LONGITUDINAL FAMILY PHYSICIAN (LFP) PAYMENT MODEL

EMR ORIENTATION GUIDE

TELUS HEALTH – MED ACCESS

Contents

DISCLAIMER

This document is a general guide only and is not intended to replace EMR vendor set up and training.

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

We have made every effort to ensure that this guide represents the best available information about the Longitudinal Family Physician (LFP) Payment Model. Physicians are personally responsible for all claims submitted under their practitioner number. As such, it is important that you read the LFP Payment Schedule. Physician billing is subject to the auditing authority of the Medical Services Commission.

Overview

DTO, PSP and Doctors of BC Billing Support Team in collaboration with TELUS Health Med Access have developed this EMR orientation guide that outlines how to enter the LFP payment codes using a step-by-step approach into your EMR application. Screenshots have been included to demonstrate how to use the EMR to complete each step.

Key Steps / Key Tips

- **LFP Payment Schedule** can be found here: LFP Payment Schedule

- For detailed **billing** information, including the Simplified LFP Guide and a Billing Question Library, go to the BC Family Doctors website (login required). You can also send an email to: FP.Billing@doctorsofbc.ca

- **For assistance or inquiries** about the 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**.

- 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).

Section 1 – LFP Payment Model and Billing

How to submit your LFP Enrolment Code?

To enroll in the LFP Payment Model, submit the Enrolment Code (**98000**), and then submit annually between January 1st and March 31st to confirm/continue your eligibility within the LFP Payment Model. This Enrolment Code is submitted to Health Insurance BC via Teleplan.

If not already created, create a patient with the following information:

- PHN: 9694105066
- Patient Surname: Portal
- First name: LFP
- Date of Birth: January 1, 2023

Use the following ICD-9 code:

- ICD-9 code: L23

To submit your annual LFP Enrolment Code:

1. Patient Name - Select the patient with surname of **Portal**, first name **LFP.**

2. Billing Provider (name) – If not automatically populated, select from the drop-down list.

   NOTE: The provider's MSP number is stored in the providers record in the Billing Number field.

3. Billing Item (Enrolment Code) – enter the Enrolment Code **98000** in the Code field. Click on the binoculars and the description will automatically populate if the code is in Med Access. Otherwise, a new window will open allowing you to find the correct code.

4. Date - will automatically populate. You can adjust the date by either typing the date or clicking on the calendar icon and selecting the date.

5. Insurer (and Patient's PHN) – check that the Insurer is BC following by the patient's PHN.

6. Diagnosis (ICD-9 code) – enter the ICD-9 code **L23**, which will auto-populate the description **LFP Payment Model**.

7. Payee # (MSP payee number) – if the provider only has one payee number, this will be the default. If the provider has more than one payee number, it will default to the payee number that has the lowest sequence number. Otherwise, select the payee number that you will use for your LFP billing.

8. Location (service location code) – select the location from the drop-down list. 'L - Longitudinal Primary Care Practice', is likely to be the option.

Click `Create Bill` to create the bill with a Pending state, or `Approve Bill` to create and submit.

How to submit your LFP Setting Registration Code(s)?

To register for the LFP clinic-based setting and the LFP facility-based settings, submit the applicable Setting Registration Code(s), and then submit annually between January 1st and March 31st to confirm/continue your eligibility within the LFP Payment Model. These Setting Registration Codes are submitted to Health Insurance BC via Teleplan.

NOTE: 98002 - LFP Clinic-based Services Registration Code is **mandatory** and must be billed.

The additional codes are as follows:

> **98003** - LFP Long-term Care and Palliative Care Facility Services Registration Code
>
> **98004** - LFP Inpatient Services Registration Code
>
> **98006** - LFP Pregnancy & Newborn Services Registration Code

Use the same patient used with 98000 Enrolment Code for all the Setting Registration Codes:

- PHN: 9694105066

- Patient Surname: Portal
- First name: LFP
- Date of Birth: January 1, 2023

Use the following ICD-9 code:

- ICD-9 code: L23

NOTE: The example in the image shows the LFP Clinic-based Services Registration Code (**98002**)

To submit your annual Setting Registration Code(s):

1. Patient Name – Select the patient with surname of **Portal**, first name **LFP**.

2. Billing Provider (name) – If not automatically populated, select from the drop-down list.

    NOTE: The provider's MSP number is stored in the providers record in the Billing Number field.

