Ontario

Ministry of Health

Ministère de la Santé

Virtual Care Billing Information Manual

Digital Health Division

Ministry of Health

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1. Purpose

The Ontario Virtual Care Program (previously called the Telemedicine Program) amended the program requirements to modernize the province's approach to virtual care November 15, 2019, by enabling Direct-to-Patient Video Visits and modernizing virtual care compensation [1].

The purpose of this document is to outline information specific to submitting claims for virtual care services via the Ontario Health Insurance Plan (OHIP) claims processing system.

Unless otherwise specified in this document, the existing rules and procedures that apply to OHIP claims submissions will apply when submitting virtual care claims via the OHIP claims processing system.

2. Overview

2.1 Modernizing Virtual Care in Ontario

Ontario has one of the largest virtual care (telemedicine) networks in the world, allowing patients and providers across Ontario to participate in secure clinical video visits that are publicly funded by the Ontario Virtual Care Program.

Building on this foundation of virtual care in Ontario, the ministry is working, in partnership with the Ontario Medical Association (OMA), to modernize the province's approach to virtual care in order to further improve access for patients and enable clinicians to better leverage virtual care to enhance their practice and better accommodate patient needs [2].

The first phase of this work, which has been implemented and is reflected in this document, includes:

- **enabling Direct-to-Patient video visits** so that patients can receive a video visit from their location of choice (e.g. in their home on their own device) and are not required to go to a patient host site unless it is clinically or technologically necessary; and
- **modernizing virtual care compensation** to reflect the maturation of virtual care technology and align with compensation for in-person care.

The ministry, in partnership with the OMA, will also be looking to enable clinicians to deliver a wider range of virtual visits (e.g. via electronic messaging) and leverage the virtual care

[1] INFOBulletin 4731 Virtual Care Program - Billing Amendments to Enable Direct-to-Patient Video Visits and Modernize Virtual Care Compensation

[2] The Virtual Care Working Group was struck in early 2019 between the Ministry and the Ontario Medical Association (OMA), with participation by OntarioMD and OTN to further explore expansion of virtual care in Ontario.

technologies that best meet the needs of their patients and practices (e.g. technologies other than those currently offered by OTN).

2.2 Virtual Care Program

To be eligible to submit claims, Ontario physicians and dentists [3] must submit a registration form [4] and register with the ministry for virtual care billing privileges. In order to simplify the claims and payment process, the Ontario Virtual Care Program leverages the existing OHIP claims system for virtual care claims submission. However, these claims are processed separately from OHIP claims and should not be confused with insured services.

The Ontario Virtual Care Program requires that all physicians/dentists and patients participating in the video visit must be in attendance via an approved OTN video solution [5] in Ontario during the health care encounter in order for the virtual care service to be eligible for remuneration. That means that:

- Physicians/dentists are using:
    - A room-based videoconferencing system in Ontario that is part of OTN; or
    - An OTNhub/OTNconnect license and they are physically located in Ontario.
- Patients [6] are:
    - at a patient host site in Ontario (i.e. hosted video visit) that is using:
        - A room-based videoconferencing system that is part of OTN;
        - An OTNhub/OTNconnect license; or
        - A system that receives and launches an OTNinvite.
    - *[NEW November 2019]* receiving an OTNinvite in the home or another location of their choice in Ontario (i.e. the patient is not at a patient host site; Direct-to-Patient Video Visit). This includes situations where a patient is conducting the encounter independently using their own technology, or where an organization is providing support resources (e.g. nursing support, technology) that are with the patient in their location of choice (e.g. home).
        - **Note:** unique provider billing conditions apply to this scenario. Please see Section 4.4 Requirements Specific to Direct-to-Patient Video Visits.

[3] Only dental surgeons (oral and maxillofacial surgeons) are entitled to bill for the dental services covered under the ministry Virtual Care Program.

[4] OHIP Virtual Care Physician & Dentist Registration Form; See Section 3 Registration.

[5] The ministry will also be looking to enable clinicians to leverage the virtual care technologies that best meet the needs of their patients and practices (e.g. technologies other than those currently offered by OTN).

[6] Please note that there are restrictions on the patient location for dental services.

Even though video visits are not insured services, the Virtual Care Program physician service video visit rates are set at the same rate payable for insured services (i.e., the rate in the OHIP Schedule of Benefits for Physician Services under the Health Insurance Act (OHIP Physician Schedule) [7] and Dental Services under the Health Insurance Act (OHIP Dental Schedule) [8]). When a physician/dentist submits a claim for a video visit they must include:

1) the appropriate OHIP Physician or Dental Schedule fee codes for the clinical care provided [9];
2) a Virtual Care Program B-code; and
3) the Service Location Identifier (SLI) set to "OTN".

