

LONGITUDINAL FAMILY PHYSICIAN (LFP) PAYMENT MODEL

EMR ORIENTATION GUIDE

BRIGHT HEALTH – MOIS

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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 Bright Health MOIS 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

Unsent MSP						
New Claim	Delete Claim	Save	Prompt - Patient	Prompt - Doctor	Close Window	
1	Doctor:	Doe, Jane	...	Claim Status:	<input type="radio"/> Complete <input checked="" type="radio"/> Incomplete	...
2				<input type="checkbox"/> Hold Claim		2 Refresh Patient Data
PATIENT:	First Name:	LFP	...	Middle Initial:		Last Name: Portal
INSURER	Insured By:	BC	3	Insurance #:	9694105066	Dep. No.: 00 DoB: (read-only)
SERVICE:	4	Service Date:	2023.03.01	5	Location:	L
	No. Service:	1.0000	7	Diag Code(s) 1:	L23	Time(s) Received: : : Start: : : Finish: : :
6	Fee Item:	- 98000	...	2:	...	Unit Amount: 0.00
	3:	...		Pay Mode:	<input checked="" type="radio"/> Normal <input type="radio"/> Alternate	After-Hour Ind.: <input checked="" type="radio"/> Normal <input type="radio"/> Even <input type="radio"/> Night <input type="radio"/> W/end
				Anatomic Area:	00	NPI: 00
REFER:	Ref To/By:	<input checked="" type="radio"/> N/A <input type="radio"/> To <input type="radio"/> By	Pract. No.:	...		
	Ref To/By:	<input checked="" type="radio"/> N/A <input type="radio"/> To <input type="radio"/> By	Pract. No.:	...		
OPTIONS:	MVA:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Letter:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Correspondence Code:	0
	ICBC No.:	...	Memo:	...		
	Sub Code:	0	Claim Note:	...		
	Ext. Sub Cd:	...	MSP Note:	...		
	DoB:	...	Sex:	...		
	Address 1:	...	3:	...		
	2:	...	4:	...		
	Postal Code:	...				
WCB:	WCB No.:	...	Date of Injury:	...	WCB Form:	...
	Area of Inj.:	...	Anatomic Position:	...		
	Nature of Inj.:	...				
OTHER:	1	Pract. No.:	55555	Facility No.:	00000	PBF Class. Prev. Seq. No.:
		Payee No.:	55555	Sub Facility:	00000	FFS Payor:

To submit your annual LFP Enrolment Code:

1. **Doctor** – If not automatically populated, search for the doctor by clicking on the ellipsis , and selecting the doctor from the list by double clicking on the doctor's name.

NOTE: The provider's MSP number is stored in the Provider Profile in the Practitioner No field.

NOTE: The provider's Payee number is stored in the Provider Profile in the Payee No field.

2. **Patient** – If not automatically populated, search for the patient (**Portal, LFP**) by clicking on the ellipsis , use the **Last Name** and **First Name** fields to find the patient, and then double click on the patient's name.

3. **Insurance # (Patient's PHN)** – will automatically populate with the patient's PHN number.

4. **Service Date** - will automatically populate. You can adjust the date by typing the date in the format YYYY.MM.DD.

5. **Location** – ensure the location is selected, which is likely to be **L** (Longitudinal Primary Care Practice).

NOTE: If you need to set up the location code, see the section: [How to set up the Location Code?](#)

6. **Fee Item (Service code)** – enter the Enrolment Code **98000**. Or click on the ellipsis , enter the code or part of the code in the **Search For** field , and hit enter. Select the code by double clicking the code.

7. **Diag Code(s) (ICD-9 code)** - enter **L23** in the diagnosis ICD-9 code in the 1 field. Or click on the ellipsis , enter the code or part of the code in the **Search For** field , and hit enter. Select the code by double clicking the code.

To save the bill click .

