

Questions & Answers

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

To: Physicians, Hospitals, Clinics, and Laboratories

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Re: New “OFF” Service Location Indicator Code

1. Why is a new “OFF” Service Location Indicator (SLI) code being introduced?

Many of the diagnostic services fee codes published in the [Schedule of Benefits for Physician Services](#) are generic and do not identify the location of the service. The SLI codes implemented in April 2006 under the Diagnostic Services provisions of the [2004 Physician Services Agreement](#) (Section 20), are only applicable to insured diagnostic services rendered in the hospital setting. Therefore, a new SLI code of “OFF” (Office) was introduced July 1, 2011 to identify technical fee claims for insured diagnostic services rendered in community physician offices and clinics.

2. Do all OHIP billings from community physicians require the “OFF” SLI code?

No. Only OHIP billings for the technical component of insured diagnostic services rendered in a community physician’s office or clinic should include the “OFF” SLI code on the claim. If a non-technical fee claim includes the “OFF” SLI code, it will still be processed for payment despite the presence of the “OFF” SLI code.

Note: If an SLI code is included on a claim, it will be subject to the edits applicable to the SLI code (see section 7 below).

3. Can a technical fee claim include the new “OFF” SLI code if the service date is before July 1, 2011?

Yes. The new “OFF” SLI code can be included on any technical fee claim regardless of the service date.

4. What happens if a technical fee claim does not include an SLI code?

If a valid SLI code is not included with a technical fee claim it will be processed for payment. However, a new Explanatory Code “W4” (Warning: Service Location Indicator Code Missing) will be issued with the payment to indicate the claim required an SLI code. The ministry will provide sufficient advance notice should an SLI code become mandatory.

5. Is there a new SLI code for the technical component of insured diagnostic services rendered in an Independent Health Facility?

Yes, a new SLI code of “IHF” was introduced July 1, 2011. A separate bulletin was published for IHF Licensees.

6. What are the valid SLI codes and what communications were issued?

The current valid SLI codes assigned by OHIP and applicable communications issued are:

SLI Code	Setting	Effective Date	Communication
HDS	<u>H</u> ospital <u>D</u> ay <u>S</u> urgery	April 1, 2006	Data Link 06-001 Feb 28, 2006.pdf
HED	<u>H</u> ospital <u>E</u> mergency <u>D</u> ept	April 1, 2006	
HIP	<u>H</u> ospital <u>I</u> n- <u>P</u> atient	April 1, 2006	
HOP	<u>H</u> ospital <u>O</u> ut- <u>P</u> atient	April 1, 2006	
HRP	<u>H</u> ospital <u>R</u> eferred <u>P</u> atient	August 1, 2006	Data Link 06-003 Aug 4, 2006.pdf
IHF	<u>I</u> ndependent <u>H</u> ealth <u>F</u> acility	July 1, 2011	Data Link 11-002 July 26, 2011.pdf
OFF	<u>O</u> ffice of community physician	July 1, 2011	
OTN	<u>O</u> ntario <u>T</u> elemecine <u>N</u> etwork	January 1, 2008	Data Link 08-003 Mar 31, 2008.pdf

7. What are the current claims processing error and warning conditions applicable to the SLI code when included on an OHIP billing?

Error Code	Description
ET5	Telemedicine SLI Code Missing or Invalid: The “ET5” error code will be issued and the entire claim will be returned to the physician’s error report if a claim includes the “OTN” (Ontario Telemedicine Network) SLI code but does <u>not</u> include a telemedicine premium code (B100, B1010, B102, B201, B202) or telemedicine tracking code (B099).
V62	Invalid SLI Code: If data is present in the SLI code field of a claim, the data is reviewed by the OHIP claims processing system to ensure it is one of the “valid” SLI codes assigned by OHIP. The error code “V62” indicates there was data present in the SLI code field of a claim but the data was <u>not</u> one of the valid SLI codes recognized by OHIP. In this case the claim will be rejected and returned with the claims error report for appropriate action. (Numeric SLI code entries will be disregarded by the OHIP claims processing system).
V65	Missing Hospital Master Number: The error code “V65” will be issued and the entire claim will be returned to the physician’s error report if a claim includes the SLI code “HDS”, “HED”, “HIP”, “HOP”, or “HRP” but does <u>not</u> include a hospital Master Number.
V66	Missing Hospital Admission Date: The error code “V66” will be issued and the entire claim will be returned to the physician’s error report if a claim includes the SLI code “HIP” but does <u>not</u> include a hospital admission date.
V68	Incorrect SLI Code: The error code “V68” will be issued and the entire claim will be returned to the physician’s error report if a claim: a) includes a hospital admission date but the SLI code is <u>not</u> “HIP”; or b) includes the “IHF” SLI code but is <u>not</u> submitted by an IHF group; or c) includes an SLI code other than “IHF” and is submitted by an IHF group.
Explan Code	Description
W4	Warning: Service Location Indicator Code Missing: The “W4” Explanatory Code will be issued as a warning on the Remittance Advice to indicate that a claim was processed and paid but the claim did not include the applicable SLI code. (The ministry will provide sufficient advance notice should any SLI code become mandatory.)

8. Are SLI codes required for technical fee claims submitted under the Reciprocal Medical Billing (RMB) or Workplace Safety and Insurance Board (WSIB, code known as WCB) programs?

No, SLI codes are not required for claims submitted under the “RMB” and “WCB” Payment Program Types. However, if one is included it will be subject to the regular SLI edits and rules (see section 7 above). For example, if “HIP” (Hospital In-Patient) is included then both a Master Number and admission date are required.