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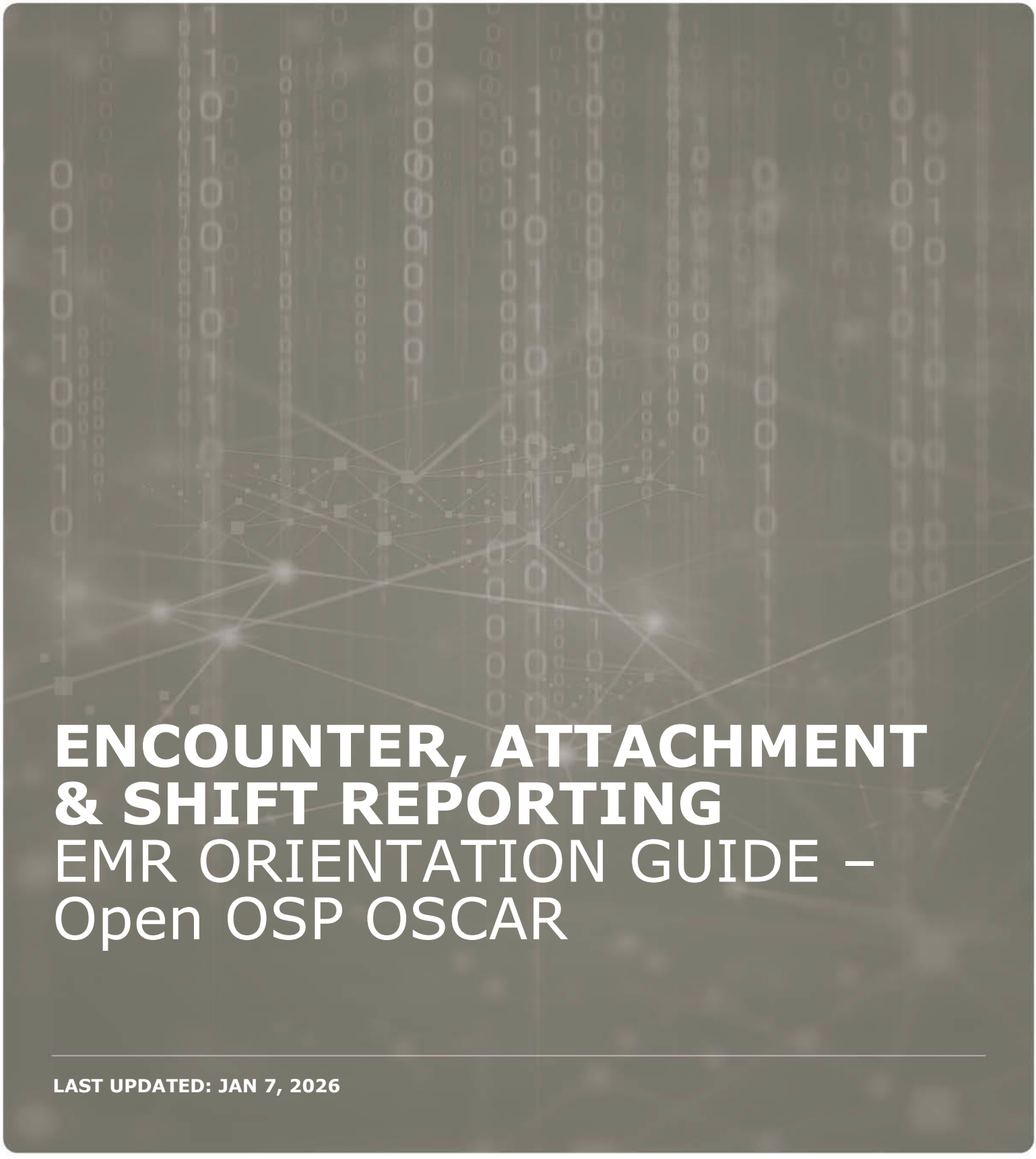


# ENCOUNTER, ATTACHMENT & SHIFT REPORTING
## EMR ORIENTATION GUIDE – Open OSP OSCAR

**LAST UPDATED: JAN 7, 2026**

# 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.

# 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 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.

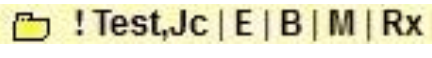
# Terminology

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 

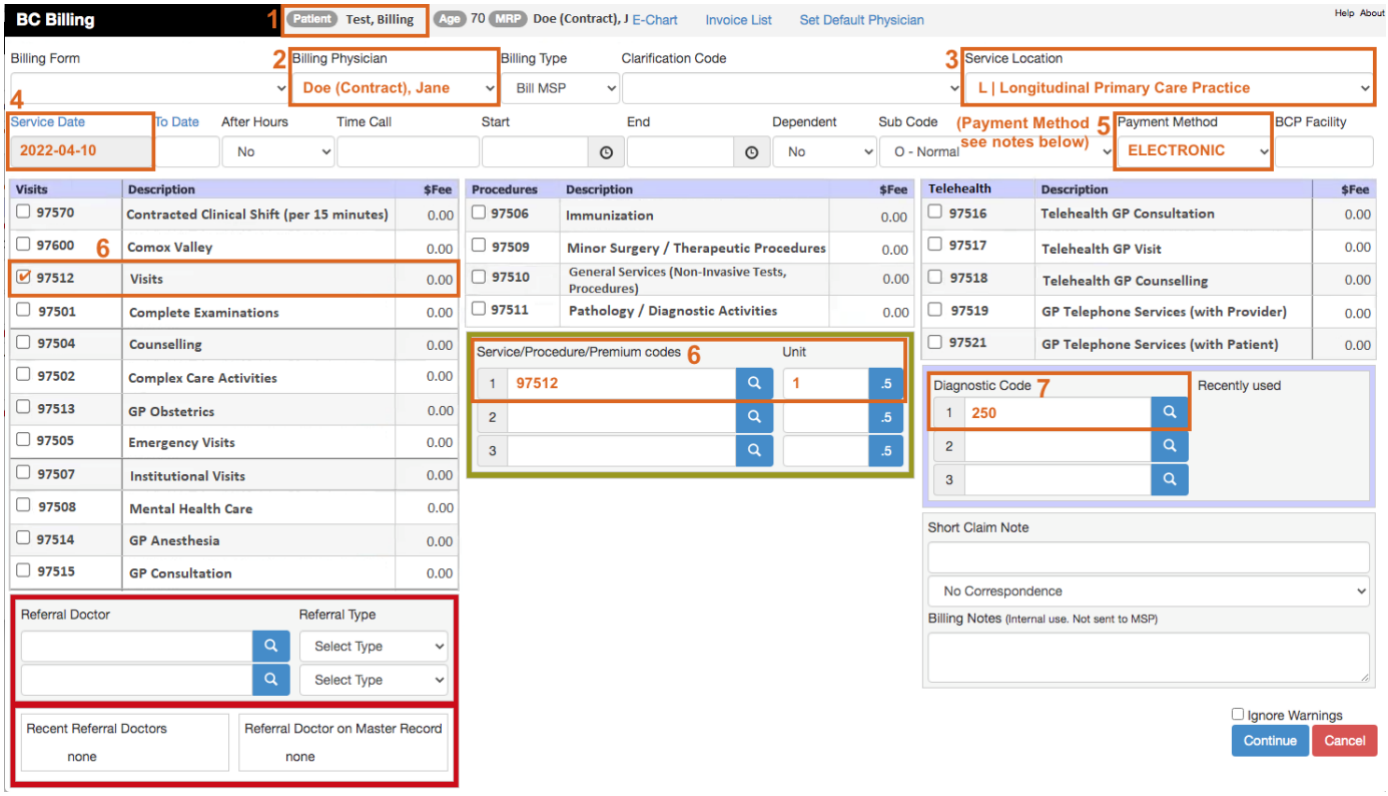
.