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**)

Unsent MSP					
New Claim	Delete Claim	Save	Prompt - Patient	Prompt - Doctor	Close Window
1 Doctor: Doe, Jane ...		Claim Status: <input type="radio"/> Complete <input checked="" type="radio"/> Incomplete ...		Chart: ... Refresh Patient Data	
2 PATIENT: First Name: LFP ...		Middle Initial: ...		2 Last Name: Portal ...	
INSURER Insured By: BC		3 Insurance #: 9694105066		Dep. No.: 00 DoB: (read-only)	
4 SERVICE: Service Date: 2023.03.01		5 Location: L		Service To Date:	
6 No. Service: 1.0000		7 Diag Code(s) 1: L23 ...		Time(s) Received: : : Start: : : Finish: : :	
6 Fee Item: - 98002 ...		Unit Amount: 0.00		Pay Mode: <input checked="" type="radio"/> Normal <input type="radio"/> Alternate	
		After-Hour Ind.: <input checked="" type="radio"/> Normal <input type="radio"/> Even <input type="radio"/> Night <input type="radio"/> W/end		Anatomic Area: 00 NPI: 00	
REFER: Ref To/By: <input checked="" type="radio"/> N/A <input type="radio"/> To <input type="radio"/> By		Pract. No.: ...			
Ref To/By: <input checked="" type="radio"/> N/A <input type="radio"/> To <input type="radio"/> By		Pract. No.: ...			
OPTIONS: MVA: <input type="radio"/> Yes <input checked="" type="radio"/> No		Letter: <input type="radio"/> Yes <input checked="" type="radio"/> No		Correspondence Code: 0	
ICBC No.: ...		Memo: ...			
Sub Code: 0		Claim Note: ...			
Ext. Sub Cd: (future use)		MSP Note: ...			
DoB: ...		Sex: ...			
Address 1: ...		3: ...		4: ...	
2: ...					
Postal Code: ...					
WCB: WCB No. ...		Date of Injury: ...		WCB Form: ...	
Area of Inj.: ...		Anatomic Position: ...			
Nature of Inj.: ...					
OTHER: 1 Pract. No.: 55555		8 Facility No.: AB123		PBF Class. Prev. Seq. No.:	
Payee No.: 55555		Sub Facility: 00000		FFS Payor:	

To submit your annual LFP Setting Registration Code(s):

1. **Doctor** – If not automatically populated, search for the doctor by clicking on the ellipsis [...], and selecting the doctor from the list by double clicking on the doctor’s name.

NOTE: The provider’s MSP number is stored in the Provider Profile in the Practitioner No field.

NOTE: The provider’s Payee number is stored in the Provider Profile in the Payee No field.

2. **Patient** – If not automatically populated, search for the patient (**Portal, LFP**) by clicking on the ellipsis , use the **Last Name** and **First Name** fields to find the patient, and then double click on the patient’s name.
3. **Insurance # (Patient’s PHN)** – will automatically populate with the patient’s PHN number.
4. **Service Date** - will automatically populate. You can adjust the date by typing the date in the format YYYY.MM.DD.
5. **Location** – ensure the location is selected, which is likely to be **L** (Longitudinal Primary Care Practice).
NOTE: If you need to set up the location code, see the section: [How to set up the Location Code?](#)
6. **Fee Item (Service code)** – enter the Enrolment Code (e.g. **98002**). Or click on the ellipsis , enter the code or part of the code in the **Search For** field **Search For:** , and hit enter. Select the code by double clicking the code.
7. **Diag Code(s) (ICD-9 code)** - enter **L23** in the diagnosis ICD-9 code in the 1 field. Or click on the ellipsis , enter the code or part of the code in the **Search For** field **Search For:** , and hit enter. Select the code by double clicking the code.
8. **Facility No** – ensure the facility number is populated in this field.

NOTE: 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?](#)

To save the bill click .

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 Codes?

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.

Facility No.: AB123

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**)

