Hospitalist eBilling in Meditech

Physician Documentation (PDoc)

Interior Health

1. Where is eBilling available?

The Billing screen is available directly from within the following Notes:

- **Progress Note (Hospitalist)**
- **Handover Note (Hospitalist)**
- **Billing (Hospitalist)**

If you do not have access to these documents, use the Manage Favourites button to look up the documents and add them as your favourites or ask your IMIT support person to set these up as Favourites.

2. How do I eBill from the Discharge Summary, History & Physical or Consultation Report?

There are 2 ways to enter eBilling when using these reports:

Option 1: Before signing the **Discharge Summary**, **History & Physical** or **Consultation Report**, click on the Add Section button at the bottom of screen, then select the **Billing Only Note** listed under Documentation Section**.** * This will give you direct access to the billing screen. **** This "Billing Only Note" section can be set up as a Favourite using the Manage Favourites button.***

- ***Option 2***: Create and sign a separate new **Billing (Hospitalist)**

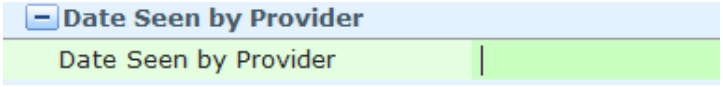
3. How do I bill for a visit without creating a new clinical report?

Create and sign a **Billing (Hospitalist).** Remember to enter the date of service in the **Date Seen by Provider** field if you start the Note today but saw the patient yesterday.

4. What is the date of service used when eBilling?

The default date for billing is the date you start the document.
You can leave the **Date Seen by Provider** field blank **if** you start the document on the same day you see the patient.

You must enter the date you saw the patient in the **Date Seen by Provider** field if you start the document on a different date. Example: If you see the patient on May 1st and create a **Billing Only Note** on May 2nd, then enter May 1st in the **Date Seen by Provider** field:



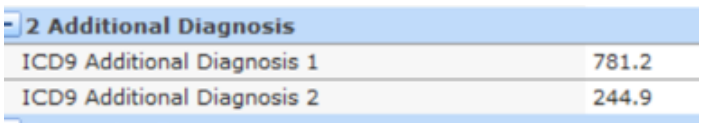
Short cut: for today's date, click on **T** and <**enter**>, for yesterday's date, click on **T-1** and <**enter**>

5. How do you enter the diagnosis?

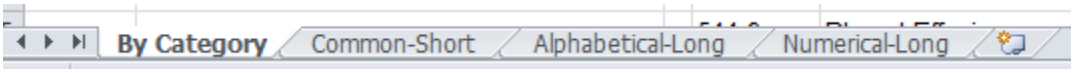
Enter the diagnosis in ICD-9 format.

The diagnosis code will recall for subsequent eBilling and should be reviewed/edited as needed.

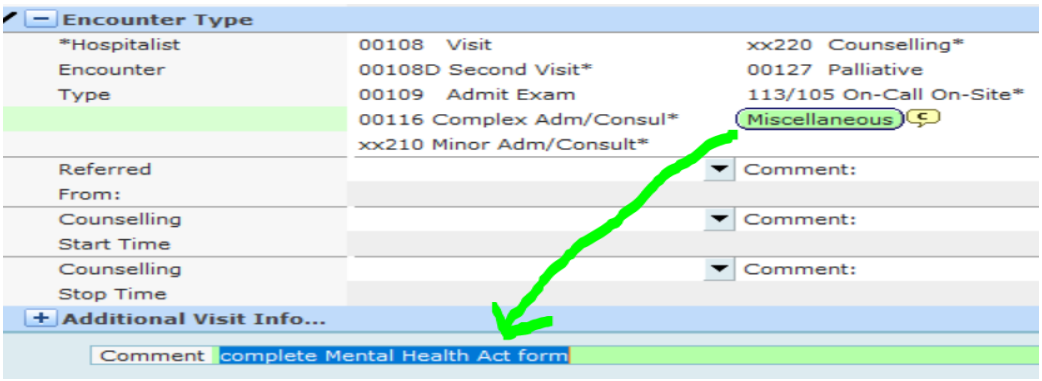
A minimum of one diagnosis is required for all MSP fee items. Enter the additional diagnoses for the **116** Complex Adm/Consult and **210** Minor Adm/Consult in this section:



You can call up lists of ICD-9 codes using the microphone voice command "**Billing Codes**" or "**Diagnosis Codes**". The codes are sorted in different ways – by category, alphabetical, etc. Click on the tabs on the bottom of the screen to access the different lists:



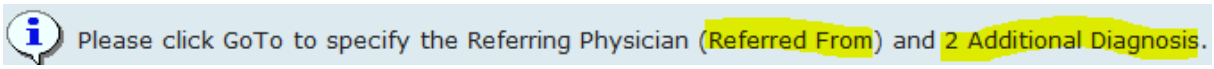
6. **How do I bill for an MSP fee item that is not on either the Billing or CritCare screens?**
Use encounter type **Miscellaneous** on the main **Billing** screen and then in the Comment Field at the bottom of the screen, enter details. For example, enter "**Complete Mental Health Act form**":



7. **Why do some encounter types have an asterisk *?**

The asterisk indicates that additional information is required by MSP. A pop-up message provides details.

