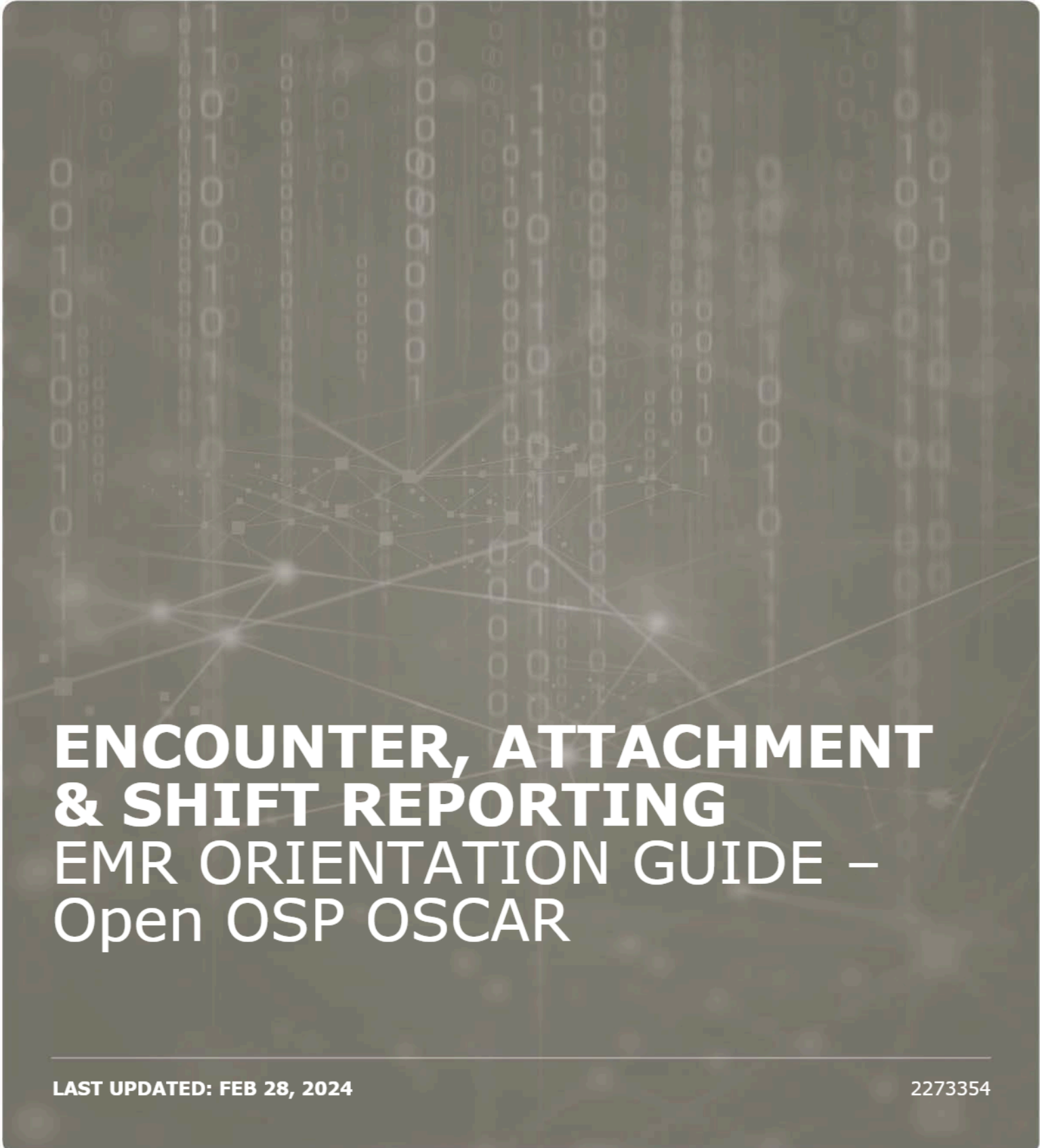




ENCOUNTER, ATTACHMENT & SHIFT REPORTING

EMR ORIENTATION GUIDE – Open OSP OSCAR

Contents

DISCLAIMER

This document is a general guide only and is not intended to replace EMR vendor set up and training. We strongly recommend that you connect with your EMR vendor to inform them you are on one of the contracts (or planning to be) and to ensure the EMR is set up correctly to enable Encounter, Attachment and Shift reporting.

This guide was created with the support of the EMR vendor. It was authored by staff at the Doctors Technology Office (DTO) and Practice Support Program (PSP), and therefore does not form part of the EMR vendor's official documentation.

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Overview

DTO and PSP in collaboration with Open OSP Oscar has developed this EMR orientation guide that outlines how to submit Encounter, Attachment and Shift records using a step-by-step approach. Screenshots have been included to demonstrate how to use the EMR to complete each step.

Encounter and Attachment reporting are the principal mechanism for contracted FPs/NPs and PCN funded RNs and LPNs to report on services provided to patients. Activity reporting through Encounter, Attachment and Shift records are initiated through the clinic electronic medical record (EMR) and collected by the Ministry through Teleplan. Reporting is used for tracking service utilization, understanding panel sizes and attachment gaps, monitoring population health, system planning and resource allocation, and to understand what services are being provided to whom. This Orientation guide has been designed to support you in using your EMR for these reporting purposes.

Who is required to Encounter Report?

1. Contracted physicians
2. Nurse practitioners (contracted and employed)
3. Primary care network (PCN) funded registered nurses (RN), and licensed practical nurses (LPNs)
4. RNs and LPNs funded by the Primary Care Practice Program
5. Locum physicians contracted through the Urban Locum Program (Greater Victoria pilot)
6. Some nurses and allied health professionals under Population Based Funding*

* Please note that this EMR orientation guide does not focus on reporting requirements for health professionals under Population Based Funding. For more information about EMR set up for Population Based Funding it is recommended that you connect with your EMR vendor. General inquiries around Population Based Funding can be directed to The Ministry of Health at populationbased.fundingprogram@gov.bc.ca.

Key Steps / Key Tips

- It is strongly recommended to connect with your EMR vendor early, your EMR vendor will help to make sure your EMR is set up to enable Encounter, Attachment and Shift reporting. The [EMR Set Up](#) section in this guide provides some set up information.
- If you have contract questions around Encounter, Attachment and Shift reporting, or to clarify which Payee Number you should use and the Payee Status, or which service codes to use, contact your Health Authority Medical Affairs department.
- For assistance or inquiries about the setup of the Payee Number, Teleplan data center number or Facility Number, contact HIBC support: Practitioner Account Service at **604-456-6950** (Vancouver) or **1-866-456-6950** (elsewhere in BC) **option 3** then **option 2**.
- **IMPORTANT:** Before submitting your first Encounter, Attachment and Shift records to MSP/Teleplan, call HIBC support (on the number above) to confirm that your Payee Number is active, linked to your personal MSP number, and is ready for use.
- For your first time submitting records to MSP/Teleplan, it is recommended to only submit a few records to check that they are accepted and not rejected.
- Rejection codes and explanations can be found [here](#). For further questions regarding rejections contact HIBC support (on the number above).
- For more information around Encounter, Attachment, and Shift reporting please see resources located on the [PCN toolkit](#) including the [Encounter Reporting FAQ](#).
- **IMPORTANT - Locums:** Before a locum submits any Encounter, Attachment or Shift records (under the contract) or Fee For Service bills (under a Payee Number not their own), the appropriate assignment of payment form (to link their MSP number to the Payee Number) needs to be completed and processed by HIBC.
- **IMPORTANT - Nurses:** If a nurse changes from one type to another, their personal MSP number will change. This includes a change from a Registered Nurse (RN) to a certified Registered Nurse (RN(C)). Before submitting any Encounter, Attachment or Shift records, the appropriate assignment of payment form (to link their new MSP number to the Payee Number) needs to be completed and processed by HIBC.
- **Reflecting patient complexity:** Comprehensiveness and specificity are the best ways to ensure patient complexity is most accurately reflected. Comprehensiveness in diagnostic coding (ICD-9) is important when submitting encounter records, this means multiple codes per visit if multiple conditions or issues are considered. Also, specificity in diagnostic coding, this means using four or five-digit ICD-9 codes when relevant.

IMPORTANT! Payee Status & Payment Mode

It is important to understand the Payee Status (Y or M) of the Payee Number that you are using for your Encounter, Attachment, Shift codes, as this, along with your role (FP, NP, RN or LPN) will dictate the Payment Mode (0 or E) that needs to accompany the submitted code.

For FPs and the limited Fee For Service (FFS) codes they are eligible to bill, the Payment Mode is '0' regardless of the Payee Status (Y or M).

See the table below which summarizes the Payee Status (Y or M) and the Payment Mode (0 or E) by role (FP, NP, RN or LPN).

IMPORTANT! Incorrect combinations could be rejected by MSP/Teleplan.

In this guide, it explains how you adjust the Payment Mode between '0' and 'E'.