3. Billing Item (Setting Registration Code) – enter the Setting Registration Code (e.g. **98002)** in the Code field. Click on the binoculars and the description will automatically populate if the code is in Med Access. Otherwise, a new window will open allowing you to find the correct code.

4. Date - will automatically populate. You can adjust the date by either typing the date or clicking on the calendar icon and selecting the date.

5. Insurer (and Patient's PHN) – check that the Insurer is BC following by the patient's PHN.

6. Diagnosis (ICD-9 code) – enter the ICD-9 code **L23**, which will auto-populate the description **LFP Payment Model**.

7. Payee # (MSP payee number) – if the provider only has one payee number, this will be the default. If the provider has more than one payee number, it will default to the payee number that has the lowest sequence number. Otherwise, select the payee number that you will use for your LFP billing.

8. Location (service location code) – select the location from the drop-down list. 'L - Longitudinal Primary Care Practice', is likely to be the option.

9. MSP Facility - A Facility Number is required to submit LFP Setting Registration Codes. A physician can obtain the Facility Number from the physician responsible for administration of the clinic.

   NOTE: If you need to set up the facility number, see the section: How to set up the Facility Number?

Click Create Bill to create the bill with a Pending state, or Approve Bill to create and submit.

How to submit your LFP Transition Code?

NOTE: A community longitudinal family physician submits this code **after** the Enrolment Code to indicate that they do not yet meet the requirement – "ensure that Clinic Non-panel Services are no more than 30% of LFP Clinic-based Services".

By submitting this code, the physician confirms that they are actively transitioning their practice to meet the requirement as per the LFP Payment Schedule by September 30, 2025.

A physician submits the Transition Code (**98001**) in the same way as the enrolment code, except use the code **98001** and the patient below.

If not already created, create a patient with the following information:
- PHN: 9753035697
- Patient Surname: Portal
- First name: GPSC
- Date of Birth: January 1, 2013

Use the following ICD-9 code:

- ICD-9 code: L23

NOTE: Transition Form must be filled in and submitted as well.

How to submit your LFP Locum Enrolment Code?

NOTE: A physician who meets the LFP Locum Eligibility Criteria may enroll in the LFP Payment Model as an LFP Locum by submitting the LFP Locum Enrolment Code (**98005**) to Health Insurance BC (HIBC) via Teleplan. Then submit annually between January 1st and March 31st to confirm your eligibility within the LFP payment plan. Please see LFP Payment Schedule for details on submission.

Locums submit their LFP Locum Enrolment Code in the same way as host physicians submit their Enrolment Code, except use **98005**.

If not already created, create a patient with the following information:

- PHN: 9694105066
- Patient Surname: Portal
- First name: LFP
- Date of Birth: January 1, 2023

Use the following ICD-9 code:

- ICD-9 code: L23

NOTE: Locum Registration Form must be filled in and submitted as well.

How to submit your Locum LFP Setting Registration Code(s)?

Locums submit their LFP Setting Registration Codes in the same way as host physicians.

To register for the LFP clinic-based setting and the LFP facility-based settings, submit the applicable Setting Registration Code(s), and then submit annually between January 1st and March 31st to confirm/continue your eligibility within the LFP Payment Model. These Setting Registration Codes are submitted to Health Insurance BC via Teleplan.

NOTE: Locums can provide LFP Clinic-based Services **and/or** LFP Facility-based services.

The Setting Registration Codes are as follows:

98002 - LFP Clinic-based Services Registration Code

98003 - LFP Long-term Care and Palliative Care Facility Services Registration Code

98004 - LFP Inpatient Services Registration Code

98006 - LFP Pregnancy & Newborn Services Registration Code

Use the same patient used with 98005 Enrolment Code for all the Setting Registration Codes:

- PHN: 9694105066
- Patient Surname: Portal
- First name: LFP
- Date of Birth: January 1, 2023

Use the following ICD-9 code:

ICD-9 code: L23

NOTE: Ensure a facility number is populated in the submission. A locum can use the facility number of any clinic associated with one of their host physicians.

