

Bulletin



Bulletin Number 3070	Date November 24, 2005	Direct inquiries to Ministry of Health and Long-Term Care Processing Office (address below)
Distribution Designated Physiotherapy Clinics		

SUBJECT: CLARIFICATION OF CHANGES TO OHIP-INSURED PHYSIOTHERAPY SERVICES EFFECTIVE APRIL 1, 2005

- (1) Billing for Services Provided in a Patient's Home or a Long-Term Care Facility
- (2) Physiotherapy Claims Review Program
- (3) Service Maximums

(1) Billing for Services Provided in a Patient's Home or a Long-Term Care Facility

Fee codes for insured services rendered by a Designated Physiotherapy Clinic (DPC) in the patient's home or a long-term care (LTC) facility were introduced effective April 1, 2005. The codes are as follows:

Fee Code	Description	Current Fee
V822	Initial Visit – Home	\$24.40
V826	Initial Visit – Long-Term Care Facility	\$24.40
V827	Subsequent Visit – Home/Long-Term Care Facility	\$12.20

The initial visit codes are to be used for the first time a patient/resident is seen. These codes are **not** to be billed as first patient seen at a site on a given day. Each subsequent visit to the same patient should be billed as V827.

(2) Physiotherapy Claims Review Program

Under the *Health Insurance Act*, the Ministry of Health and Long-Term Care is accountable for fees paid to health care providers for services insured under OHIP. As part of the changes to insured physiotherapy services and the expansion of DPC services into LTC homes, the ministry has developed a process to ensure accountability and fiscal responsibility for physiotherapy service payments.

Office locations

Barrie 34 Simcoe St. Suite 102 L4N 6T4	Etobicoke 3300 Bloor St. W., Unit 142 M8X 2W8	Hamilton 119 King St. W 10th fl. P.O. Box 2280, Stn. A L8P 4Y7	Kenora 220-808 Robertson St. P9N 1X9	Kingston 1055 Princess St. P.O. Box 9000 K7L 5A9	Kitchener 1400 Weber St. E. Unit B2 N2A 3Z8	London 217 York St., 5th Floor Station A N6A 5P9
Mississauga 201 City Centre Dr. P.O. Box 7020, Stn. A L5B 2T4	Newmarket 465 Davis Dr. Unit 108 L3Y 8T2	North Bay 101-447 McKeown Ave. P1B 9S9	North York 4400 Dufferin St N Unit A4-A5 M3H 6A8	Oakville Oakville Town Centre II 220 North Service Rd. W. L6M 2Y3	Oshawa Exec. Tower, Oshawa Centre. 419 King St. W. P.O. Box 635 L1J 7J2	Ottawa Fuller Building 75 Albert Street K1P 5Y9
Ottawa Government Service Centre 110 Laurier Ave W K1P 1J1	Owen Sound 1400 1st Ave. W Suite # 2. N4K 6Z9	Peterborough 300 Water St, 1st Fl North Tower K9J 3C7	St. Catharines 301 St. Paul St. Mezzanine Level L2R 3M8	Sarnia 452 Christina St. N. N7T 5W4	Sault Ste. Marie Roberta Bondar Place 70 Foster Dr., Ste. 100 P6A 6V4	Scarborough 2063 Lawrence Ave. E. M1R 2Z4
Sudbury 199 Larch St., Suite 801 P3E 5R1	Thunder Bay 435 James St. S. , Suite 113 P7E 6T1	Timmins 38 Pine St. N., Suite 110 P4N 6K6	Toronto 47 Sheppard Ave.E. Suite 417 M2N 7E7	Toronto-Downtown 777 Bay St. Suite M212 M5G 2C8	Windsor 1427 Ouellette Ave. N8X 1K1	Head Office P.O. Box 48 Kingston, ON K7L 5J3

The **Physiotherapy Claims Review Program (PCRP)** is an audit process which reviews clinical records for compliance with the regulatory requirements stated in Regulation 552, Section 21(8) of the *Health Insurance Act*. Written clinical records must be prepared and maintained for each physiotherapy service provided and must contain the following information:

- the name of the insured person to whom physiotherapy services were rendered;
- the dates when the physiotherapy services were rendered and the location(s) at which the services were rendered on each of those dates;
- a detailed description of the services rendered on each date and at each location; and
- the name(s) of the person(s) who actually rendered each service on each date and at each location and the number of each of their licenses or certificates of registration issued by the College of Physiotherapists of Ontario.

All claims paid to DPCs are monitored and analyzed by the ministry. The collection of medical records by the ministry is authorized under Section 4.1(1) of the Act. The requirement for disclosure by the provider is set out under Section 37.1(6). Failure to supply the requested clinical records will lead to payment recovery for identified claims and may lead the ministry to perform pre-payment audits and withhold future payments.

When records are not in compliance with regulatory requirements, payments will be recovered in accordance with Section 18(5) of the HIA.

(3) Service Maximums

Annual per-patient service maximums were introduced on April 1, 2005. They are defined as follows:

- a maximum of 50 services per person per fiscal year will be funded by OHIP for individuals between 20 and 64 years of age, following acute hospitalization.
- a maximum of 100 services per person per fiscal year will be funded by OHIP for those younger than 19 or 65 years of age and older, for in-home services, and for recipients of ODSP, OW and Family benefits

The ministry is consulting with experts in the fields of physiotherapy and the health administration to provide advice on best practices and evaluation of models of care. These experts will provide advice regarding the development and implementation of a process for exemptions, based on medical necessity, to the identified per patient service maximums. This process is anticipated to be in place by December, 2005.

This bulletin is a general summary provided for information purposes. 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: <http://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 prevail.