

LONGITUDINAL FAMILY PHYSICIAN (LFP) PAYMENT MODEL

EMR ORIENTATION GUIDE

OSCAR

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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 the 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 the Doctors of BC Billing Support Team, in collaboration with OSCAR 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, and case examples, 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 Registration Code?

To enroll in the LFP Payment Model, submit the Registration Code (98000), and then submit annually between January 1st and March 31st to confirm/continue your eligibility within the LFP Payment Model. This Registration 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

NOTE: Billing screen may vary depending on the version of Oscar being used.

The screenshot displays the Oscar billing system interface for submitting an LFP Registration Code. The interface is divided into several sections:

- 1 Patient:** Portal, LFP
- 2 Billing Physician:** Doe, Jane
- 3 Service Location:** L- Longitudinal Primary Care Practice
- 4 Service Date:** 2023-03-01

Direct Patient Care	Description	SFee	Time Required	Description	SFee
<input type="checkbox"/>	98020 LFP IN-PERSON INTERACTION W/ADV PROC	110.00	<input type="checkbox"/>	98010 LFP DIRECT PATIENT CARE TIME - PER 15 MIN	32.50
<input type="checkbox"/>	98021 LFP IN-PERSON INTERACTION W/STANDARD PROC	60.00	<input type="checkbox"/>	98011 LFP INDIRECT PATIENT CARE TIME, PER 15 MIN	32.50
<input type="checkbox"/>	98022 LFP MINOR PROC OR DIAG TEST - ADD ON	10.00	<input type="checkbox"/>	98012 LFP CLINICAL ADMIN TIME - PER 15 MIN	32.50
<input type="checkbox"/>	98030 LFP CONSULTATION	60.00			
<input type="checkbox"/>	98031 LFP IN-PERSON INTERACTION IN CLINIC	25.00			
<input type="checkbox"/>	98032 LFP VIRTUAL INTERACTION BY PHONE OR VIDEO	25.00			
<input type="checkbox"/>	98033 LFP IN-PERSON INTERACTION IN THE PATIENT'S HOME	100.00			
<input type="checkbox"/>	98034 LFP IN-PERSON/VIDEO GROUP INTERACTION	25.00			

Service Code	Unit	DX 1	DX 2	DX 3
98000	1	L23		

Referral Doctor: [code search] [code search]

Referral Type: Refer To [v]

Recent Referral Doctors Used: none

Referral Doctor on Master Record: none

Buttons: Continue, Cancel

To submit your annual LFP Registration Code:

1. **Patient Name** - Select the patient with surname of **Portal**, first name **LFP**.
2. **Billing Physician** – If not automatically populated, select the provider from the drop-down list.


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** – select the location from the drop-down list. 'L - Longitudinal Primary Care Practice', is likely to be the option.

4. **Service Date** – will automatically populate. You can adjust the date by clicking on **Service Date** and selecting the date.

5. **Service Code (Registration Code)** – enter the Registration Code **98000** in the Code field.

To search for a 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 code by checking the box next to the code.

6. **DX 1 (Diagnostic ICD-9 code)** – enter the ICD-9 code **L23**.

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.

How to submit your LFP Transition Code?

NOTE: A community longitudinal family physician submits this code **after** the Registration Code to indicate that they do not yet meet required services – “ensure that Non-panel Services are no more than 30% of the total LFP Practice Services and Non-Panel Services”.

By submitting this code, the physician confirms that they are actively transitioning their practice to meet the requirements as per the LFP Payment Schedule by March 31, 2024.

A physician submits the Transition Code (98001) in the same way as the registration 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

How to submit your LFP Locum Registration 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 Registration 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.

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

How to submit LFP Time Codes?

NOTE: The example in the image shows the Direct Patient Care Time Code (98010)

NOTE: Billing screen may vary depending on the version of Oscar being used.

