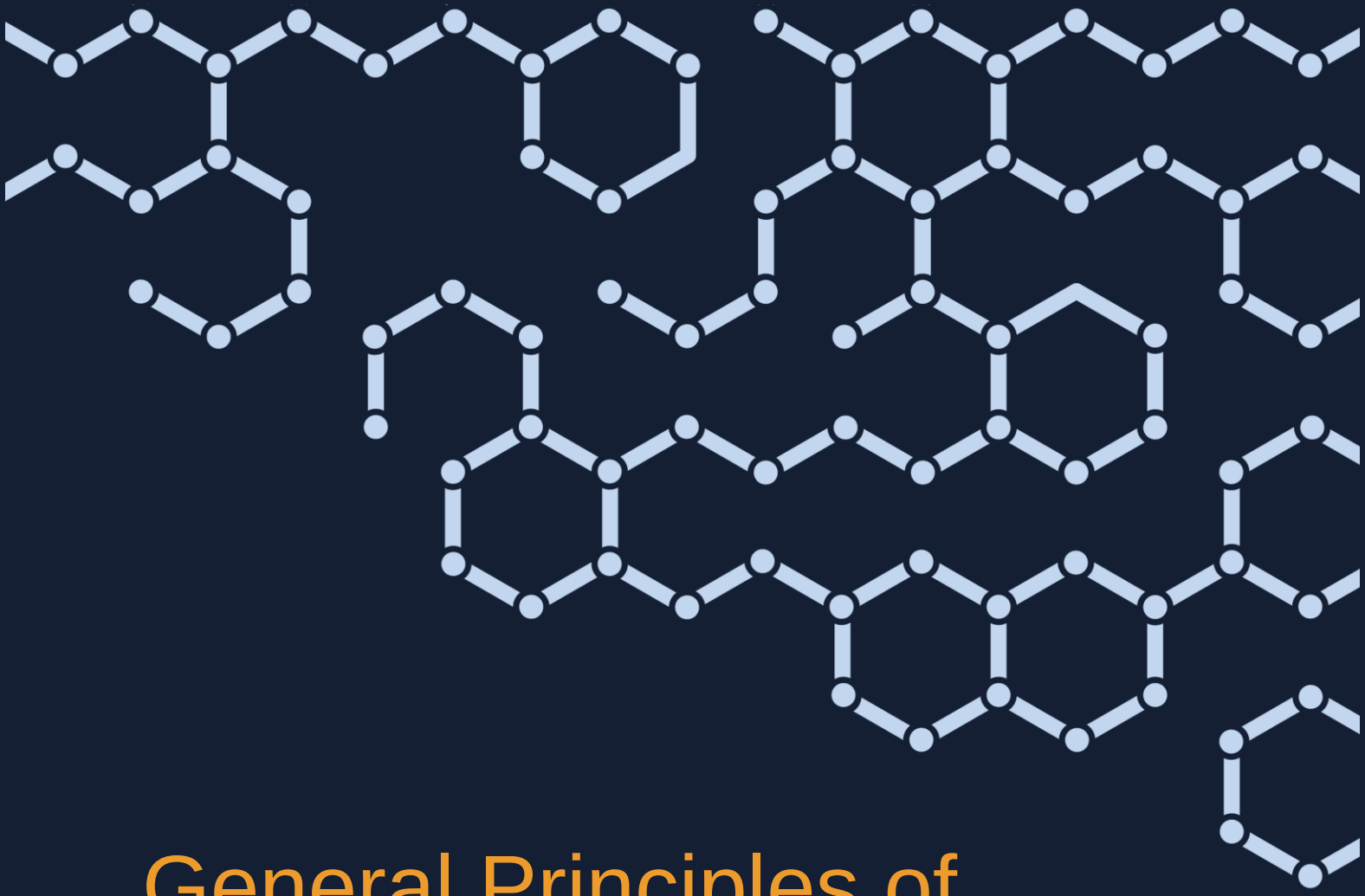

General Principles of OHIP Billing

Quick Reference Guide

Economics, Policy & Research

OMA
ONTARIO MEDICAL ASSOCIATION

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General Principles of OHIP Billing
Quick Reference Guide[1]

The purpose of this reference guide is to provide an orientation to physicians on foundational topics essential to physician practice and billing in Ontario.