PAYEE STATUS	PHYSICIAN FEE FOR SERVICE	PHYSICIAN ENCOUNTER/ATTACHMENT /SHIFT	NP, RN, LPN FEE FOR SERVICE	NP, RN, LPN ENCOUNTER/ATTACHMENT /SHIFT
Y	Payment Mode '0'	Payment Mode 'E'	N/A	Payment Mode 'E'
M	Payment Mode '0'	Payment Mode '0'	N/A	Payment Mode 'E'

Note: **Payment Method** on the Bill screen is the same as **Payment Mode** on the edit bill screen:

PAYMENT METHOD = PAYMENT MODE	PAYMENT MODE
ELECTRONIC = FEE FOR SERVICE	'0'
OTHER = ALTERNATE FUNDING	'E'

Payee numbers direct to whom payments are made and their status determines how they will be remitted.

- If you are unsure about whether your clinic/service location requires a Y-status payee number, please contact your Health Authority Medical Affairs department for support.
- For assistance in setting up a Y-status payee number please contact your Health Authority Medical Affairs Team. Instructions for creating a Y-status payee number are outlined in the [Primary Care Networks: Clinic Setup for Encounter Reporting](#) resource.

Terminology

As the billing part of the EMR is used to submit Encounter/Attachment/Shift records, the terms 'record', 'claim' & 'bill' can be used interchangeably when applied to submitting Encounter/Attachment/Shift records.

Submitting Encounter/Attachment/Shift Records

1. How to submit an Encounter record?

Access the billing window from the schedule, an encounter or the patient's Master Record.

- A. From the schedule, click on the **B** for the patient  **! Test,Jc | E | B | M | Rx**.
- B. From the encounter note, click on the Sign, Save and Bill icon .
- C. From the patients Master Record, click on Create Invoice [Create Invoice](#).

Note: Example Billing Form below. How to create a Billing Form can be found [here](#).

BC Billing 1 Patient Test, Billing Age 70 MRP Doe (Contract), J E-Chart Invoice List Set Default Physician Help About

Billing Form 2 Billing Physician Doe (Contract), Jane Billing Type Bill MSP Clarification Code 3 Service Location L | Longitudinal Primary Care Practice

4 Service Date 2022-04-10 To Date After Hours Time Call Start End Dependent Sub Code (Payment Method 5 see notes below) Payment Method ELECTRONIC BCP Facility

Visits	Description	\$Fee	Procedures	Description	\$Fee	Telehealth	Description	\$Fee
☐ 97570	Contracted Clinical Shift (per 15 minutes)	0.00	☐ 97506	Immunization	0.00	☐ 97516	Telehealth GP Consultation	0.00
☐ 97600	6 Comox Valley	0.00	☐ 97509	Minor Surgery / Therapeutic Procedures	0.00	☐ 97517	Telehealth GP Visit	0.00
☒ 97512	Visits	0.00	☐ 97510	General Services (Non-Invasive Tests, Procedures)	0.00	☐ 97518	Telehealth GP Counselling	0.00
☐ 97501	Complete Examinations	0.00	☐ 97511	Pathology / Diagnostic Activities	0.00	☐ 97519	GP Telephone Services (with Provider)	0.00
☐ 97504	Counselling	0.00				☐ 97521	GP Telephone Services (with Patient)	0.00
☐ 97502	Complex Care Activities	0.00						
☐ 97513	GP Obstetrics	0.00						
☐ 97505	Emergency Visits	0.00						
☐ 97507	Institutional Visits	0.00						
☐ 97508	Mental Health Care	0.00						
☐ 97514	GP Anesthesia	0.00						
☐ 97515	GP Consultation	0.00						

Service/Procedure/Premium codes 6 Unit

1	2	3	4	5
97512				.5
				.5
				.5

Diagnostic Code 7

1	2	3
250		

Referral Doctor Referral Type

Recent Referral Doctors none Referral Doctor on Master Record none

Short Claim Note

No Correspondence

Billing Notes (Internal use. Not sent to MSP)

☐ Ignore Warnings

Continue Cancel

To submit an Encounter record, you populate the bill window as follows:

1. **Patients Name (and patient's PHN)** will automatically populate. The PHN is not displayed on the Billing Form. The PHN is pulled from the patient's record.
2. **Billing Physician (MSP Number and Payee Number)** – If not automatically populated, select the provider from the drop down list that is set up for Encounter, Attachment and Shift reporting (E.g. Doe (Contract), Jane).

Note: The provider's MSP number is stored in the providers record.

Note: The Payee Number is stored in the providers record.

3. **Service Location (service location code)** – select the location from the drop down list. 'L - Longitudinal Primary Care Practice', is likely to be the option. However, this is depending on where you are providing the service.
4. **Service Date** – will automatically populate. You can adjust the date by clicking on **Service Date** and selecting the date.

5. Payment Method –

- A. If **FP** using a **M Payee Status**, then **Payment Method** needs to be **ELECTRONIC**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of '0'.
- B. If **FP** using a **Y Payee Status**, then **Payment Method** needs to be **OTHER**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of 'E'.
- C. If **NP, RN or LPN** then **Payment Method** needs to be **OTHER**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of 'E'.

6. Service Code (Encounter code) –

- A. If you have a Billing Form with the service codes listed, you can select the code simply by checking the box next to the Encounter code. This will automatically populate the Encounter code in the green Service Code box.

	Service/Procedure/Premium codes	Unit
1		.5
2		.5
3		.5

Note: you can use Encounter codes that are not listed on the Billing Form, simply follow the instructions in B below.

- B. Alternatively, you can enter the Encounter code in the Service Code field in the green Service Code box.

To search for an Encounter code, enter part of the code or a word in the Service Code field. Click on the magnifying glass  and a list of codes will be displayed. Select the Encounter Code by checking the box next to the Encounter code.

To add additional Encounter codes, simply enter them in the additional two boxes below.

For a list of Encounter codes please refer to the following resources: [Family Physicians](#), [Nurse Practitioners](#), and [RNs/LPNs](#).

7. Diagnostic Code (ICD-9 diagnosis code) – enter the diagnosis ICD-9 code in the first field.

To search for an ICD-9 code, enter part of the code or a word in the field. Click on the magnifying glass  and a list of codes will be displayed. Select the ICD-9 Code by checking the box next to the ICD-9 code.

One ICD-9 code is mandatory, up to three ICD-9 codes can be included per Encounter code submitted.

Most frequently used ICD-9 codes can be found in the [Appendix](#).

Optional fields to populate depending on the scenario:

8. **Time: Start** (e.g. start time for counselling) – click in the Start field  and simply type the time (e.g. 2:00pm, would be entered as 1400)

Time: End (e.g. end time for counselling) – click in the End field  and simply type the time (e.g. 2:30pm, would be entered as 1430).

9. **Facility (Facility Number)** – The Facility Number will automatically populate if the Facility has been set up and the service code is linked to the Facility.

Note: If you need to set up your Facility Number, please review the section in guide [here](#).

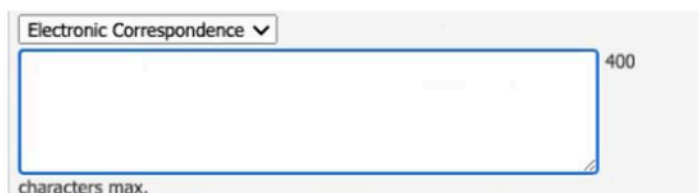
Note: Facility Number is optional for Encounter codes. However, submitting a Facility Number with an Encounter code is fine.

10. **Referral Doctor** – enter the doctors MSP number or search by name using the magnifying glass , and select the **Referral Type** from the drop down, either:

- A. Refer By
- B. Refer To

11. **Short Claim Note** – E.g. drivers medical, enter just the license number.

Electronic Correspondence (up to 400 characters) – click on **No Correspondence** ▼, and select Electronic Correspondence. An additional field will be displayed, where you enter the note for MSP/Teleplan.



Note: **Billing Notes** are for reference and does not get sent to MSP/Teleplan.

Click the Continue button **Continue**, this will open the Bill for review.

If any changes are required, click **Go Back**, and the Billing Form will display again.

If everything looks fine, then you can save the bill, by clicking on **Save Bill**.

The Encounter record is now ready to be sent to MSP/Teleplan. See the steps on how to submit to MSP/Teleplan [here](#).

2. How to submit an Encounter record (RN/LPN with times)?

Access the billing window from the schedule, an encounter or the patient's Master Record.

- A. From the schedule, click on the **B** for the patient **! Test, Jc | E | B | M | Rx**.
- B. From the encounter note, click on the Sign, Save and Bill icon .
- C. From the patients Master Record, click on Create Invoice [Create Invoice](#).

Note: Example Billing Form below. How to create a Billing Form can be found [here](#).

