar day)

***Only one \$35.00 first telemedicine encounter premium can be billed for first patient seen in any given day per physician.**

Follow-up Unplanned Urgent Visits

(This is at least the second patient visit by the Intensivist that is unplanned and required due to unanticipated changes in the patient's conditions.)

- a) Appropriate OHIP service fee
- b) C101A when applicable (patient in a critical care area premium)
- c) Special visit fee appropriate to afterhours/weekends (99x series of codes) when applicable
- d) B100A or B200A Telemedicine premium

Follow-up Elective Visits

(This is at least the second patient visit for the Intensivist that is electively planned.)

- a) Appropriate OHIP service fees
- b) B100A or B200A Telemedicine premium

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

NOTE: Required OHIP Data Elements

- a) A valid Health Card number for the patient.
 - b) The referring physician's OHIP billing number
 - c) Service Location Indicator (SLI) - Enter "OTN" into the SLI field to identify the claim as being for telemedicine.
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Billing for On-Site Physicians who are with the patient (MRP)

1. Daily Care:

Usual Fee Codes for daily care. This should be billed as an OHIP claim and not a telemedicine claim.

2. Telemedicine Patient Encounter Premium if MRP attends the videoconference telemedicine session:

This should be billed as a telemedicine claim and not an OHIP claim.

B100A: \$35.00* First Telemedicine Patient Encounter (for the first patient seen in any given day)

or

B200A: \$15.00 Subsequent Telemedicine Patient Encounter premium (for additional patients seen in the same calendar day)

*** Only one \$35.00 first telemedicine encounter premium can be billed for first patient seen in any given day per physician.**

NOTE: Submit Separate Claims: OHIP billing and telemedicine premium billing are submitted as two separate claims:

- a) Telemedicine claims are flagged for manual review when submitting OHIP billing and telemedicine premium billing for the same patient on the same date of service.
 - b) Written explanation is provided to confirm that it is not a billing error or a duplicate bill but rather, it is a Tele-Trauma service.
 - c) Service Location Indicator (SLI) – Enter "OTN" into the SLI field to identify the claim as being for telemedicine.
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Hospital Master Numbers

The [four-digit hospital master number](#) must be included in the telemedicine claim to OHIP when the patient is registered in the Emergency or as an inpatient in the hospital.

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.