

Dr.Bill®

THE ULTIMATE OHIP BILLING GUIDE

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CHAPTER

01

MEDICAL BILLING BASICS IN ONTARIO

Medical billing has a (well-earned) reputation for being complicated. However, with a solid foundation of the basics it can quickly become a straightforward part of your day.

- 1.1 Physician Payment Models
- 1.2 OHIP Schedule of Benefits
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Physician Payment Models

Canadian doctors get paid in a variety of different ways. Depending on your situation, you may even be compensated through multiple payment models at the same time.

Here we'll cover the three most common physician payment models  in Ontario:

01 Fee-For-Service

By far the most common payment method in Ontario, physicians on fee-for-service models provide “bills” (submit claims) for services provided. Though notoriously complicated, it helps to bear in mind that at its core, fee-for-service is simple:

1. See a patient
2. Submit a claim for what you did
3. Receive payment if the claim is approved

Most claims are submitted to OHIP, though some invoices may be submitted elsewhere, such as the Workplace Safety Insurance Board (WCIB), a private insurance company, or the individual patient.

02 Salary

Doctors at academic institutions, community health centres or hospitals are most likely to work under a salaried model.

If you are considered an employee (versus a contractor), your salary may also come with health benefits, vacation time and other traditional compensation package components.

03 Alternative Payment Model (APM)

It's increasingly likely for physicians to encounter Alternative Payment Models (also referred to as "Alternative Funding Plans" or "Alternative Remuneration Plans").

While many versions of APMs exist, most often doctors will still submit claims as though they are on the fee-for-service model (shadow billing) for tracking purposes—and sometimes for payment when the claim is for an "out of basket" service.

APMs vary widely, but are generally made up of a combination of:

- Fees for clinical services
- Time-based payments
- Rewards for participation in specific clinical initiatives
- Population or capitation payments
- Payment for admin costs
- Bonuses for achieving specific targets

WHAT ARE CAPITATION PAYMENTS?

Commonly part of an APM, capitation payments are payments received per rostered patient regardless of whether the patient is seen a lot, a little or not at all.



OHIP Schedule of Benefits

1.2

The **OHIP Schedule of Benefits and Fees**  is the official document from the Ministry of Health that lists all OHIP-insured services. The Schedule includes all billing and diagnostic codes with corresponding descriptions, rules and dollar amounts.

At around 1,000 pages, this document can be overwhelming at first glance. However, most specialties have a core set of frequently-used codes and rules, which makes billing less daunting than it seems.

In addition, most medical billing platforms provide a searchable database of OHIP codes so you shouldn't often need to navigate the Schedule of Benefits directly once you have been in a practice for a while.

With **Dr.Bill** , you can “favourite” the codes you use most often so they are a tap away.



Get the Short List

We've made it easy to find the most up to date billing codes. Search **OHIP Billing Codes**  by specialty.

How Claims Are Submitted

OHIP claim submission works through an electronic data system known as the Medical Claims Electronic Data Transfer (MCEDT) system. It's a secure system that allows you or third-party software providers to submit claims to OHIP.

In order to submit claims, you need to become an authorized MCEDT user. **Chapter 2** covers how to set up your MCEDT account.

DID YOU KNOW?

You cannot bill OHIP for any of the time you spend on charting and reviewing a patient's file before seeing them. You also do not get paid for any time spent on admin work, including prescription refills, checking labs and billing. That's why accurate medical billing is an essential part of being a successful physician.