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

C. From the patients Master Record, click on Create Invoice 

.

Note: Example Billing Form below. How to create a Billing Form can be found here.




**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.


   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.

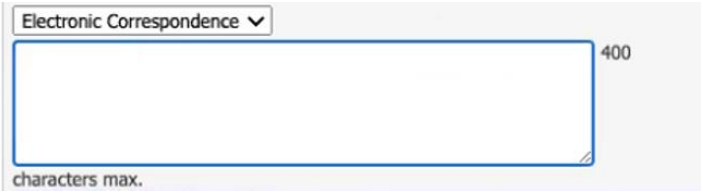
   Note: If you need to set up your Facility Number, please review the section in guide here.
   Note: Facility Number is optional for Encounter codes. However, submitting a Facility Number with an Encounter code is fine.

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 

, 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.

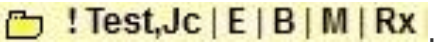
If everything looks fine, then you can save the bill, by clicking on 

.

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 

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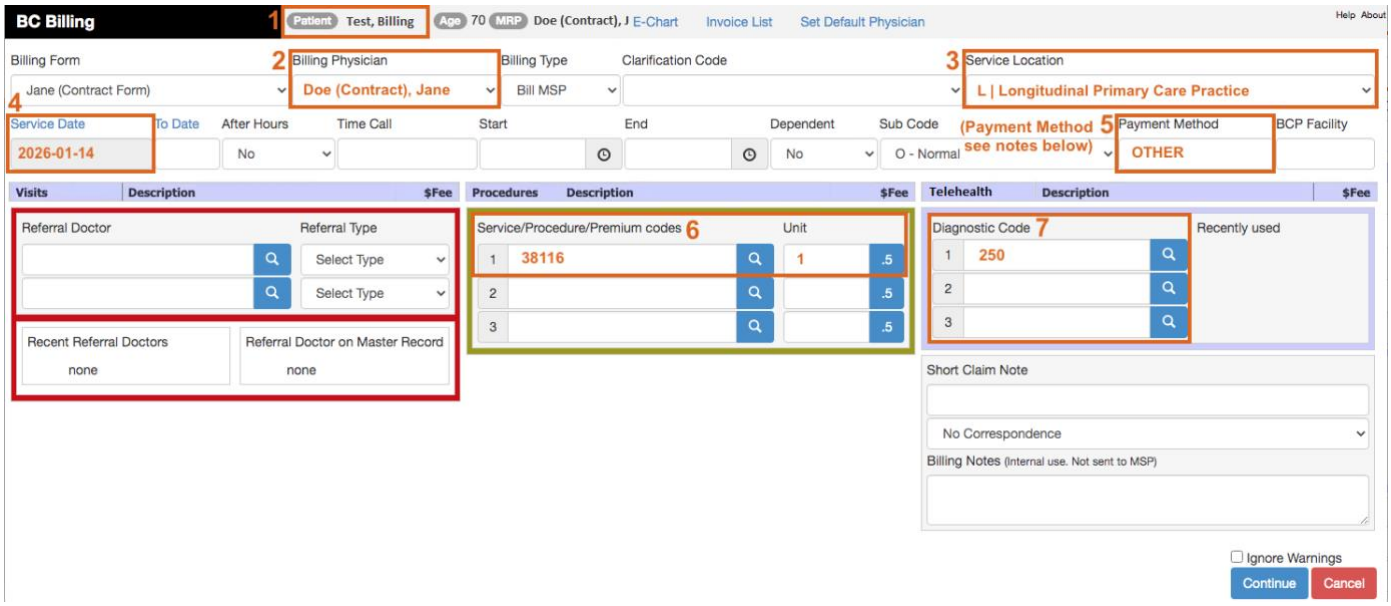
B. From the encounter note, click on the Sign, Save and Bill icon  .

C. From the patients Master Record, click on Create Invoice 

.

Note: Example Billing Form below. How to create a Billing Form can be found here.

**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.


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. 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:**

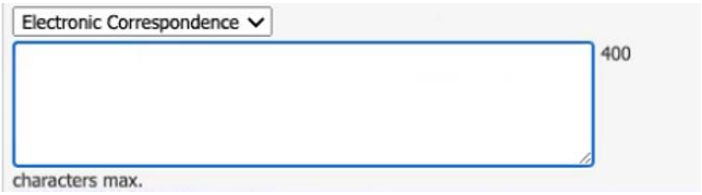
8. Facility (Facility Number) – The Facility Number will automatically populate if the Facility has been set up and the service code is linked to the Facility, or the Facility is linked to the provider.

   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 or search by name using the magnifying glass , 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 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.