BC Billing 1 Patient Test, Billing Age 70 MRP Doe (Contract), J E-Chart Invoice List Set Default Physician Help About

Billing Form 2 Billing Physician Billing Type Clarification Code 3 Service Location
Jane (Contract Form) Doe (Contract), Jane Bill MSP L | Longitudinal Primary Care Practice

4 Service Date To Date After Hours Time Call 5 Start End Dependent Sub Code (Payment Method 6 Payment Method BCP Facility
2022-04-10 No 14:30 15:00 No O - Normal see notes below OTHER

Visits	Description	\$Fee	Procedures	Description	\$Fee	Telehealth	Description	\$Fee																					
Referral Doctor Q Select Type Q Select Type Recent Referral Doctors none Referral Doctor on Master Record none			Service/Procedure/Premium codes 7 <table border="1"> <tr> <td>1</td> <td>38141</td> <td>1</td> <td>.5</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td>.5</td> </tr> <tr> <td>3</td> <td></td> <td></td> <td>.5</td> </tr> </table>			1	38141	1	.5	2			.5	3			.5	Diagnostic Code 8 <table border="1"> <tr> <td>1</td> <td>250</td> <td> Q </td> </tr> <tr> <td>2</td> <td></td> <td> Q </td> </tr> <tr> <td>3</td> <td></td> <td> Q </td> </tr> </table>			1	250	Q	2		Q	3		Q
1	38141	1	.5																										
2			.5																										
3			.5																										
1	250	Q																											
2		Q																											
3		Q																											

Short Claim Note
No Correspondence
Billing Notes (Internal use. Not sent to MSP)

☐ Ignore Warnings

To submit an Encounter record, you populate the bill window as follows:

1. **Patients Name (and patient's PHN)** will automatically populate. The PHN is not displayed on the Billing Form. The PHN is pulled from the patient's record.
2. **Billing Physician (MSP Number and Payee Number)** – If not automatically populated, select the provider from the drop down list that is set up for Encounter, Attachment and Shift reporting (E.g. Doe (Contract), Jane).

Note: The provider's MSP number is stored in the providers record.

Note: The Payee Number is stored in the providers record.

3. **Service Location (service location code)** – select the location from the drop down list. 'L - Longitudinal Primary Care Practice', is likely to be the option. However, this is depending on where you are providing the service.
4. **Service Date** – will automatically populate. You can adjust the date by clicking on **Service Date** and selecting the date.
5. Time is only required for some RN/LPN Encounter codes (e.g. counselling and education codes have mandatory start and end times).

Start

Time: Start (e.g. start time for counselling) – click in the Start field and simply type the time (e.g. 2:00pm, would be entered as 1400).

End

Time: End (e.g. end time for counselling) – click in the End field and simply type the time (e.g. 2:30pm, would be entered as 1430).

6. Payment Method –

- A. **RN** or **LPN** then **Payment Method** needs to be **OTHER**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of 'E'.

7. Service Code (Encounter code) –

- A. If you have a Billing Form with the service codes listed, you can select the code simply by checking the box next to the Encounter code. This will automatically populate the Encounter code in the green Service Code box.

	Service/Procedure/Premium codes	Unit
1		.5
2		.5
3		.5

Note: you can use Encounter codes that are not listed on the Billing Form, simply follow the instructions in B below.

- B. Alternatively, you can enter the Encounter code in the Service Code field in the green Service Code box.

To search for an Encounter code, enter part of the code or a word in the Service Code field. Click on the magnifying glass  and a list of codes will be displayed. Select the Encounter Code by checking the box next to the Encounter code.

To add additional Encounter codes, simply enter them in the additional two boxes below.

For a list of Encounter codes for RNs and LPNs please refer to the following resource: [PCN RN & LPN Encounter Codes](#)

8. Diagnostic Code (ICD-9 diagnosis code) – enter the diagnosis ICD-9 code in the first field.

To search for an ICD-9 code, enter part of the code or a word in the field. Click on the magnifying glass  and a list of codes will be displayed. Select the ICD-9 Code by checking the box next to the ICD-9 code.

One ICD-9 code is mandatory, up to three ICD-9 codes can be included per Encounter code submitted.

Most frequently used ICD-9 codes can be found in the [Appendix](#).

Optional fields to populate depending on the scenario:

9. **Facility (Facility Number)** – The Facility Number will automatically populate if the Facility has been set up and the service code is linked to the Facility.

Note: If you need to set up your Facility Number, please review the section in guide [here](#).

Note: Facility Number is optional for Encounter codes. However, submitting a Facility Number with an Encounter code is fine.

10. **Referral Doctor** – enter the doctors MSP number or search by name using the magnifying glass , and select the **Referral Type** from the drop down, either:

- A. Refer By
- B. Refer To

11. **Short Claim Note** – E.g. drivers medical, enter just the license number.

Electronic Correspondence (up to 400 characters) – click on No Correspondence ▼, and select Electronic Correspondence. An additional field will be displayed, where you enter the note for MSP/Teleplan.

Note: **Billing Notes** are for reference and does not get sent to MSP/Teleplan.

Click the Continue button , this will open the Bill for review.

If any changes are required, click , and the Billing Form will display again.

If everything looks fine, then you can save the bill, by clicking on .

The Encounter record is now ready to be sent to MSP/Teleplan. See the steps on how to submit to MSP/Teleplan [here](#).

3. How to submit an Attachment record (service code 98990)?

Access the billing window from the schedule, an encounter or the patient's Master Record.

- A. From the schedule, click on the **B** for the patient  **! Test,Jc | E | B | M | Rx**.
- B. From the encounter note, click on the Sign, Save and Bill icon .
- C. From the patients Master Record, click on Create Invoice [Create Invoice](#).

Note: Example Billing Form below. How to create a Billing Form can be found [here](#).

BC Billing 1 Patient Test, Billing Age 70 MRP Doe (Contract), J E-Chart Invoice List Set Default Physician (Facility - see notes below)

Billing Form 2 Billing Physician Doe (Contract), Jane Billing Type Bill MSP Clarification Code 3 Service Location L | Longitudinal Primary Care Practice

4 Service Date 2024-02-01 To Date After Hours Time Call Start End Dependent Sub Code (Payment Method see notes below) 5 Payment Method ELECTRONIC BOP Facility 6

Visits	Description	\$Fee	Procedures	Description	\$Fee	Telehealth	Description	\$Fee
☐ 97570	Contracted Clinical Shift (per 15 minutes)	0.00	☐ 97506	Immunization	0.00	☐ 97516	Telehealth GP Consultation	0.00
☒ 98990	Primary Care Panel Report	0.00	☐ 97509	Minor Surgery / Therapeutic Procedures	0.00	☐ 97517	Telehealth GP Visit	0.00
☐ 97512	Visits	0.00	☐ 97510	General Services (Non-Invasive Tests, Procedures)	0.00	☐ 97518	Telehealth GP Counselling	0.00
☐ 97501	Complete Examinations	0.00	☐ 97511	Pathology / Diagnostic Activities	0.00	☐ 97519	GP Telephone Services (with Provider)	0.00
☐ 97504	Counselling	0.00				☐ 97521	GP Telephone Services (with Patient)	0.00
☐ 97502	Complex Care Activities	0.00						
☐ 97513	GP Obstetrics	0.00						
☐ 97505	Emergency Visits	0.00						
☐ 97507	Institutional Visits	0.00						
☐ 97508	Mental Health Care	0.00						
☐ 97514	GP Anesthesia	0.00						
☐ 97515	GP Consultation	0.00						

Service/Procedure/Premium codes 7 Unit

1	98990	1	.5
2			.5
3			.5

Diagnostic Code 8

1	780
2	
3	

Referral Doctor Referral Type

Recent Referral Doctors none Referral Doctor on Master Record none

Short Claim Note

No Correspondence

Billing Notes (Internal use. Not sent to MSP)

☐ Ignore Warnings

Continue Cancel

To submit an Attachment record, you populate the bill window as follows:

1. **Patients Name (and patient's PHN)** will automatically populate. The PHN is not displayed on the Billing Form. The PHN is pulled from the patient's record.
2. **Billing Physician (MSP Number and Payee Number)** – If not automatically populated, select the provider from the drop down list that is set up for Encounter, Attachment and Shift reporting (E.g. Doe (Contract), Jane).

Note: The provider's MSP number is stored in the providers record.

Note: The Payee Number is stored in the providers record.

3. **Service Location (service location code)** – select the location from the drop down list. 'L - Longitudinal Primary Care Practice', is likely to be the option. However, this is depending on where you are providing the service.
4. **Service Date** – will automatically populate. You can adjust the date by clicking on **Service Date** and selecting the date.

5. Payment Method –

- A. If **FP** using a **M Payee Status**, then **Payment Method** needs to be **ELECTRONIC**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of '0'.
- B. If **FP** using a **Y Payee Status**, then **Payment Method** needs to be **OTHER**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of 'E'.
- C. If **NP, RN or LPN** then **Payment Method** needs to be **OTHER**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of 'E'.

6. Facility (Facility Number) – **Facility Number is required for 98890 codes**. The Facility Number will automatically populate if the Facility has been set up and the service code is linked to the Facility.

Note: If you need to set up your Facility Number, please review the section in guide [here](#).

7. Service Code (Attachment code) –

- A. If you have a Billing Form with the service codes listed, you can select the **98990** (Primary Care Panel Report) code simply by checking the box next to the Attachment code. This will automatically populate the Attachment code in the green Service Code box.

	Service/Procedure/Premium codes	Unit
1		.5
2		.5
3		.5

- B. Alternatively, you can enter the code **98990** (Primary Care Panel Report) in the Service Code field in the green Service Code box.

To search for an Attachment code, enter part of the code or a word in the Service Code field.

Click on the magnifying glass  and a list of codes will be displayed. Select the Attachment Code by checking the box next to the Attachment code.

For the full list of Attachment codes please refer to the following resource: [Attachment Reporting and Attachment Records](#).