BASIC COMPONENTS OF AN OHIP CLAIM:

- Patient name and health card number
- Date of service
- Reason for visit
- Facility or location
- Fee code(s) for services provided
- Premium codes (if applicable)
- Diagnostic code(s)
- Duration of visit (if applicable)
- Referring physician (if applicable)



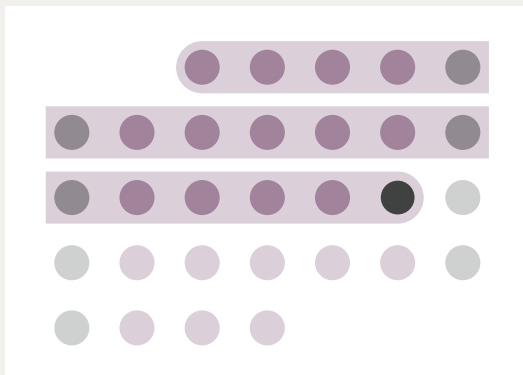
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Top 10 Questions Physicians Ask About Dr.Bill 

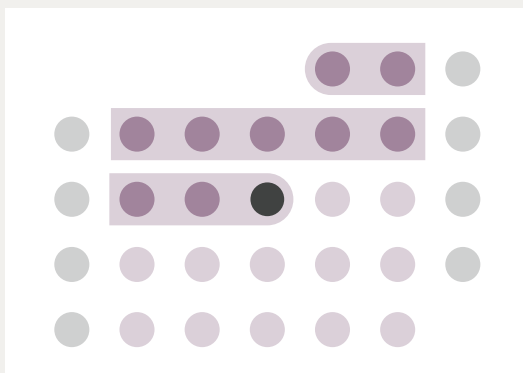
How and When Physicians Get Paid

OHIP claim submissions and payments run on a monthly cycle. All claims you submit by the OHIP cut-off date (the **18th** of each month) will be processed for payment by the **10th business day** of the following month.

18TH DAY OF MONTH



10TH BUSINESS DAY



For example:

OHIP Cut-Off Date: **April 18**

Payment Date: **May 14**

- Note that when the 18th falls on a weekend or holiday, the submission deadline becomes the next business day. In December, the OHIP cut-off date usually occurs earlier in the month due to the holidays.
- Claims submitted after the OHIP cut-off date may be processed for payment by the upcoming payment date, but it is not guaranteed.
- Payments from OHIP will be deposited directly into your bank account. You will be asked to set up direct deposit when you apply for your OHIP billing number. **Chapter 2** covers how to apply for your billing number in detail.
- The monthly OHIP payment schedule can present challenges for physicians just starting out (whereas other provinces pay doctors with more frequency). It is wise to budget carefully, especially if you are paying staff or other overhead costs on a more frequent basis than you are being paid.

OHIP Reports You'll Receive

During the first week of each month, physicians receive **two reports**  from OHIP. These reports are helpful for bookkeeping and essential for keeping track of any claims you submitted during the last month.

01 Remittance Advice (RA) Report

This report is a listing of all of the claims you submitted that were approved or paid with adjustment.

02 Claims Error Report

This report is a listing of all the claims you have submitted that have been rejected or refused. Each claim on this report will have a corresponding three-character **error code** . Many rejected and refused claims can be corrected and resubmitted for payment.

DECODE ERROR REPORTS

Use our **searchable database**  to find error code explanations so you know what to do to correct your claim.

CHAPTER

02

GETTING YOUR BILLING NUMBER (AND BEYOND)

This chapter simplifies the steps you need to take to get your OHIP billing number and start submitting claims successfully.

- 2.1 Obtain Your Independent Practice Certificate
- 2.2 Register for an OHIP Billing Number
- 2.3 Sign Up for OPS BPS Secure and MCEDT
- 2.4 Designate a Billing Service
- 2.5 Complete Additional Billing Necessities

Obtain Your Independent Practice Certificate

If you're a new physician (or new to practice in Ontario), you need your **Independent Practice Certificate** before you can apply for your OHIP billing number.

Having this Certificate is what officially authorizes you to practice unsupervised medicine in Ontario.

You will apply for your Certificate  with the College of Physicians and Surgeons of Ontario (CPSO). The approval process for this step can take anywhere from 3-7 weeks.

Your Independent Practice Certificate will also provide you with your 5-digit CPSO number. Note that your CPSO number is different from your 6-digit OHIP billing number.