The screenshot displays the Oscar billing system interface for submitting a Direct Patient Care Time Code (98010). The interface is divided into several sections:

- Header Section:** Contains fields for Patient Name (Test, Jemima), Age, Invoice List, Patient Status, AC, Roster Status, and Assigned Physician.
- Form Fields:**
 - 1 Patient:** Test, Jemima
 - 2 Billing Physician:** Doe, Jane
 - 3 Clarification Code:** RRP Community [if Applicable]
 - 4 Service Location:** L- Longitudinal Primary Care Practice
 - 5 Service Date:** 2023-03-01
 - 6 Start (HHMM 24hr):** 9:00
 - End (HHMM 24hr):** 17:30
 - 7 Facility:** (Dropdown menu)
- Time Codes Table:**

Direct Patient Care	Description	SFee	Time Required	Description	SFee
<input type="checkbox"/>	98020 LFP IN-PERSON INTERACTION W/ADV PROC	110.00	<input checked="" type="checkbox"/>	98010 LFP DIRECT PATIENT CARE TIME - PER 15 MIN	32.50
<input type="checkbox"/>	98021 LFP IN-PERSON INTERACTION W/STANDARD PROC	60.00	<input type="checkbox"/>	98011 LFP INDIRECT PATIENT CARE TIME, PER 15 MIN	32.50
<input type="checkbox"/>	98022 LFP MINOR PROC OR DIAG TEST - ADD ON	10.00	<input type="checkbox"/>	98012 LFP CLINICAL ADMIN TIME - PER 15 MIN	32.50
<input type="checkbox"/>	98030 LFP CONSULTATION	60.00			
<input type="checkbox"/>	98031 LFP IN-PERSON INTERACTION IN CLINIC	25.00			
<input type="checkbox"/>	98032 LFP VIRTUAL INTERACTION BY PHONE OR VIDEO	25.00			
<input type="checkbox"/>	98033 LFP IN-PERSON INTERACTION IN THE PATIENT'S HOME	100.00			
<input type="checkbox"/>	98034 LFP IN-PERSON/VIDEO GROUP INTERACTION	25.00			
- Referral Doctor Section:** Includes fields for Referral Doctor, Referral Type, and Recent Referral Doctors Used.
- DX Codes Section:** A table for entering Diagnostic Codes (DX 1, DX 2, DX 3). DX 1 is populated with L23.
- Buttons:** Continue and Cancel buttons are located at the bottom right.

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

1. Patient Name –

- (i) for Direct Patient Care (98010) - select the first or last patient for whom Direct Patient Care was provided during that time.
- (ii) for Indirect Patient Care (98011) - select the first or last patient for whom Indirect Patient Care was provided during that time.
- (iii) for Clinical Administration (98012) – select the first or last patient for whom Direct or Indirect Patient Care was provided that day, or on a day when only Clinical Administration is provided, use the last patient for whom Direct Patient Care or Indirect Patient Care was provided.

NOTE: The example in the image shows the Direct Patient Care Time Code (98010)

2. Billing Physician – If not automatically populated, select the provider from the drop-down list.


NOTE: The provider’s MSP number is stored in the providers record.


NOTE: The Payee Number is stored in the providers record.

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

4. Service Location – select the location from the drop-down list. ‘L - Longitudinal Primary Care Practice’, is likely to be the option.

5. **Service Date** – will automatically populate. You can adjust the date by clicking on [Service Date](#) and selecting the date.

6. **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).

End (end time for that block of time) – click in the End field  and simply type the time (e.g. 5:30pm, would be entered as 1730).

7. **Facility** – the Facility Number will automatically populate to the bill if the Facility Number has been mapped to the physician and the LFP Time Codes and Patient Interaction Codes.


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

8. **Service Code (Time Code)** –

- (i) Use **98010** for LFP Direct Patient Care Time
- (ii) Use **98011** for LFP Indirect Patient Care Time
- (iii) Use **98012** for LFP Clinical Administration Time

If you have a Billing Form with the service codes listed, you can select the code simply by checking the box next to the code. This will automatically populate the code in the green Service Code box.

NOTE: you can use codes that are not listed on the Billing Form, simply enter the code in the Service Code field in the green Service Code box.


To search for a 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 code by checking the box next to the code.

Unit - Enter the number of Time Units. 15 minutes equates to 1 Time Unit.

Example for 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 Direct Patient Care under LFP Payment Model = 8 hours
Time Units (number of 15 mins) = 8 (hours) x 4 (15 mins) = 32

9. **DX 1 (Diagnostic ICD-9 code)** – enter the ICD-9 code **L23**.





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.

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. **Facility** – use the same Facility Number as the host physician’s clinic.
2. **Referral Doctor** – 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.

Referral Type – Select Refer By.

