There are billing data entry fields on 3 screens on the ED Visit Note.

"ED Note" Screen

Field	Comments
*DISPOSITION INSTRUCTIONS	Disposition information can be helpful for billers
REFERRED TO	When the patient is referred to another physician for a consultation, the biller will submit a "No charge referral" 3333 to MSP. The biller requires the name of the "Referred to" physician. There are 2 ways to enter the "Referred to" physician's name in Meditech depending on the process setup in your ED: 1. If your ED uses paper orders, enter the Physician's Name in this REFERRED TO field 2. If your ED uses electronic orders, the "Referred to" physician's name is entered in one of these orders: **-Off-site** **-In house/On-site**
*FINAL DIAGNOSIS	The ED Discharge Diagnosis is required for all claims to MSP. Adding multiple diagnoses where applicable can help with MSP claim adjudication.
*ED Complexity	Physicians designated to be on duty and on site in the hospital ED, select either a visit complexity level or consult: **I II III Consult** Physicians working in the ED on a call-in basis or if in diagnostic treatment centre, select one of the following visit types: **Consult Counselling Complete Exam Out-of-Office** What will help your biller? *For **Consult >** enter the "Referred From" Physician in the designated field below *For **Counselling >** enter start and stop times in the Comment field (green pop up field at bottom of screen). ==*Add any additional notes/comments for the biller in the "Comment" field (green pop up field at bottom of screen)== For more detailed information and MSP fee items associated with these options, please go to **TABLE 1 ED Visit Types** at the end of this document.
Referred From	If the patient has been referred to the ED for a consult, enter the name of the referring physician in this field. This is required for the MSP claim. This field has a lookup to a list of providers. Lookup using Lastname (e.g. Jacoby) or enter <first 3 letters of the last name, first 2 letters of first name> (e.g. Jac,Mi).
CALL-OUT	For physicians working in the ED on a call-in basis, specify the time of call, the call-out start and end times in the applicable fields. What will help your biller?

*If you are consistently called in when off-site, no additional comments are required. If called sometimes when off-site and sometimes when on-site, add a note in the comment field beside the Time of Call field to indicate either **On-site** or **Off-site**.
*Confirm with your biller if they only need this call-out detail for the first patient seen during the call-out.

Other Scenarios to Consider
Handovers   **First ERP:** Enters ED Disposition = Handover, enters billing information and signs the ED Visit Note.   **Second ERP has 2 options:**   1. Add an addendum to the previous physician's ED Visit Note, OR   2. Create a second ED Visit Note.   The first option is used for most handovers. In this case there will be only 1 ED Visit Note and the visit will be billed by the first ERP.   The second option is used when the patient's health status deteriorates significantly and requires <u>both</u> a new exam and modification of treatment plan by the second ERP. There will be 2 ED Visit Notes and billing for 2 visits (first ERP and second ERP).
Billing for 2 visits on the same date of service   To bill for 2 visits on the same date of service on one ER Visit Note, add billing notes and second assessment time for the second visit in the "Comment" field (bottom of screen). Include the reason to help with MSP adjudication. If the first ED Visit Note is already signed, create and sign a second ED Visit Note with details.

Workplace Injuries
 If the biller completes the Worksafe BC Form 8, basic demographic information will pull onto the Billing report printed from Meditech. *Add additional notes in the "Comment" field that will assist the biller to complete the Form 8. For example: **-** OK to work
                   - Off work for __ days
                   - May need modified duties for ___ days.

Continuing Care Surcharge General Practice only   There is no separate field on the screen to denote when this is applicable. Biller to review CALL-OUT details, ERP Seen Date/Time, Discharge Date/Time, ED Report Date/Time and # patients to determine applicable billing

"Procedures" Screen

Field	Comments
PROCEDURE	Procedures are divided into categories. Click on the "+" beside the respective category to display the list of procedures within the category. The ED billing report will display the MSP fee code for each procedure. For example, when you select the category "APPLY CAST", procedure "Short Arm", the MSP code 51016 will display on the report. *If your biller requires **additional information** for submitting MSP claims for some procedures, enter additional information in the green "Comment" field that pops up at the bottom of the screen when you select the procedure. Example: "Extensive lacerations over 5 cm" is paid by cm. Provide your biller the measurement per wound in the "Comment" field.
FFS INCENTIVE CODES	General Practice only **14018** Urgent Phone Conf w Specialist **00109** Admission Exam **13109** Admission Exam (Community Based GP)

"CritCare" Screen

Ensure you have entered all required fields on the main **ED Note** screen (**DISPOSITION INSTRUCTIONS, FINAL DIAGNOSIS** and **ED Complexity** billing). Then go to the **CritCare** screen and for the applicable scenario, enter the **Start Time** and **Stop Time.** Field details are explained below.