Unsent MSP					
New Claim	Delete Claim	Save	Prompt - Patient	Prompt - Doctor	Close Window
1 Doctor: Doe, Jane ...		Claim Status: <input type="radio"/> Complete <input checked="" type="radio"/> Incomplete ...		Chart: <input type="text"/> ... <input type="button" value="Refresh Patient Data"/>	
2 PATIENT: First Name: Lfp ...		Middle Initial: <input type="text"/>		2 Last Name: Time ...	
INSURER Insured By: BC ...		3 Insurance #: 9646191917		Dep. No.: <input type="text"/> 00 DoB: <input type="text"/> (read-only)	
4 SERVICE: Service Date: 2026.02.23		5 Location: L ...		Service To Date: <input type="text"/>	
9 No. Service: 32.0000		7 Diag Code(s) 1: L23 ...		Time(s) Received: <input type="text"/>	
6 Fee Item: 98010 ...		2: <input type="text"/>		8 Start: 09 : 00	
Unit Amount: 0.00		3: <input type="text"/>		Finish: 17 : 30	
Pay Mode: <input checked="" type="radio"/> Normal <input type="radio"/> Alternate		After-Hour Ind.: <input checked="" type="radio"/> Normal <input type="radio"/> Even <input type="radio"/> Night <input type="radio"/> W/end		Anatomic Area: <input type="text"/> 00	
REFER: Ref To/By: <input checked="" type="radio"/> N/A <input type="radio"/> To <input type="radio"/> By		Pract. No.: <input type="text"/> ...		NPI: <input type="text"/> 00	
OPTIONS: MVA: <input type="radio"/> Yes <input checked="" type="radio"/> No		Letter: <input type="radio"/> Yes <input checked="" type="radio"/> No		Correspondence Code: <input type="text"/> 0	
ICBC No.: <input type="text"/> ...		Memo: <input type="text"/>			
Sub Code: <input type="text"/> 0 ...		Claim Note: <input type="text"/>			
Ext. Sub Cd: <input type="text"/> ... (future use)		MSP Note: <input type="text"/>			
DoB: <input type="text"/>		Sex: <input type="text"/>			
Address 1: <input type="text"/>		3: <input type="text"/>			
2: <input type="text"/>		4: <input type="text"/>			
Postal Code: <input type="text"/>					
WCB: WCB No. <input type="text"/> ...		Date of Injury: <input type="text"/>		WCB Form: <input type="text"/>	
Area of Inj.: <input type="text"/> ...		Anatomic Position: <input type="text"/>			
Nature of Inj.: <input type="text"/> ...					
1 OTHER: Pract. No.: 55555		10 Facility No.: AB123		PBF Class. <input type="text"/>	
Payee No.: 55555		Sub Facility: <input type="text"/> 00000		Prev. Seq. No.: <input type="text"/>	
				Payor: <input type="text"/>	

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

1. **Doctor** – If not automatically populated, search for the doctor by clicking on the ellipsis , and selecting the doctor from the list by double clicking on the doctor’s name.

NOTE: The provider’s MSP number is stored in the Provider Profile in the Practitioner No field.

NOTE: The provider’s Payee number is stored in the Provider Profile in the Payee No field.

2. **Patient** –

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

If not automatically populated, search for the patient by clicking on the ellipsis , use the **Last Name** and **First Name** fields to find the patient, and then double click on the patient's name.

3. **Insurance # (Patient's PHN)** – will automatically populate with the patient's PHN number.
4. **Service Date** - will automatically populate. You can adjust the date by typing the date in the format YYYY.MM.DD.
5. **Location** – ensure the location is selected, which is likely to be L (Longitudinal Primary Care Practice).
NOTE: If you need to set up the location code, see the section: [How to set up the Location Code?](#)
6. **Fee Item (Service code)** – enter the Time Code (e.g. **98010**). Or click on the ellipsis , enter the code or part of the code in the **Search For** field , and hit enter. Select the code by double clicking the code.

NOTE: For the complete list of LFP Time Codes please see the [LFP Payment Schedule](#)

7. **Diag Code(s) (ICD-9 code)** - enter the diagnosis ICD-9 code **L23** in the 1 field. Or click on the ellipsis , enter the code or part of the code in the **Search For** field , and hit enter. Select the code by double clicking the code.
8. **Start (start time for that block of time)** - click in the Start field and simply type the time (e.g. 9:00am, would be entered as 0900).

Finish (finish time for that block of time) - click in the Finish field and simply type the time (e.g. 5:30pm, would be entered as 1730).
9. **No. Service** - 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

10. **Facility No** – ensure the facility number is populated in this field.

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.

NOTE: If you need to set up the facility number, see the section: [How to set up the Facility Number?](#)

To save the bill click .

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. Fee Item (Service 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

Fee Item (Service code) – enter the Time Code (e.g. **98040**). Or click on the ellipsis , enter the code or part of the code in the **Search For** field , and hit enter. Select the code by double clicking the code.

NOTE: For the complete list of LFP Locum Time Codes please see the [LFP Payment Schedule](#).

2. Ref To/By – Select By.



Pract. No. – 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.