2.2.1 Changes Effective November 15, 2019

As of November 15, 2019, the following physicians became eligible to deliver Direct-to-Patient Video Visits:

- All specialists;
- General Practitioner (GP) Focused Practice designated physicians when providing services associated with their designation; and
- Primary care physicians who are in a patient enrollment model (PEM) (e.g. family health organization) and are delivering care to a rostered patient [10,11].

Any claim to the Ontario Virtual Care Program for Direct-to-Patient Video Visits by a physician type not mentioned or outside of the mentioned terms (e.g. PEM physician with a rostered patient) is not allowed.

2.2.2 Changes Effective April 1, 2020

As of April 1, 2020, the only eligible Virtual Care Program codes are:

- B103A: $0.00 Hosted Video Visit – patient attending at a patient host site

[7] OHIP Physician Schedule

[8] OHIP Dental Schedule

[9] Some OHIP fee codes are excluded from the Virtual Care Program. See Section 6 Physician Service Excluded Codes.

[10] On November 15, 2019 it was announced that Direct-to-Patient Video Visits will be further opened within primary care within an established patient-provider relationship in the next 6-9 months. This applies to PEM physicians with non-rostered patients and non-PEM physicians who have delivered an in-person, OHIP-insured visit to that patient in the last 24 months will be allowed to deliver a Direct-to-Patient Video Visit to that same patient.

[11] If you were enrolled in the Home Video Visit Pilot with OTN, which ended October 2019, please refer to communications from OTN providing unique billing guidance for those who participated in the pilot.

  - Fee code for a synchronous video visit with a patient who is physically located and supported at a patient host site during the clinical encounter. Host sites are secure physical environments that organizations offer on-site to provide patients with convenient access to videoconferencing technology and, in some cases, clinical support services (nursing support, diagnostics through peripheral devices).

- B203A: $0.00 Direct-to-Patient Video Visit
  - Fee code for synchronous video visit with a patient in the home or another location of their choice (i.e. the patient is not at a patient host site). This includes situations where a patient is conducting the encounter independently using their own technology, or where an organization is providing support resources (e.g. nursing support, technology) that are with the patient in their location of choice (e.g. home).

All previous Virtual Care Program codes (i.e. B100A, B101A, B102A, B200A, B201A, B202A, B099A) have been discontinued, and are invalid for services delivered post April 1, 2020. See Section 4.6 Details Specific to the Removal of the Telemedicine Premiums for more details.

3. Registration

Virtual Care Program Registration: Physicians/Dentists must sign and complete an "OHIP Virtual Care Physician & Dentist Registration Form" to be registered as a virtual care provider with the ministry. Registration forms are available and processed through OTN.

Physicians and dentists can begin delivering video visits in line with the Ontario Virtual Care Program requirements the day after this form is submitted to OTN. However, all claims must be held until you have received confirmation from OTN that you may start submitting claims to the Ontario Virtual Care Program via the OHIP claims processing system. Any claims submitted prior to receiving this confirmation will be rejected by the claims system and require re-submission.

4. Billing Information and Requirements

4.1 Virtual Care Program B-Code Summary

The Virtual Care Program B-codes that are eligible as of April 1, 2020 are:

B103A: $0.00 Hosted video visit – patient attending at a patient host site

- Fee code for a synchronous video visit with a patient who is physically located and supported at a patient host site during the clinical encounter. Host sites are secure physical environments that organizations offer on-site to provide patients with convenient access to videoconferencing technology and, in some cases, clinical support services (nursing support, diagnostics through peripheral devices).

B203A: $0.00 Direct-to-patient video visit

- Fee code for a synchronous video visit with a patient in the home or another location of their choice (i.e. the patient is not at a patient host site). This includes situations where a patient is scheduling and managing the encounter independently using their own technology, or where an organization is providing support resources (e.g. nursing support, technology) that are with the patient in their location of choice (e.g. home).

4.2 Billing Requirements Summary

4.2.1 Physician Specific Billing Requirements Summary

All physician claims submitted for video visits must:

a) be from a physician who has submitted the registration form and been registered with the ministry for billing privileges in the OHIP claims system;
b) be for services rendered where all participating physicians and patients are in attendance via an approved OTN video solution in Ontario [12];
c) include the “OTN” SLI code to indicate that a consult was done as a video visit;
d) include the applicable Virtual Care Program B-code (i.e. B103A or B203A); and
e) include the appropriate OHIP Schedule of Benefits fee code(s) for the clinical care provided that are not excluded from the Virtual Care Program [13].

