

ENCOUNTER, ATTACHMENT & SHIFT REPORTING EMR ORIENTATION GUIDE – WELL HEALTH OSCAR PRO

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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.

Overview

DTO and PSP in collaboration with Well Health Oscar Pro 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 inquires 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  ! ^ Tester,Beth | E | In | EF | 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](#).

oscarBC Billing

Patient Test, Billing Age 45 Invoice List Patient Status AC Roster Status Assigned Physician Doe (Contract) - MSP 88888, Jane

Billing Form 1 Billing Physician 2 Billing Type Clarification Code 3 Service Location
Jane (Contract Form) Doe (Contract) - MSP 88888, Jane Bill MSP URBAN - NO RURAL RETENTION L | Longitudinal Primary Care Practice

4 Service Date 2022-04-10 Service to date After Hours Time Call Start (HHMM 24hr): End (HHMM 24hr): Dependent Sub Code (Payment Method 5 see notes below) Payment Method ELECTRONIC Facility

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

6 Service Code 97512 Unit 1 DX 1 250 DX 2 DX 3

7

Diagnostic Code
232 0M 250 1M 842 4M
786 0M 784 2M 781 4M
629 1M 173 3M V820 5M
707 1M 487 3M 782 5M
401 1M 785 3M 35A 6M

Referral Doctor Referral Type
code search Select Type
code search Select Type

Recent Referral Doctors Used Referral Doctor on Master Record

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 Code	Unit	DX 1	DX 2	DX 3
<input type="checkbox"/>	<input type="text"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Billing Show/Hide Dx2/3

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. **DX 1 (ICD-9 diagnosis code)** – enter the diagnosis ICD-9 code in the Dx 1 field. To search for an ICD-9 code, enter part of the code or a word in the DX 1 field. Click on the magnifying glass 

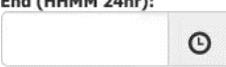
and a list of codes will be displayed. Select the ICD-9 Code by checking the box next to the ICD-9 code.

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 (HHMM 24hr)** (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 (HHMM 24hr) (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.

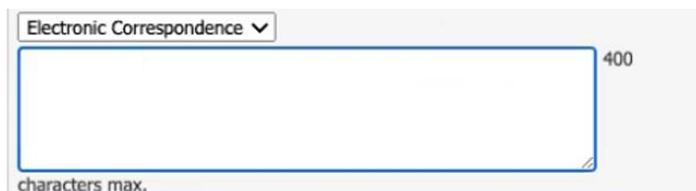
Note: If you need to set up your Facility Number, please review the section in guide [here](#).

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, 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 , 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](#).

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

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

- A. From the schedule, click on the  for the patient  ! ^ Tester,Beth | E | In | EF | 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](#).

oscarBC Billing

Patient Test, Billing Age 45 Invoice List Patient Status AC Roster Status Assigned Physician Doe (Contract) - MSP 88888, Jane

Billing Form 1 Jane (Contract Form) Billing Physician 2 Doe (Contract) - MSP 88888, Jane Billing Type Bill MSP Clarification Code URBAN - NO RURAL RETENTION Service Location 3 L | Longitudinal Primary Care Practice

Service Date 4 2026-01-14 Service to date After Hours No Time Call Start (HHMM 24hr): End (HHMM 24hr): Dependent No Sub Code O - Normal (Payment Method 5 see notes below) Payment Method OTHER Facility

Visits	Description	\$Fee	Procedures	Description	\$Fee	Telehealth	Description	\$Fee
Referral Doctor <input type="text"/> <input type="button" value="code search"/> <input type="text"/> <input type="button" value="code search"/> Recent Referral Doctors Used Referral Doctor on Master Record			Service Code 6 Unit 38116 1 .5 DX 1 7 DX 2 DX 3 250 <input type="button" value="Add Billing"/> <input type="button" value="Show/Hide Dx2/3"/>			Diagnostic Code 232 0M 250 1M 842 4M 786 0M 784 2M 781 4M 629 1M 173 3M V820 5M 707 1M 487 3M 782 5M 401 1M 785 3M 35A 6M		

Short Claim Note Ignore Warnings
 No Correspondence
 Billing Notes (Notes are for internal use and will not be sent to MSP)

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. 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 Code	Unit	DX 1	DX 2	DX 3
<input type="checkbox"/>	<input type="text"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Billing Show/Hide Dx2/3

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](#)

7. **DX 1 (ICD-9 diagnosis code)** – enter the diagnosis ICD-9 code in the Dx 1 field. To search for an

ICD-9 code, enter part of the code or a word in the DX 1 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. **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, or the Facility is linked to the provider.