MSP Facility ✖

Clinic Facility # ⌄

How to submit LFP Time Codes?

NOTE: For the complete list of LFP Time Codes please see the LFP Payment Schedule.
NOTE: The example in the image shows the Clinic-based Direct Patient Care Time Code (**98010**)

To submit an LFP Time code, you populate the bill window as follows:

1. Patient Name –
   NOTE: Starting February 23, 2026, all claims for LFP time codes, **with dates of service on or after February 23, 2026**, are to be submitted on a new generic personal health number (PHN). The generic PHN will apply to all time codes billed, including Direct Patient Care, Indirect Patient Care, Clinical Administration, and Travel, for any setting under the Model.

   - PHN: 9646191917
   - Patient Surname: Time
   - First name: LFP
   - Date of Birth: January 1, 2005

2. Billing Provider (name) – If not automatically populated, select from the drop-down list.

NOTE: The provider's MSP number is stored in the providers record in the Billing Number field.

3. Billing Item – enter the Time Code in the Code field. Click on the binoculars and the description will automatically populate if the code is in Med Access. Otherwise, a new window will open allowing you to find the correct code.
   (i) Use **98010** for LFP Clinic-based Direct Patient Care Time
   (ii) Use **98011** for LFP Indirect Patient Care Time
   (iii) Use **98012** for LFP Clinical Administration Time

   NOTE: For the complete list of LFP Time Codes please see the LFP Payment Schedule
   NOTE: The example in the image shows the Clinic-based Direct Patient Care Time Code (**98010**)

4. Start and End Times (for the Time Code) – Click on the clock icon to open a new pop up window, and enter the start and end times (e.g. 9:00 am, would be entered as 09:00 AM and 5:30pm would be entered as 05:30 PM)
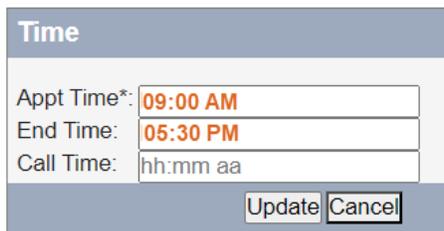
5. Calls (qty): Enter the number of Time Units. 15 minutes equates to 1 Time Unit.

   Example for Clinic-based Direct Patient Care:
   FP starts work at 9:00am and finishes work at 5:30pm, which is a total of 8 hours 30 mins
   FP takes a lunch break of 30 mins
   Total hours of Clinic-based Direct Patient Care under LFP Payment Model = 8 hours
   Time Units (number of 15 mins) = 8 (hours) x 4 (15 mins) = 32

6. Date - will automatically populate. You can adjust the date by either typing the date or clicking on the calendar icon and selecting the date.

7. Insurer (and patient's PHN) – will automatically populate with the patient's PHN and insurer, which is based on the patient's PHN number.

8. Diagnosis (ICD-9 code) – enter the diagnosis ICD-9 code **L23** in the Code field. Click on the binoculars and the description will automatically populate if the code is in Med Access. Otherwise, a new window will open allowing you to find the correct code.

9. Payee # (MSP payee number) – if the provider only has one payee number, this will be the default. If the provider has more than one payee number, it will default to the payee number that has the lowest sequence number. Otherwise select the payee number that you use for your LFP billing.

10. Location (service location code) – select the location from the drop-down list. 'L - Longitudinal Primary Care Practice', is likely to be the option.

11. Rural Retention – If applicable, select your community for the Rural Retention Program (RRP) from the drop-down list.

12. MSP Facility – A Facility Number is required to submit claims under the LFP Payment Model. A physician can obtain the Facility Number from the physician responsible for administration of the clinic.

> **NOTE:** If you need to set up the facility number, see the section: How to set up the Facility Number?

Click Create Bill to create the bill with a Pending state, or Approve Bill to create and submit.

How to submit LFP Locum Time Codes?

Locums submit their time codes in the same way as host physicians, except for the following differences:

1. Referred From – The MSP Practitioner number of the LFP Host Physician is required on all Locum Time Codes when a physician is providing LFP Locum Services, therefore select the host physician.