[12] See Section 2.2 Virtual Care Program for details on an “approved OTN video solution”

[13] See APPENDIX A – List of Physician Service Excluded Codes

4.2.2 Dentist Specific Billing Requirements Summary

All dentist claims for submitted for video visits must:

a) be from a dental surgeon (oral and maxillofacial surgeon) who has submitted the registration form and been registered with the ministry for billing privileges in the OHIP claims system;
b) be for services rendered where both the dentist and the patient are in attendance via an approved OTN video solution in Ontario that is located in a hospital;
c) include the "OTN" SLI code to indicate that a consult was done as a video visit;
d) include the hospital Master Number of the approved OTN video solution location where the dentist was located when the service was rendered;
e) include the Virtual Care Program B-code of B103A;
f) include at least one of the following allowable dental "T" fee codes:

T650: Consultation in hospital
T651: Follow-up assessment within 12 months
T652: Hospital visit, admitted bed patient
T811: Premium for a consultation 5 pm to midnight
T812: Premium for a consultation or visit to an ICU
T813: Premium for a consultation or visit midnight to 7:00am

With the exception of allowable fee codes and the mandatory Master Number requirement, the claims processing edits and rules applicable to virtual care claims from physicians will be applicable to submissions from dentists.

4.3 Technical Requirements Summary

Current OHIP claims submission instructions identified in the "Technical Specification Interface to Health Systems Manual" apply in the submission of virtual care claims and is available at: http://www.health.gov.on.ca/en/pro/publications/ohip/docs/techspec_interface_hcsm.pdf.

4.3.1 Physician Specific Technical Requirements

All physician claims for video visits must include:

a) the appropriate OHIP Schedule of Benefits fee codes for the clinical care provided[14];
b) the appropriate Virtual Care Program B-code (i.e. B103A or B203A); and
c) the SLI set to "OTN" to indicate that a consult was done as a video visit.

[14] Some OHIP fee codes are excluded from the Virtual Care Program. See APPENDIX A – List of Physician Service Excluded Codes

4.3.2 Dentist Specific Technical Requirements

All dentist claims for video visit must include:

a) at least one of the allowable dental "T" fee codes (i.e. T650, T651, T652, T811, T812, T813);
b) the appropriate Virtual Care Program B-code (i.e. B103A);
c) the hospital Master Number of the approved OTN video solution location where the dentist was located when the service was rendered; and
d) the SLI set to "OTN" to indicate that a consult was done as a video visit.

4.4 Requirements Specific to Direct-to-Patient Video Visits

Direct-to-Patient Video Visits are eligible for delivery by the following physicians:

- All specialists;
- GP focused practice designated physicians when providing services associated with their designation; and
- Primary care physicians who are in a patient enrollment model (PEM) and are delivering care to a rostered patient [15,16].

Claims for Direct-to-Patient Video Visits must include the Virtual Care Program B-code B203A [17].

4.4.1 Specialist Direct-to-Patient Video Visits

All specialists are eligible to deliver Direct-to-Patient Video Visits if it is deemed to be appropriate according to their professional judgement and in the best interest of their patient *[See CPSO telemedicine policy]* and the patient consents to receive a video visit. Please refer to 4.2.1 Physician Specific Billing Requirements Summary for the general requirements.

[15] On November 15, 2019 it was announced that Direct-to-Patient Video Visits will be further opened within primary care within an established patient-provider relationship in the next 6-9 months. This applies to PEM physicians with non-rostered patients and non-PEM physicians who have delivered an in-person, OHIP-insured visit to that patient in the last 24 months will be allowed to deliver a Direct-to-Patient Video Visit to that same patient.

[16] If you were enrolled in the Home Video Visit Pilot with OTN, which ended October 2019, please refer to communications from OTN providing unique billing guidance for those who participated in the pilot.

[17] See Section 4.2 Billing Requirements Summary for further billing requirements.

4.4.2 GP Focused Practice Designated Physician Direct-to-Patient Video Visits

All GP focused practice designated physicians are eligible to deliver Direct-to-Patient Video Visits if they meet the following requirements:

- The physician must have been designated by the joint OMA-Ministry GP Focused Practice Review Committee;
- The physician must be providing the Direct-to-Patient Video Visit services within the scope of their designation (e.g. addiction medicine, pain management); and
    - This means that the GP focused practice designated physician must not be providing Direct-to-Patient Video Visits for routine primary care under this allowance *[See 4.4.3 for primary care requirements]*.
- The physician deems the Direct-to-Patient Video Visit to be appropriate according to their professional judgement and in the best interests of their patient *[See CPSO telemedicine policy]* and the patient consents to receive a video visit.

4.4.3 Primary Care Direct-to-Patient Video Visits

At this time Direct-to-Patient Video Visits in primary care are only allowed [18,19] if the physician:

- is in a patient enrollment model (PEM);
- is delivering care to a patient rostered to the same PEM practice; and
- deems the Direct-to-Patient Video Visit to be appropriate according to their professional judgement and in the best interests of their patient *[See CPSO telemedicine policy]* and the patient consents to receive a video visit.