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

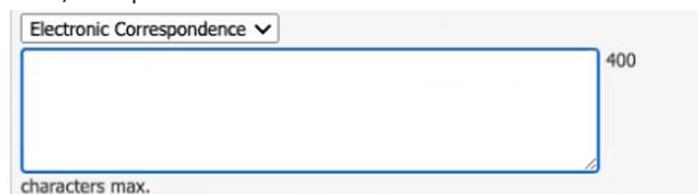
Note: Facility Number is optional for Encounter codes. However, submitting a Facility Number with an Encounter code is fine.

9. **Referral Doctor** – enter the doctors MSP number, and select the **Referral Type** from the drop down, either:

- A. Refer By
- B. Refer To

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

Electronic Correspondence (up to 400 characters) – click on , 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)?

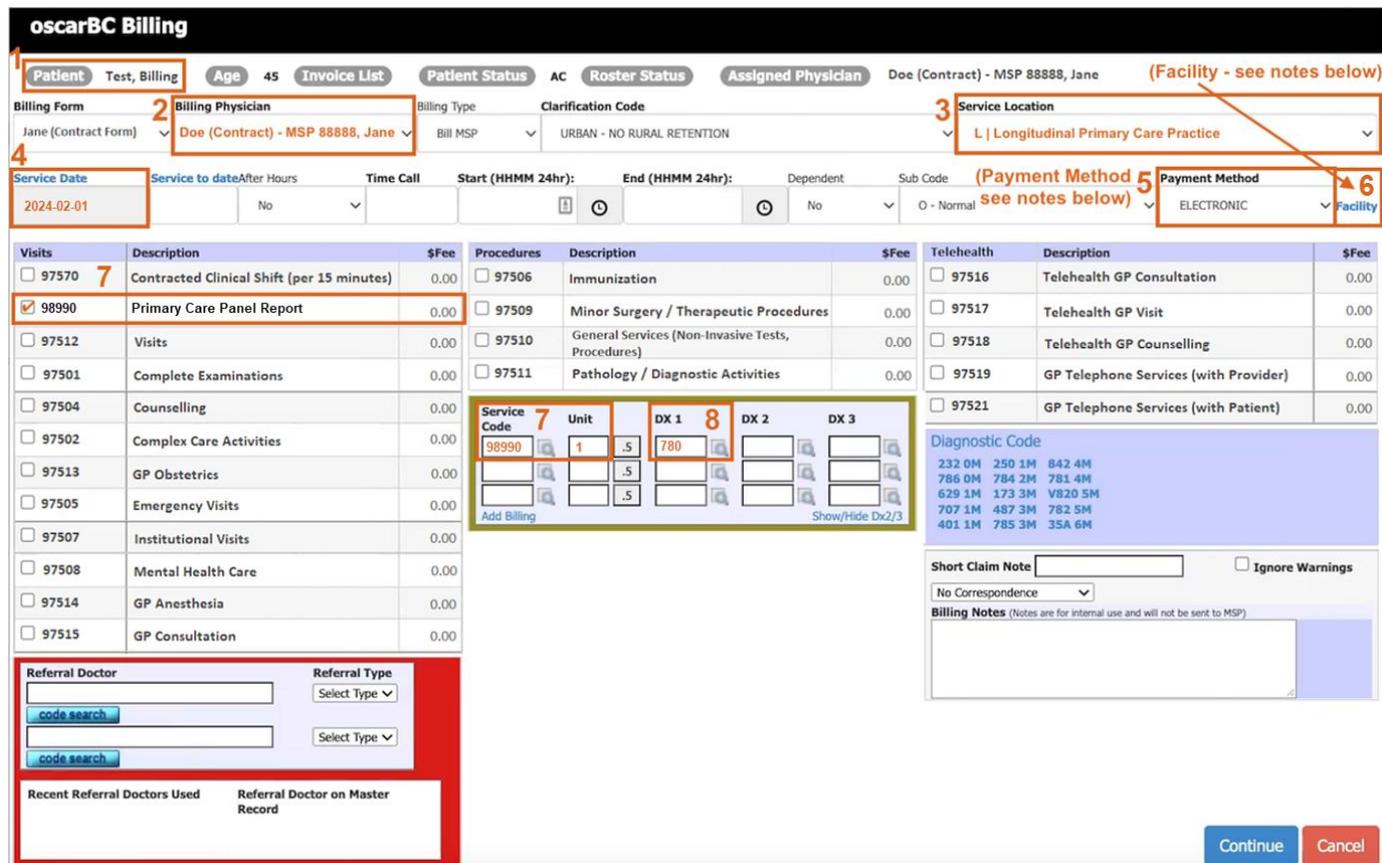
Access the billing window from the schedule, an encounter or the patient’s Master Record.