2. Billing Item – enter the Time Code in the Code field. Click on the binoculars and the description will automatically populate if the code is in Med Access. Otherwise, a new window will open allowing you to find the correct code.
   (i) Use **98040** for LFP Locum Clinic-based Direct Patient Care Time
   (ii) Use **98041** for LFP Locum Indirect Patient Care Time
   (iii) Use **98042** for LFP Locum Clinical Administration Time

   NOTE: For the complete list of LFP Locum Time Codes please see the LFP Payment Schedule.

3. MSP Facility – use the same Facility Number as the host physician's clinic.

How to submit LFP Physician-Patient Interaction Codes?

In addition to billing LFP Time Codes or LFP Locum Time Codes, a physician also bills for physician-patient interactions using a Patient Interaction Code or Locum Patient Interaction Code. Please refer to the LFP Payment Schedule for a list of available codes.

To submit a Patient Interaction Code, you populate the bill window as follows:

1. Patient Name - will automatically populate.

2. Billing Provider (name) – If not automatically populated, select from the drop-down list.
   NOTE: The provider's MSP number is stored in the providers record in the Billing Number field.

3. Billing Item (code) – enter the Patient Interaction Code in the Code field. Click on the binoculars and the description will automatically populate if the code is in Med Access. Otherwise, a new window will open allowing you to find the correct code. To add additional Patient Interaction Codes, click on the icon, and a new line will display, repeat step 3.

4. Date - will automatically populate. You can adjust the date by either typing the date or clicking on the calendar icon and selecting the date.

5. Insurer (and patient's PHN) – will automatically populate with the patient's PHN and insurer, which is based on the patient's PHN number.

6. Diagnosis (ICD-9 code) - enter the diagnosis ICD-9 code in the Code field. Click on the binoculars and the description will automatically populate if the code is in Med Access. Otherwise, a new window will open allowing you to find the correct code.

   To add additional diagnosis codes, click on the [icon] icon, and a new line will display, repeat step 6.

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

   ICD-9 code listing can be found here: Comprehensive ICD-9 Code Listing

7. Payee # (MSP payee number) – if the provider only has one payee number, this will be the default. If the provider has more than one payee number, it will default to the payee number that has the lowest sequence number. Otherwise select the payee number that you are using for your LFP billing.

8. Location (service location code) – select the location from the drop-down list. 'L - Longitudinal Primary Care Practice', is likely to be the option.

9. Rural Retention – If applicable, select your community for the Rural Retention Program (RRP) from the drop-down list.

10. MSP Facility - A Facility Number is required to submit claims under the LFP Payment Model. A physician can obtain the Facility Number from the physician responsible for administration of the clinic.

    NOTE: If you need to set up the facility number, see the section: How to set up the Facility Number?

Click [Create Bill] to create the bill with a Pending state, or [Approve Bill] to create and submit.

How to submit LFP Locum Patient Interaction Codes?

Locums submit their Patient Interaction Codes in the same way as host physicians, except for the following differences:

1. Billing Item – locums use a different set of Patient Interaction codes, see the LFP Payment Schedule.

2. MSP Facility – use the same Facility Number as the host physician's clinic.

Any Special Situations?

What to enter if seeing a patient twice in one day?

Occasionally, a patient will visit a physician more than once on the same day.

When this occurs in a clinic-based setting, Clinic-based Direct Patient Care Time (**98010**) or Locum Clinic-based Direct Patient Care Time (**98040**) is billable; and a second Patient Interaction Code or Locum Patient Interaction Code is not billable, unless the second visit is:

(i) for a new condition; or
(ii) in a new setting; or
(iii) because the condition has worsened significantly and requires a new assessment, management or procedure.