This means that any rostered patient in a PEM can see any physician in the PEM they are rostered to by a Direct-to-Patient Video Visit, if appropriate.

All PEM types are eligible [20].

[18] On November 15, 2019 it was announced that Direct-to-Patient Video Visits will be further opened within primary care within an established patient-provider relationship in the next 6-9 months. This applies to PEM physicians with non-rostered patients and non-PEM physicians who have delivered an in-person, OHIP-insured visit to that patient in the last 24 months will be allowed to deliver a Direct-to-Patient Video Visit to that same patient.

[19] If you were enrolled in the Home Video Visit Pilot with OTN, which ended October 2019, please refer to communications from OTN providing unique billing guidance for those who participated in the pilot.

[20] This includes Family Health Organization, Family Health Network, Family Health Group, Comprehensive Care Model, Blended Salary Model, Rural and Northern Physician Group Agreement, St. Joseph's Health Centre, Weeneebayko Area Health Authority, GP Care of the Elderly, and GP HIV patient enrollment models.

4.5 Requirements Specific to Hosted Video Visits

All physicians and dental surgeons (oral and maxillofacial surgeons) are eligible to deliver Hosted Video Visits if it is deemed to be appropriate according to their professional judgement and in the best interest of their patient *[See CPSO telemedicine policy]* and the patient consents to receive a video visit.

Claims for Hosted Video Visits must include the Virtual Care Program B-code B103A [21].

4.6 Details Specific to the Removal of the Telemedicine Premiums (Updated January 2022)

The telemedicine premium was introduced over 10 years ago when physicians were required to travel to an OTN telemedicine studio to deliver a video visit.

Given the maturation of video visit technology, use, and access – especially physicians' ability to conduct a video visit from their own computer or smart phone – the telemedicine premiums were no longer serving their original purpose.

Physicians are now paid on par to in-person care for services delivered via video visits within the Ontario Virtual Care Program.

In order to ease the transition from the telemedicine premiums and maintain patient access to care, a time-limited exception to the premium removal was enabled for rural patients. **This exception has been extended and will now expire on September 30, 2022:**

- Physicians/dentists delivering Hosted Video Visits to rural patients [22] will continue to receive a $15.00 premium payment per completed Hosted Video Visit until September 30, 2022 to allow for a longer transition phase for those providing Hosted Video Visits to rural patients [See Section 4.6.1 Transitional Rural Patient Premium Exception Details (Updated January 2022)]. This payment will continue to be delivered as quarterly batch payments, which means the B103A will pay at $0.00, but there will be quarterly payments of the premium to physicians/dentists.

4.6.1 Transitional Rural Patient Premium Exception Details (Updated January 2022)

Rural patients are identified as those living in a location with a Rurality Index of Ontario (RIO) score of 45 or greater. Patients' postal codes as per their Health Card will be used to

[21] See Section 4.2 Billing Requirements Summary for further billing requirements.

[22] Rural patients are identified as patients living in communities with a Rurality Index of Ontario score of >=45.

determine the eligibility of Hosted Video Visit claims for this rural patient premium. Physicians/dentists do not have to bill differently for rural patients. For every completed Hosted Video Visits (i.e. B103A) claim for a rural patient delivered between April 1, 2020 to September 30, 2022 the ministry will provide a $15 premium.

The B103A Hosted Video Visit code will initially pay out at $0.00. The ministry will then provide quarterly batch payments of this premium to physicians/dentists.

Location RIO score can be found here: OMA RIO Postal Code Look-Up

This is a transitional measure; as such, physicians/dentists are expected to transition their virtual care practice to operate without this premium by September 30, 2022. Over the coming months, Ontario Health (OTN) will be implementing a number of changes that will reduce the time required with scheduling virtual visits through telemedicine host sites and improve overall user experience. It is expected that with these changes, and the extension to this exception, it will pave the way for a smooth transition for both patients and health service providers.

5. Manual Review

The “manual review” indicator is generally only required in very limited circumstances to ensure that certain valid virtual care claims do not get rejected because of some existing OHIP processing rules or if special consideration is required. Virtual care claims will need to be flagged for “manual review” (i.e. Manual Review indicator set to “Y” (Yes)) and supporting documentation, in the form of a written explanation, will need to be provided in the following circumstances:

a) A video visit and an OHIP service that is not an excluded virtual care service have been rendered by the same physician to the same patient on the same date of service [23].
b) An excluded virtual care service has been rendered via an approved OTN video solution.
c) If a second video visit was provided to the same patient on the same day for valid clinical reasons.

When asking for a manual review, if two separate claims are being submitted (one for the regular OHIP process and the other for the virtual care claims process), put the request for a manual review on the claim submitted for the virtual care claims process.