- A. From the schedule, click on the **B** for the patient .

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](#).



oscarBC Billing

1 Patient Test, Billing Age 45 Invoice List Patient Status AC Roster Status Assigned Physician Doe (Contract) - MSP 8888, Jane (Facility - see notes below)

2 Billing Form Billing Physician Billing Type Clarification Code 3 Service Location
Jane (Contract Form) Doe (Contract) - MSP 8888, Jane Bill MSP URBAN - NO RURAL RETENTION L | Longitudinal Primary Care Practice

4 Service Date Service to date After Hours Time Call Start (HHMM 24hr): End (HHMM 24hr): Dependent Sub Code (Payment Method see notes below) 5 Payment Method 6 Facility
2024-02-01 No O - Normal ELECTRONIC Facility

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

7 Service Code Unit DX 1 8 DX 2 DX 3
98990 1 .5 780

Diagnostic Code
232 0M 250 1M 842 4M
786 0M 784 2M 781 4M
629 1M 173 3M V820 5M
707 1M 487 3M 782 5M
401 1M 785 3M 35A 6M

Referral Doctor Referral Type
code search Select Type
code search Select Type

Recent Referral Doctors Used Referral Doctor on Master Record

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 Code	Unit	DX 1	DX 2	DX 3
<input type="text"/>	<input type="text"/> .5	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> .5	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> .5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Billing Show/Hide Dx2/3

- 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.

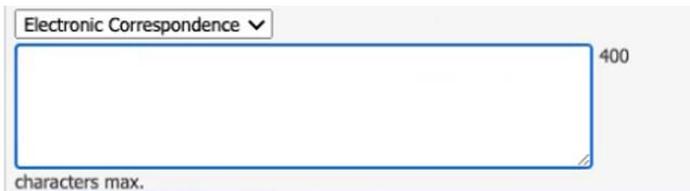
Click on the magnifying glass  and a list of codes will be displayed. Select the Attachment Code by checking the box next to the Attachment code.

8. **DX 1 (ICD-9 diagnosis code)** – enter **780** (general Symptoms) in the Dx 1 field. To search for an ICD-9 code, enter part of the code or a word in the DX 1 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 , 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 Attachment 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?