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

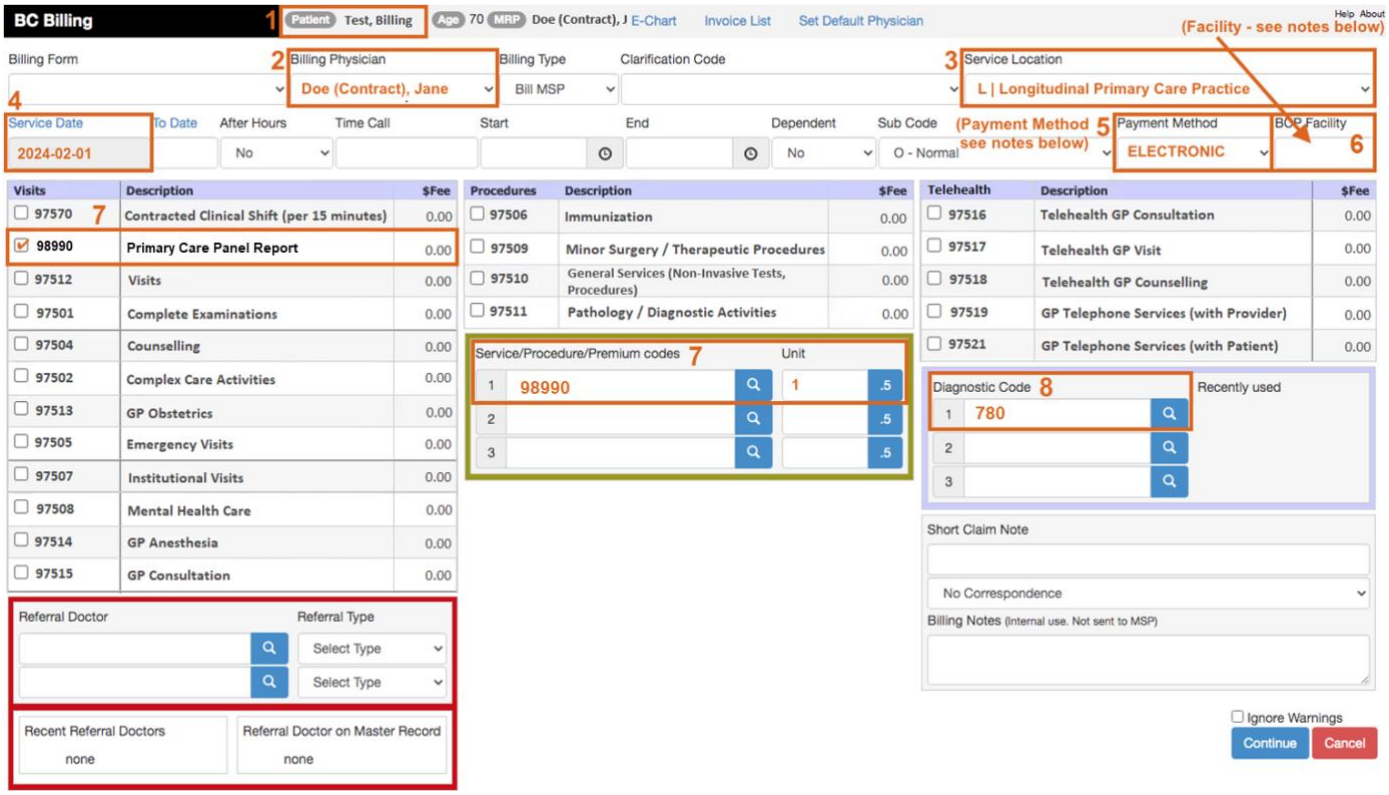
Access the billing window from the schedule, an encounter or the patient's Master Record.

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 .

Note: Example Billing Form below. How to create a Billing Form can be found here.




**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.


   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.

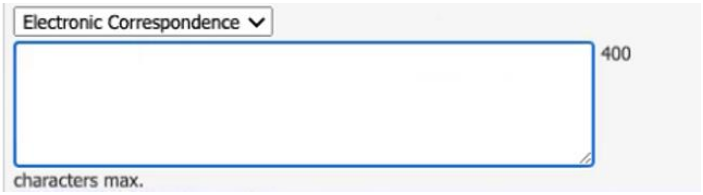

To search for an ICD-9 code, enter part of the code or a word in the field. Click on the magnifying glass and a list of codes will be displayed. Select the ICD-9 Code by checking the box next to the ICD-9 code.

**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 

, 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?

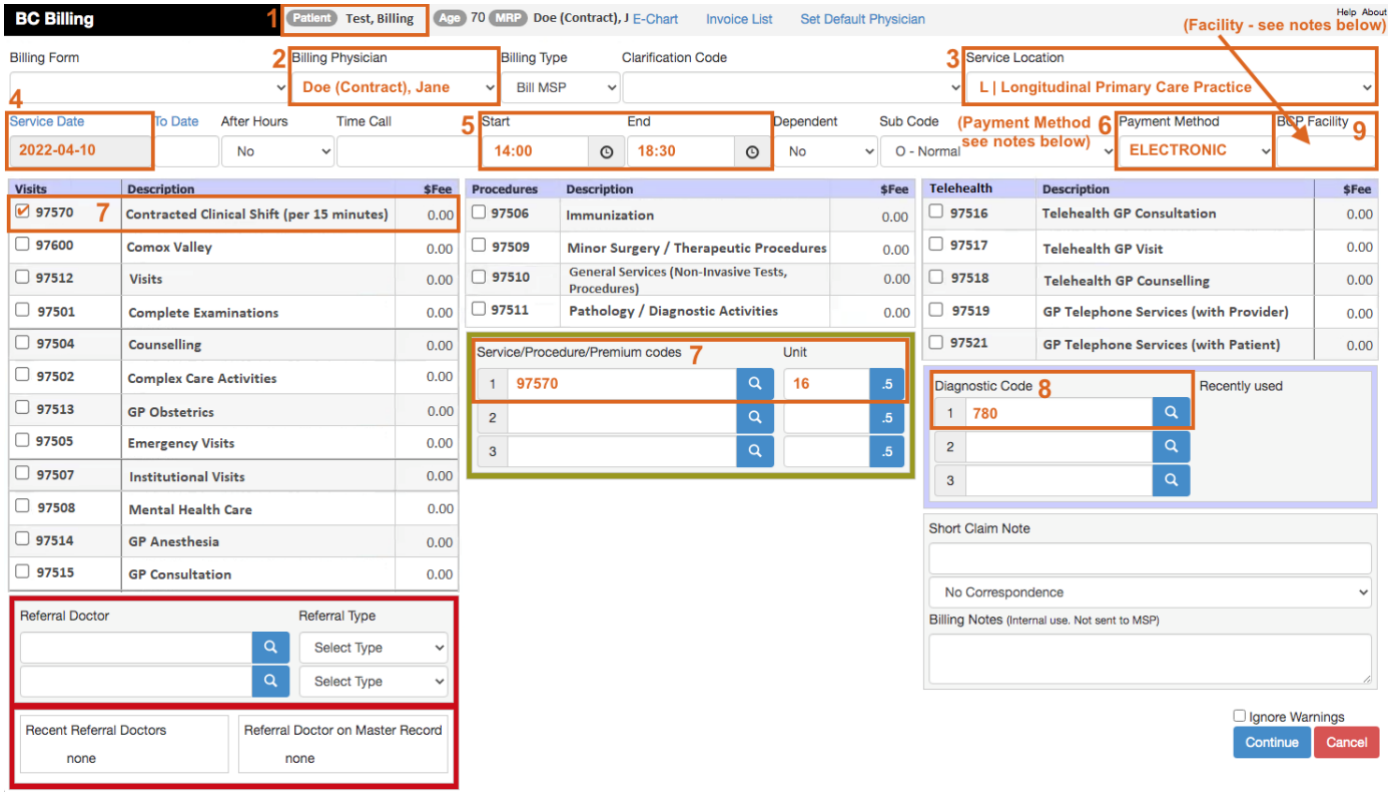
Access the billing window from the schedule, an encounter or the patient's Master Record.

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.

Note: Example Billing Form below. How to create a Billing Form can be found here.