8. Diagnostic Code (ICD-9 diagnosis code) – enter **780** (general Symptoms) in the first field.

To search for an ICD-9 code, enter part of the code or a word in the field. Click on the magnifying glass  and a list of codes will be displayed. Select the ICD-9 Code by checking the box next to the ICD-9 code.

Optional fields to populate depending on the scenario:

9. **Short Claim Note** – Limited to a small number of characters.

Electronic Correspondence (up to 400 characters) – click on **No Correspondence** , and select Electronic Correspondence. An additional field will be displayed, where you enter the note for MSP/Teleplan.

Note: **Billing Notes** are for reference and does not get sent to MSP/Teleplan.

Click the Continue button , this will open the Bill for review.

If any changes are required, click , and the Billing Form will display again.

If everything looks fine, then you can save the bill, by clicking on .

The Encounter record is now ready to be sent to MSP/Teleplan. See the steps on how to submit to MSP/Teleplan [here](#).

4. How to submit a Shift record?

Access the billing window from the schedule, an encounter or the patient's Master Record.

A. From the schedule, click on the **B** for the patient  **! Test,Jc | E | B | M | Rx**.

B. From the encounter note, click on the Sign, Save and Bill icon .

C. From the patients Master Record, click on Create Invoice [Create Invoice](#).

Note: Example Billing Form below. How to create a Billing Form can be found [here](#).

BC Billing 1 Patient Test, Billing Age 70 MRP Doe (Contract), J E-Chart Invoice List Set Default Physician (Facility - see notes below) Help About

Billing Form 2 Billing Physician Doe (Contract), Jane Billing Type Bill MSP Clarification Code 3 Service Location L | Longitudinal Primary Care Practice

4 Service Date 2022-04-10 To Date After Hours Time Call 5 Start 14:00 End 18:30 Dependent No Sub Code O - Normal (Payment Method see notes below) 6 Payment Method ELECTRONIC 9

Visits	Description	\$Fee	Procedures	Description	\$Fee	Telehealth	Description	\$Fee
☒ 97570	Contracted Clinical Shift (per 15 minutes)	0.00	☐ 97506	Immunization	0.00	☐ 97516	Telehealth GP Consultation	0.00
☐ 97600	Comox Valley	0.00	☐ 97509	Minor Surgery / Therapeutic Procedures	0.00	☐ 97517	Telehealth GP Visit	0.00
☐ 97512	Visits	0.00	☐ 97510	General Services (Non-Invasive Tests, Procedures)	0.00	☐ 97518	Telehealth GP Counselling	0.00
☐ 97501	Complete Examinations	0.00	☐ 97511	Pathology / Diagnostic Activities	0.00	☐ 97519	GP Telephone Services (with Provider)	0.00
☐ 97504	Counselling	0.00				☐ 97521	GP Telephone Services (with Patient)	0.00
☐ 97502	Complex Care Activities	0.00						
☐ 97513	GP Obstetrics	0.00						
☐ 97505	Emergency Visits	0.00						
☐ 97507	Institutional Visits	0.00						
☐ 97508	Mental Health Care	0.00						
☐ 97514	GP Anesthesia	0.00						
☐ 97515	GP Consultation	0.00						

7 Service/Procedure/Premium codes Unit

1	97570	16	.5
2			.5
3			.5

8 Diagnostic Code

1	780
2	
3	

Referral Doctor Referral Type

Recent Referral Doctors none Referral Doctor on Master Record none

Short Claim Note

No Correspondence

Billing Notes (Internal use. Not sent to MSP)

☐ Ignore Warnings

Continue Cancel

To submit a Shift record, you populate the bill window as follows:

1. Patients Name (and patient's PHN) will automatically populate. The PHN is not displayed on the Billing Form. The PHN is pulled from the patient's record.

Note: Use any patient seen on the day or any patient where the chart has been reviewed under the contract hours.

2. Billing Physician (MSP Number and Payee Number) – If not automatically populated, select the provider from the drop down list that is set up for Encounter, Attachment and Shift reporting (E.g. Doe (Contract), Jane).

Note: The provider's MSP number is stored in the providers record.

Note: The Payee Number is stored in the providers record.

3. **Service Location (service location code)** – select the location from the drop down list. 'L - Longitudinal Primary Care Practice', is likely to be the option. However, this is depending on where you are providing the service.

4. **Service Date** – will automatically populate. You can adjust the date by clicking on **Service Date** and selecting the date.

5. **Time: Start (start time for that day)** – click in the Start field  and simply type the time (e.g. 2:00pm, would be entered as 1400)

Time: End (end time for that day) – click in the End field  and simply type the time (e.g. 6:30pm, would be entered as 1830).

Note: Enter the start and end times rounded to the nearest quarter of an hour (e.g. 10:00, 10:15, 10:30, 10:45), otherwise the shift code could be rejected by MSP/Teleplan.

6. **Payment Method** –

- A. If **FP** using a **M Payee Status**, then **Payment Method** needs to be **ELECTRONIC**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of '0'.
- B. If **FP** using a **Y Payee Status**, then **Payment Method** needs to be **OTHER**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of 'E'.
- C. If **NP, RN or LPN** then **Payment Method** needs to be **OTHER**. This will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of 'E'.

7. **Service Code (Shift code) & Unit (billed service units)** –

- A. If you have a Billing Form with the service code listed, you can select the code simply by checking the box next to the Shift code. This will automatically populate the Shift code in the green Service Code box.

Service/Procedure/Premium codes		Unit
1		.5
2		.5
3		.5

- B. Alternatively, you can enter the Shift code in the Service Code field in the green Service Code box.

FPs enter 97570, NPs enter 97572.

Unit (billed service units) – enter the number of 15 minutes worked, excluding breaks (e.g. worked from 2:00pm to 6:30pm, with 30min break, therefore worked 4 hours, which equals 16 billed service units).

Note:

- Enter an integer (e.g. 16), do not include a decimal point.
- 1 billed service unit = 15 minutes of contract eligible services.
- For a partial billed service unit, 8 or more minutes is rounded up to 1 billed service unit, whereas 7 minutes or less is rounded down.
- Any time on breaks (e.g. lunch) or time spent billing FFS or third party billings would be excluded from the billed service units.

8. **Diagnostic Code (ICD-9 diagnosis code)** – enter **780** (General Symptoms) in the first field.



To search for an ICD-9 code, enter part of the code or a word in the field. Click on the magnifying glass  and a list of codes will be displayed. Select the ICD-9 Code by checking the box next to the ICD-9 code.

Optional fields to populate depending on the scenario:

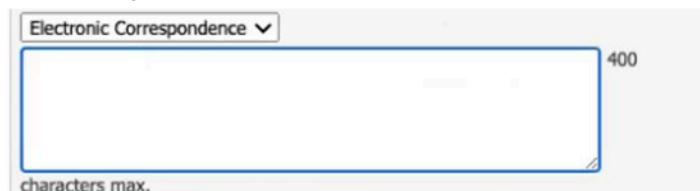
9. **Facility (Facility Number)** – The Facility Number will automatically populate if the Facility has been set up and the service code is linked to the Facility.

Note: If you need to set up your Facility Number, please review the section in guide [here](#).

Note: Facility Number is optional for Shift codes. However, submitting a Facility Number with a Shift code is fine.

10. Short Claim Note – Limited to a small number of characters.

Electronic Correspondence (up to 400 characters) – click on **No Correspondence** , and select Electronic Correspondence. An additional field will be displayed, where you enter the note for MSP/Teleplan.



Note: **Billing Notes** are for reference and does not get sent to MSP/Teleplan.

Click the Continue button **Continue** , this will open the Bill for review.

If any changes are required, click **Go Back** , and the Billing Form will display again.

If everything looks fine, then you can save the bill, by clicking on **Save Bill** .

The Encounter record is now ready to be sent to MSP/Teleplan. See the steps on how to submit to MSP/Teleplan [here](#).

5. How to create records in bulk?

Note: this does not allow time or multiple diagnosis codes to be added.

1. Note: you need to have administrative access for this.
2. From the main EMR page click on **Administration** .
3. In the left column, click on Billing to expand the section.



4. Click on BC MSP Quick Billing.



5. This displays the BC MSP Quick Billing screen

BC MSP Quick Billing

Billing Physician Service Location
Visit Date

6. Select the **Billing Physician**, **Service Location** and **Visit date**.

Billing Physician Service Location Visit Date

Pt. Name (last, first) Billing Code Unit DX Code

7. Enter the **Pt. Name (last, first)**, **Billing Code**, and **Dx Code**, and click the add button . The bill will be added below.

8. Repeat for all the required patients.

9. Click on the submit button .

6. How to edit and submit records to MSP/Teleplan?

1. Note: you need to have administrative access for this.

2. From the main EMR page click on **Administration**.

How to edit invoices (bills)?