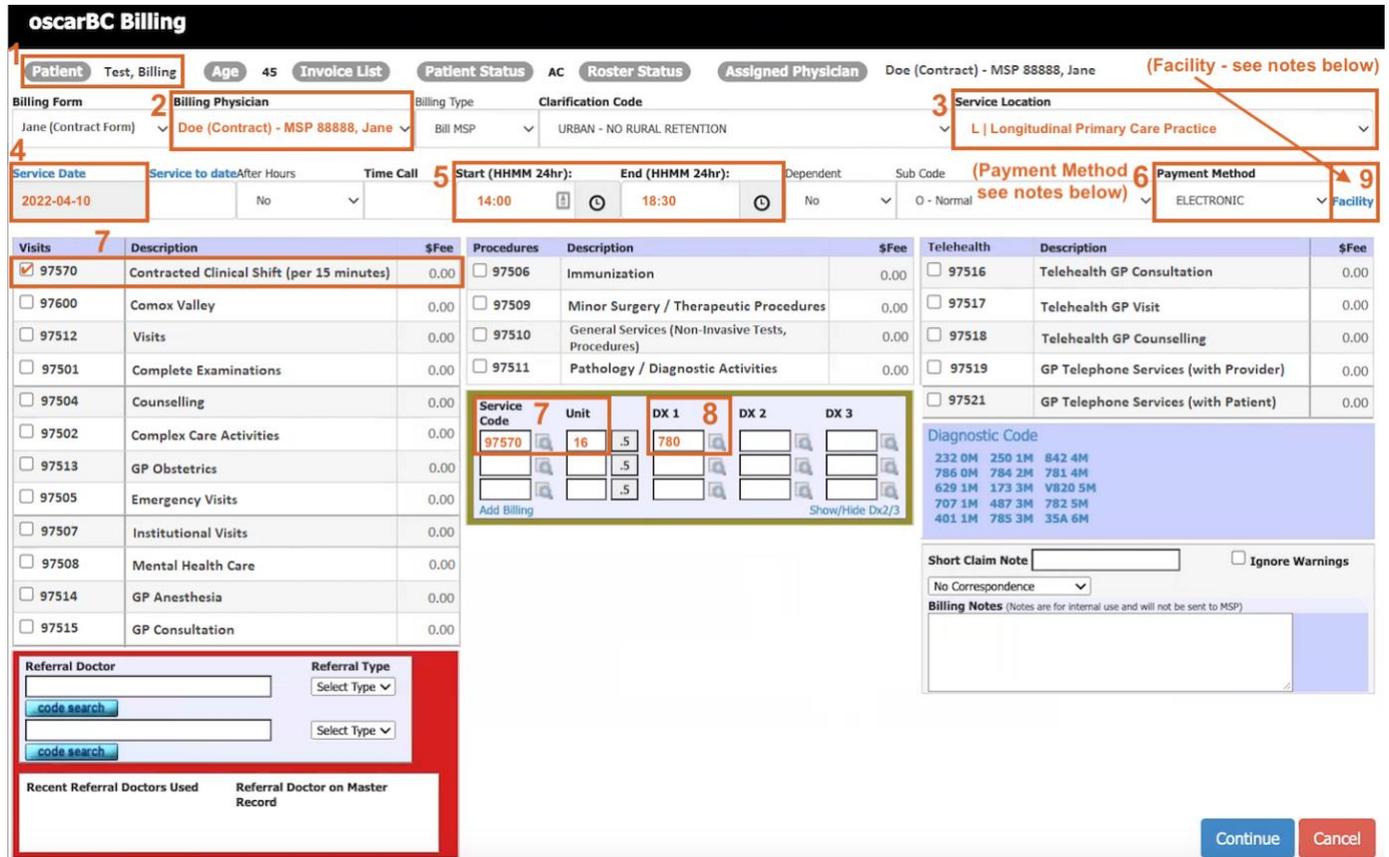
Access the billing window from the schedule, an encounter or the patient's Master Record.

- A. From the schedule, click on the **B** for the patient  ! ^ Tester,Beth | E | In | EF | 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](#).



oscarBC Billing

Patient Test, Billing Age 45 Invoice List Patient Status AC Roster Status Assigned Physician Doe (Contract) - MSP 88888, Jane (Facility - see notes below)

Billing Form 1 Billing Physician 2 Billing Type Clarification Code 3 Service Location
Jane (Contract Form) Doe (Contract) - MSP 88888, Jane Bill MSP URBAN - NO RURAL RETENTION L | Longitudinal Primary Care Practice

4 Service Date 2022-04-10 Service to date After Hours Time Call 5 Start (HHMM 24hr): 14:00 End (HHMM 24hr): 18:30 Dependent Sub Code (Payment Method see notes below) 6 Payment Method ELECTRONIC Facility 9

