

FACT SHEET

SERVICE MAXIMUMS FOR OHIP-INSURED PHYSIOTHERAPY SERVICES

- Q1. Is there a form for providing the information requested in Bulletin 3071 – Service Maximums For OHIP-Insured Physiotherapy Services?**
- A1. The ministry has not developed a specific form for providing the information/documentation requested. Whatever format the DPC chooses to use when providing this information to the ministry; this format must include all the documentation requested in the bulletin.
- Q2. What information is required if the patient is a resident of a long-term care facility regarding written confirmation from the home’s multi-disciplinary team? Do all members of the multi-disciplinary team have to sign off on the written confirmation from the team?**
- A2. A summary statement supporting the medical rationale submitted for the additional services requested for each patient is required. All members do not have to sign this written confirmation. The team lead, charge nurse or director of care, can sign on behalf of the multi-disciplinary team.
- Q3. When/how will the DPC/physiotherapist know that approval is given for the additional treatments requested?**
- A.3 The provision of additional treatments can proceed immediately upon the provision to the ministry of the written documentation/information requested. The documentation provided must be complete as per the direction in physiotherapy Bulletin 3071.
- Q4. Does this process also apply to the maximum of 50 additional services for post acute hospitalization patients?**
- A4. Yes, again based on medical need, this process applies to post-acute hospitalization patients who may require additional services.
- Q5. If a patient exceeded their maximum prior to the development of this process, and paid themselves for additional physiotherapy services; will OHIP reimburse the patient for services paid directly by the patient beyond the service maximum?**
- A5. Services beyond the maximum were not authorized prior to December 1, 2005. However, the ministry may consider extenuating circumstances

where need is demonstrated through documentation, as required by the process outlined in Bulletin 3071. In these circumstances retroactive approval confirmed by the ministry will be provided to the DPC.

Q6. Can a patient with major clinical requirements for physiotherapy treatment request more than 50 additional services when recommended by their attending physician and/or clinical treatment team?

A6. No, 50 additional treatments is the maximum number of additional services that will be paid beyond the identified maximums in a fiscal year where documentation supports the medical need for these additional visits.