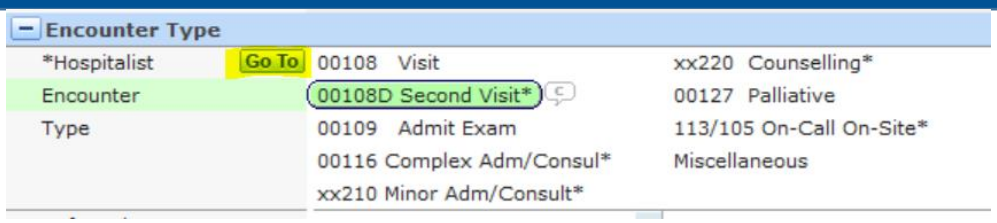
Below is an example of the message attached to the **00116 Complex Adm/Consult**:



Close the pop up message and use the **GoTo** button to lead the cursor to the first required field.

For a summary of additional information requirements, go to the table at the end of this document.

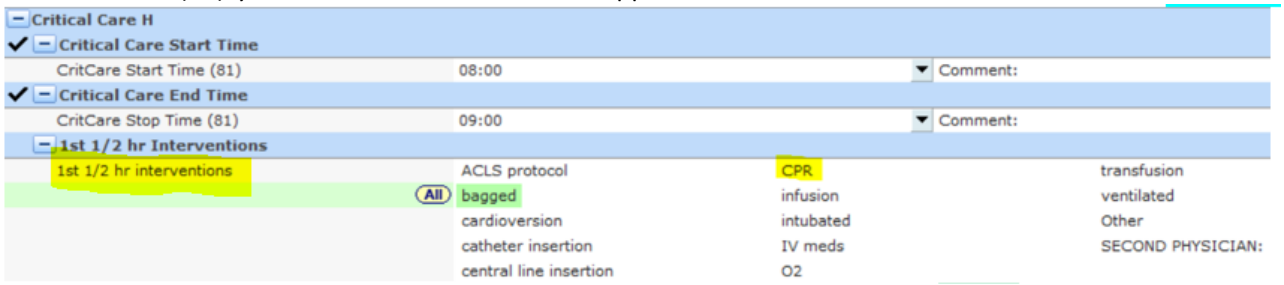
8. **What is the "GoTo" button used for?**
When prompted in a pop-up message to click the Go To button, click on it and the system will lead the cursor to the first additional field required.



9. **How do I bill for Critical Care (81), Monitoring (82) and Crisis Intervention (83)?**
   Step 1: An encounter type must be selected on the main **Billing** screen as this is a mandatory field. If none apply, click on **Miscellaneous**

   Step 2: Go to the **CritCare** screen and enter the applicable start and stop times for either the 81, 82 or 83.

   For Critical Care (81), you must also click and select the applicable interventions for each half hour of service:



10. **How do I bill for the admission if I forgot to use the "Add Section Button" to add the Billing Only Note to the History & Physical?**
    Create and sign a **Billing (Hospitalist) report.** Remember to enter the date of service in the **Date Seen by Provider** field if you start the Note today but saw the patient yesterday.

11. **Why is Supportive Care 00128 not listed as an encounter type?**
    We bill supportive care as a 00108 and if it is applicable, MSP will pay at the 00128 rate.

SUMMARY MSP FEE ITEMS with details for any ADDITIONAL REQUIRED INFORMATION (rates as of Apr 1/20)

Encounter Type	Additional Required Information	When to Use
00108 Visit $31.93	• ICD-9 code	-For MRP patients -For supportive care patients with medical problems (ICD9 must be different from specialist visit)
00108D *Second Visit* same day $31.93	• Provide all applicable ICD-9 codes • Start time • Reason for additional visit	-For second visit same day See also 113/105 below
00127 Palliative Care $53.87	• ICD-9 code (terminal)	-Patient has life expectancy of up to 6 months -Focus of care is palliative rather than treatment aimed at cure
XX220 Counselling $67.67 - $101.52	• ICD-9 code • Counselling Start time • Counselling Stop time	-Patient or family counselling visit -minimum time per visit-20 minutes
00109 Admit Exam $81.61	• ICD-9 code	-Patient is in ER and decision has been made to admit