1. In the left column, click on Billing to expand the section:



2. Click on Edit Invoices.



3. The Edit Invoice screen is displayed.

☒MSP ☒WCB ☒Private ☒ICBC

Select provider: Service Start Date: Service End Date: 30 60 90 Demographic:

Facility Number:

(note: type 00000 to find all billings with no facility number attached)

☒ Rejected ☐ Not Submitted ☐ Submitted ☐ Settled ☐ Deleted ☐ Held ☐ DCC ☐ PwE ☐ Bad Debt ☐ Refused ☐ Cap ☐ DNBill ☐ Bill Patient ☐ Private ☐ Collection ☐ All ☐ Fixable Receivables ☐ Paid Bills ☐ BCP

Create Report

Select All ☐

Print

INVOICE #	SEQ #	APP. DATE	TYPE	PATIENT	PRACT.	STAT	FEE CODE	QTY	AMT	PAID	OWED	DX CODE	MSGS
No bills													
Count: 0						Total:		\$0.00	\$0.00	\$0.00			

Reprocess And Resubmit **Settle**

4. Adjust the filters (e.g. **Select Provider**, and **Service Dates**) as required. Select Not Submitted ☐ **Not Submitted**. Click on the **Create Report** button.

Note: If displaying rejections the explanatory codes will be adjacent to the **MSGS** column.

5. To edit a bill, click on the Edit word **Edit**.
6. Example of the edit screen (this is a FFS Bill example).

OSCAR Billing - Correction													
Office Claim No		41		Last update:		Creator: Cook, J							
Patient Information													
Patient Name: TEST, JC				Health# : Type BC									
Sex: F				D.O.B. : 20210615									
Address: 123 up and away street				City: Far away land									
Province: BC				Postal Code: X2X2X2									
Billing Information Data Center 00000 Payee Number: Practitioner Number: 98733 Bill Type: MSP													
Billing Type: Bill MSP - Not Submitted				Billing Date: To:									
Change Type:				20220718									
Clarification Code: 00				Billing Physician#: 20 Kalia, S									
Visit Type: Practitioner's Office - In Community				Admission Date:									
Dependent Number: 00				New Program Ind: 00									
After Hours: NO				Time Call Received									
Service Time Start				Service Time Finish									
MVA No				ICBC Claim Num: 00000000									
Facility Number				Facility Sub Number									
Service Code		Description				Unit	\$ Fee	Internal Adj.					
12100		VISIT IN OFFICE (AGE 0-1) (\$34.79)				1.0	0.00	Amount: ☐ debit					
Search/Update		Recalculate											
Diagnostic Code						Referrals							
DX 1 780 GENERAL SYMPTOMS						1. None Search							
DX 2						2. None Search							
DX 3													
Payment Mode				Alternate Funding		Submission Code		0 Normal Submission					
Correspondence Code				None		Insurer Code		None					
Claim Short Comment						Note							
Billing Notes						Bill Transaction History							
						STAT	SEQ #	INS	PRACT	BILL AMT	TYPE	AMT ADJ.	UPDA
						NOSUB		MSP	SK	\$0.00	OTHER	\$0.00	
Reprocess Bill				Resubmit Bill		Reprocess and Resubmit Bill		Settle Bill					

[View Full Record](#)

If the Service Code needs to be adjusted?

Service Code	Description
12100	VISIT IN OFFICE (AGE 0-1) (\$34.79)
Search/Update	Recalculate

7. Enter the new **Service Code**, click on the Search/Update button **Search/Update**. Click on the Reprocess Bill button (at the bottom of the screen) **Reprocess Bill**. Click on the Recalculate button **Recalculate** in the Service Code Description section, which updates the \$ value.

If the Payment Mode needs to be adjusted?

Payment Mode	Alternate Funding ▼
--------------	---------------------

8. Select the **Payment Mode** from the drop down list.
 - A. If **Fee For Service** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of 'O'.
 - B. If **Alternate Funding** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of 'E'.
9. After all adjustments have been made, click on the Reprocess and Resubmit Bill button **Reprocess and Resubmit Bill**, which refreshes the screen and saves any changes made. This will return the screen back to the Edit Invoices screen.

How to review all the invoices (bills) prior to submitting to Teleplan and check for errors?

1. In the left column, click on Billing to expand the section:

Billing >

2. Click on Simulate Submission File2. This provides the opportunity to fix errors prior to submitting to MSP/Teleplan to reduce rejections.

Simulate Submission File2

3. This displays the Simulate Submission File2 screen.

Simulate Teleplan Report - 2022	
Select provider	All Providers ▼ Create Report

4. **Select provider** – select one provider or All Providers. Click Create Report button.
5. Example of the report:

Billing Invoice for Billing No.				Payment date of 20220317					
INVOICE	NAME	HEALTH #	BILLDATE	CODE	BILLED	DX	DX2	DX3	SEQUENCECOMMENT
Billing No: : 0 RECORDS PROCESSED				TOTAL: 0.00					
Billing Invoice for Billing No.12345				Payment date of 20220317					
INVOICE	NAME	HEALTH #	BILLDATE	CODE	BILLED	DX	DX2	DX3	SEQUENCECOMMENT
313	TEST,JC	999999999	20220303	00100	30.15	786			0000313
C02-P14 MSP PHN Wrong! C02-P100 CIN Insurer Code Wrong!									
314	TEST,JC	999999999	20220303	00100	30.15	232			0000314
C02-P14 MSP PHN Wrong! C02-P100 CIN Insurer Code Wrong!									

- The red lines highlight errors. Click on the red line to open the bill (invoice) where you can edit the record.

How to submit the Encounter/Attachment/Shift (bills) to MSP/Teleplan?

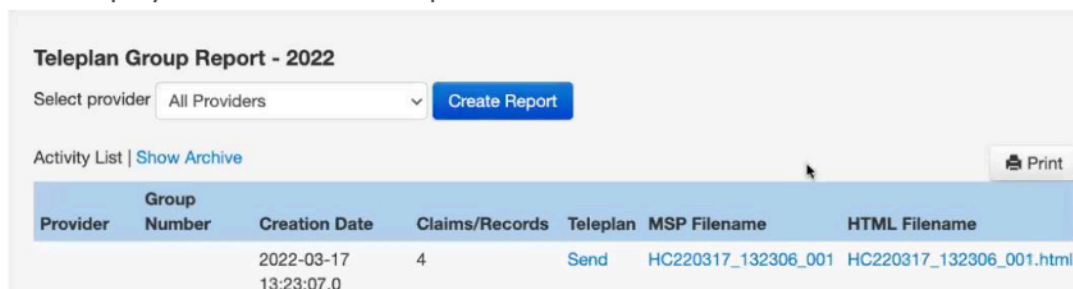
- In the left column, click on Billing to expand the section:



- Click on the Generate Teleplan File2.



- This displays the Generate Teleplan File2 screen.



- Recommended to submit one provider at a time. **Select provider** from the drop down list. Click on the Create Report button **Create Report**.
- For the Encounter/Attachment/Shift records that you wish to send to MSP/Teleplan, click on the word Send **Send**, which send the claims.

Different Scenarios

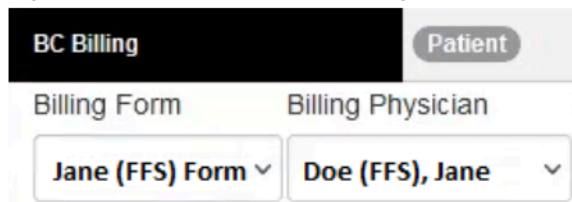
7. How to submit occasional FFS bills?

Note: When a contract physician bills FFS on the same day as a clinical shift is worked, the start and end times must be included in the FFS claim. Note that this means the block of time spent delivering services under FFS, not individual start and stop times on each claim.

- E.g. if a physician worked a 4-hour walk-in shift from 4pm to 8pm under FFS after their regular clinic day under the contract, they would submit all FFS claims with, start 1600 and end 2000, to denote the excluded time. This could potentially overlap with the shift code submitted for the day (e.g. if the physician billed third party in the middle of their shift), however, in the case of the walk-in shift the times would not overlap.

If the physician has a different Payee Number for submitting FFS, the physician will need to be set up so they are able to choose the provider (in a Bill) that has been set up for FFS.

1. Open the Bill window for the patient.



The screenshot shows a software interface for 'BC Billing' with a 'Patient' tab selected. Below the tab are two dropdown menus: 'Billing Form' and 'Billing Physician'. The 'Billing Form' dropdown is set to 'Jane (FFS) Form' and the 'Billing Physician' dropdown is set to 'Doe (FFS), Jane'.

2. **Billing Form** – If you have created a Billing Form template for FFS, select this form (e.g. Jane (FFS) Form).
3. **Billing Physician** – Select the provider that has been set up for FFS billings (e.g. Doe (FFS), Jane). This will ensure that the correct Payee Number is used for FFS.
4. Time is required for all FFS codes (see the note above).

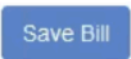
Time: Start (e.g. start time for the FFS block of time) – click in the Start field and simply type the time (e.g. 2:00pm, would be entered as 1400)

Time: End (e.g. end time for the FFS block of time) – click in the End field and simply type the time (e.g. 2:30pm, would be entered as 1430).

5. **Payment Method** – Select **ELECTRONIC**, this will ensure that the bill is sent to MSP/Teleplan with the Payment Mode of '0'.

Payment Method

ELECTRONIC ▼

6. Populate the Bill with the relevant information.
7. Click the Continue button , this will open the Bill for review.
8. If any changes are required, click , and the Billing Form will display again.
9. If everything looks fine, then you can save the bill, by clicking on .
10. The FFS bill is now ready to be sent to MSP/Teleplan. See the steps on how to submit to MSP/Teleplan [here](#).