**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.


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:**

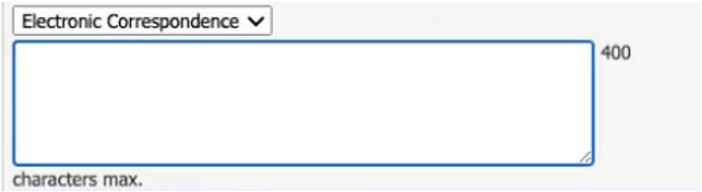
9. Facility (Facility Number) – The Facility Number will automatically populate if the Facility has been set up and the service code is linked to the Facility.

   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 

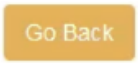
, and select Electronic Correspondence. An additional field will be displayed, where you enter the note for MSP/Teleplan.




    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 

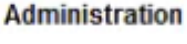
.

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

## 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 

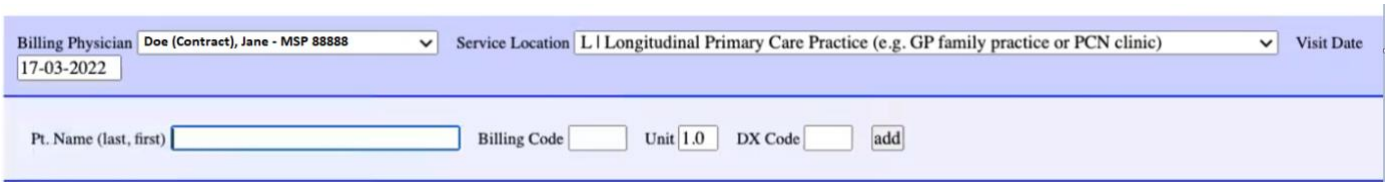
.

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


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




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 

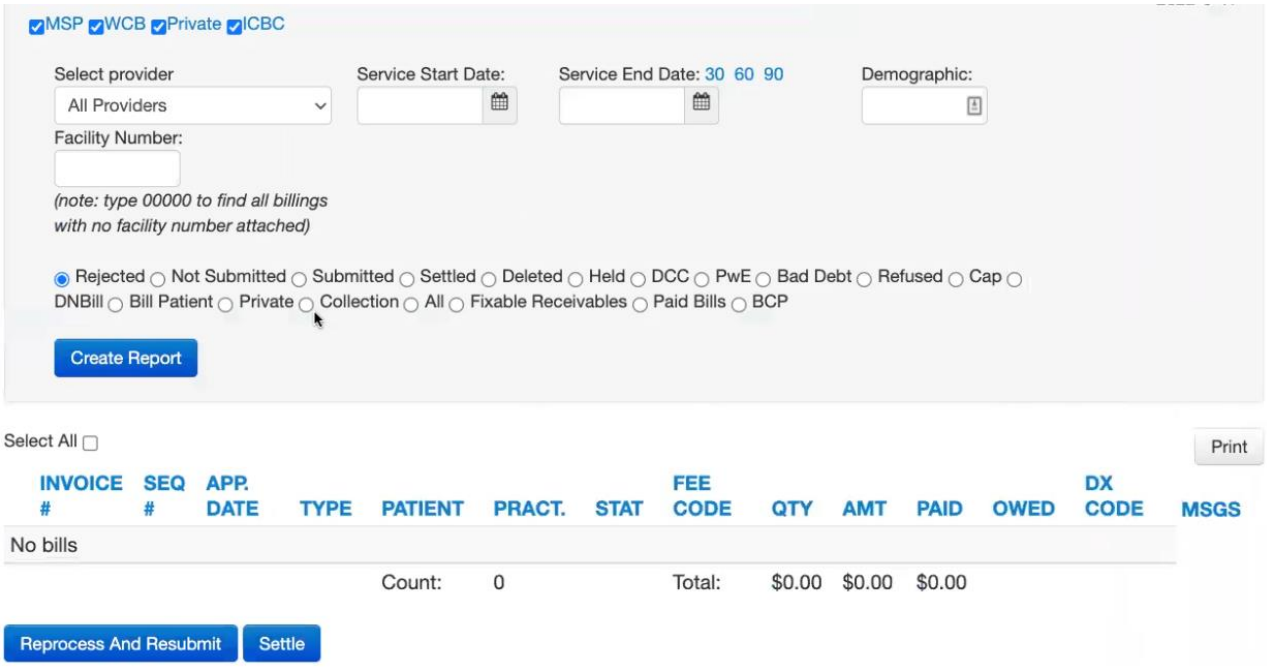
.

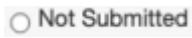
### How to edit invoices (bills)?

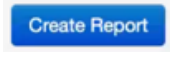
1. In the left column, click on Billing to expand the section:


2. Click on Edit Invoices.


3. The Edit Invoice screen is displayed.




4. Adjust the filters (e.g. Select Provider, and Service Dates) as required. Select Not Submitted 

. Click on the Create Report button 

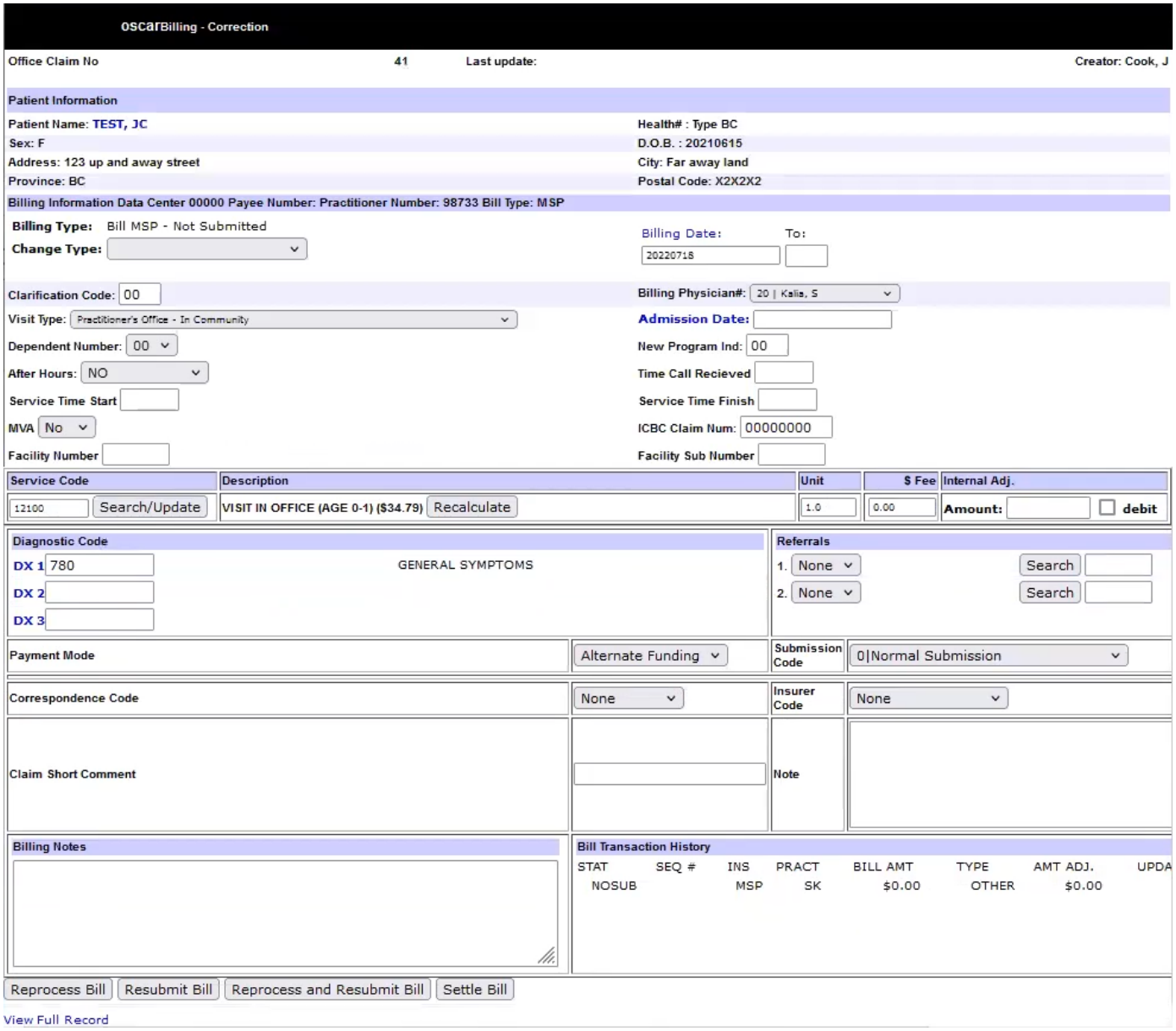
.