00116 Complex Adm/Consult $163.94	• 3 ICD-9 codes • Referring doctor ('Referred from' field)	-Patient is in ER with multiple comorbidities and decision has been made to admit -When asked to consult patient -Can't be
XX210 Minor Adm/Consult $92.59 - $138.90	• 2 ICD-9 codes • Referring doctor ('Referred from' field)	-Patient is in ER and decision has been made to admit -When asked to consult patient
Miscellaneous	• Enter note in **Comment field** at bottom of Billing screen. e.g. Mental Health Act Form	-For MSP fee items not listed on either the **Billing** or **CritCare** screens. -For 00081/ 00082/00083, select **Miscellaneous** on **Billing** screen then go to **CritCare** screen to enter start/stop times.
00081 Critical Care **00082** Monitoring $105.79 + $63.47 *see steps	• Provide all applicable ICD-9 codes • *Step1: On '**Billing' screen** select Encounter Type **Miscellaneous** • *Step2: On '**CritCare' screen** enter: - Applicable Start Time - Applicable Stop Time - For 00081Critical Care, select interventions per ½ hour	- Billed for the evaluation, diagnosis and treatment of a critically ill patient who requires constant bedside care.
00083 Crisis Intervention $105.27 *see steps	• ICD-9 code • *Step1: On '**Billing' screen** select applicable Encounter Type for visit / consult/ exam • *Step2: On '**CritCare' screen** enter: - Applicable Start Time - Applicable Stop Time	-continuous med assistance at exclusion of all other services in period of personal/family crisis re: rape, sudden bereavement, suicidal or acute psychosis. Timing begins after first hour if consult/complete physical or after 30 mins if regional exam, counselling, visit is rendered

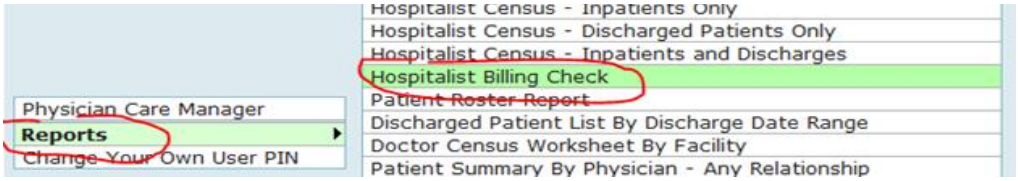
How to access a summary of your eBilling (optional if you are curious)

Run the **Hospitalist Billing Check** report. It summarizes by patient all eBilling entered in Meditech notes and reports. The report also displays your Inpatient/ED Consult, History & Physical, and Discharge Summary reports and any associated billing.

Here is a screen shot of what the report looks like:

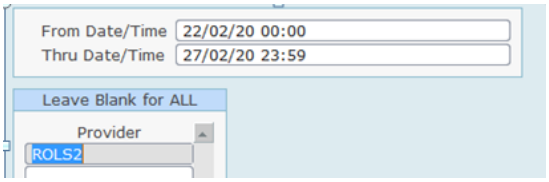
	Hospitalist	Document	Document Date	Date Seen	Encounter Type
Account #	Patient	Age	Visit Reason	Admitted	Discharged
KA0305721/20	[redacted]	66	Confusion NYD	19/02/20 06:04	
	Rollheiser,Steven Patrick	Progress Note (Hospitalist)	22/02/20 12:57	00108	Visit
	Rollheiser,Steven Patrick	Progress Note (Hospitalist)	23/02/20 17:58	00108	Visit
	Rollheiser,Steven Patrick	Progress Note (Hospitalist)	24/02/20 17:56	00108	Visit
	Rollheiser,Steven Patrick	Progress Note (Hospitalist)	25/02/20 18:41	00108	Visit
	Rollheiser,Steven Patrick	Progress Note (Hospitalist)	26/02/20 12:34	00108	Visit

The **Hospitalist Billing Check** report is located on the **Reports** menu:



The report can be run for any date range, e.g. at the end of your work day, or at the end of your 7 day block.

In the Provider Field, enter your Meditech user mnemonic:



Click on the Print button at the bottom of the screen. Then on the right side of the screen, select **Preview** to view on screen or **Print** to print a hard copy.

Trouble shooting tip: if you don't get any results in the report, the issue may be that you are attached to multiple hospitals and need to identify the facility you are working in as a hospitalist. Add this step BEFORE you run the report: On the Meditech main menu, click on the Subdivisions button at the bottom of the screen. Enter/Edit the Facility and HIM Department fields to the applicable hospital of the day.

Create date: Mar9/20
Edit Mar23/20: add $ to schedule
Edit May8/20: revise name of handover note
Edit Jun23/20: remove 00310. Bill Internist Consult under Hospitalist contract as xx210
Edit Sep15/20: remove reference to using F4 on FD microphone and add new command "Diagnosis Codes"
Edit Oct5/20: update rates and add when to use Miscellaneous
Edit Dec4/20: add 00083