Register for an OHIP Billing Number

Your **OHIP billing number** never changes and will stay with you throughout your career.

Once you have your Independent Practice Certificate (CPSO number), you can register for an OHIP billing number. This is a unique 6-digit number that tells the Ministry of Health (MOH) who claims are coming from.

Apply for a Billing Number

To apply for an OHIP billing number you must:

- Hold a valid **Certificate of Registration** with a governing body
- Have an Ontario practice address
- Provide banking information to support direct payment

Where to Apply

1. **Online** (recommended)
2. **By email** to **ProviderRegistration.MOH@ontario.ca**
3. **By fax** to **613-545-5848**
4. **By mail:**
Ministry of Health
Claims Services Branch
Provider Registry Unit
PO Box 68
Kingston, ON K7L 5K1

Processing Time

It can take up to **six weeks** for your billing number to be issued. Once complete, you will receive a letter from the MOH confirming your registration, and an invitation to set up your **OPS BPS Secure and MCEDT Secure accounts**.

Along with your OHIP billing number, you will also receive a PIN for **Health Card Validation** services.

Sign Up for OPS BPS Secure and MCEDT

OPS BPS Secure is the secure website that allows claim transfers between you and the Ministry. **MCEDT** (Medical Claims Electronic Data Transfer) is the secure method of actually transferring those claims.

Even with a billing number, you can't bill in Ontario without setting up these two accounts.

How to Sign Up:

01 Register for OPS BPS Secure

The process is quick and complete once you have validated your email address.

Register Now 

02 Register for MCEDT

Login  to your new OPS BPS Secure account to enrol in MCEDT. Select "New User" if you have never used MCEDT before.

Need Help?

You will receive a letter to help you with signup when you receive your **OHIP billing number**.

You will be instructed to create a login and password as well as enter "unique identifiers" sent to you by mail. If you encounter any challenges, we have created a **video to walk you through the steps** .

Designate a Billing Service

For most physicians, it isn't feasible to manually upload claims, which is where a medical billing service comes in.

Once you have chosen your billing service, such as **Dr.Bill** , you need to authorize this partner to upload and download claim files for you.

How to Do It:

This step has two parts: Adding a designee and granting permission for the designee to submit claims on your behalf.

Step 1

Log in to your OPS BPS Secure account and select "Designee Maintenance" at the Administration & MOH services screen. Choose "Add Designees" to add your billing service.

To add Dr.Bill as your designee, enter "Dr.Bill" in the Full Name field and ohip@dr-bill.ca in the Email field.

Save and confirm your designation(s). (You may have multiple designees if desired.)

Step 2

Wait for an email notifying you that your billing service has accepted your request. (With Dr.Bill, you'll usually receive your email within 24 hours.)

This email will contain a link back to OPS BPS Secure where you can then accept the designation and grant permission for your designee to submit claims on your behalf. (To do this, choose the "Select All" button, then "Save" at the bottom of the page.)

If you have chosen Dr.Bill as your designee, you will receive a final email within 24 hours to confirm this process is complete.



Helpful Tip

If you are billing to a group, don't forget to mention it to your billing service to ensure they set up your account properly from the start.

Complete Additional Billing Necessities

Ensuring all other registrations and responsibilities are fulfilled in a timely manner is critical to uninterrupted billing.

Don't Forget These 6 Essentials:

01 Change Your Medical Practice Address

All physicians are required to notify the Ministry for every place of practice. (This is a critical step as your billing number may be suspended if the Ministry attempts to send you mail and it is returned to them.)

To change your practice and mail locations, complete the **OHIP change of address form**  and submit it via email at **ProviderRegistration.MOH@ontario.ca** .

Note when you are completing your form that your Primary Practice Address is the site at which you will see the majority of your patients and Additional Site Addresses are additional places where you see patients. Your Mailing Address is where you would like Ministry correspondence to be sent.