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

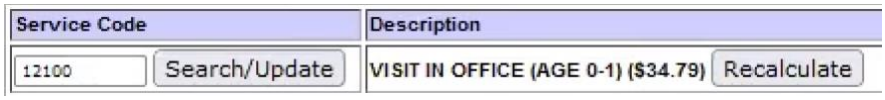
5. To edit a bill, click on the Edit word 

.

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




## If the Service Code needs to be adjusted?



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?**


8. Select the Payment Mode from the drop down list.

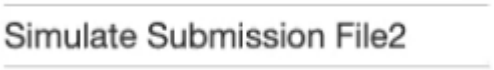
   A. If **Fee For Service** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of '0'.
   B. If **Alternate Funding** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of 'E'.

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.

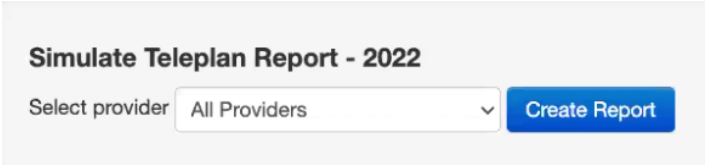
**How to review all the invoices (bills) prior to submitting to Teleplan and check for errors?**

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


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

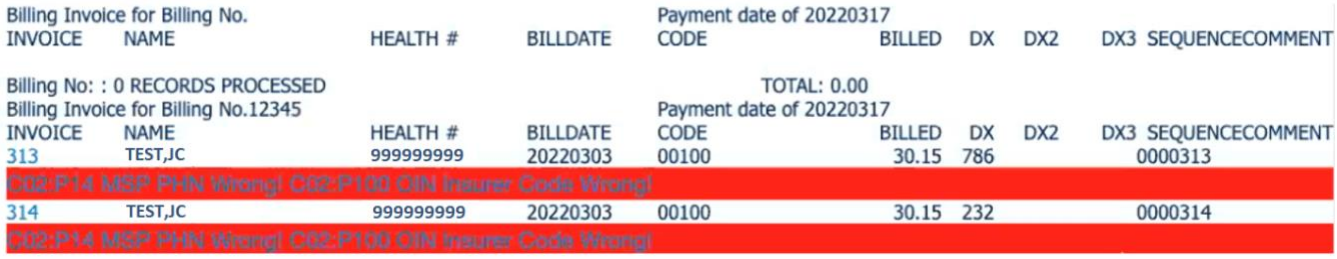



3. This displays the Simulate Submission File2 screen.




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 OIN Insurer Code Wrong! | | | | | | | | | |
| 314 | TEST,JC | 999999999 | 20220303 | 00100 | 30.15 | 232 | | 0000314 | |
| C02:P14 MSP PHN Wrong! C02:P100 OIN Insurer Code Wrong! | | | | | | | | | |

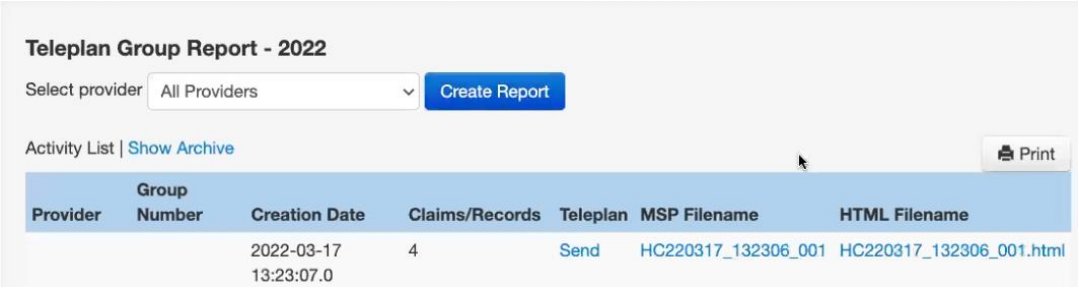
6. The red lines highlight errors. Click on the red line to open the bill (invoice) where you can edit the record.

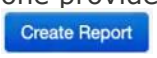
**How to submit the Encounter/Attachment/Shift (bills) to MSP/Teleplan?**

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


2. Click on the Generate Teleplan File2.


3. This displays the Generate Teleplan File2 screen.




4. Recommended to submit one provider at a time. Select provider from the drop down list. Click on the Create Report button 

.

5. 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

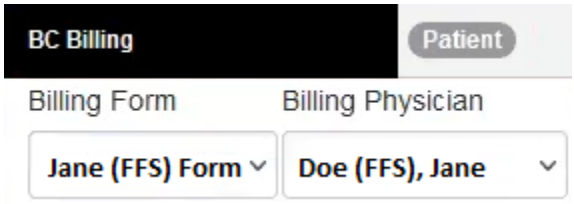
## 7. How to submit occasional FFS bills?

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.




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).

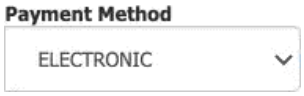
   Time: Start (e.g. start time for the FFS block of time) – click in the Start field 

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'.




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 

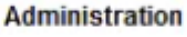
.
10. The FFS bill is now ready to be sent to MSP/Teleplan. See the steps on how to submit to MSP/Teleplan here.

# Troubleshooting

## 8. How to adjust and resubmit rejected records?

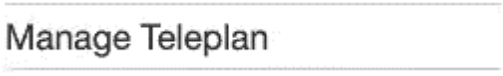
Note: Rejection codes and explanations can be found here.