Visits 7	Description	\$Fee	Procedures	Description	\$Fee	Telehealth	Description	\$Fee
<input checked="" type="checkbox"/>	97570 Contracted Clinical Shift (per 15 minutes)	0.00	<input type="checkbox"/>	97506 Immunization	0.00	<input type="checkbox"/>	97516 Telehealth GP Consultation	0.00
<input type="checkbox"/>	97600 Comox Valley	0.00	<input type="checkbox"/>	97509 Minor Surgery / Therapeutic Procedures	0.00	<input type="checkbox"/>	97517 Telehealth GP Visit	0.00
<input type="checkbox"/>	97512 Visits	0.00	<input type="checkbox"/>	97510 General Services (Non-Invasive Tests, Procedures)	0.00	<input type="checkbox"/>	97518 Telehealth GP Counselling	0.00
<input type="checkbox"/>	97501 Complete Examinations	0.00	<input type="checkbox"/>	97511 Pathology / Diagnostic Activities	0.00	<input type="checkbox"/>	97519 GP Telephone Services (with Provider)	0.00
<input type="checkbox"/>	97504 Counselling	0.00				<input type="checkbox"/>	97521 GP Telephone Services (with Patient)	0.00
<input type="checkbox"/>	97502 Complex Care Activities	0.00						
<input type="checkbox"/>	97513 GP Obstetrics	0.00						
<input type="checkbox"/>	97505 Emergency Visits	0.00						
<input type="checkbox"/>	97507 Institutional Visits	0.00						
<input type="checkbox"/>	97508 Mental Health Care	0.00						
<input type="checkbox"/>	97514 GP Anesthesia	0.00						
<input type="checkbox"/>	97515 GP Consultation	0.00						

8 DX 1 780 DX 2 DX 3

Diagnostic Code
232 0M 250 1M 842 4M
786 0M 784 2M 781 4M
629 1M 173 3M V820 5M
707 1M 487 3M 782 5M
401 1M 785 3M 35A 6M

Referral Doctor Referral Type
code search Select Type
code search Select Type

Recent Referral Doctors Used Referral Doctor on Master Record

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 (HHMM 24hr) (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 (HHMM 24hr) (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 codes 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 Code	Unit	DX 1	DX 2	DX 3
<input type="checkbox"/>	<input type="checkbox"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Billing Show/Hide Dx2/3

- 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. **DX 1 (ICD-9 diagnosis code)** – enter **780** (General Symptoms) as the diagnosis ICD-9 code in the Dx 1 field. To search for an ICD-9 code, enter part of the code or a word in the DX 1 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:

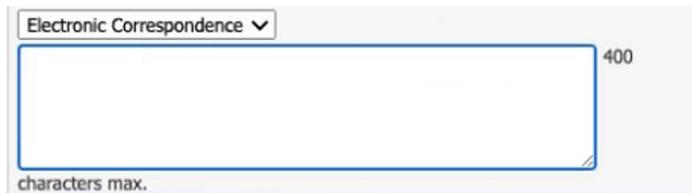
9. **Facility (Facility Number)** – The Facility Number will automatically populate if the Facility has been set up and the service code is linked to the Facility.

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 , 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.

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 Shift 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 **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.

5. Example of Not Submitted Fee for Service bills:

INVOICE #	SEQ #	APP. DATE	TYPE	PATIENT	PRACT.	STAT	FEE CODE	QTY	AMT	PAID	OWED	DX CODE	MSGS
<input type="checkbox"/> 317		2022-03-17	MSP	TESTER,BETH	Dumfries - MSP 00000,Earnest	NOSUB	00100	1.0	\$30.15	\$0.00	\$30.15	780	Edit
<input type="checkbox"/> 314		2022-03-03	MSP	TESTER,BETH	OSCAR,Pro Desk	NOSUB	00100	1.0	\$30.15	\$0.00	\$30.15	232	Edit
<input type="checkbox"/> 313		2022-03-03	MSP	TESTER,BETH	OSCAR,Pro Desk	NOSUB	00100	1.0	\$30.15	\$0.00	\$30.15	786	Edit