Troubleshooting

8. How to adjust and resubmit rejected records?

Note: Rejection codes and explanations can be found [here](#).

Note: Recommended to do this process once a week.

1. Note: you need to have administrative access for this.
2. From the main EMR page click on **Administration**.
3. In the left column, click on Billing to expand the section:

Billing >

4. Click on Manage Teleplan.

Manage Teleplan

5. Scroll down the right side of the screen and click on the Get Remittance button. It will also pickup any pre-edit rejections as well.

Get Remittance

Get Remittance

6. In the left column, click on Edit Invoices.

Edit Invoices

7. This opens the Edit Invoices window.

Manage Provider List
2022-3-17

☒MSP ☒WCB ☒Private ☒ICBC

Select provider: All Providers Service Start Date: Service End Date: 30 60 90 Demographic:

Facility Number:
(note: type 00000 to find all billings with no facility number attached)

☒Rejected ☐Not Submitted ☐Submitted ☐Settled ☐Deleted ☐Held ☐DCC ☐PwE ☐Bad Debt ☐Refused ☐Cap ☐DNBill ☐Bill Patient ☐Private ☐Collection ☐All ☐Fixable Receivables ☐Paid Bills ☐BCP

Create Report

Select All ☐

Print

INVOICE #	SEQ #	APP. DATE	TYPE	PATIENT	PRACT.	STAT	FEE CODE	QTY	AMT	PAID	OWED	DX CODE	MSGS
No bills													
				Count:	0	Total:		\$0.00	\$0.00	\$0.00			

Reprocess And Resubmit

Settle

8. Adjust the filters (e.g. **Select Provider**, **Service Start Date**, and **Service End Date**) as required.

Select Rejected ☒Rejected. Click on the Create Report button

Create Report

.

9. The rejection explanatory codes will be adjacent to the **MSGS** column.

10. To edit a bill, click on the word

Edit

.

Note: On the Bill screen underneath **Office Claim No**, it will display the rejection code and the rejection description.

If the Payment Mode needs to be adjusted:

11. Select the **Payment Mode** from the drop down list.

Payment Mode	Fee For Service ▼
---------------------	-------------------

- A. If **Fee For Service** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of '0'.
- B. If **Alternate Funding** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of 'E'.

If a note is required:

12. **Correspondence Code** – from the drop down list select Elec Note Elec Note ▼.

13. **Note** - enter the text in this field.

Note	
-------------	--

If the Submission Code needs to be adjusted:

14. Select the new **Submission Code** from the drop down list. For the majority of your over age claims, it is likely that you will use **Submission Code** = 'A | Pre-approved claim'.

✓ 0 Normal Submission D Duplicate E Debit Request I ICBC Claim W Claim not accepted by WCB C Subscriber Coverage Problem R Resubmit Claim A Pre-approved claim X Resubmitting refused or part paid
--

15. After all adjustments have been made, click on the Reprocess and Resubmit Bill button Reprocess and Resubmit Bill, which refreshes the screen and saves any changes made. This will return the screen back to the Edit Invoices screen.

9. How to submit records over 90 days old?

Step 1 – approval from HIBC is required first before any over age Encounter/Attachment/Shift records are submitted. The form required to be completed can be found [here](#).

1. For general questions around submitting records/claims over 90 days old please contact your Health Authority Medical Affairs department for support. For specific questions you can contact HIBC support at 1-866-456-6950.

2. HIBC are likely to provide you with the **Submission Code** to use.

Step 2 – Once you have approval to submit these over age claims, you can prepare the Bills as follows.

3. Prepare the Encounter, Attachment, or Shift records as detailed earlier in this guide. However, there is one difference in the **Submission Code**.

4. For the majority of your over age claims, it is likely that you will use **Submission Code** = 'A | Pre-approved Claim'. On the Billing Form use the **Sub Code** drop down.

Sub Code

O - Normal

Select the appropriate code from the drop down list.

✓ O|Normal Submission

D|Duplicate
E|Debit Request
I|ICBC Claim
W|Claim not accepted by WCB
C|Subscriber Coverage Problem
R|Resubmit Claim
A|Pre-approved claim
X|Resubmitting refused or part paid

5. **Notes** – If needed, notes can be provided with the claim.

Short Claim Note – Limited to a small number of characters.

Electronic Correspondence (up to 400 characters) – click on **No Correspondence**, and select Electronic Correspondence. An additional field will be displayed, where you enter the note for MSP/Teleplan.

Electronic Correspondence

400

characters max.

Note: **Billing Notes** are for reference and does not get sent to MSP/Teleplan.

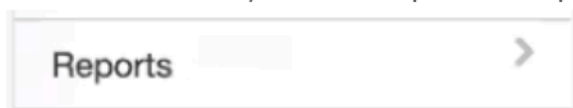
Running EMR Reports

10. Steps to run a monthly report for any service code?

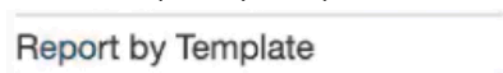
Note: Provider Type of Doctor, have access to the Report By Templates (RBTs).

Note: the following steps are for Open OSP only. Please reach out to your Oscar service provider for your report options.

1. From the main EMR page click on **Administration**.
2. In the left column, click on Reports to expand the section.



3. Click on Report by Template.



4. Click on **Accounting Report by Service Code**, which opens the report.

Accounting Report by Service Code

Search all invoices by given MSP service code

Step 1: Billing Date From

2022-07-01 

Step 2: Billing Date to

2022-07-31 

Step 3: Payee

Doe, Jane 

Step 4: Service Code

97600

Step 5:

Run Query

Note: If this Report by Template is not in your list, it can be added by the Open OSP Oscar team.

5. Enter the desired criteria:

- A. **Billing Date From** – Enter or select the 'date from' the invoice was created (not the service date).
- B. **Billing Date to** – Enter or select the 'date to' the invoice was created (not the service date).
- C. **Payee** – Select the Provider from the drop down list.
- D. **Service Code** – Enter the encounter, attachment or shift code.

Note: will work for any service code that has an invoice within the selected date range.

6. Click on

Run Query

7. Output options:

- A. Print
- B. Export to CSV - will export the results as a CSV file to your computer.
- C. Export to XLS - will export the results as an Excel file to your computer.

EMR Set Up

This section of the EMR orientation guide is for clinics that are new to Encounter, Attachment and Shift reporting and have not yet set up the EMR or would like some background information around the set up. It is strongly recommended that you connect with your EMR vendor as they will be able to support you through this process.

11. How to set up the Facility Number?

NOTE: A Facility Number is required when submitting the 98990 (Primary Care Panel Report) code.

Facility Number is not required for submitting Encounter or Shift codes, however it is fine to submit these codes with the facility number.

A provider can obtain the Facility Number from the provider responsible for administration of the clinic.

For any questions on the Facility Number, you can contact Teleplan support at 1-866-456-6950.

If your clinic does not have a facility number - apply for one [here](#).

How to set up the Facility Number?

The Facility Number will automatically populate on a bill if the Facility has been set up and the service code (step 1 - below) is linked to the Facility, and/or the provider (step 2 - below) is linked to the facility number.

1. Note: you need to have administrative access for this.
2. From the main EMR page click on Administration **Administration**.
3. In the left column, click on Billing to expand the section:



4. Click on MSP Facility Mapping (scroll to nearly the bottom of the Billing options).

MSP Facility Mapping

5. The MSP Facility Mapping screen is displayed.

MSP Facility Mapping

New **Provider List** **Billing Codes**

Clinic	Facility Number	Sub Number	
Default	00000	00000	Edit Remove

6. To add a new Facility, click New.

MSP Facility Mapping

Clinic	Default
Facility Number	00000
Sub Number	00000

Back **Save**

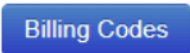
7. Populate the fields –
 - A. **Clinic** – enter a name.

B. Facility Number – this is provided by HIBC when applying for the Facility.

C. Sub Number – enter 00000, unless provided with a Sub Number by HIBC.

8. Click Save.

Step 1 - How to add billing service codes to the Facility?

1. Click on Billing Codes button .

2. The Billing Code mapping screen is displayed.

MSP Facility Mapping

Billing Code	Search service codes
Clinic	Doctors of BC ▼

3. **Billing Code** - Enter the code (e.g. 98990), and select from the drop-down list.

4. **Clinic** – Select the facility from the drop-down list.

5. Click Save.

Step 2 - How to add providers to the Facility?

1. Click on Provider List button .

2. The MSP Facility Mapping Provider List screen is displayed.

MSP Facility Mapping Provider List

Clinic: ▼ Provider: ▼ 



List Type:

Clinic	Provider
--------	----------

3. Populate the fields –

A. Clinic – select the clinic from the drop down list.

B. Provider – select the provider from the drop down list.

4. Click Save.

Note:

A. List Type = White - any provider on the white list, the Facility Number will populate on their bill.

B. List Type = Black – any provider on the black list, the Facility Number will **not** populate on their bill.

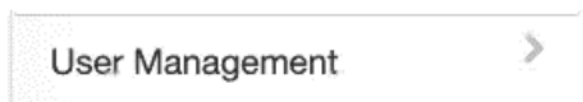
12. How to set up a provider so they can submit Encounter/Attachment/Shift records?

