

BILLING MODULES

TABLE OF CONTENTS

Module 1	Claims Processing
	1.1 Claims Processing System
	1.2 Interpreting Remittance Statements
	1.3 Refusals/Resubmissions
Module 2	Communications
	2.1 Health Insurance BC and the Ministry of Health
	2.2 MSP Contacts
	2.3 Web site – Forms and Publications
	2.4 Guidelines and Protocols
Module 3	Coverage Questions
	3.1 Options to Check Coverage
Module 4	Multiple Visits and Procedures and Visit
	4.1 Multiple and Duplicate Visits on the Same Day
	4.2 Submission Code D
	4.3 Daily Volume Limits
	4.4 Procedure and Visit Same Day (Preamble B.12.d.)
Module 5	Facility Fees for General Practitioners and Specialists
	<u>General Practitioners (GP)</u>
	5.1 Acute Care Hospital Admission Examination
	5.2 Community Based GP with Active Hospital Privileges
	5.3 Community Based GP with Courtesy or Associate Hospital Privileges
	5.4 Hospital (On-site)
	5.5 Community Based GP – Doctor of the Day
	5.6 First Hospital Visit of the Day (Fee items 13108, 13128, 13148 and 13127)
	5.7 Terminal Care (Fee item 13127 and 00127)
	5.8 Long Term Care Facility Visits
	5.9 Special Calls to Nursing Home
	<u>Specialists</u>
	5.10 Hospital Visits
	5.11 Long Stay Hospitalization
	5.12 Directive Care (MOC Pending)
	5.13 Concurrent Care
	5.14 Long Term Institutional Care
Module 6	Out of Office Hours Premiums
	6.1 General Billing Tips
	6.2 Overview of Emergency and Out of Office Hours Service Charge (OOHSC) Fee Items in Billing Guide
	6.3 Services Provided when Physician Specially Called

- 6.4 Non-Operative Continuing Care Surcharges
- 6.5 Continuing Care from a Previous Patient
- 6.6 Services Provided in the Emergency Room
- 6.7 Emergency Services Provided with Delivery
- 6.8 Emergency Surgery and Surgery bumped by Emergency Surgery
- Module 7 Submission Codes**
 - 7.1 Overage Claims – How to Bill
 - 7.2 Submission Code D
 - 7.3 Electronic Debit Request Record
 - 7.4 Note Records
 - 7.5 Location Codes
 - 7.6 Facility and Sub-Facility Codes
- Module 8 Emergency Care**
 - 8.1 Emergency Care – Fee Items 00081, 00082, 00083 and 00084
 - 8.2 Emergency Medicine
- Module 9 GPSC Initiated Listings**
 - 9.1 Background and Update – Incentive Fees
 - 9.2 Expanded Full Service Family Practice Condition Based Payments
 - 9.3 Full Service Family Practice Incentive Program
 - 9.4 Facility Patient Conference Fee and Community Patient Conference Fee and Acute Care Discharge Planning Conferencing Fee
 - 9.5 Palliative Care Planning and Management Fee
 - 9.6 Complex Care Fees
 - 9.7 Preventative Fee
 - 9.8 Mental Health Initiative
- Module 10 Maternity Care**
 - 10.1 Prenatal Visits
 - 10.2 Fee Item 14199
 - 10.3 Emergency Visits
 - 10.4 Emergency Visits with Delivery
 - 10.5 Complicated Obstetrical Surgery
 - 10.6 Induction or Stimulation of Labour
 - 10.7 Billing Services for Unregistered Newborn
 - 10.8 Billing Tips for Emergency Services with Delivery
 - 10.9 Maternity Care FAQ
 - 10.10 Family Practice Incentive Program
- Module 11 Reciprocal Billing**
 - 11.1 Reciprocal Agreement – OOP
 - 11.2 Billing Reciprocal Claims
 - 11.3 Reciprocal Claims for Patients Moving into BC
 - 11.4 Physician Services Excluded from the Reciprocal Agreement
 - 11.5 OOC - Referrals

11.6 OOC Guidelines for Funding Approval

Appendices

Appendix 1

Appendix 2

Questions and Answers

Disclaimer: The **Medical Office Assistant Billing Seminar Guide** is intended to provide a guide for physicians and medical office assistants. For definitive information on fee-for-service billing codes and amounts, consult the current *MSC Payment Schedule*. If a discrepancy exists between the information contained in the Manual and the *MSC Payment Schedule*, the information in the *MSC Payment Schedule* will prevail.