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

6. To edit a bill, click on the **Edit** word.

7. Example of the edit screen (this is a FFS Bill example).

oscarBilling - Correction				
Office Claim No	318	Last update:	Creator: OSCAR, Pro Desk	
Patient Information				
Patient Name: TESTER, BETH	Health# : 999999999 Type OT			
Sex: F	D.O.B. : 19760408			
Address: 2222 main st	City:			
Province: BC	Postal Code:			
Billing Information Data Center T0000 Payee Number: 1234 Practitioner Number: 12345 Bill Type: MSP				
Billing Type: Submitted	Billing Date: To:			
Change Type: <input type="text"/>	20220317 <input type="text"/>			
Clarification Code: <input type="text"/>	Billing Physician#: <input type="text"/>			
Visit Type: <input type="text"/>	Admission Date: <input type="text"/>			
Dependent Number: <input type="text"/>	New Program Ind: <input type="text"/>			
After Hours: <input type="text"/>	Time Call Recieved <input type="text"/>			
Service Time Start <input type="text"/>	Service Time Finish <input type="text"/>			
MVA <input type="text"/>	ICBC Claim Num: <input type="text"/>			
Facility Number <input type="text"/>	Facility Sub Number <input type="text"/>			
Service Code	Description	Unit	\$ Fee	Internal Adj.
00100	VISIT IN OFFICE (Age 2-49) (\$30.15) <input type="button" value="Recalculate"/>	1.0	30.15	Amount: <input type="text"/> <input type="checkbox"/> debit
<input type="button" value="Search/Update"/>				
Diagnostic Code		Referrals		
DX 1	SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND	1. <input type="text"/>	<input type="button" value="Search"/>	
786	OTHER CHEST SYMPTOMS	2. <input type="text"/>	<input type="button" value="Search"/>	
DX 2	<input type="text"/>			
DX 3	<input type="text"/>			
Payment Mode		Submission Code		
Fee For Service <input type="text"/>		0 Normal Submission <input type="text"/>		
Correspondence Code		Insurer Code		
None <input type="text"/>		None <input type="text"/>		
Claim Short Comment		Note		
<input type="text"/>		<input type="text"/>		
Billing Notes		Bill Transaction History		
<input type="text"/>		STAT	SEQ	INS PRACT BILL
			#	AMT TYPE AMT
		NOSUB	MSP TD	\$30.15 ELECTRONIC \$0.00
				UPDATED
				2022-03-17
				13:21:57.0
<input type="button" value="Reprocess Bill"/>		<input type="button" value="Resubmit Bill"/>		<input type="button" value="Settle Bill"/>
<input type="button" value="Reprocess and Resubmit Bill"/>				

If the Service Code needs to be adjusted?

Service Code	Description
00100	VISIT IN OFFICE (Age 2-49) (\$30.15) <input type="button" value="Recalculate"/>
<input type="button" value="Search/Update"/>	

8. 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	Fee For Service ▼
---------------------	-------------------

9. 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 '0'.
 - B. If **Alternate Funding** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of 'E'.
10. 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:

INVOICE	NAME	HEALTH #	BILLDATE	CODE	BILLED	DX	DX2	DX3	SEQUENCE	COMMENT
Billing Invoice for Billing No. 0 RECORDS PROCESSED				TOTAL: 0.00						
Billing Invoice for Billing No.12345				Payment date of 20220317						
313	TESTER,BETH	987561352	20220303	00100	30.15	786			0000313	
C02-P14 MSP P4N Wrong! C02-P103 C0N Insurer Code Wrong!										
314	TESTER,BETH	987561352	20220303	00100	30.15	232			0000314	
C02-P14 MSP P4N Wrong! C02-P103 C0N 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.

Generate Teleplan File2

- This displays the Generate Teleplan File2 screen.

Provider	Group Number	Creation Date	Claims/Records	Teleplan	MSP Filename	HTML Filename
		2022-03-17 13:23:07.0	4	Send	HC220317_132306_001	HC220317_132306_001.html

- Recommended to submit one provider at a time. **Select provider** from the drop down list. Click on the **Create Report** button.
- For the Encounter/Attachment/Shift records that you wish to send to MSP/Teleplan, click on the word **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 the 'oscarBC Billing' window. At the top, there are tabs for 'Patient', 'Test, Billing', 'Age 45', and 'Invoice List'. Below these are two dropdown menus: 'Billing Form' with 'Jane (FFS) Form' selected, and 'Billing Physician' with 'Doe (FFS) - MSP 88888, Jane' selected.

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) – MSP 88888, 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 (HHMM 24hr) (e.g. start time for the FFS block of time) – click in the Start field

Start (HHMM 24hr):

and simply type the time (e.g. 2:00pm, would be entered as 1400)

Time: End (HHMM 24hr) (e.g. end time for the FFS block of time) – click in the End field

End (HHMM 24hr):

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

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 in this guide on how to submit to MSP/Teleplan.