The guide contains the following topics:

(A) Physician Registration and the OHIP Billing Number
(B) Schedule of Benefits for Physician Services
(C) Method of Submitting Claims
(D) Types of Claims
(E) Additional Resources

A: Physician Registration and the OHIP Billing Number

In order to submit claims to the Ontario Health Insurance Plan (OHIP) for services rendered, a physician must obtain an OHIP billing number. Before obtaining an OHIP billing number, a physician must:

(1) Hold a valid certificate and;
(2) Report the practice address to the Ministry of Health (the "Ministry").

(1) A physician must hold one of the following valid types of certification from the College of Physicians and Surgeons of Ontario (CPSO):

- Independent Practice
- Academic
- Supervised Practice of Short Duration
- Restricted

(2) A physician is required to provide in writing, to the Ministry, an address for every place they regularly provide insured services in Ontario. Where multiple addresses exist, the physician should identify which address is the primary practice site, where possible.

In order to obtain an OHIP billing number, the 'Application for OHIP Billing Number for Health Care Professionals' form must be completed and returned to the Ministry for processing. Once the form is approved and processed, the Ministry will provide the physician with their assigned billing number and the effective date.

Once a physician has a billing number, he/she may bill retroactively up to three months prior to receiving the billing number but no earlier than the effective date of the physician's certificate.

Responsibilities associated with the OHIP Billing Number

The physician is solely responsible for all claims submitted to and paid by OHIP under that physician's billing number, whether the physician submits his/her own claims or uses a "billing agent" or other third

[1] This reference guide is a general overview provided for information purposes only. Every effort has been made to ensure the accuracy of the information; however, it may contain errors and/or omissions. Where applicable, the user is encouraged to confirm this information with the originating source.

party to submit claims. Once payment has been made, if services are found not to be in compliance with the provisions of the *Health Insurance Act*[2] or the regulations in the OHIP Schedule of Benefits, the physician remains solely responsible for repayment of the claim to OHIP.

Group Numbers
A group number is a number issued by the Ministry that allows individual physicians to have their billings associated with a group. A group number is not a billing number. When a claim is submitted with a group number on the claim, the payment is usually made to the group's bank account, if so directed (there are exceptions for some specialist group contracts where, if the contract allows, the payment is directed to the individual physician); however, the individual physician (whose billing number is on the claim) is responsible for the claim.

Examples where a group number may be used include primary health care models (e.g. Family Health Organization, Family Health Group), alternate payment programs (e.g. emergency department alternate funding arrangement, academic health science centres) or other hospital or clinical groups where staff may submit billing.

Resources:

- Additional information on registering for practice in Ontario, including the application process and registration policies: https://www.cpso.on.ca/Physicians/Registration/Registration-Policies#Applications-for-Medical-Practice
- Additional information on mandatory address reporting: https://www.ontario.ca/document/resources-for-physicians/physician-registration
- The 'Application for OHIP Billing Number for Health Care Professionals' form can be accessed: https://forms.mgcs.gov.on.ca/en/dataset/014-3384-83
- For additional information on the OHIP Billing Number, refer to OHIP INFOBulletin #4656: https://collections.ola.org/ser/168629/2015/2015no4656.pdf
- Education and Prevention Committee Interpretive Bulletin, Vol. 8, No. 8: The OHIP Billing Number and the Group Number: https://collections.ola.org/ser/274754/2010v08no08.pdf

B: Schedule of Benefits for Physician Services

The Ministry makes payments for services insured by OHIP in accordance with the payment requirements listed in the Schedule of Benefits (the "Schedule"). The Schedule lists approximately 6,000 physician services and includes preambles, definitions and notes that provide detailed conditions for payment of insured services. Particular attention should be paid to the first section of the Schedule, the "General Preamble", which provides detailed information about billing requirements and payment rules.