To submit more than one interaction code for the same patient on the same calendar day:

1. Both interactions must include start and end times.

    Start and End Times (for both interactions) – Click on the clock icon to open a new pop up window, and enter the start and end times (e.g. 11:00 am, would be entered as 11:00 AM and 11:30am would be entered as 11:30 AM)

Time	
Appt Time*:	11:00 AM
End Time:	11:30 AM
Call Time:	hh:mm aa
	Update Cancel
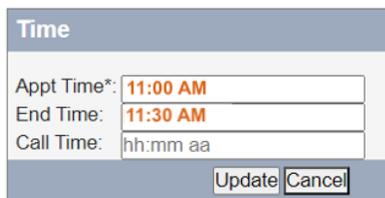
2. On the second bill, enter your Patient Interaction Code or Locum Patient Interaction Code information and select the Claim Type of D – Duplicate Claim and as per:

    Claim Type

    D - Duplicate Claim

3. On the second bill, include a note record indicating the reason for the subsequent service.

    Click on the note icon Insurer this will open a pop-up window where you can add a note which will be sent along with the claim. Click Update to save the note.

Ministry Comment 1

[text box]

Update

Section 2 – Adjusting & Resubmitting Bills

How to adjust and resubmit a rejected bill?

NOTE: Rejection codes and explanations can be found here.

1. From the home page, click the My Bills icon ⓢ My **B**ills .

2. The window opens and automatically displays the bills that need action, Status = 'Action Required'.

My Bills ⓢ

Date of: Service ▼   Start: All ▼   End: Today ▼   Status: Action Required ▼

3. The Explan. column **Explan.** will display the rejection code (e.g. AA, 'PHN is missing or invalid.')

4. To further filter the results, use the Status drop down list (e.g. 'Refused').

5. Any bills with warnings will display the Warning icon ⚠ .

6. To edit a rejected bill, click on the edit icon .

7. The bill will open, and you can adjust as required based on the rejection code.

8. Once corrections have been made you click on Reapprove Bill.

How to submit records over 90 days old?

Step 1 – approval from HIBC is required first before any over age time/patient interaction codes are submitted. The form required to be completed can be found here.

1. HIBC are likely to provide you with the Claim Type code to use.

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

2. Prepare the time code records and patient interaction records as detailed earlier in this guide. However, there is one difference in the Claim Type.

3. For the majority of your over age claims, it is likely that you will use Claim Type = 'A - Pre-Approved Claim'.
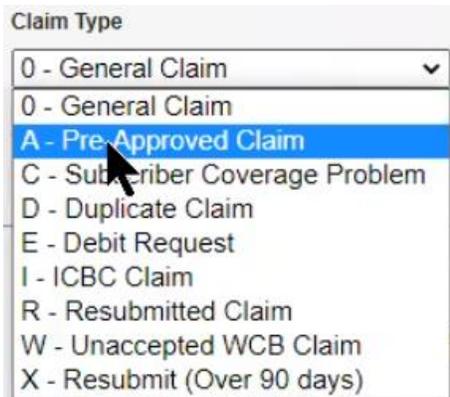
4. Notes – If needed, additional notes can be provided with the claim. Click on the note icon this will open a pop-up window where you can add a note which will be sent along with the claim. Click Update to save the note.

Section 3 – EMR Setup

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

This is automatically updated in Med Access on the 1st of the month. The clinic cannot manually run this update.
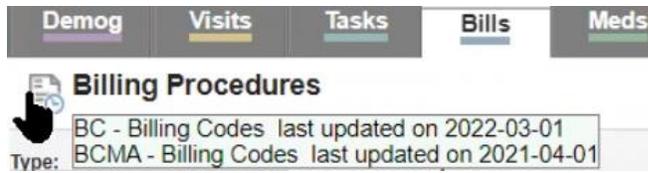
How to check when the last update occurred?

1. Need to have Template permissions to be able to check when the last update was done.

2. From the main EMR page, click on the Templates icon .

3. Select the Bills tab.

4. Click on Procedures icon **Procedures** .

5. Hover over the Billing Procedures icon.

How to add missing service codes?

Med Access is updated within a few business days of the 1st of the month, which includes all the latest service codes. If you are unable to find the service code please contact TELUS Health Med Access.

How to set up the Facility Number?

NOTE: A Facility Number is required to submit claims under the LFP Payment Model. A physician can obtain the Facility Number from the physician 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.

NOTE: Site Administrator access is required to create or update a Facility.

