

INFOBulletin

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

To: Physicians

Published By: Health Services Branch

Date Issued: January 10, 2012

Bulletin #: 4548

Re: OAMP Monthly Management Fee and Point of Care Drug Testing Claim Submission and Payment

Opioid Agonist Maintenance Program (OAMP) monthly management fee and point of care drug testing

This bulletin pertains to payment of OAMP monthly management fee and point of care drug testing claims. These are claims submitted by physicians who have an active general exemption for methadone maintenance treatment for opioid dependence pursuant to the [Controlled Drugs and Substances Act 1996](#), Section 56. This includes physicians who provide services through direct encounter and telemedicine services.

In order to receive payment for the OAMP monthly management fee (K682, K683 and K684), or point of care drug testing (G040, G041, G042 or G043), the physician must render a minimum number of required services. This is defined in the [Schedule of Benefits](#) (see Consultations and Visits section, pages A48 and A49). For the purposes of K682, K683 and K684, the required services may be rendered by direct patient encounter or through a telemedicine service.

If a claim for a monthly management fee or drug testing is submitted prior to the submission and payment of the eligible required service(s), the monthly management or drug testing claim will reject "AMR - Minimum Service Requirements Not Met". Once the required services have been submitted and paid, the monthly management fee or drug testing which rejected "AMR" can then be resubmitted for payment.

Psychiatry time-based Fee Schedule Codes (K198, K199, K196, K191, K197, K190 and K192) were added to the list of eligible required services for OAMP monthly management fee and point of care drug testing payment on January 1, 2012, with an effective date of September 1, 2011. Claims for psychiatry time based services submitted prior to January 1, 2012 would not have been recognized as eligible required services.

Telemedicine Services

OAMP monthly management fee (K682, K683 and K684) and point of care drug testing services (G040, G041, G042, and G043) are excluded services for telemedicine. Excluded services cannot be submitted with an Ontario

Telemedicine Network (OTN) Service Location Indicator (SLI). If an excluded code is billed with an OTN SLI code, the service will reject with error code “TM3 – Service not payable under telemedicine program.” If a telemedicine and a non telemedicine service are provided on the same day, the claims must be submitted separately. If they are submitted on the same claim, it will reject TM3.

In-office lab tests (G001, G002, G004, G005, G009, G010, G011, G012, G014 and G481) have been added to the table of telemedicine excluded services. This will resolve the issue where urinalysis (G010) claims rejected “TM5 – Telemedicine Claim Already Paid for This Patient” when submitted on the same claim as the point of care drug testing (G039, G040, G041, G042, G043). This is because the system now recognizes them as excluded services. Previously rejected claims that included urinalysis can be resubmitted for payment.