[23] If a video visit and an OHIP service that is an excluded virtual care service have been rendered by the same physician to the same patient on the same date of service, then a manual review is not required.

6. Physician Service Excluded Codes

Certain OHIP Schedule fee service codes are excluded from the Virtual Care Program. This includes fee service codes for service deemed inappropriate for delivery via video visit (e.g. surgery) or fee service codes for which OHIP already allows the use of video to deliver the insured service (e.g. case conferencing).

Claims submitted for payment to the Virtual Care Program that contain an excluded code will be rejected.

Please see APPENDIX A – List of Physician Service Excluded Codes for a full list of OHIP Schedule fee service codes currently excluded from the Virtual Care Program.

7. Error Conditions and Explanatory Code Messages

7.1 Summary of Error Conditions and Explanatory Code Messages

There are ten error codes that are applicable for virtual care claims for services rendered post April 1, 2020:

1. ET1: Provider Not Registered for Virtual Care Program
2. ET4: Virtual Care Program B-Code Missing or SLI Code Invalid
3. ET5: Virtual Care Program SLI Code Missing
4. AD8: Not Allowed Alone
5. TM1: Duplicate Virtual Care Claim for Same Patient
6. TM3: Service Not Payable Under Virtual Care Program
7. TM4: Non-Virtual Care Claim Already Paid for This Patient
8. TM5: Virtual Care Claim Already Paid for This Patient
9. TM6: Virtual Care Program Registration Not in Effect on Service Date
10. TM7: Dental Services Not Payable Under Virtual Care Program

7.2 Details for Handling Error Conditions and Explanatory Code Messages

The following Virtual Care Program error conditions are applicable to the processing and assessment of virtual care claims for services rendered post April 1, 2020.

1. ET1: Provider Not Registered for Virtual Care Program
    - ET1 Description: The "ET1" error code will be issued and the entire claim will be returned to the physician's/dentist's error report if a virtual care claim is submitted by a physician/dentist who is not registered as eligible to bill for video visits.
    - ET1 Corrective Action: Contact the Ontario Telemedicine Network (OTN) to request a "OHIP Virtual Care Physician & Dentist Registration Form". If a Registration Form was already completed, signed, and submitted, contact OTN to confirm the status. The ET1 rejected virtual care claims can be re-submitted when OTN acknowledges that the physician's/dentist's Registration Form has been received and processed.
2. ET4: Virtual Care Program B-Code Missing or SLI Code Invalid
    - ET4 Description: The "ET4" error code will be issued and the entire claim will be returned to the physician's/dentist's error report if:
        a) a claim includes the "OTN" Service Location Indicator code but does not include a valid Virtual Care Program B-code; or
        b) a claim includes a Virtual Care Program B-code and the Service Location Indicator code is present but is not "OTN".
    - ET4 Corrective Action: If the claim is for video visit then the claim should be resubmitted with an applicable Virtual Care Program B-code or SLI code set to "OTN". If the claim is not for a video visit, then the claim should be resubmitted without the "OTN" SLI code or a Virtual Care Program B-code.
3. ET5: Virtual Care Program SLI Code Missing
    - ET5 Description: The "ET5" error code will be issued and the entire claim will be returned to the physician's/dentist's error report if a Virtual Care Program B-code is billed but the Service Location Indicator code is not present on the claim.
    - ET5 Corrective Action: If the claim is for a video visit payable by the Virtual Care Program[24] then the claim should be resubmitted with the "OTN" SLI code. If the claim is not a video visit payable by the Virtual Care Program, then the claim should be resubmitted without the Virtual Care Program B-code.
4. AD8: Not Allowed Alone
    - AD8 Description: The "AD8" error code will be issued and the entire claim will be returned to the physician's/dentist's error report if a Virtual Care Program B-code is submitted without an OHIP Schedule of Benefits fee code.
    - AD8 Corrective Action: The physician/dentist should confirm the appropriate OHIP Schedule of Benefits fee code(s) for the clinical service(s) provided and

[24] **Note:** There are OHIP Schedule fee service codes (e.g. case conferencing) that allow for delivery via video and as such are not eligible for the Virtual Care Program. These services are paid by OHIP.

resubmit the virtual care claim with both the appropriate Virtual Care Program B-code and OHIP Schedule of Benefits fee code(s).