3. Facility No. – 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.

Unsent MSP						
New Claim	Delete Claim	Save	Prompt - Patient	Prompt - Doctor	Close Window	
1	Doctor:	Doe, Jane	...	Claim Status:	<input type="radio"/> Complete <input checked="" type="radio"/> Incomplete	...
				<input type="checkbox"/> Hold Claim		2
PATIENT: First Name: Jemima Middle Initial: Last Name: Test						
INSURER: Insured By: BC 3 Insurance #: 9999 999 999 Dep. No.: 00 DoB: (read-only)						
SERVICE: 4 Service Date: 2023.06.14 5 Location: L Service To Date:						
No. Service: 1.0000 7 Diag Code(s) 1: 250 Time(s) Received: :						
6 Fee Item: - 98031 2: Unit Amount: 0.00 3: Start: Finish:						
Pay Mode: <input checked="" type="radio"/> Normal <input type="radio"/> Alternate After-Hour Ind.: <input checked="" type="radio"/> Normal <input type="radio"/> Even <input type="radio"/> Night <input type="radio"/> W/end Anatomic Area: 00 NPI: 00						
REFER: Ref To/By: <input checked="" type="radio"/> N/A <input type="radio"/> To <input type="radio"/> By Pract. No.:						
Ref To/By: <input checked="" type="radio"/> N/A <input type="radio"/> To <input type="radio"/> By Pract. No.:						
OPTIONS: MVA: <input type="radio"/> Yes <input checked="" type="radio"/> No Letter: <input type="radio"/> Yes <input checked="" type="radio"/> No Correspondence Code: 0						
ICBC No.: Sub Code: 0 Ext. Sub Cd: (future use) Memo: Claim Note: MSP Note:						
DoB: Sex: Address 1: 3: 2: 4: Postal Code:						
WCB: WCB No.: Date of Injury: WCB Form: Area of Inj.: Anatomic Position: Nature of Inj.:						
OTHER: 1 Pract. No.: 55555 8 Facility No.: AB123 PBF Class. Prev. Seq. No.: Payee No.: 55555 Sub Facility: 00000 FFS Payor:						

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

1. **Doctor** – If not automatically populated, search for the doctor by clicking on the ellipsis , and selecting the doctor from the list by double clicking on the doctor’s name.

NOTE: The provider’s MSP number is stored in the Provider Profile in the Practitioner No field.

NOTE: The provider’s Payee number is stored in the Provider Profile in the Payee No field.

2. **Patient** – If not automatically populated, search for the patient by clicking on the ellipsis , use the **Last Name** and **First Name** fields to find the patient, and then double click on the patient’s name.
3. **Insurance # (Patient’s PHN)** – will automatically populate with the patient’s PHN number.
4. **Service Date** - will automatically populate. You can adjust the date by typing the date in the format YYYY.MM.DD.
5. **Location** – ensure the location is selected, which is likely to be L (Longitudinal Primary Care Practice).

NOTE: If you need to set up the location code, see the section: [How to set up the Location Code?](#)

6. **Fee Item (Service code)** – enter the Patient Interaction Code. Or click on the ellipsis , enter the code or part of the code in the **Search For** field , and hit enter. Select the code by double clicking the code.

NOTE: To add additional Patient Interaction Codes, you need to complete and save the current claim and then create a new claim for that patient, by clicking on the button.

7. **Diag Code(s) (ICD-9 code)** - enter the diagnosis ICD-9 code in the 1 field. Or click on the ellipsis , enter the code or part of the code in the **Search For** field , and hit enter. Select the code by double clicking the code.

To add additional diagnosis codes, enter them in fields 2 and 3.

Diag Code(s) 1:	<input type="text" value="250"/>	<input type="button" value="..."/>
2:	<input type="text" value="401"/>	<input type="button" value="..."/>
3:	<input type="text" value="300"/>	<input type="button" value="..."/>

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](#)

8. **Facility No** – ensure the facility number is populated in this field.

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.

NOTE: If you need to set up the facility number, see the section: [How to set up the Facility Number?](#)

To save the bill click .

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. **Fee Item (Service code)** – locums use a different set of Patient Interaction codes, see the [LFP Payment Schedule](#).
2. **Facility No** – use the same Facility Number as the host physician’s clinic.

Facility No.:	<input type="text" value="AB123"/>
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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 (start time for the interaction) - click in the Start field and simply type the time (e.g. 11:00am, would be entered as 1100).