02 Register With WSIB

In order to treat patients injured in the workplace and submit claims for your work, you must register with the Workplace Safety & Insurance Board (WSIB). You can register with the WSIB through **Telus Health** .

03 Register with eHealth Ontario

eHealth Ontario  provides secure digital health services to support modern, integrated, patient-centred care. Physicians must register for a ONE ID credential to gain access to online digital health services offered by eHealth Ontario and other digital health solution providers. There is no cost to health care providers in Ontario.

04 Update Your Ontario Medical Association (OMA) Membership

While CMA membership is optional, **OMA membership**  is mandatory for all physicians in Ontario.

05 Secure Hospital Privileges

Apply directly through the hospital where you intend to work or care for your hospital inpatients. You will be required to provide various documents, including a copy of your Independent Practice Certificate, proof of insurance and CV.

06 Update CMPA (Canadian Medical Protective Association) Coverage

Once you get your Independent Practice Certificate and have a job and work address, you must **update your CMPA coverage**  to reflect your new status. If you are transitioning from postgraduate training to practice, you can **defer payment**  of CMPA membership fees for up to six months.

CHAPTER

03

HOW TO OPTIMIZE YOUR BILLING POTENTIAL

Research by the CMA indicates that **physicians don't bill for at least 5%** of the insured services they provide.

This chapter will help you avoid some of the common challenges that lead to underbilling for your work.

- 3.1 Track Your Income
- 3.2 Add Applicable OHIP Fee Premiums
- 3.3 Bill for Telephone and E-Consultations
- 3.4 Avoid Rejected Claims With These Tips
- 3.5 Use OHIP Billing Best Practices

Track Your Income

Staying connected to your income is an important part of ensuring you are being paid accurately for the services you perform.

Many physicians outsource billing to a third party. Depending on the service, this hands-off approach can lead to questions like:

- What's the status of my recent claims?
- Is there an issue with my patient's information?
- What claims are being rejected?
- Are those claims being corrected and resubmitted?
- Are all applicable OHIP premiums being applied?
- What percentage of claims are not being paid and why?

If you hand off billing to a third party, we recommend regular check-ins and ensuring your service offers detailed electronic records that keep you connected to your claims.

BILLING TIP

A billing service like **Dr.Bill**  keeps you connected to claim status details in real time at a glance. You can dive deeper into individual claims or sort claims by status, patient, code and more.

Add Applicable OHIP Fee Premiums

If you don't bill applicable OHIP premiums on top of your regular fee codes, you could be doing a lot of work you're not being paid for.

With Dr.Bill , you will see **automatic alerts** that let you know when a premium may apply to your claim.

Here are the three most commonly used OHIP fee premiums:

01 OHIP Special Visit Premiums

Special visit premiums can be applied to non-elective (urgent and emergent) consults and assessments.

OHIP special visit premiums act like a bonus on top of regular fee codes and are incentives for physicians who have specific specialties or sub-specialties. You'll also benefit from them (at varying dollar amounts) if you work weekends, nights or holidays.

There are three scenarios where special visit premiums apply:

Travel Premium

When you travel from any place other than the hospital where the service is performed.

First Patient Seen

Applies only to your first patient. (If your shift goes past midnight, you can bill it again.)

Additional Person(s) Seen

Applies to each additional patient after you've billed your first patient.



Read More

General Guidelines
for OHIP Special
Visit Premiums 

02 Chronic Disease OHIP Fee Premium

This OHIP premium is for anyone who works with chronic disease, as it typically requires more follow ups. It's a percentage-based premium (which adds an extra 50% onto the fee code) and is payable on certain outpatient assessments.

For example, let's say you bill A263 (Medical Specific Assessment) which is \$82.90. By adding E078 (the Chronic Disease Premium), you'll get an extra 50% (in this case, \$41.45), bringing the entire assessment to \$124.35.