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 

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

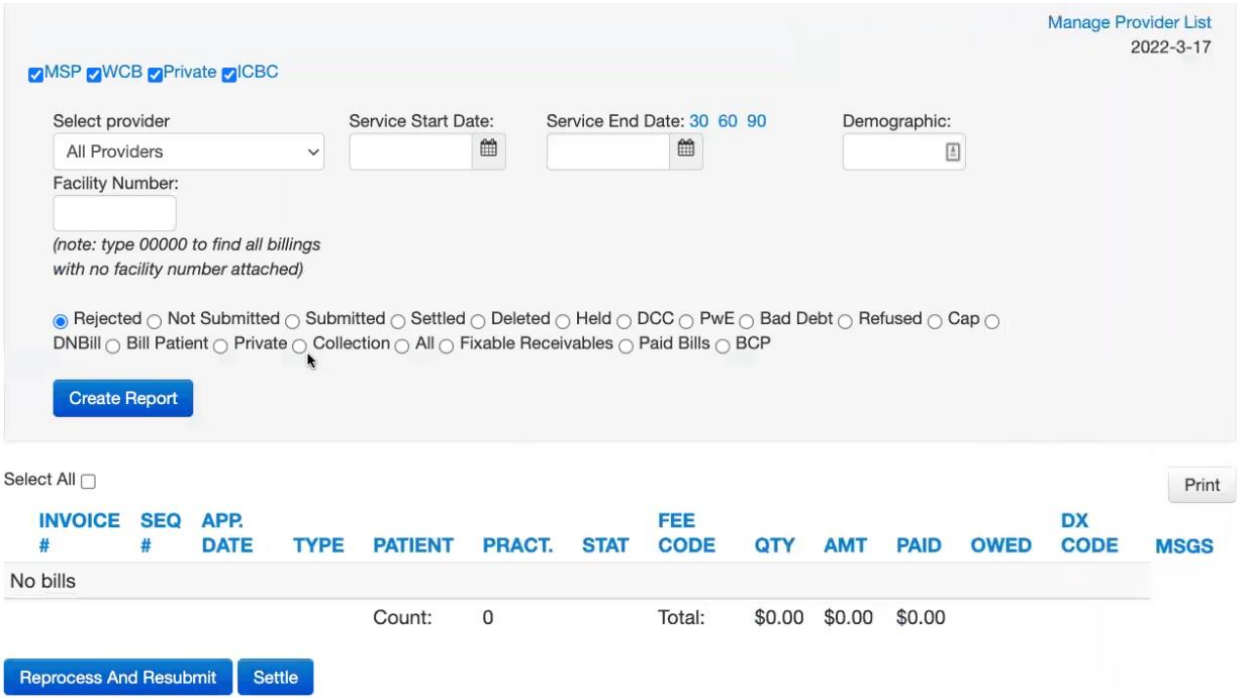

4. Click on Manage Teleplan.




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.


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


7. This opens the Edit Invoices window.




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

   Select Rejected 

. Click on the Create Report button 

.

9. The rejection explanatory codes will be adjacent to the MSGS column.
10. To edit a bill, click on the word 

.

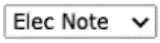
    Note: On the Bill screen underneath Office Claim No, it will display the rejection code and the rejection description.

**If the Payment Mode needs to be adjusted:**

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

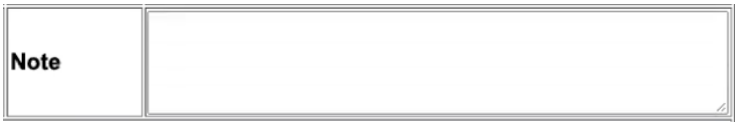

A. If **Fee For Service** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of '0'.
B. If **Alternate Funding** is selected the bill will be sent to MSP/Teleplan with the Payment Mode of 'E'.

**If a note is required:**

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

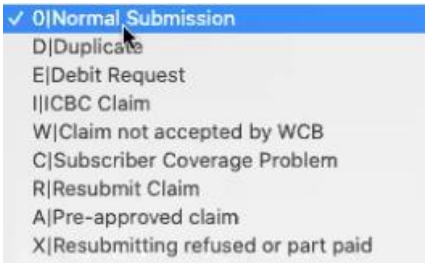
.

13. Note - enter the text in this field.




**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'.




15. After all adjustments have been made, click on the Reprocess and Resubmit Bill button 

, 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.

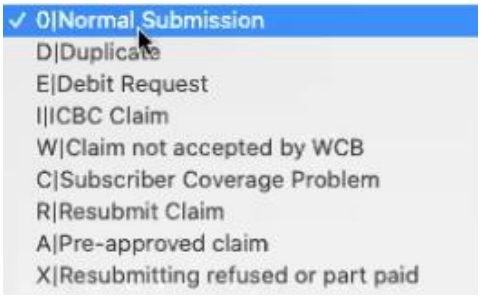
2. HIBC are likely to provide you with the Submission Code to use.

**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.


Select the appropriate code from the drop down list.

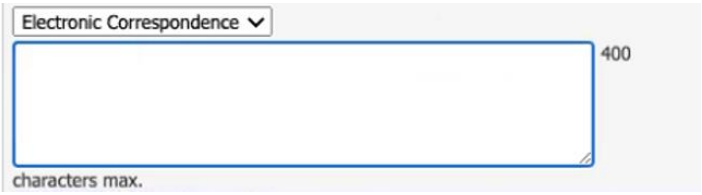



5. Notes – If needed, notes can be provided with the claim.

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.




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).

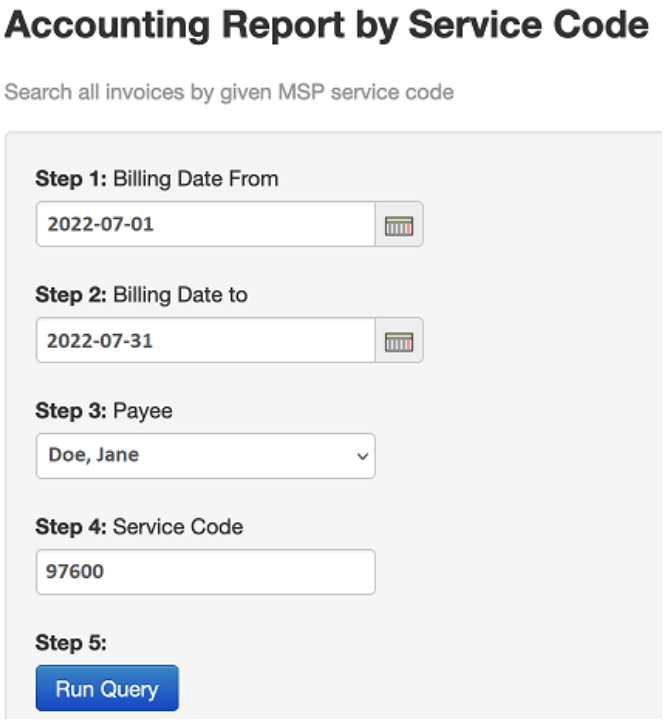
Note: the following steps are for Open OSP only. Please reach out to your Oscar service provider for your report options.