Encounter Type	Details
Resuscitation/ Monitoring (1870)	**Bedside Resuscitation & Monitoring** Applies to ERP on duty and designated on site. On Call physicians should use codes 81 and 82. Billed per 5 minutes. Enter: Start time and Stop Time -When consultation is billed in addition to the 1870, the consultation constitutes first ½ hour of time spent.
TTL Resuscitation/ Monitoring (1871)	**Trauma Team Lead Bedside Resuscitative Care & Monitoring** Applies only to Trauma Team Leads on contract to provide on call trauma team leader services. Billed per 5 minutes. Enter: Start Time and Stop Time
Critical Care-When On Call (81)	**Critical / Emergency Bedside Care -** Applies to emergency physician when on call Billed per ½ hour. Enter: Start Times and Stop Times Requires additional details to submit claim to MSP. See next section re: interventions.
1st ½ hr Interventions	Claims to MSP for critical care may require additional details like interventions provided. A menu of interventions is listed in each section under the **1st ½ hr Interventions, 2nd ½ hr Interventions**, etc. Click on the applicable interventions provided.

2nd ½ hr Interventions Etc.	-Add second physician name in comment field if applicable
Monitoring-When On Call (82)	**Monitoring Critically Ill -** Applies to emergency physician on call Billed per ½ hour. Enter: Start time and Stop time
Crisis Intervention (83)	Billed per ½ hour. Enter: Start Time and Stop Time

An ED Physician Billing Report is available to print from the Meditech menu as follows:
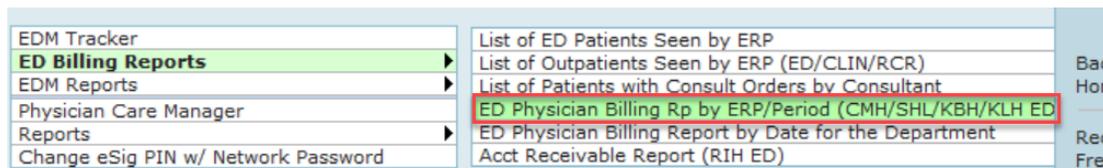
MOA's can also have access to print this report.

When to run the report? Print the report at the end of the day or next day. This report will only pick up ED Visit Notes in SIGNED status. Do not leave Notes in DRAFT Status.

How to run the report?

Field Name	Details
Date From and **Date Thru**	This is the ED patients' "*Arrival Date*"
ED Provider	Enter the physician Meditech user name. Otherwise enter the name (format Lastname, Firstname). You might have to click on the "Name" button on the right hand side for the system to recognize the name.

The report displays relevant patient demographic details and the billing information entered on the ED Visit Note. Please refer to separate instructions for this ED Billing Report.

TABLE 1 - ED Visit Types		
Disclaimer: *IH does not take responsibility for providing a comprehensive list of MSP fee codes to be used for private fee-for-service billing. Please consult with your billers.*		
Visit Type	**MSP Fee Code Description / Requirements**	**MSP Fee Items**
Level I II III	Used for exams performed by full time ERP or CCFP or physician who is designated by the medical staff to be on duty and on site in the hospital Emergency Department. **N/A** if on call-in basis or if in diagnostic treatment centre - use General Practice codes instead. The ERP Seen Date Time on the ED Billing reports can be used to determine the applicable billing code (day, eve, night).	Level I codes: 1811 Day|1821 Eve|1831 Night|1841 Wkd/Stat Level II codes: 1812 Day|1822 Eve|1832 Night|1842 Wkd/Stat Level III codes:

	Used exclusively at: RIH, PRH, CMH Mix of Levels and GP codes at: SLH, KBRH Not used at: KLH, SOGH	1813 Day|1823 Eve|1833|Night|1843 Wkd/ Stat
Consult	Consultation **Additional required info:** Enter the referring physician in the "**Referred From**" field	1810 (Royal College Certified ED physicians) 12210 – 18210 age specific (General Practice)
Counselling	Individual Counselling – Out-of-Office General Practice only **Additional required info:** -Enter the start and end time in "Comment" field (pops up at bottom of screen)	12220 – 18220 age specific -Minimum 20 minutes
Complete Exam	Complete Examination – Out-of-Office General Practice only *Note: For Acute Care Admission Exams, go to **Procedures** Screen > **FFS Incentive Codes** and select either:* *Admission Exam (GP) 00109* *Admission Exam (Community Based GP) 13109*	12201 – 18201 Complete Exam Out of Office age specific
Out-of-Office visit	Visit – Out-of-Office (partial or regional exam and history) General Practice only **Additional required info:** Call-out charges may apply. Add Call-Out time details in the **CALL-OUT** section	00112 ER visit weekday 0800-1800 12200 – 18200 called when <u>off-site</u> age specific eve, night, wknd *00113 00105 00123 ER visit while on-call <u>on-site</u> eve night wknd & stat
No Charge	Can be used for when patient left without being seen	