03 Anesthesia Age OHIP Fee Premiums

This OHIP premium allows physicians providing anesthesia services to claim additional units based on patient age. There are five different fee codes with different dollar amounts, however, the extra units will be calculated and paid automatically. You only need to manually add the premium (code E021C) if your patient is a premature newborn. [Learn more](#) 

BILLING TIP

Remember to use the “A” prefix vs. the “C” prefix. (C prefix codes are for non-urgent inpatient visits and therefore no special visit premiums apply). With Dr.Bill, in-app alerts let you know when an SVP may apply to your claim.



Read More

[How to bill the OHIP Chronic
Disease Premium E078](#) 

Bill for Telephone and E-Consultations

Doctor-to-doctor telephone consultations **as short as 10 minutes** in duration are eligible for payment by OHIP.

Many doctors engage in these consultations, yet neglect to bill for them, which adds up to a lot of unpaid time.

Who can bill for telephone consultations?

Both the **referring physician** (the doctor who initiates a call) and the **consultant physician** (the doctor who receives the call) can bill OHIP for telephone and e-consults. For the most part, as long as your phone call takes place in Ontario, and includes at least 10 minutes of patient-related discussion resulting in a clear recommendation, the consultation qualifies to be claimed by both physicians.



Read More

**Fee codes for billing telephone
and e-consultations** 

Avoid Rejected Claims With These Tips

Claims can be rejected, refused or reduced for a variety of reasons—from a simple patient information error to the incorrect use of a code. The good news is that many of these claims can be remedied and resubmitted for payment.

The process of investigating, correcting and resubmitting claims can become arduous for physicians doing their own billing. As a result, some physicians simply end up letting some or all rejections go, which can add up to a lot of lost revenue over time.

Here we review some of the most frequent reasons for rejected claims. When you keep these in mind, you're likely to experience fewer unpaid claims.

Dr.Bill users receive proactive alerts before claims are submitted to prevent many of these common errors.

01 Not Adding or Adding a Referring Physician

This is a very common cause of refusals. Claims for consultations will be refused if they don't have a referring physician added, whereas visits (assessments and subsequent) **do not** require a referring physician (and will be refused if a referring physician is added). Ensure, too, that you're using the referring physician's 6-digit OHIP billing number rather than their 5-digit College of Physicians and Surgeons of Ontario (CPSO) number.

02 Incorrect or Incomplete Health Card Information

This common error can be avoided by confirming patient health card information at the start of every visit. Ensure both the number and version code are accurate and up to date.



Read More

**Optimize Your Revenue
With These Tax Deductions
for Doctors** 

03 Missing Hospital Admission Date

When admitting a patient or when billing for an inpatient, the admission date must be included for OHIP to approve the claim.

04 Incorrect Use of Service Location Indicator (SLI) Code

A Service Location Indicator (SLI) is an additional code required on specific claims that lets OHIP know where the patient is being seen. Here is a list of **SLI codes**  for your reference. When the service location is a hospital, a **facility number**  may also be required.

05 Incorrect Use of Premium Codes

When a premium is being applied, ensure it's on the same encounter as the parent code. For special visit premiums, ensure you choose the right time of day code and use the "A" prefix for inpatient visits.

“In the past, billing an incorrect code would have simply meant lost revenue for me. Now that I use Dr.Bill, the billing team fixes these errors for me so I get paid accurately.”

– Dr. Daffer Ghanim,
Emergency Medicine



Read More

11 Common
OHIP Rejections 

Use OHIP Billing Best Practices

In order to optimize billing and ensure timely payments, there are a few tips we suggest every physician follows.

01 Submit Claims Within 3 Months

Submitting claims to OHIP promptly is essential to ensure you're paid for the services you provide. To avoid delays or rejections, be sure to submit your billings as soon as possible after a service is provided—and no later than three months from the date of service.

02 Bill Daily

Billing directly after each patient or at the end of the day is extremely beneficial when your appointments are still fresh in your mind. Letting billing pile up over days or weeks can result in missed codes and inconsistent cash flow.