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.



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 

.

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.

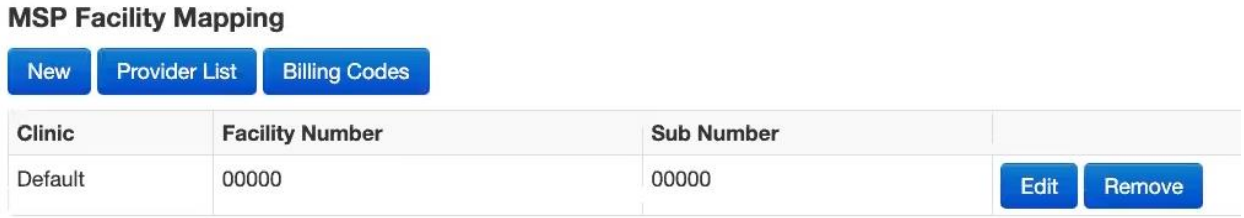
1. Note: you need to have administrative access for this.

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).


5. The MSP Facility Mapping screen is displayed.




6. To add a new Facility, click New.


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.

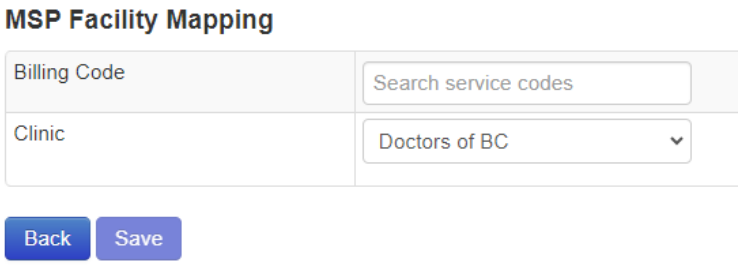
8. Click Save.

**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.




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.

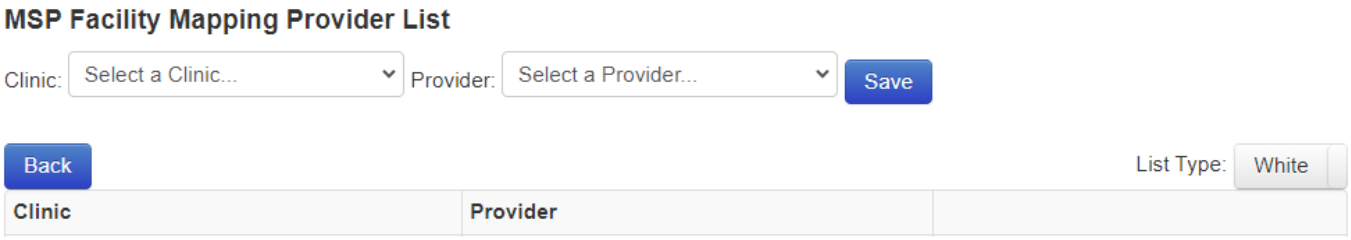
5. Click Save.

**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.




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.

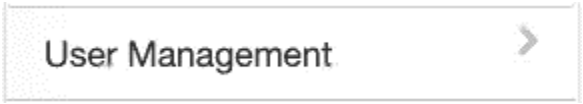
## 12. How to set up a provider so they can submit Encounter/Attachment/Shift records?

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

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

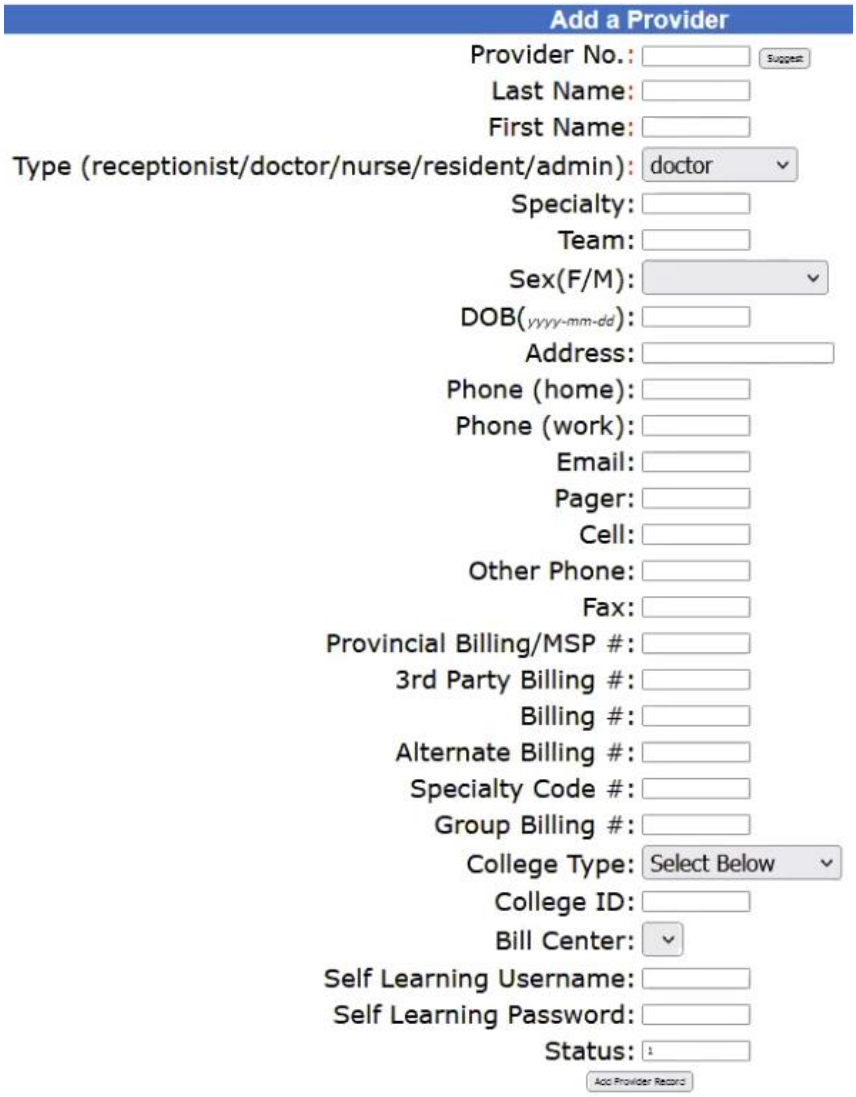
2. From the main EMR page click on Administration .

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.


5. The Add Provider screen is displayed.




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.

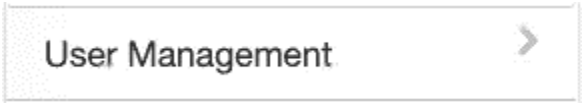
## 13. How to set up a physician so they can submit occasional FFS?