Referral Doctor	Referral Type
LFP Host Physician 	Refer By 
	Select Type 

3. **Service Code (Time Code)** –
 - (i) Use **98040** for LFP Locum Direct Patient Care Time
 - (ii) Use **98041** for LFP Locum Indirect Patient Care Time
 - (iii) Use **98042** for LFP Locum Clinical Administration Time

Enter the code in the Service Code field in the green Service Code box. To search for a 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 code by checking the box next to the code.

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.

NOTE: Billing screen may vary depending on the version of Oscar being used.

The screenshot displays the Oscar billing interface with the following elements:

- 1 Patient:** Test, Jemima
- 2 Billing Physician:** Doe, Jane
- 3 Clarification Code:** RRP Community [if Applicable]
- 4 Service Location:** L- Longitudinal Primary Care Practice
- 5 Service Date:** 2023-03-01
- 6 Facility:** (Field highlighted in red)

The main table lists service codes and descriptions:

Direct Patient Care	Description	\$Fee	Time Required	Description	\$Fee
<input type="checkbox"/>	98020 LFP IN-PERSON INTERACTION W/ADV PROC	110.00	<input type="checkbox"/>	98010 LFP DIRECT PATIENT CARE TIME - PER 15 MIN	32.50
<input type="checkbox"/>	98021 LFP IN-PERSON INTERACTION W/STANDARD PROC	60.00	<input type="checkbox"/>	98011 LFP INDIRECT PATIENT CARE TIME, PER 15 MIN	32.50
<input type="checkbox"/>	98022 LFP MINOR PROC OR DIAG TEST - ADD ON	10.00	<input type="checkbox"/>	98012 LFP CLINICAL ADMIN TIME - PER 15 MIN	32.50
<input type="checkbox"/>	98030 LFP CONSULTATION	60.00			
<input checked="" type="checkbox"/>	98031 LFP IN-PERSON INTERACTION IN CLINIC	25.00			
<input type="checkbox"/>	98032 LFP VIRTUAL INTERACTION BY PHONE OR VIDEO	25.00			
<input type="checkbox"/>	98033 LFP IN-PERSON INTERACTION IN THE PATIENT'S HOME	100.00			
<input type="checkbox"/>	98034 LFP IN-PERSON/VIDEO GROUP INTERACTION	25.00			

The DX table is also visible:

Service Code	Unit	DX 1	DX 2	DX 3
98031	1	250		

The Referral Doctor section is highlighted in red:

Referral Doctor: [code search]
 Referral Type: Refer To
 Recent Referral Doctors Used: none
 Referral Doctor on Master Record: none

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

- 1. Patient Name** - will automatically populate.
- 2. Billing Physician** - If not automatically populated, select the provider from the drop-down list.

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

NOTE: The Payee Number is stored in the providers record.


- 3. Clarification Code** - If applicable, select your community for the Rural Retention Program (RRP) from the drop-down list.
- 4. Service Location** - select the location from the drop-down list. 'L - Longitudinal Primary Care Practice', is likely to be the option.
- 5. Service Date** - will automatically populate. You can adjust the date by clicking on **Service Date** and selecting the date.

- 6. Facility** - the Facility Number will automatically populate to the bill if the Facility Number has been mapped to the physician and the LFP Time Codes and Patient Interaction Codes.


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

7. **Service Code (Patient Interaction Code)** – If you have a Billing Form with the service codes listed, you can select the code simply by checking the box next to the code. This will automatically populate the Patient Interaction Code in the green Service Code box.


NOTE: you can use codes that are not listed on the Billing Form, simply enter the code in the Service Code field in the green Service Code box.

To search for a 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 code by checking the box next to the code.

8. **DX 1 (Diagnostic ICD-9 code)** – enter the diagnosis ICD-9 code in the Code 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.

DX 1	DX 2	DX 3
<input type="text" value="250"/> 	<input type="text" value="401"/> 	<input type="text" value="300"/> 

ICD-9 code listing can be found here: [Comprehensive ICD-9 Code Listing](#)

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. **Facility** – use the same Facility Number as the host physician’s clinic.
2. **Service Code (Patient Interaction Code)** – locums use a different set of Patient Interaction codes, see the [LFP Payment Schedule](#).

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:

1. Direct Patient Care Time (98010) or Locum 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) because the condition has worsened significantly and requires a new assessment.
2. On the bill, enter your Patient Interaction Code or Locum Patient Interaction Code information and select the **Claim Type** of D – Duplicate Claim and as per:

Sub Code

A dropdown menu with a white background and a thin grey border. The text 'D - Duplicate' is displayed in orange, and a small downward-pointing chevron icon is on the right side.