03 Audit Prevention

Incorrect noting of the type of treatment provided, billing for a service not rendered or claiming a higher fee code than warranted can all trigger a billing audit. A quick double check to make sure everything is correct before hitting "Submit" on your claims is good practice. Ensure

your charts and records accurately support your billings in case of an audit.

04 Consult With an Expert

Billing is a skill rarely taught in med school. Especially when you're starting out, consider a billing service with live support. On Dr.Bill's [free trial](#) , you can consult with our billing specialists anytime you need guidance on which codes to choose. We'll also handle rejections on your behalf so you can focus on patients and getting your practice up and running.

DID YOU KNOW?

Dr.Bill has a 97% payout rate of resubmitted claims! With our [Comprehensive Plan](#) , we'll investigate, correct and resubmit all of your eligible refused and rejected claims for payment.

CHAPTER

04

ESSENTIAL BILLING RESOURCES

Billing may never be thrilling—but it can be a lot better when you’ve got a shortlist of key resources at the ready.

Bookmark the resources in this chapter for easy reference.

4.1 OHIP Fee Codes

4.2 OHIP Billing Help

OHIP Fee Codes

Save this list of important OHIP fee codes, billing tips and searchable databases that you can use to easily find the right OHIP code you're looking for.



[OHIP Schedule of Benefits and Fees](#)



[Searchable OHIP Fee Code Database](#)



[Searchable OHIP Error Code Database](#)



[OHIP Stat Holiday Fees](#)



[Telehealth Codes](#)



[OHIP Special Visit Premium Codes](#)

OHIP Billing

Need help with a specific OHIP challenge? Keep the following resources handy.

When in doubt, [contact us at Dr.Bill](#)! Our OHIP billing specialists have years of experience navigating even the most complex billing scenarios.



[Dr.Bill OHIP Help Centre Articles](#)



[Step-By-Step Guide: How to Start Billing in Ontario](#)



[How to Avoid Common OHIP Billing Mistakes](#)



[OHIP Submission Cut-Off Calendar](#)



[OHIP Assessments and Consultation Guidelines](#)



[OHIP Billing Tips for Time-Based Services](#)

Dr.Bill®

MEDICAL BILLING SOFTWARE
FOR MSP, OHIP AND AHCIP

Being a physician is hard work.
Getting paid shouldn't be.

Sign Up to Get a \$150 Billing Credit¹

Try Dr.Bill risk-free with a **\$150 credit** on our Comprehensive Plan to get you started.¹ The Comprehensive Plan includes unlimited access to our medical billing software platform plus billing agent support and full claim rejection management.



Forget Manual Data Entry

Snap a picture of your patient label to auto-populate patient details right in your claim



Tap and Go On With Your Day

Submit claims in seconds with intuitive menus and favoured codes at the ready



Save Time With Built-in Rules

Prevent many common errors and rejections with guidance built right into the platform



