INFOBulletin

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

To: **Physicians**

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Re: **Time limit for submission of out-of-province (OOP) medical claims denied by the Workplace Safety and Insurance Board (WSIB) and/or the Worker's Compensation Board (WCB)**

The Interprovincial Health Insurance Agreements Coordinating Committee has provided the Ministry of Health and Long-Term Care with their policy on the time limit for submission of a claim for an OOP patient where the claim was originally submitted to WSIB/WCB and subsequently denied.

Effective March 1, 2016, physicians have 12 months from the date of the written denial notification from WSIB/WCB to submit a claim for an OOP patient through reciprocal medical billing or to the OOP resident's home province/territory.

If reciprocally billing (and the original service date is more than 12 months in the past), submit the claim with the manual review indicator and send a copy of the denial letter to the Claims Services Branch (retain the original denial letter in the event the patient's home jurisdiction requests a copy). If submitting the claim directly to the OOP resident's home province/territory, include a copy of the denial letter.

If the claim is not submitted within 12 months of the date of the denial letter, the cost of the service(s) must be absorbed – i.e., the patient cannot be charged.

Note: as always, view and record (in your records) the details on the out-of-province patient's health card.

For inquiries related to this matter, please email: InterprovincialBilling.MOH@ontario.ca