Note: Your Oscar service provider will be able to set the default Payment Method/Mode (O or E) for a provider.

1. Note: you need to have administrative access for this.

2. From the main EMR page click on **Administration**.

3. In the left column, click on User Management to expand the section:



4. To add a new provider, click on the Add a Provider Record.

Add a Provider Record

5. The Add Provider screen is displayed.

Add a Provider	
Provider No.:	Suggest
Last Name:	
First Name:	
Type (receptionist/doctor/nurse/resident/admin):	doctor v
Specialty:	
Team:	
Sex(F/M):	v
DOB(yyyy-mm-dd):	
Address:	
Phone (home):	
Phone (work):	
Email:	
Pager:	
Cell:	
Other Phone:	
Fax:	
Provincial Billing/MSP #:	
3rd Party Billing #:	
Billing #:	
Alternate Billing #:	
Specialty Code #:	
Group Billing #:	
College Type:	Select Below v
College ID:	
Bill Center:	v
Self Learning Username:	
Self Learning Password:	
Status:	1
Add Provider Record	

6. Enter the following information:

- A. **Provider No** – use the suggest button, as this is simply an internal reference.
- B. **Last Name** – enter the last name for the provider and in brackets add (Contract or an easily identifiable reference when distinguishing between Encounters/Attachment/Shift and FFS). E.g. Doe (Contract).
- C. **First Name** – enter the first name.
- D. **Type** – select Doctor.

E. Provincial Billing/MSP # – enter the providers MSP number.

F. Billing # – enter the Payee Number that the provider is using for Encounter, Attachment and Shift reporting.

G. Populate the remaining fields as required.

7. Click Add Provider Record.

13. How to set up a physician so they can submit occasional FFS?

Note: Your Oscar service provider will be able to set the default Payment Method/Mode (0 or E) for a provider.

1. Note: you need to have administrative access for this.

2. From the main EMR page click on **Administration**.

3. In the left column, click on User Management to expand the section:



4. To add a new provider, click on the Add a Provider Record.

Add a Provider Record

5. The Add Provider screen is displayed.

Add a Provider	
Provider No.:	Suggest
Last Name:	
First Name:	
Type (receptionist/doctor/nurse/resident/admin):	doctor v
Specialty:	
Team:	
Sex(F/M):	v
DOB(yyyy-mm-dd):	
Address:	
Phone (home):	
Phone (work):	
Email:	
Pager:	
Cell:	
Other Phone:	
Fax:	
Provincial Billing/MSP #:	
3rd Party Billing #:	
Billing #:	
Alternate Billing #:	
Specialty Code #:	
Group Billing #:	
College Type:	Select Below v
College ID:	
Bill Center:	v
Self Learning Username:	
Self Learning Password:	
Status:	1
Add Provider Record	

6. Enter the following information:

- A. **Provider Number** – use the suggest button, as this is simply an internal reference.
- B. **Last Name** – enter the last name for the provider and in brackets add (FFS or an easily identifiable reference for fee for service). E.g. Doe (FFS).
- C. **First Name** – enter the first name.
- D. **Type** – select Doctor.

E. **Provincial Billing/MSP #** – enter the providers MSP number.

F. **Billing #** – enter the Payee Number that the provider is using for FFS.

G. Populate the remaining fields as required.

7. Click Add Provider Record.

14. How to set up a Locum so they can bill FFS?

Note: Locums can also bill under the contract and would assign encounters to the clinic's payee and submit encounters in the same manner as the contract physician.

Set up the locum in the same way as setting up a provider so they can submit either Encounter/Attachment/Shift reporting or FFS (see above).

15. How to create Billing Forms?

1. Note: you need to have administrative access for this.

2. From the main EMR page click on **Administration**.

3. In the left column, click on Billing to expand the section:



4. Click on Manage Billing Form.



5. This displays the following screen:



6. Select **Service Code** ☒ service code.

7. Select form –

- A. To create a new form, select **Add/Edit/Delete Form** from the drop down list.
- B. To edit an existing form select the form in the drop down list and click on the Manage button

Manage

8. An example of the screen that is displayed, when editing a form:

Visits		Procedures		Telehealth	
97512	4	97506	1	97516	1
97501	5	97509	2	97517	2
97504	6	97510	3	97518	3
97502	7	97511	4	97519	4
97513	8			97521	5
97505	9				
97507	10				
97508	11				
97514	12				
97515	13				
97570	1				
98990	2				

- 9. Enter a name for the Billing Form with a useful reference to indicate whether this Billing Form is for Encounter/Attachment/Shift reporting (e.g. Jane (Contract) Form), or FFS (e.g. Jane (FFS) Form).
- 10. The column headers can be populated with a title.
- 11. Enter the service code in the left columns.
The number adjacent to the service code represents the order that it appears on the Billing Form.
- 12. Click the Update button to save the changes.

How to use a Billing Form?

In the billing window, select the **Billing Form** from the drop down list.

Billing Form

Jane (Contract) Form

16. How to run (and check) the Teleplan fee code update?

Note: This is not done automatically and is a manual process as needed. The recommendation is to run this once a month.

1. Note: you need to have administrative access for this.
2. From the main EMR page click on **Administration**.
3. In the left column, click on Billing to expand the section:

Billing

4. Click on Manage Teleplan.

Manage Teleplan

5. Underneath Update Billing Codes, click Update.

Update Billing Codes

update

6. After clicking Update, you will see a screen similar to this, which will list all the codes that are new or updated:

teleplan		manage billing codes					Help About License	
Enable Print		Update Codes						
		Update	Code	OLD Fee	NEW Fee	Desc	Status	
		☒	25013	---	108.85	TELEHEALTH MALIGNANCY CONSULTATION-OTOLARYNGOLOGY	newCode	

7. Note: Codes can be deselected/selected prior to updating, if required.
8. Click on Update Codes to update all the codes in the list.

17. How to add missing service codes?

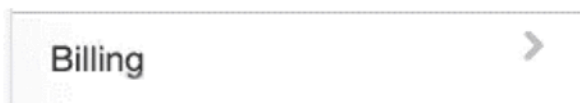
Recommended to run the Teleplan Update Billing Codes on a regular basis (see above). This update will add new service codes and update existing service codes.

If after running the Update Billing Codes the service code is still missing, please contact your Oscar service provider.

18. How to add missing ICD9 codes?

Recommended to run the Update MSP ICD9 Codes on a semi-regular basis.

1. Note: you need to have administrative access for this.
2. From the main EMR page click on **Administration**.
3. In the left column, click on Billing to expand the section:



4. Click on Manage Teleplan.



5. Underneath Update MSP ICD9 Codes, click Update. This does not display anything, it simply refreshes the screen.



6. Note: These ICD-9 codes are pulled from the MSP listing from the ministry website.

19. How to check (and update) Location codes?

Note: Location Codes are managed by your Oscar service provider, and therefore the clinic can not add them or update them.

Note: Your Oscar service provider can set the default Service Location for the clinic.

How to check which Location Codes are in Oscar?

1. Open the Bill window for the patient.
2. **Service Location** – click on the dropdown to see the full list.

- A|Practitioner's Office - In Community
- B|Community Health Centre
- C|Continuing Care facility
- D|Diagnostic Facility
- E|Hospital Emergency Depart. or Diagnostic & Treatment Centre
- F|Private Medical / Surgical Facility
- G|Hospital - Day Care (Surgery)
- I|Hospital Inpatient
- J|First Nations Primary Health Care Clinic
- K|Hybrid Primary Care Practice (part-time longitudinal practice, part-time walk-in clinic)
- ✓ L|Longitudinal Primary Care Practice (e.g. GP family practice or PCN clinic)
- M|Mental Health Centre
- N|Health Care Practitioner Office (non-physician)
- P|Outpatient
- Q|Specialist Physician Office
- R|Patient's residence
- T|Practitioner's Office - In Publicly Administered Facility
- U|Urgent and Primary Care Centre
- V|Virtual Care Clinic
- W|Walk-In Clinic
- Z|None of the above

Where To Access Extra Support

- Contract related questions (including: payee numbers, payee status, & service codes)
 - First point of contact – Health Authority Medical Affairs department
 - Second point of contact – PCN.Compensation@gov.bc.ca
- Open OSP Support Desk techsupport@openosp.ca or 1-604-677-8613
- Specific billing questions – HIBC Support 1-866-456-6950
- Technical troubleshooting or workflow support – Practice Support Program PSP@doctorsofbc.ca
- Provincial Attachment System (PAS)
 - Information can be found [here](#)
 - For support HealthBcSupport@phsa.ca

Appendix

Frequently used ICD-9 codes for Family Practice

Please see the following two pages.