Section 2 – Adjusting & Resubmitting Payment Records

How to adjust and resubmit a rejected record?

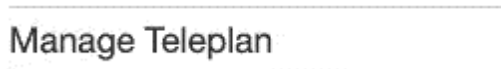
NOTE: Rejection codes and explanations can be found [here](#).

NOTE: You need to have administrative access for this.

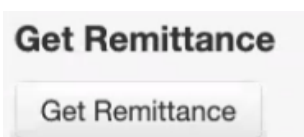
1. From the main EMR page click on **Administration**.
2. In the left column, click on Billing to expand the section:

A rectangular button with a white background and a thin grey border. The word 'Billing' is written in grey text on the left, and a grey right-pointing chevron icon is on the right.

3. Click on Manage Teleplan.

A rectangular button with a white background and a thin grey border. The text 'Manage Teleplan' is written in grey.

2. Scroll down the right side of the screen and click on the Get Remittance button. It will also pick up any pre-edit rejections as well.

A rectangular button with a light grey background and a thin grey border. The text 'Get Remittance' is written in bold black font at the top, and a smaller 'Get Remittance' button is centered below it.

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

A rectangular button with a white background and a thin grey border. The text 'Edit Invoices' is written in grey.

4. This opens the Edit Invoices window.

Manage Provider List
2022-3-17

MSP WCB Private CBC

Select provider: Service Start Date: Service End Date: Demographic:

Facility Number:

(note: type 00000 to find all billings with no facility number attached)

Rejected
 Not Submitted
 Submitted
 Settled
 Deleted
 Held
 DCC
 PwE
 Bad Debt
 Refused
 Cap
 DNBill
 Bill Patient
 Private
 Collection
 All
 Fixable Receivables
 Paid Bills
 BCP

Select All

INVOICE #	SEQ #	APP. DATE	TYPE	PATIENT	PRACT.	STAT	FEE CODE	QTY	AMT	PAID	OWED	DX CODE	MSGS
No bills													
				Count:	0		Total:	\$0.00	\$0.00	\$0.00			

5. Adjust the filters (e.g. **Select Provider**, **Service Start Date**, and **Service End Date**) as required. Select **Rejected** **Rejected**. Click on the **Create Report** button .

6. The rejection explanatory codes will be adjacent to the **MSGS** column.

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

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

8. 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.

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 **Submission 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 and Patient Interaction Codes as detailed earlier in this guide. However, there is one difference in the **Submission Code**.

- For the majority of your over age claims, it is likely that you will use **Submission Code** = 'A | Pre-approved Claim'. On the billing screen use the **Sub Code** drop down.

Sub Code

Select the appropriate code from the drop-down list.

- ✓ O|Normal Submission
- D|Duplicate
- E|Debit Request
- I|ICBC Claim
- W|Claim not accepted by WCB
- C|Subscriber Coverage Problem
- R|Resubmit Claim
- A|Pre-approved claim
- X|Resubmitting refused or part paid

- If needed, notes can be provided with the claim.

Short Claim Note – Limited to a small number of characters.

Electronic Correspondence (up to 400 characters) – click on , and select Electronic Correspondence. An additional field will be displayed, where you enter the note for MSP/Teleplan.

Electronic Correspondence ▼

400

characters max.

NOTE: **Billing Notes** are for reference and do not get sent to MSP/Teleplan.

Section 3 – EMR Setup

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.

NOTE: You need to have administrative access for this.

- From the main EMR page click on **Administration** .
- In the left column, click on Billing to expand the section:

3. Click on Manage Teleplan.

Manage Teleplan

4. Underneath Update Billing Codes, click Update.

Update Billing Codes

update

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

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

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

6. Click on Update Codes to update all the codes in the list.

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.

How to add missing ICD-9 codes?

Recommended to run the Update MSP ICD-9 Codes on a semi-regular basis.

NOTE: You need to have administrative access for this.

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

Billing

3. Click on Manage Teleplan.

Manage Teleplan

- Underneath Update MSP ICD-9 Codes, click Update. This does not display anything; it simply refreshes the screen.

Update MSP ICD9 Codes

update

NOTE: These ICD-9 codes are pulled from the MSP listing from the ministry website.