Finish (finish time for the interaction) - click in the Finish field and simply type the time (e.g. 11:30am, would be entered as 1130).

2. On the second bill, enter your Patient Interaction Code or Locum Patient Interaction Code information and select the **Sub Code** of D – Duplicate Claim and as per:

Sub Code:

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

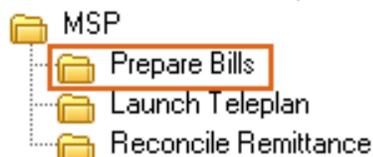
Enter the note in the **MSP Note** field.

MSP Note:

How to submit the bills to Teleplan?

1. Navigate to Data Exchange, by clicking on  **Data Exchange**.

2. Under MSP, select Prepare Bills.



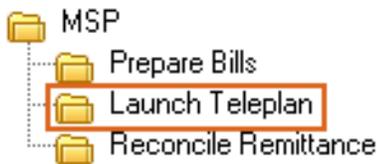
3. Click on Run to prepare all the bills.

Prepare Bills for MSP TELEPLAN VERSION 3.0 FORMAT

Run

Close Window

4. Under MSP, select Launch Teleplan.



5. Login to Teleplan.

6. Click on **Send and Receive** and click Go!



Go!

Section 2 – Adjusting & Resubmitting Bills

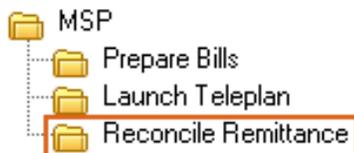
How to adjust and resubmit a rejected bill?

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

1. Navigate to Data Exchange, by clicking on



2. Under MSP, select Reconcile Remittance.



3. Click on Run.

Reconcile Claim Remittance Data

Run

Close Window

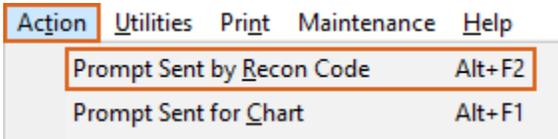
4. Navigate to Billing, by selecting



5. Under MSP Claims, select Sent Claims.



6. Navigate to Action, and select Prompt Sent by Recon Code (Alt+F2).



7. This opens the MSP Sent Claim List window.

MSP Sent Claim List															
R1	R2	WO	Service	Diag	Fee	Ins	Billed	Paid	Last Name	First Name	M	Doctor	E1	E2	E3
D	X	N	2003.04.29	889	04023		164.89	-	SIMPSON	MARGE			DR	FK	F9
D	X	N	2003.09.18	0781	00044	BC	4.45	5.01	PAIN	PETER			HK	FC	
D	X	N	2005.01.08	648	13200	BC	27.90	31.42	MIKKELSEN	FERDINAND			HK	FE	
D	X	N	2005.02.03	648	01200	BC	47.84	-	MITCHELL	HENRY			DR	NJ	
D	X	N	2008.02.12	436	00128		26.51	29.85	MACDONALD	MIKE			HK	FA	
D	X	N	2008.02.14	436	00128		26.51	29.85	MACDONALD	MIKE			HK	FA	
D	X	N	2008.02.22	426	00128		26.51	29.85	MACDONALD	MIKE			HK	FA	
R	A	N	2003.01.03	629	14560		27.90	15.71	MOUSE	MICKEY	BOB		KB		
R	A	N	2003.01.10	781	00196	BC	162.97	240.29	MITCHELL	HENRY			HK		
>	R	A	N	2003.02.19	308	14090	74.44	31.42	GIRL	CHILD			NI		
R	A	N	2003.08.21	709	00100		27.90	15.71	GIRL	CHILD			HK	KB	
R	A	N	2003.09.18	311	00120	BC	48.57	31.42	PAIN	PETER			KF		
R	A	N	2004.05.04	7890	00100	BC	27.90	15.71	PARKER	PETER			HK	KB	
R	A	N	2004.09.24	7039	13631		27.60	15.54	GIRL	CHILD			HK	QM	
R	A	N	2005.01.05	2869	00043		2.87	3.83	TERRY	VIOLET			BG		
R	A	N	2005.05.19	2863	00043	BC	2.87	3.83	MORRISON	ASHLEE			BG		
R	A	N	2005.05.25	2869	00043	BC	2.87	3.83	MORRISON	ASHLEE			BG		
R	A	N	2010.04.07	32A	00010		10.10	11.43	DOE	JANE			BG		
R	A	N	2010.04.14	32A	00010		10.10	11.43	DOE	JANE			BG		
R	A	N	2010.04.30	V654	15320	BC	56.47	-	MITCHELL	DENNIS			DR	F3	
R	A	N	2010.05.13	311	00100	BC	29.49	-	PARKER	PETER			DR	KA	