Changes to the Schedule include the addition of new services, deletion of obsolete services and the redefinition of existing services. The Schedule posted on the Ministry website is the most current version; physician should be sure they are referring to the current version of the Schedule in order to ensure that the services rendered are in accordance with the payment rules in effect at the time the service was rendered.

[2] Health Insurance Act: http://www.ontario.ca/laws/regulation/900552

The Ministry regularly publishes INFOBulletins which offer information on payment, program or policy changes with regard to the SOB and/or other payment information.

The Education and Prevention Committee (bilateral committee consisting of both Ministry and OMA representation) have published "Billing Briefs" to provide general advice and guidance to physicians on specific billing matters. These Bulletins can be helpful in understanding a particular area of the Schedule (e.g. Billing for Time-Based Services).

The OMA Economics, Policy & Research department assists OMA members with billing questions and Schedule interpretation. Inquiries can be sent via email to economics@oma.org.

Resources:

- OHIP Schedule of Benefits for Physician Services: https://www.ontario.ca/page/ohip-schedule-benefits-and-fees
- Resource l for Physicians: Understanding the Schedule of Benefits: https://files.ontario.ca/moh/moh-resources-physicians-understanding-sob-for-physicians-en-2023-05-12.pdf
- OHIP INFOBulletins for Physician Services: https://www.ontario.ca/document/ohip-infobulletins-2026
- Education and Prevention Committee Billing Briefs: https://www.ontario.ca/document/education-and-prevention-committee-billing-briefs
- OMA Website: https://www.oma.org/

Quick Tip:
Download the OHIP Schedule to your computer or other device as a .pdf document. On the toolbar, select **Edit > Advanced Search** to open the full reader search tool. This allows you to see every occurrence of the search term throughout the document, making it easier (and faster) to find what you are looking for.

C: Method of Submitting Claims

To begin submitting medical claims to the Ministry, a physician needs to acquire the requisite hardware and software vendor that best fits with the physician's business practices and technical capabilities. Not only will this technology allow for claim submissions, but it will also allow a physician to validate health cards at the point of care.

Health card validation (HCV)
The HCV services assist health care providers in determining the status of a patient`s OHIP coverage, which can reduce or eliminate the number of eligibility and version code claim rejections. The insured person should present their health care at the time of service. Through the validation process, the health care provider/facility can:

- Verify patient data
- Determine a patient's eligibility for limited services (e.g. patients are eligible for Periodic Health Visits only once per 12 months)
- Verify the correct version code

Claims Submission
All claims are submitted though the Medical Claims Electronic Data Transfer (MC EDT). MC EDT is a web-enabled service that integrates with both Electronic Medical Record (EMR) and many of the existing billing software systems. MC EDT has many benefits including security, the generation of electronic reports and the ability for a physician to designate access to others (such as administrative staff or a third party billing agent).

Resources:

- Health card validation manual: https://www.ontario.ca/files/2024-10/moh-health-card-validation-reference-manual-en-2024-10-10.pdf
- MC EDT introduction, reference manual and best practices: https://www.ontario.ca/page/medical-claims-electronic-data-transfer-mcedt
- List of software vendors who have successfully completed conformance testing of their software for use with the MC EDT web service and the HCV web service: https://www.ontario.ca/page/ohip-publications-medical-claims-and-health-card-validation

D: Types of Claims

There are three main types of claims processed by OHIP:

(1) Health: these are claims for services rendered by physicians to a patient with OHIP coverage.
(2) Workplace Safety and Insurance Board: these are claims for services rendered to patients with OHIP coverage who have work-related injuries.
(3) Reciprocal Medical Billing: these are claims for services rendered by physicians to a patient insured under another Canadian health coverage plan, excluding Quebec.

A physician's billing software and the MC EDT system support all three of the claim types listed above.

E: Additional Resources

- Resource Manual for Physicians: https://www.ontario.ca/document/resources-for-physicians
- Master Numbering System: https://www.ontario.ca/page/ministry-reports-master-numbering-system

Document compiled by the OMA's Economics, Policy & Research department
Please forward questions to economics@oma.org