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:

- Click on Manage Teleplan.

Manage Teleplan

- 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

- In the left column, click on Edit Invoices.

Edit Invoices

- This opens the Edit Invoices window.

[Manage Provider List](#)
2022-3-17

MSP WCB Private ICBC

Select provider: Service Start Date: Service End Date: 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

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](#)

- 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

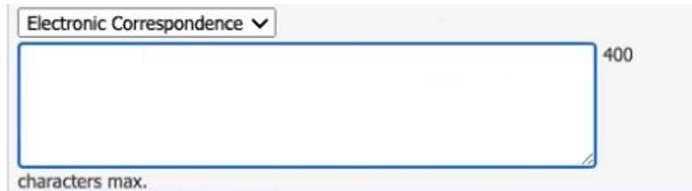
Select the appropriate code from the drop down list.

- ✓ 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 , 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: if you have the Provider Type of Doctor, you will have access to the Report By Templates (RBTs).

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



3. Click on Report by Template.
4. Click on SUPER Service CODE Search.

SUPER Service CODE Search
Service Codes over a period of time.

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

5. This opens the SUPER Service CODE Search.

Report By Template

SUPER Service CODE Search

Service Codes over a period of time.

Step 1:	Start date	<input type="text"/>	
Step 2:	Finish date	<input type="text"/>	
Step 3:	Service Code	<input type="text"/>	
Step 4:	Provider Name	<input style="border-bottom: 1px solid black;" type="text"/>	
Step 5:	Generate Query	<input type="button" value="Run Query"/> <input type="button" value="Export to CSV"/> <input type="button" value="Export to XLS"/>	

[View Template XML](#)
[Edit Template](#)
[Delete Template](#)
[Export Template to K2A](#)

6. Enter the desired criteria:

A. **Start date** – use the calendar icon to select the date.

B. **Finish date** – use the calendar icon to select the date.

C. **Service Code** – enter the Encounter, Attachment or Shift code.

D. **Provider Name** – select the provider from the drop down list.

E. **Generate Query** –

I. Run Query will display the results on the screen. The option to Export to CSV or Export to XLS will also be available.

II. Export to CSV will export the results as a CSV file to your computer.

III. 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	<input type="text" value="Search service codes"/>
Clinic	Doctors of BC 

[Back](#) [Save](#)

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: After creating a provider record, connect with Well Health as they will need to add the billing information (these fields have been locked down) and they will review the record to ensure it is set up correctly. Well Health will also ensure the Payment Method/Mode (0 or E) is set up correctly as well.

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:

User Management >

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

Add a Provider Record

- The Add Provider screen is displayed.

Add a Provider

Provider No.:

Last Name:

First Name:

Type (receptionist/doctor/nurse/resident/admin):

Has Schedule

Receives Ticklers

Specialty:

Credentials:

Team:

Sex(F/M):

DOB(yyyy-mm-dd):

Address:

Phone (home):

Phone (work):

Email:

Pager:

Cell:

Other Phone:

Fax:

Provincial Billing/MSP #:

3rd Party Billing #: 3rd Party Billing Only

Billing #:

Alternate Billing #:

Specialty Code #:

Group Billing #:

CPSID #:

Bill Center:

Self Learning Username:

Self Learning Password:

Status:

- 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 (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. [Note: this field is locked down, Well Health will help you to set up this part].
 - F. **Billing #** – enter the Payee Number that the provider is using for Encounter, Attachment and Shift reporting. [Note: this field is locked down, Well Health will help you to set up this part].
 - 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: After creating a provider record, connect with Well Health as they will need to add the billing information (these fields have been locked down) and they will review the record to ensure it is set up correctly.

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 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.:

Last Name:

First Name:

Type:
(receptionist/doctor/nurse/resident/admin):

Has Schedule

Receives Ticklers

Specialty:

Credentials:

Team:

Sex(F/M):

DOB(yyyy-mm-dd):

Address:

Phone (home):

Phone (work):

Email:

Pager:

Cell:

Other Phone:

Fax:

Provincial Billing/MSP #:

3rd Party Billing #: 3rd Party Billing Only

Billing #:

Alternate Billing #:

Specialty Code #:

Group Billing #:

CPSID #:

Bill Center:

Self Learning Username:

Self Learning Password:

Status:

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. [Note: this field is locked down, Well Health will help you to set up this part].