1. From the main EMR page, click on the Providers icon **Providers** .

2. Click on the Facilities icon **Facilities** .

3. Either create new, by clicking on the New Facility icon **New Facility** , or update an existing facility.

4. Name – enter a name for the Facility.

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

6. Billable – uncheck this box. This is to ensure the Facility Name will appear in the MSP Facility drop down on a Bill.

Create Facility

Identification

Name	**Type**	**Sending Facility**
Clinic Facility Name	Medical ⌄	
Facility Number		**Specialty**
AB123		No Known Specialties ⌄
		Billable
		☐

Address & Phone

Address	**City**	**Province**	**Postal Code**
		British Columbia ⌄	
	Country	**Phone #**	**Fax #**
	Canada ⌄		
Address Type			
Office ⌄			

Notes & Misc.

Notes	**Schedule Color**
	⌄

Create Facility

7. If creating a new Facility, click the Create Facility button. If updating a Facility, click the Update button.

How to create a Bill template?

NOTE: Bill templates can be used when applying a bill to individual patients (via patient's chart, visit, etc.), which can save time with data entry and mouse clicks. E.g. create a bill template for your direct time code record, which is prepopulated with the Billing Item, Diagnostic Code, Location, and MSP Facility.

NOTE: You need to have Template administrative access to create Templates.

1. From the main EMR page, Click on the Templates icon Templates .

2. This opens the Template Management window. Select the Bills tab.

Template Management

Demog	Visits	Tasks	Bills

3. Click on the New icon New . This opens a new Bill Template window.

NOTE: The example below is to create a Bill Template for Direct Patient Care Time Code (98010).

How to fill in your bill template?

1. Template Name - Enter the name for the Bill Template, e.g. "Direct Patient Care".

2. Privilege – If you would like all users to be able to edit and use the template, select All Users for both the Edit Privilege and Use Privilege.

3. Billing Item – enter the physician direct patient care time code of 98010 in the Code field. Click on the binoculars and the description of LFP Direct Patient Care will automatically populate if the code is in Med Access. Otherwise, a new window will open allowing you to find the correct code.

4. Diagnosis (ICD-9 code) – enter the diagnosis ICD-9 code L23 in the Code field. Click on the binoculars and the description of LFP Payment Model will automatically populate if the code is in Med Access.

5. Location (service location code) – select the location from the drop-down list. 'L - Longitudinal Primary Care Practice', is likely to be the location code.

6. Rural Retention – If applicable, select your community for the Rural Retention Program (RRP) from the drop-down list.

7. MSP Facility - A Facility Number is required to submit claims under the LFP Payment Model. A physician can obtain the Facility Number from the physician responsible for administration of the clinic. Populate with the Clinic's Facility #.

8. To save the template, click the Create Bill button Create Bill.
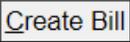
9. **NOTE:** The bill template needs to be set as a favourite to ensure it is available in report services.

   In the Bill Template window, click on the User Favourite icon to turn it pink 💗 , or the Clinic Favourite icon 💗 .

How to use a Bill Template when creating a daily bill for a patient?

1. In a Bill window, click on the Template icon Template .

2. If the Template is a favourite:

   (i) Select the Template in the list simply by clicking on the Template name.

   (ii) This will apply the Template to the Bill.

3. If the Template is not a favourite:

   (i) Click on Find Bill Template 👀 Find Bill Template .
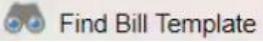
   (ii) In the Name field [   ] 👀 enter the name (or part of the name) for the Template and click on the binoculars.

   (iii) Select the Template in the list simply by clicking on the template name.

Where To Access Extra Support

- Specific billing questions about the LFP Payment Model – FP.billing@doctorsofbc.ca

- EMR vendor support – TELUS Med Access Support Desk 1-888-781-5553
- Technical troubleshooting or Workflow support - Practice Support Program PSP@doctorsofbc.ca

View additional information online

- Doctors of BC: doctorsofbc.ca/new-payment-model (login required)
- BC Family Doctors: https://bcfamilydocs.ca/lfp-payment-model/ (login required)
- BC Government website: LFP Payment Model (login not required)
- BC Government ICD-9 Descriptions: Comprehensive ICD-9 Code Listing (login not required)