

INFOBulletin

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

To: Designated Physiotherapy Clinics

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Re: Clarification regarding OHIP-insured physiotherapy services and claims submission

This bulletin is to provide information and clarification on the conditions and restrictions related to insured physiotherapy services and on the payment of claims submitted to OHIP.

Eligibility for all insured physiotherapy services continues to depend on medical or therapeutic need.

1. Billing for services provided in a patient's home (other than a Long-Term Care Home)
2. Billing for services provided in a clinic
3. Assignment of services to support personnel
4. Record keeping
5. Geographic boundaries

1. Billing for services provided in a patient's home (other than a Long-Term Care Home)

OHIP provides coverage for insured physiotherapy services that are rendered to an insured person in that person's home only under the following circumstances:

- a. the service is ordered by a physician, and
- b. the service is required to be rendered in the person's home because of their condition, illness or injury.

Physiotherapy services rendered in a person's home are not insured services for the purposes of the *Health Insurance Act* unless all of the eligibility criteria listed above are met. In-home physiotherapy services provided to a person whose condition, illness or injury does not prevent them from receiving services at the address of the Designated Physiotherapy Clinic are not insured services and are not payable by OHIP.

Claims for physiotherapy services rendered in a person's home that do meet the eligibility criteria are to be submitted for payment under fee codes V822A (Initial visit-home) and V832A (Subsequent visit-home only).

2. Billing for services provided in a clinic

With the exceptions of services provided in a person's home or in a Long-Term Care Home, in order for physiotherapy services to be insured the services must be provided at the Designated Physiotherapy Clinic address listed in the "Schedule of Designated Physiotherapy Clinics" (the Schedule) or, if applicable, at the new location subsequently approved by the Minister for that facility.

Under subsection 35(10) of Regulation 552 of the *Health Insurance Act*, every physiotherapy clinic listed in the Schedule of Designated Physiotherapy Clinics is prescribed as a health facility for the purposes of the Act. The location listed beside each clinic in the Schedule is the only location that is a health facility/ Designated Physiotherapy Clinic for the purposes of the provision of insured services (unless the Minister has subsequently approved a change in that location for that facility in accordance with section 2(7) of the *Health Insurance Act*).

Physiotherapy services rendered at an address other than that listed for a Designated Physiotherapy Clinic in the Schedule (or at a subsequently approved new location) are not insured services and are not payable by OHIP.

3. Assignment of services to support personnel

As communicated in Bulletin 3075, several conditions must be met for payment by OHIP relating to the use of physiotherapy support personnel.

To qualify for payment, an assigned service must be delivered by a support worker:

- a. who is employed by a designated physiotherapy clinic, and
- b. whose qualifications and training in respect of a physiotherapy service satisfy the standards for professional practice of the College of Physiotherapists of Ontario in respect of physiotherapist support personnel.

An "assigned service" means a physiotherapy service rendered by a support worker:

- a. under the direction and supervision of a designated physiotherapist in accordance with the standards of the College of Physiotherapists of Ontario that apply in respect of physiotherapists working with physiotherapist support workers,
- b. to a patient with whom the supervising designated physiotherapist has an ongoing professional relationship, and
- c. when the supervising designated physiotherapist is available to direct and supervise the support worker at the time the support worker renders the service.

Failure to prepare and maintain written records for services assigned to support personnel in accordance with requirements set out in the regulations under the *Health Insurance Act* (see #4 below) may result in the refusal of the General Manager to pay an account submitted to OHIP for payment.

4. Record keeping

Written records must be maintained relating to insured physiotherapy services provided to an insured person and must include:

- a. the name of the insured person to whom the physiotherapy services were rendered,
- b. the dates when the physiotherapy services were rendered and the location or locations at which the services were rendered on each of those dates,
- c. a detailed description of the services rendered on each date and at each location, and
- d. the name or names of the person(s) who actually rendered the service on each date and at each location and the license or certificate of registration number issued by the College of Physiotherapists to the physiotherapist who rendered each service, or, in the case of an assigned service, the physiotherapist who directed and supervised the provision of the assigned service.
- e. in the case of an assigned service, details of the aspects of the treatment plan assigned to the support worker, the level of supervision required, and the date of reassessment by the physiotherapist who directed and supervised the provision of the assigned service.

Failure to prepare and maintain written records in accordance with requirements set out in the regulations under the *Health Insurance Act* may result in the refusal of the General Manager to pay an account submitted to OHIP for payment.

5. Geographic boundaries

The Minister of Health and Long-Term Care has the authority to approve a change to the location of a Designated Physiotherapy Clinic. Pursuant to section 2(7) of the *Health Insurance Act*, the Minister may only approve location changes and may not increase the number of prescribed clinics. The Minister will approve location changes where the proposed new location is within the same municipality where the clinic is located prior to the change.

With the exception of physiotherapy services rendered in Long-Term Care homes, the ministry also requires that the provision of insured physiotherapy services by Designated Physiotherapy Clinics takes place in the municipality in which the clinic is located, either at the clinic address as listed in the Schedule or at the home of an insured person.

Note:

This Bulletin is a general summary provided for information purposes only. Health care providers are directed to review the *Health Insurance Act*, Regulation 552 and the Schedules under that regulation, for the complete text of the provisions. You may access this information on-line at www.e-laws.gov.on.ca. In the event of a discrepancy between this bulletin and the Act or regulations and/or Schedules under regulations, the text of the Act, regulations and/or Schedules will prevail.

The contents of this bulletin are available on the ministry's website at:

www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html