

INFOBulletin

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

To: Physicians, Hospitals, Clinics and Laboratories

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Re: Physicians Submitting Claims to OHIP for Medical Services

This bulletin is a reminder for physicians submitting claims to OHIP for medical services. In order to be eligible for payment by OHIP, the physician must ensure that services meet all of the legal requirements for payment including that services provided must be medically necessary and rendered in accordance with professional standards.

Physicians must personally perform services such as:

- assessments,
- visits,
- consultations,
- psychotherapy, and
- interpretation of diagnostic tests.

Exceptions include services involving teaching in accordance with the Team Care in Teaching Units requirements described in the General Preamble of the [Schedule of Benefits for Physician Services](#) (Schedule).

For procedural services, physicians must personally render the service unless there are exceptions described in the Schedule such as the delegation requirements in the General Preamble of the Schedule or the Team Care in Teaching Units requirements.

Claims for the Technical Component of Diagnostic or Therapeutic Procedures

Technical fees are listed in various diagnostic imaging sections as well as the Diagnostic and Therapeutic Procedures section of the Schedule.

A physician who submits a claim to OHIP for the technical component of a diagnostic or therapeutic procedure is required to render the necessary elements of the service, as described in the relevant section of the Schedule. This is a requirement whether these procedures are rendered in a public hospital or in a physician's office, regardless of whether these elements are rendered personally by the physician, an employee of the physician, or a hospital employee. For a service to be eligible for payment, the physician is responsible for ensuring that the services are rendered in accordance with professional standards and the requirements of the Schedule.

Technological advances and evolving business practices have led to an expansion of companies offering diagnostic services to physicians. These businesses may not be owned or operated by the physician who is claiming payment from OHIP for the technical component of the services.

Physicians who rely on a third party to provide services to their patients may have minimal involvement in, or control of, the actual operation of the diagnostic test. They may rely on the third party to ensure the quality and appropriateness of the tests. If there is any compromise in meeting the professional standards and/or other requirements of the Schedule, eligibility for payment of these services may be affected.

To be eligible for payment from OHIP, physicians must be able to account for the complete quality assurance process, from data acquisition to reporting and record keeping. Physicians are reminded that submitting a claim to OHIP means that the physician is solely responsible for the accuracy of that claim. If services are found to not be in compliance with the provisions of the [Health Insurance Act](#), [the regulations](#) or [the Schedule](#) after the payment is made, the physician remains solely responsible for repayment of the claim to OHIP.