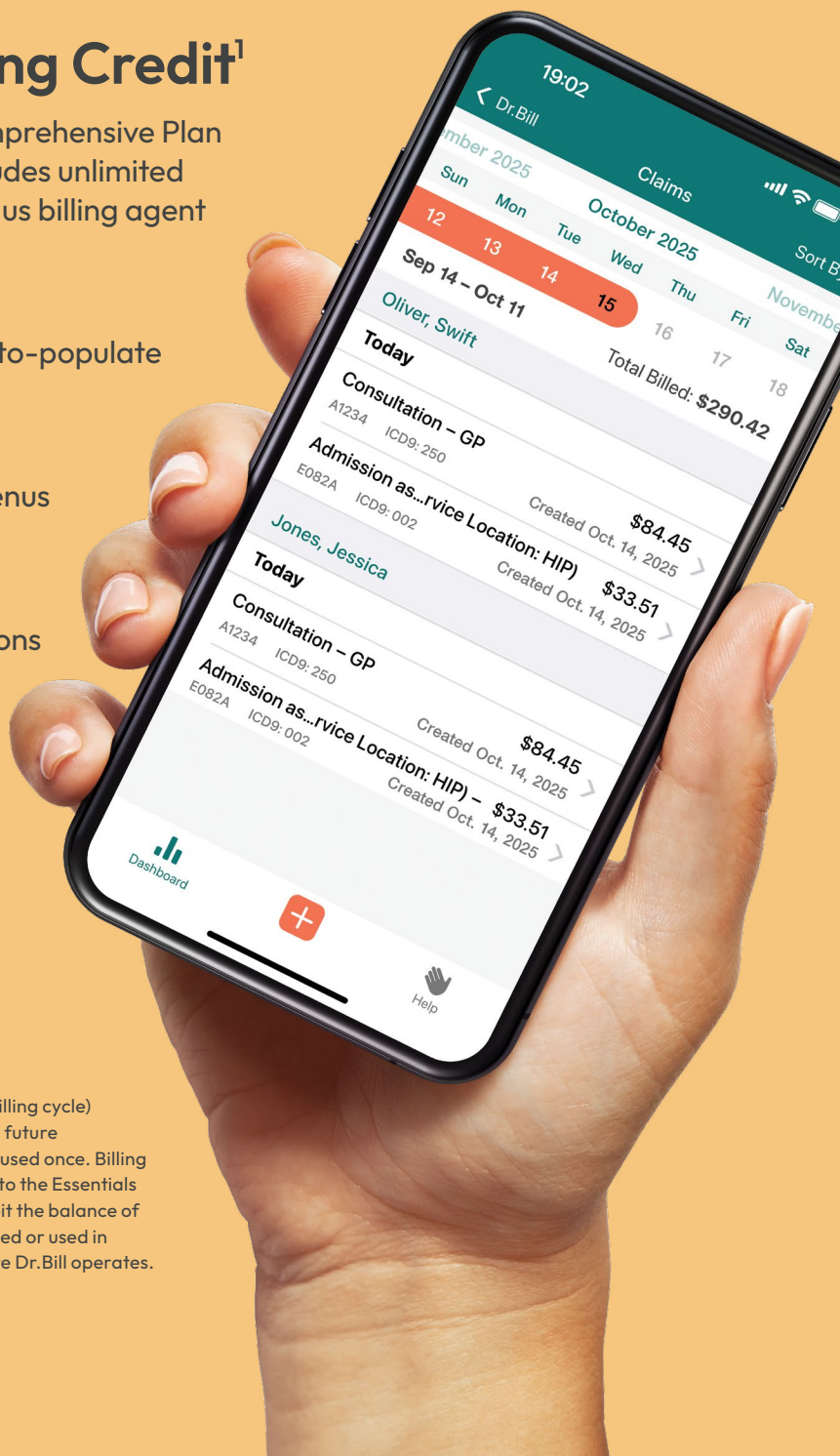
Enjoy Billing Specialist Support

Get code coaching, claim optimization tips and rejection management on our Comprehensive Plan

Claim My Credit

No credit card and no commitment required.

¹When you sign up for the Comprehensive Plan (fee of 1.95% of paid claims per billing cycle) with Dr.Bill you will receive a \$150 billing credit ("Billing Credit") to be applied to future Dr.Bill fees ("Offer"). Offer is only available to new Dr.Bill users and can only be used once. Billing Credit cannot be converted to cash. If you cancel your Dr.Bill account or switch to the Essentials Plan at any time before the Billing Credit balance has reached \$0, you will forfeit the balance of the Billing Credit. Offer cannot be applied retroactively and may not be combined or used in conjunction with any other Dr.Bill offer. Offer is only available in provinces where Dr.Bill operates.



Have any questions?

Email us at hello@dr-bill.ca 

Our support team is available between 9AM and 5PM EST (Monday-Friday) and usually responds within one business day.

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