List by reconciliation code(s), sent date and internal id.
 NOTE: The Check Box in the FILTER section is used to include (if checked) or exclude (not checked) the RECON CODE 1 from the filter. Since a 'BLANK' value is a valid entry, MOIS needs to know when the user wants to search for ALL RECON CODE 1 values. By unchecking this box, MOIS will search for ALL values of the RECON CODE 1.

Home PgUp Ok Cancel PgDwn End

8. The claims can be filtered using the white fields at the top.

9. Select the claim to edit by double clicking on the row.

10. The claim will open, edit the claim as required and click



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 **Sub 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 bills and patient interaction bills as detailed earlier in this guide. However, there is one difference in the **Sub Code**.
3. For the majority of your over age claims, it is likely that you will use **Sub Code = 'A Requested Pre-approval claim in writing to MSP'**.

Sub Code:

Code	Description
0	Normal Submission
A	Requested Pre-approval claim in writing to MSP.
C	Subscriber Coverage Problem
D	Duplicate Claim
E	Debit Requests
I	ICBC Claim, include ICBC Claim number if known and set MVA field indicator to 'Y'
R	Re-Submitted Claim
W	Claim not accepted by Worker's Compensation Board
X	Resubmitting of refused previous or partially paid claim.

4. **MSP Note** – If needed, notes can be provided with the claim. Enter the note in the **MSP Note** field.

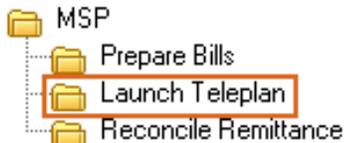
MSP Note:

Section 3 – EMR Setup

How to add missing service codes?

1. Navigate to the Data Exchange, by clicking on .

2. Under MSP, select Launch Teleplan.



3. Login to Teleplan.
4. Click on **Download Fee Codes** and click Go!

Download Fee Codes
 Download Explanatory Codes

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.

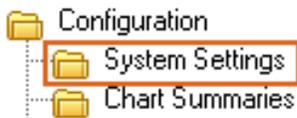
For any questions on the Facility Number, you can contact Teleplan support at 1-866-456-6950.

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

How to set up the Facility Number for the whole clinic?

1. Navigate to Administration, by clicking on .

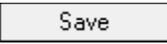
2. Under Configuration, select System Settings.



3. Expand the Global section .

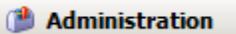
4. Click on **Facility Number** and enter the facility number for the clinic.



5. Click .

How to set up the Facility Number for a provider?

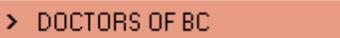
NOTE: This can also be done when the 'Provider Profile – LFP Registration Information' form is completed.

1. Navigate to Administration, by clicking on .

2. Under Clinic Management, select Provider List.



3. Select the provider by double clicking the name.



4. Select the Billing tab.



5. Enter the facility number in **Facility**.

Payment Mode:

Payment Mode: Longitudinal Family Physici

Rural Retention: No Rural Retention Code

MSP Location: L Longitudinal Primary Care Practice

Facility: AB123

Sub-Facility:

6. Click .

How to set the default Location Code?

How to set up the Location Code for the whole clinic?

1. Follow the same instructions for the facility number (above).
2. Click on **Default Location** and enter the Location code for the clinic.

Default Location

3. Click .

How to set up the location code for a provider?

NOTE: This can also be done when the 'Provider Profile – LFP Registration Information' form is completed.

1. Follow the same instructions for the facility number (above).
2. Enter the Location code in the **MSP Location**.

Payment Mode:

Payment Mode: Longitudinal Family Physici

Rural Retention: No Rural Retention Code

MSP Location: L Longitudinal Primary Care Practice

Facility: AB123

Sub-Facility:

3. Click .

Where To Access Extra Support

- Specific billing questions about the LFP Payment Model – FP.billing@doctorsofbc.ca
- EMR vendor support – BRIGHT HEALTH MOIS Support 1-833-255-2447
- 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)