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](#).

If you are unable to add a facility number, please contact your OSCAR Service Provider.

NOTE: You need to have administrative access for this.

- From the main EMR page click on Administration **Administration**.
- In the left column, click on Billing to expand the section:

Billing >

- Click on MSP Facility Mapping (scroll to nearly the bottom of the Billing options).

MSP Facility Mapping

- The MSP Facility Mapping screen is displayed.

MSP Facility Mapping

New

Provider List

Billing Codes

Clinic	Facility Number	Sub Number	
Default	00000	00000	<p>Edit Remove</p>

- To add a new Facility, click New.

MSP Facility Mapping

Clinic	Default 
Facility Number	00000 
Sub Number	00000

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

6. Populate the fields –
 - (i) **Clinic** – enter a name.
 - (ii) **Facility Number** – this is provided by HIBC when applying for the Facility.
 - (iii) **Sub Number** – enter 00000, unless provided with a Sub Number by HIBC.
7. Click Save.

How to add providers to the Facility Number?

8. Click on Provider List button [Provider List](#).
9. The MSP Facility Mapping Provider List screen is displayed.

MSP Facility Mapping Provider List

Clinic: Provider: [Save](#)

[Back](#) List Type: Black


Clinic	Provider
--------	----------

10. Populate the fields –
 - (i) **Clinic** – select the clinic (which is the Facility Number) from the drop-down list.
 - (ii) **Provider** – select the provider from the drop-down list.

NOTE:

- (iii) **List Type** = White - any provider on the white list, the Facility Number will populate on their bill.
 - (iv) **List Type** = Black – any provider on the black list, the Facility Number will **not** populate on their bill.
11. Click Save.

How to add Billing Codes to the Facility Number?

12. Click on Billing Codes button .

MSP Facility Mapping

Billing Code	<input type="text" value="Search service codes"/>
Clinic	<input type="text" value="Default"/>

13. **Billing Code** - enter the billing Code (e.g. 98010).
14. **Clinic** – select the clinic (which is the Facility Number) from the drop-down list.
15. Click Save.
16. Repeat steps 13 to 15 for all the LFP billing codes.

How to create a Billing Form?

NOTE: you need to have administrative access for this.

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



3. Click on Manage Billing Form.

Manage Billing Form

4. This displays the following screen:



The screenshot shows the 'oscarBilling' interface. At the top right, there are links for 'Help' and 'About'. Below the header, there are radio buttons for 'service code' (selected) and 'Dx Code'. To the right, there is a 'Select form' dropdown menu currently showing 'GP general practice' and a 'Manage' button.

5. Select **Service Code** service code.
6. **Select form** –
 - (i) To create a new form, select **Add/Edit/Delete Form** from the drop-down list.
 - (ii) To edit an existing form select the form in the drop-down list and click on the Manage button .

7. An example of the screen that is displayed, when editing a form:

The screenshot shows the 'oscarBilling' interface. At the top, there is a header with the text 'oscarBilling'. Below the header, there is a navigation bar with two radio buttons: 'service code' (selected) and 'Dx Code'. To the right of the radio buttons is a dropdown menu labeled 'Select form' with the text 'Jane Doe LFP' and a downward arrow. Further right is a 'Manage' button. Below the navigation bar, there are two tables. The first table is titled 'Patient Interaction' and has two columns: the first column contains service codes (98020, 98021, 98022, 98030, 98031, 98032, 98033, 98034) and the second column contains order numbers (1, 2, 3, 4, 5, 6, 7, 8). The second table is titled 'Time Codes' and has two columns: the first column contains time codes (98010, 98011, 98012) and the second column contains order numbers (1, 2, 3). Below the tables, there is an 'Update' button.

8. Enter a name for the Billing Form (e.g. Jane Doe LFP).

9. The column headers can be populated with a title.

10. Enter the service code in the left column.

11. Enter the number adjacent to the service code, which represents the order that it appears on the Billing Form.

12. Click the **Update** button to save the changes.

Where To Access Extra Support

- Specific billing questions about the LFP Payment Model – FP.billing@doctorsofbc.ca
- EMR vendor support –
 - For Open OSP Support Desk techsupport@openosp.ca or 1-604-677-8613
 - For Well Health Support Desk help@oscarprodesk.ca or 1-866-WELL-EMR
- 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)