GENERAL CODES	
GENERAL SYMPTOMS NYD	780
ALLERGY SHOT	32A
INJECTION - OTHER	33A
SUTURE REMOVAL	31A
DRESSING CHANGE	43A
ALLERGY RXN	995
INJURY	959
CHILDHOOD GROWTH	05A
OBESITY	278
ANOREXIA	307
MED. COMPLICATIONS	999
BREAST	
MASTITIS	675
BREAST DISORDER	611
BENIGN BREAST EXAM	610
BIRTHCODES NEWBORN	
NEWBORN CARE	08A
RDS	769
JAUNDICE	774
HYPOXIA	768
BIRTH TRAUMA	767
IMMATURITY/LOW BIRTH WEIGHT	765
LONG GESTATION/HIGH BIRTH WEIGHT	766
OTHER PERINAT PROB.	779
CARDIOVASCULAR	
CARDIOVASCULAR SYMPTOMS	785
HYPERTENSION	401
ANGINA	413
MYOCARD INFARCT	410
DYSRHYTHMIA	427
HEART FAILURE	428
PERIPH VASC DIS	443
PHLEBITIS	451
ARTERY DISORDER	447
OTHER ISCHEMIC HEART	414
ATHEROSCLEROSIS	440
EAR-NOSE-THROAT	
HEAD AND NECK SYMPTOMS	784
HEAD AND NECK SYMPTOMS	784
EAR DISORDER	388
OTITIS MEDIA	382
EXT EAR DIS	380
EUSTACIAN TUBE DIS	381
SINUSITIS	461
EPISTAXIS	12A
HAYFEVER	477
RHINITIS	472
PHARYNGITIS	462
TONSILITIS	463
URI	465

EAR-NOSE-THROAT continued	
MOUTH DISORDER	528
TONGUE DISORDER	529
TEETH DISORDER	522
VIRAL URI/COLD	460
EAR SYRINGING	06B
DISORDERS TEETH	521

ENDO/HEMATOLOGY	
ANEMIA	285
IRON DEF. ANEMIA	280
PURPURA	287
BLOOD DISORDER	289
COAGULATION DEFECTS	286
IMMUNE DISORDER	279
ENDOCRINE DIS	259
LIPID DISORDER	272
DIABETES	250
THYROID DIS	246
HYPOTHYROIDISM	244

GASTROINTESTINAL	
GASTROINTESTINAL SYMPS	787
ABDOMINAL PAIN	02A
APPENDICITIS	540
ESOPHAGEAL PAIN	530
ACID PEPTIC DIS	533
BILLIARY DIS	576
LIVER DISORDER	573
PANCREATITIS	577
IRRITABLE BOWEL	564
INTESTINAL DISORDER	569
GASTROENTERITIS	009
ANAL DISORDER	565
HEMORRHOIDS	455
CANCER COLON	153
INGUINAL HERNIA	550
HERNIA OTHER	553
GASTRITIS	535
COLITIS	558
NEONATAL JAUNDICE	774
HEPATITIS	070

INFECTIOUS DISEASE	
VIRAL INFECTION	078
CHICKEN POX	052
HERPES SIMPLEX	054
HERPES ZOSTER	053
MONONUCLEOSIS	075
INFLUENZA	487
SEPTICEMIA	038

DIAGNOSTIC CODES- FAMILY MEDICINE

MALIGNANCIES	
CANCER NON-SPECIFIED	199
BREAST	174
THYROID	193
TRACHEA/LUNG	162
PROSTATE	185
COLON	153
ESOPHAGUS	150
STOMACH	151
RECTUM/ANUS	154
LIVER PRIMARY	155
PANCREAS	157
BONE/CARTILAGE	170
MALIGNANT MELANOMA	172
CANCER SKIN – OTHER	173
UTERUS	179
CERVIX	180
OVARY	183
BLADDER	188
MALIGNANCY OF BRAIN	191
LYMPHOID	202
MULTIPLE MYELOMA	203
LYMPHOID LEUKEMIA	204
MYELOID LEUKEMIA	205

MUSCULO-SKELETAL	
MUSCULOSKELETAL SYMPTOMS	781
ANKYLOSING SPONDYLITIS	720
ARTHRITIS	716
BACK DISORDER	724
BONE DISORDER	733
CONNECTIVE TISSUE DIS.	710
RA/INFLAMMATORY ARTH	714
DISC DISORDER	722
FRACTURE	829
FRACTURE WRIST	813
GOUT	274
JOINT DISORDER	719
TENDON-BURSITIS	727
OSTEOARTHRITIS	715
OSTEOPOROSIS	733
OTHER SOFT TISSUE DIS	729
OTHERDIS.GANGLION/TEND.	727
POLYMYALGIA RHEUMATICA	725
ROTATORCUFF SYNDROME	726
SCOLIOSIS	737
MSK SPRAINS/STRAINS:	
SHOULDER STRAIN/SPRAIN	840
ELBOW STRAIN/SPRAIN	841
WRIST STRAINS/SPRAINS	842
HIP STRAIN/SPRAIN	843
KNEE STRAIN/SPRAIN	844
ANKLE/FOOT SPRAIN	845
SACROILIAC STRAIN	846
BACK STRAIN/SPRAIN	847

DIAGNOSTIC CODES- FAMILY MEDICINE

NEUROLOGICAL	
ALZHEIMER'S DEMENTIA	331
CEREBRAL PALSY	343
CEREBROVASC. DISEASE	437/430
CNS DISORDER	349
DEMENTIA	331
EPILEPSY	345
MENINGITIS	320
MENTAL RETARDATION	319
MIGRAINE	346
MOVEMENT DISORDER	333
MULTIPLE SCLEROSIS	340
MUSCULAR DYSTROPHY	359
NEUROLOGICAL SYMPT.	781
PARKINSON'S	332
STROKE	434
TIA	435
TRIGEMINAL NEURALGIA	350
VERTIGO	01A
OB/GYN	
PELVIC SYMPTOMS	789
MENSTRUAL DIS	626
PELVIC PAIN	625
VAGINITIS/CERVICITIS	616
PID	614
STD	99
MENOPAUSAL DIS	627
PROLAPSE	618
OVARIAN DIS	620
CONTRACEPT ADVICE	34A
DYSPLASIA CERVIX	622
ABORTION THREAT	640
UNCONFIRMED PREG	36B
SPONT. MISCARRIAGE	634
ECTOPIC PREGNANCY	633
PRENATAL CARE – OFFICE	30B
NORMAL PREGNANCY	V22
NORMAL DELIVERY	650
ANTEPARTUM BLEEDING	641
PIH	642
HYPEREMESIS	643
PROLONGED PREGNANCY	645
MULTIPLE GESTATION	651
MALPRESENTATION	652
DISPROPORTION	653
FETAL/PLACENTAL	656
POLYHYDRAMNIOS	657
PREM. RUPTURE MEMB	658
OBSTRUCTED LABOUR	660
PROLONGED LABOUR	662
PERINEAL TRAUMA	664
RETAINED PLACENTA	667

OPHTHALMOLOGY	
EYE DISORDER	379
CONJUNCTIVITIS	372
CATARACT	366
UVEITIS-IRITIS	364
VISUAL DISTURB	368
INJURY EYE	918
FOREIGN BODY – EYE	930
BLEPHARITIS	373
PSYCHIATRY	
ANXIETY DISORDERS	300/50B
ADJUSTMENT DISORDERS	309
ACUTE STRESS DIS./PTSD	308
ATTENTION DEFICIT DIS	315
BEHAVIOR PROB	312
BIPOLAR DISORDER	296
COGNITIVE DISORDERS	290
DEMENTIA	331
CYCLOTHYMIA	301
DEPRESSION	311
DISSOCIATIVE DISORDERS	300
DYSTHYMIC DISORDER	300
EATING DISORDERS	307
MOOD DISORDER DUE TO MEDICAL COND.	293
SCHIZOPHRENIA & PSYCHOTIC DISORDERS	295
SLEEP DISORDERS	327
SOMATIFORM DISORDERS	300
SUBSTANCE-RELATED DIS.	292
ALCOHOL DEPENDENCE SYNDROME	303
DRUG DEPENDENCE SYND	304
DRUG ABUSE, NON-DEPEND	305
RESPIRATORY	
RESPIRATORY SYMPTOMS	786
ASTHMA	493
BRONCHITIS	466
PNEUMOCOCCAL PNEUMONIA	481
VIRAL PNEUMONIA	480
OTHERBACTERIALPNEUMONIA	482
PNEUMONIA NYD	483
COPD	496
CROUP	464
INFLUENZA	487
CHRONIC BRONCHITIS	491
EMPHYSEMA	492
PLEURISY	511

SKIN	
ABSCESS	682
SKIN SYMPTOMS	782
SKIN DISORDER	709
CELLULITIS	681
SEBACEOUS DIS	706
DERMATITIS	702
NAIL DISORDER	703
ATOPIC DERM	691
PSORIASIS	696
URTICARIA	708
CONTACT DERMATITIS	692
SKIN LESION	35A
PLANTAR WART	45A
VIRAL RASH	057
INFESTATION	134
INSECT BITE	66B
INFECTION SKIN	686
BURN	949
TUMOR SKIN BEN	216
OPEN WOUND	879
SUTURE REMOVAL	31A
DRESSING CHANGE	43A
UROGENITAL	
URINARY SYMPTOMS	788
OTHER URINARY DIS.	599
CYSTITIS	595
MALE GENITAL DIS.	608
PROSTATE DISORDER	602
PROSTATE CANCER	185
KIDNEY STONE	592
CHRONIC KIDNEY DISEASE	585