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.

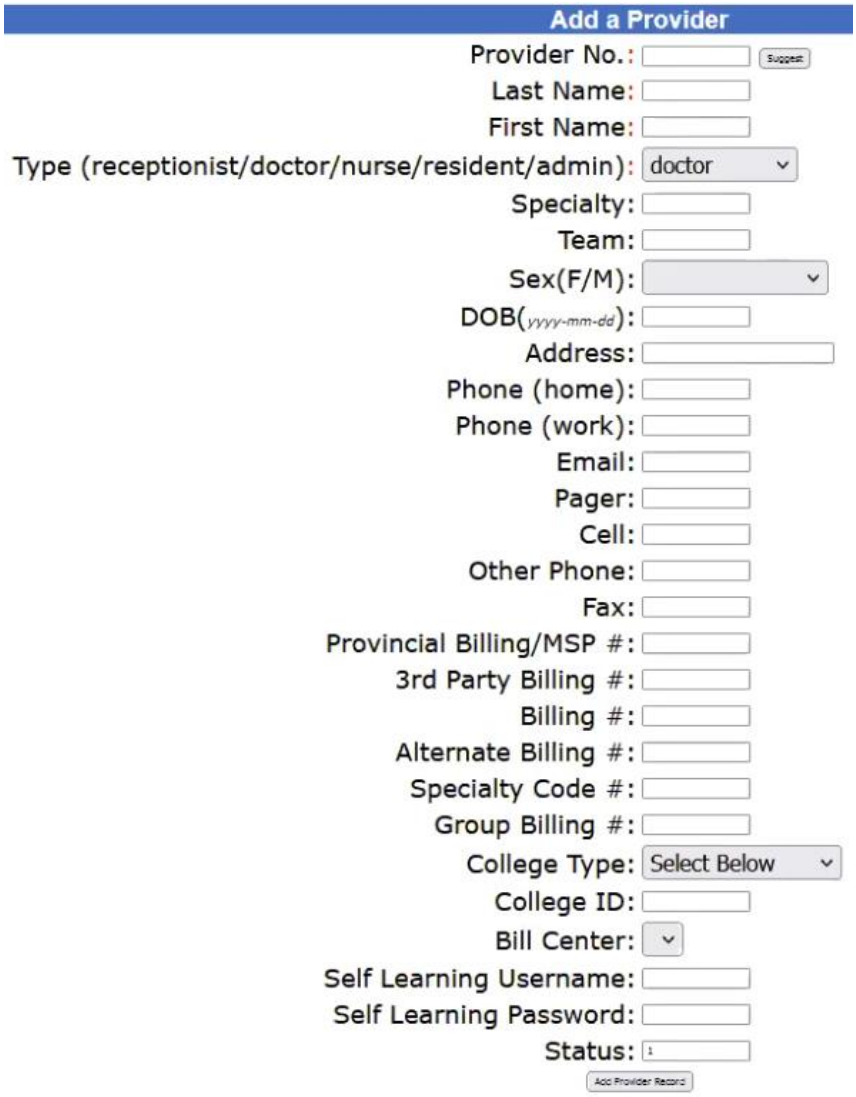
2. From the main EMR page click on **Administration** .

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.


5. The Add Provider screen is displayed.




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.

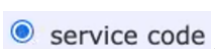
Set up the locum in the same way as setting up a provider so they can submit either Encounter/Attachment/Shift reporting or FFS (see above).

## 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 

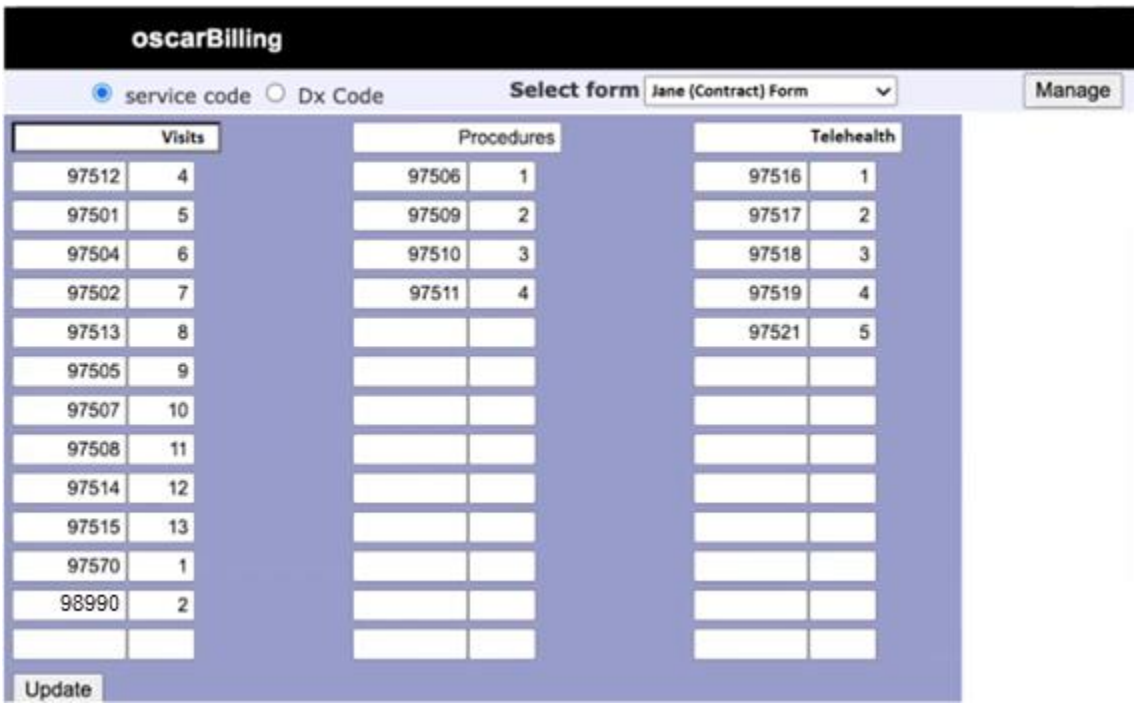
.

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:




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.


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

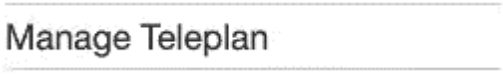
Note: This is not done automatically and is a manual process as needed. The recommendation is to run this once a month.

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:


4. Click on Manage Teleplan.




5. Underneath Update Billing Codes, click Update.


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


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.

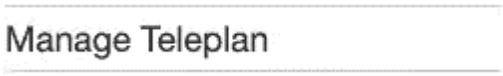
If after running the Update Billing Codes the service code is still missing, please contact your Oscar service provider.

## 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.

# 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 |
| DYSRYTHMIA | 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 |

| 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 SPRAIN/STRAIN | 844 |
| ANKLE/FOOT SPRAIN | 845 |
| SACROILIAC STRAIN | 846 |
| BACK STRAIN/SPRAIN | 847 |

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**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 |
| 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 |