5. TM1: Duplicate Virtual Care Claim for Same Patient
   - TM1 Description: The "TM1" error code will be issued and the entire claim will be returned to the physician's/dentist's error report if:
     a) a second virtual care claim is submitted by the same physician/dentist for the same patient on the same date of service; or
     b) there is more than one Virtual Care Program B-code on the same claim; or
     c) if the duplicate claim was submitted in error; or
     d) if the duplicate claim was intentional because a second video visit was provided to the same patient on the same day for valid clinical reasons.
   - TM1 Corrective Action:
     a) The physician/dentist should confirm if the original or duplicate virtual care claim is for the wrong patient.
        i. If the duplicate claim is for the wrong patient, then the claim should be resubmitted with the correct patient's Health Number.
        ii. If the duplicate claim was submitted in error, no further action is required.
        iii. If the duplicate claim is intentional because a second video visit was provided to the same patient on the same day for valid clinical reasons, then the rejected virtual care claim should be resubmitted with the Manual Review indicator set to "Y" (Yes) and written explanation provided for adjudication purposes.
     b) Resubmit the virtual care claim with only one Virtual Care Program B-code.
6. TM3: Service Not Payable Under Virtual Care Program
   - TM3 Description: The "TM3" error code will be issued and the entire claim will be rejected and returned on the physician's error report if a virtual care claim includes services that are not payable as a video visit by the Virtual Care Program.
   - TM3 Corrective Action: If the fee service code included with the virtual care claim is incorrect, then the claim can be resubmitted with the correct fee service code. If the fee service code is correct but is a service excluded from the Virtual Care Program (See Section 11 for Physician Service Excluded Codes), the physician should resubmit the claim with the Manual Review indicator set to "Y" (Yes) and provide written explanation for adjudication purposes. If the excluded service was rendered to the patient per a face-to-face encounter outside of the video visit, the physician can claim the service in a separate claim without a Virtual Care Program B-code and without the OTN SLI code for payment by OHIP.

7. TM4: Non-Virtual Care Claim Already Paid for This Patient
    - TM4 Description: The “TM4” error code will be issued and the entire claim will be rejected and returned on the physician’s/dentist’s error report if a virtual care claim is submitted and a payment for a non-virtual care claim for a service eligible for payment by the Virtual Care Program was already made to the same physician for the same patient on the same date of service.
    - TM4 Corrective Action: If the previous non-virtual care claim (i.e. OHIP claim) was incorrect and should have been a virtual care claim, the physician/dentist will need to request an adjustment be processed by OHIP through existing claims adjustment procedures. If the non-virtual care claim and virtual care claim are correct because the physician in fact rendered both services on the same day in both virtual care and non-virtual care settings, then the rejected virtual care claim should be resubmitted with the Manual Review indicator set to “Y” (Yes) and written explanation provided for adjudication purposes.
8. TM5: Virtual Care Claim Already Paid for This Patient
    - TM5 Description: The “TM5” error code will be issued and the entire claim will be rejected and returned on the physician’s/dentist’s error report if a non-virtual care claim is submitted and a payment for a virtual care claim was already made to the same physician/dentist for the same patient on the same date of service. (This error condition will not apply if the non-virtual care claim is for services that are excluded from the Virtual Care Program.)
    - TM5 Corrective Action: If the non-virtual care claim (i.e. OHIP claim) was submitted for services omitted from the virtual care claim then the physician/dentist will have to request an adjustment be processed by OHIP through existing claims adjustment procedures to amend the original virtual care claim. If the non-virtual care claim and virtual care claim are correct because the physician/dentist in fact rendered both services on the same day in both virtual care and non-virtual care settings, then the rejected non-virtual care claim should be resubmitted with the Manual Review indicator set to “Y” (Yes) and written explanation provided for adjudication purposes.
9. TM6: Virtual Care Program Registration Not in Effect on Service Date
    - TM6 Description: The “TM6” error code will be issued and the entire claim will be rejected and returned on the physician’s/dentist’s error report if the service date of a virtual care claim is prior to the physician’s/dentist’s telemedicine registration effective date or after the physician’s/dentist’s Virtual Care Program registration end date.
    - TM6 Corrective Action: If the date of service is incorrect, the physician/dentist should correct the date of service and resubmit the virtual care claim. If the date of service is correct, the physician/dentist should contact the Service Support

Contact Centre at: 1-800-262-6524 or SSContactCentre.MOH@ontario.ca to confirm the Virtual Care Program registration effective date and/or end date as applicable. The rejected claims can then be resubmitted when the Service Support Contact Centre has confirmed with the physician/dentist that the telemedicine registration effective and/or end date has been amended.

10. TM7: Dental Services Not Payable Under Virtual Care Program
    - TM7 Description: The "TM7" error code will be issued and the entire claim will be rejected and returned on the dentist's error report if the service is not payable under the Virtual Care Program.
    - TM7 Corrective Action: The dentist will need to confirm if the correct fee service code was billed with the virtual care claim and take appropriate action.