F. **Billing #** – enter the Payee Number that the provider is using for FFS. [Note: this field is locked down, Well Health will help you to set up this part].

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 **Administration**.

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



4. Click on Manage Billing Form.

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.

2. Scroll to the bottom and click on Edit Billing Preferences [Edit Billing Preferences](#).
3. This opens the Billing Preferences window.

Billing Preferences [Help](#) | [About](#) | [License](#)

Select Default Referral Type:

Auto-populate Referring Physician on Billing Form?

Select Default Billing Form:

Select Default Billing Provider:

Select Default Service Location:

4. The following useful defaults can be set for the provider:
 - A. Default Billing Form.
 - B. Default Billing Provider.
 - C. Default Service Location.

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 [Administration](#).
3. In the left column, click on Billing to expand the section:



4. Click on Manage Teleplan.
[Manage Teleplan](#)
5. Underneath Update Billing Codes, click Update.

Update Billing Codes

update

- 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
		Update Codes					Help About
	<input checked="" type="checkbox"/>	Code	OLD Fee	NEW Fee	Desc	Status	
Enable Print		25013	---	108.85	TELEHEALTH MALIGNANCY CONSULTATION-OTOLARYNGOLOGY	newCode	

- Note: Codes can be deselected/selected prior to updating, if required.
- 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.

If after running the Update Billing Codes, the service code is still missing, you can either contact the Well Health Team and they can add the code for you, or follow these steps:

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



- Click on Manage Billing Codes.

Manage Billing Codes

- Click on Add Code.

Billing	Adjust Billing Codes
Add Code	Billing Code <input type="text"/> <input type="button" value="Submit"/>

6. The Add Billing Code screen is displayed.

Billing	Add Billing Code
	Service Code: <input type="text"/> Description: <input type="text"/> Price: <input type="text"/> <input type="button" value="Add"/> <input type="button" value="Back"/>

7. Populate the fields –

- A. **Service Code** – enter the five digit code.
- B. **Description** – enter the description.
- C. **Price** – enter 0 as the Encounter, Attachment and Shift codes are all zero dollar.

8. Click Add

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 **Administration**.

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

Billing
>

4. Click on Manage Teleplan.

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.
7. If after running the update the ICD-9 code is missing, you can contact the Well Health Oscar Pro team and they can add the code for you.

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

Note: Location Codes are managed by the Well Health Oscar Pro team, and therefore the clinic can not add them or update them.

How to check which Location Codes are in Oscar Pro, and how to set the default for the whole clinic?

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 Billing Setting (scroll to the bottom of the Billing options).

Billing Settings

5. The Manage OSCAR Billing Settings screen is displayed.

Manage OSCAR Billing Settings

Auto-populate Referring Physician on Billing Form for All Providers?:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Set the minimum/maximum amount of invoices that can be created on one Create invoice form? (eg. Min: 3-6, Max: 3-6):	Min <input type="text" value="3"/> Max <input type="text" value="6"/>
Set the default Teleplan service location for new invoices:	L Longitudinal Primary Care
Display DX2/3 on the Create Invoice page by default?:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Display "B" Create Invoice link on Patient Search:	<input checked="" type="radio"/> Yes <input type="radio"/> No

Save

6. For the **Set the Default Teleplan service location for new invoices**, 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

7. To set the default Service Location is for the whole clinic, choose the Service Location from the list, and click Save.

How to set the default Service Location for a provider?

Can be found in the guide [here](#).

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
- EMR vendor support – Well Health Oscar Pro Support Desk 1-866-WELL-EMR (1-866-9355-367)
- 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
POLYMYALGIARHEUMATICA	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/STRAIN	844
ANKLE/FOOT SPRAIN	845
SACROILIAC STRAIN	846
BACK STRAIN/SPRAIN	847

DIAGNOSTIC CODES- FAMILY MEDICINE

NEUROLOGICAL	
ALZHIEMER'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
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DEMENTIA	331
CYCLOTHYMIA	301
DEPRESSION	311
DISSOCIATIVE DISORDERS	300
DYSTHYMIC DISORDER	300
EATING DISORDERS	307
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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
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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