8. Payment Processing and Reporting

- Payment Processing: As with regular OHIP claims, the virtual care claims must be received and processed by OHIP within six months from the date of service. Virtual care claims will be processed per the existing OHIP monthly claims assessment schedule and paid on the 15th day of the following month.
- Remittance Advice: As per existing OHIP processes, detailed claims payment information for approved virtual care claims will be reported on the physician's solo or the group Remittance Advice (RA) using the reports and formats that are currently present within the OHIP claims processing system.
- Virtual Care Payment Report: In addition to the claim details on the monthly RA, a summary of the video visit payments will be also reported on the RA. The RA virtual care payment report will be titled "Ontario Telemedicine Network Service Location" and include the dollar value of the services delivered by video visit and the Virtual Care Program B-codes for the RA reporting period and a fiscal year-to-date total.
- A summary of the video visit payments is also reported on the RA under the heading "Ontario Telemedicine Network Service Location". The virtual care RA report includes the dollar value of the services delivered by video visit and the Virtual Care Program B-codes for the RA reporting period and a fiscal year-to-date total.
- PEM physicians will now be able to track the outside use for patients accessing services via virtual visit. The Service Location Indicator has been added as a new field effective April 2020 on all Outside Use Reporting for agreements/models that include an Access Bonus Payment element.
- Third-Party Adjustments: Any third-party adjustments that are applicable to a physician's OHIP remittance, such as per a Court Order, will also apply to the physician's video visit payments.

9. General Billing Q & A

Question # 1: *If a consulting physician provides consultation from a telemedicine studio that is within a hospital, should the consulting physician include the hospital's Master Number on the virtual care billing?*

Answer: No, consulting physicians do not need to include the hospital Master Number on the virtual care billing when providing the consultation from a hospital-based telemedicine site. The hospital's Master Number would only be required if the participating patient was an in-patient of the hospital where the consultation via video visit took place.

***Note**:* All telemedicine billings from dentists must include the hospital Master Number of the hospital where the dentist was located when rendering the dental service via telemedicine.

Question # 2: *If a patient attends a patient host site that is within a hospital, should the consulting physician include the hospital's Master Number on the virtual care billing?*

Answer: No, the hospital Master Number is not required on the virtual care billing if the patient is simply attending the hospital to use the patient host site and the Master Number would only be required if the patient was an in-patient of the hospital or the service was rendered by a dentist.

Question # 3: *Can radiologists submit billings to the Ontario Virtual Care Program?*

Answer: Radiologists cannot bill for X-prefix services to the Ontario Virtual Care Program as radiology services are covered by OHIP. However, there are other consultation/assessment services that are eligible. See the APPENDIX A – List of Physician Service Excluded Codes.

Question # 4: *Can physicians/dentists use video visit technology other than that offered by OTN to deliver a video visit service and submit billings to the Ontario Virtual Care Program?*

Answer: No, at this time claims must not be submitted to the Ontario Virtual Care Program unless both physicians/dentists and patients participating in the video visit are in attendance via an approved OTN video solution. The only exception to this are physicians delivering video visits at OTN certified facilities. However, over the next year, the ministry, in partnership with the OMA, will also be looking to enable clinicians to leverage the virtual care technologies that best meet the needs of their patients and practices (e.g. technologies other than those currently offered by OTN).

Question # 5: *If a family doctor attends a video visit consultation with his/her patient (i.e. the family doctor is face-to-face with their patient) who is being treated by an oncologist for cancer (i.e. oncologist is participating via video), reviews the treatment options offered by the oncologist with the patient immediately after the session ends and decides on a course of action, does the family doctor bill A007 to the Ontario Virtual Care Program or OHIP?*

Answer: The family doctor would bill A007 as face-to-face visit to OHIP.

Question # 6: *If a patient travels 150 km to their closest patient host site to see a cardiologist who is 500 km away and the cardiologist provides the video visit and completes the consultant section of the travel grant form, does the cardiologist bill this all on one claim?*

Answer: No, two billings are required. One will be a virtual care billing with the "OTN" SLI code and will include the applicable Ontario Virtual Care Program B-code and consultation fee code. The second will be for completing the travel grant form and will be billed as a regular OHIP billing. The "manual review" indicator is not required for either billing because the travel grant form completion is an excluded telemedicine service.

Question # 7: *Are two billings required when a patient sees a pediatrician via video visit and the pediatrician bills an Ontario Virtual Care Program B-code and the consultation where the Ministry of Children, Community and Social Services (MCCSS) requires the pediatrician to complete a form based on the findings of the consultation and there is an OHIP billable fee for completing the form?*

Answer: Yes, two billings are required, one will be a virtual care billing with the SLI set to "OTN" and will include the applicable Ontario Virtual Care Program B-code and consultation fee code. The second will be for completing the MCCSS form and will be billed as a regular OHIP billing. The "manual review" indicator is not required for either billing because the MCCSS form completion is an excluded telemedicine service.

10. Further Information

10.1 Questions

For **billing related inquiries**, please contact the Service Support Contact Centre at: 1-800-262-6524 or SSContactCentre.MOH@ontario.ca

For specific questions about **conducting video visits**, please contact: info@otn.ca

For general questions about the **Ministry-OMA Virtual Care Working Group's process** to expanding virtual care in the province, please contact: virtual.care@oma.org

10.2 Resources

To be eligible to conduct video visits and to **register for OHIP billing** please see the OHIP Virtual Care Physician & Dentist Registration Form.

All relevant **Virtual Care Program INFOBulletins** can also be found here.

Ontario Health Quality, with support from OTN, has recently released draft **clinical guidance** on adopting and integrating virtual visits into care. It can be found here.

11. APPENDIX A – List of Physician Service Excluded Codes

The physician claim will be rejected for payment by the Ontario Virtual Care Program for the following OHIP insured services. This includes fee service codes for service deemed inappropriate for delivery via video visit (e.g. surgery) or fee service codes for which OHIP already allows the use of video to deliver the insured service (e.g. case conferencing).

Disclaimer: This list should not be taken as an exhaustive list of OHIP Schedule fee codes that are inappropriate for delivery over video visit. Physicians are expected to use their professional judgement in the best interest of their patients as per the CPSO telemedicine policy. This list of Virtual Care Program excluded fee codes is current as of the date of this communication, but fee codes may be subsequently added or deleted as required.

Note: Where a physician provides a video visit and also renders services for the same patient that are excluded from the Virtual Care Program but are OHIP eligible (e.g. form fees and lab codes), two claims should be submitted; the video visit should be billed through the virtual care claims process (i.e. using the “OTN” SLI Code), while the OHIP eligible service that is excluded from the Virtual Care Program, should be billed through the regular OHIP claims process.

- A330A, A332A, A777A, A900A, A902A, A960A, A962A, A963A, A964A*, A99*
- B96*, B98*, B99*
- C101A, C330A, C332A, C777A, C96*, C98*, C99*
- D***A, D***C
- E00*A, E01*A, E02*A, E03*A, E04*A, E05*A, E06*A, E070A, E071A, E072A, E073A, E074A, E075A, E076A, E077A, E08*A, E09*A, E1**A, E2**A, E3**A, E4**A, E5**A, E6**A, E7**A, E8**A, E9**A, E***C
- F***A, F***C
- G001A, G002A, G004A, G005A, G009A, G010A, G011A, G012A, G014A, G015A, G016A, G017A, G018A, G019A, G02*A, G030A, G031A, G032A, G033A, G034A, G035A, G036A, G037A, G039A, G040A, G041A, G042A, G043A, G050A, G104A, G111A, G121A, G140A, G143A, G146A, G149A, G152A, G153*, G154*, G167A, G174A, G181A, G209A, G284A, G285A, G286A, G308*, G310A, G311A, G315A, G316A, G372A, G373A, G414A, G440A, G441A, G442A, G443A, G445A, G448A, G451A, G455A, G466A, G471A, G481A, G519A, G538A, G540A, G541A, G542A, G544A, G554A, G570A, G574A, G582A, G585A, G590A, G592A, G647A, G648A, G649A, G651A, G652A, G654A, G655A, G682A, G683A, G684A, G685A, G686A, G687A, G688A, G689A, G815A, G821A, G822A, G823A, G840A, G841A, G842A,

G843A, G844A, G845A, G846A, G847A, G848A, G850A, G851A, G852A, G853A, G854A, G855A, G856A, G857A, G858A, G91*A, G920A, G921A

- H100A, H96*, H98*
- J****
- K027*, K031*, K035*, K036*, K038*, K046A, K050A, K051A, K052A, K053*, K054A, K055A, K056A, K057A, K058A, K059A, K060A, K061*, K065A, K066A, K070*, K077A, K080*, K081*, K082*, K140A, K141A, K142A, K143A, K144A, K480A, K481A, K620*, K624*, K629*, K682A, K683A, K684A, K700*, K701*, K702*, K703*, K704*, K710A, K730*, K731*, K732*, K733*, K734*, K735*, K736*, K737*, K738*, K739*, K96*, K99*
- L****
- M***A, M***C
- N***A, N***C
- P001A, P002A, P006A, P007A, P008A, P009A, P01*A, P02*A, P03*A, P04*A, P05*A, P06*A, P***C
- Q96*, Q99*
- R***A, R***C
- S***A, S***C
- T***A, T***C
- U021A, U023A, U025A, U026A, U231A, U233A, U235A, U236A, U96*, U99*
- W777A, W96*, W99*
- X***B, X***C
- Y****
- Z***A, Z***C