

## 4. MSP CLAIMS SUBMISSION RULES FOR NURSE PRACTITIONERS

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## 4. MSP CLAIMS SUBMISSION RULES FOR NURSE PRACTITIONERS

### 4.1 Eligible Clients

For an encounter record to be submitted to MSP, it must include the Personal Health Number (PHN) of an eligible MSP beneficiary. An eligible MSP beneficiary is defined as a person who is a resident of British Columbia and who is enrolled with MSP (See *Section 9.1: Eligibility and Enrollment with MSP*).

If a nurse practitioner provides care to a patient who is not enrolled with MSP, an encounter record cannot be submitted through the MSP Teleplan claims processing system. The exception is for residents of other Canadian provinces/territories (except Quebec) for which a reciprocal billing system is in place. For billing reciprocal encounters, the patient's medical insurance number from their home province/territory, birth date, and province code should be entered in the 'other insurer' portion of the Teleplan C02 record. (See *Teleplan Specifications* - page 65).

Please note that any medical or diagnostic services referred for international patients without Canadian or BC medical insurance are not covered by MSP. Payment for these services is the responsibility of the individual.

“Reciprocal billing” means that medical claims and encounter records can be submitted to MSP/HIBC for residents of other provinces/territories in Canada, except Quebec.

### Verification of CareCards

The Ministry's Investigations Unit conducts investigations into matters involving the possible abuse of the Medical Services Plan. The Ministry is very concerned about CareCard misuse, and recommends that health care practitioners make a complete check of CareCard information at all first appointments.

If you suspect any unusual use of a CareCard, please request a second piece of picture identification to verify that the CareCard is being presented by the person named on the card.

Please notify MSP if you know or believe:

- A non-resident of BC is seeking medical services under a MSP CareCard; or
- A person is in possession of another person's CareCard; or
- A person is making false presentation or presenting false identification when seeking medical services under MSP.

To confirm patient's MSP coverage, call the automated Practitioner Information Line:

Victoria: (250) 952-3102 or (250) 383-1226  
Vancouver: (604) 669-6667  
Toll-free: 1 800 742-6165

This automated service handles coverage enquiries using an interactive voice response (IVR) system. The patient's personal health number (PHN) must be provided.

If the PHN is unknown, fax a request on a coverage research form to:  
(250) 952-3101.

## 4.2 Billing Prohibitions

Under the *Medicare Protection Act* and Medical and Health Care Services Regulation, certain restrictions apply to the submission of claims to MSP by medical and health care practitioners.

### Non-enrolled Nurse Practitioners

The encounter records for services of a nurse practitioner who does not have a full practising registration with the College of Registered Nurses of British Columbia (CRNBC) and enrolled with MSP cannot be submitted through the MSP claims processing system and therefore, the encounter data cannot be recorded and captured within the Ministry's Nurse Practitioner database.

All nurse practitioners with full practising registration with the CRNBC must also be enrolled with MSP and assigned a MSP valid practitioner number.

### Services Provided to a Family Member

It is recommended that a nurse practitioner not provide services directly to a family member. Examples of family members include mother, father, sister, brother, daughter, mother/father-in-law, son/daughter-in-law, step daughter/son, etc. Please refer to the *CRNBC Practice Standard on Nurse Client Relationships*.

### Delegation of services

A nurse practitioner cannot delegate the provision of services to another person, except as specified in the *CRNBC Standards of Practice* for delegation to unregulated providers.

### Use of Another Practitioner's Number

A nurse practitioner cannot submit an encounter record or request a medical or diagnostic service under another medical or health care practitioner's number. The nurse practitioner whose MSP practitioner number is recorded on the encounter record assumes full responsibility for the service provided.

**Note:** Encounter records and referrals/requests for medical and diagnostic services made by nurse practitioners with temporary permits and under the supervision of a medical practitioner are submitted under the physicians' practitioner number and are deemed to be the responsibility of that supervising medical practitioner.

### 4.3 Services that May be Performed by Nurse Practitioners

The legal authority for the nurse practitioner scope of practice is set out in the Nurses (Registered) and Nurse Practitioners Regulation under the *Health Professions Act*. The Regulation assigns reserved actions to nurse practitioners for activities such as: making a diagnosis to identify a disease, disorder or condition; ordering diagnostic services; and prescribing and dispensing drugs. As specified in the Regulation, these activities are provided in accordance with standards, limits and conditions established by the CRNBC.

Services that are performed by nurse practitioners are submitted to MSP as encounter records, similar to claims submitted by physicians. Each encounter record must be submitted with the appropriate encounter code, sometimes referred to as a “fee code”.

For a list of encounter codes to be used for services performed by nurse practitioners, see *Section 5.3: Services that May be Performed by Nurse Practitioners*.

## 4.4 Services that May be Referred by a Nurse Practitioner

*The Health Professions Act* and Nurses (Registered) and Nurse Practitioners Regulation permit nurse practitioners to refer their clients to medical practitioners, and to request certain laboratory, diagnostic and imaging services.

Standards for ordering diagnostic services and for referring for physician consultations are set out in the CRNBC *Scope of Practice for Nurse Practitioners (Family): Standards, Limitations and Conditions*.

When NPs refer a patient to a medical practitioner or for diagnostic tests, the physician or facility performing the service cannot be paid appropriately for the service unless the claim includes the MSP practitioner number of the referring nurse practitioner and a valid fee code for a service that the NP is permitted to request. It is very important that you refer only for those services which you are permitted to request to insure that medical claims submitted by physicians and labs are not rejected.

### Physician Referrals and Consultations

Nurse practitioners have the authority to refer to family practice physicians and to make direct request for consultation with a number of medical specialists.

For a list of physician services with corresponding fee codes that may be referred by NPs, see *Section 5.4: Physician Services that May be Referred by Nurse Practitioners*.

### Laboratory, Diagnostic and Imaging Services

Nurse practitioners are permitted to order an extensive list of laboratory, diagnostic and imaging services.

For a list of laboratory, diagnostic and imaging services, with corresponding fee codes, that may be referred by NPs, see *Section 5.5: Laboratory, Diagnostic and Imaging Services that May be Referred by Nurse Practitioners*

## 4.5 Information Required for Submission of Encounter Records

In order for an encounter record to be processed by MSP, the following information must be submitted:

- Practitioner number
- Payee number
- Last name, first initial, and Personal Health Number (PHN) of patient.
- Encounter code
- Payment Mode
- Number of services
- Date of service
- Location code
- Diagnostic code

### Practitioner Number

Number assigned to a medical or health care practitioner enrolled with MSP for the purposes of submitting claims/encounter records. See *Section 3.1: Obtaining a Practitioner Number with MSP*.

### Payee Number

Number assigned to the individual, corporation, group, clinic, medical facility, or health authority to which the practitioner has assigned payment. See *Section 3.1: Obtaining a Practitioner Number with MSP*.

### Patient Name and Personal Health Number (PHN)

Each claim must include the patient's last name, first initial and the individual's Personal Health Number (PHN). In cases where the patient is from another province/territory of Canada (except Quebec), claims are submitted as "reciprocal billing" and patient's health insurance number is inserted in the 'other insurer' portion of the Teleplan C02 record. (See *Teleplan Specifications* - page 65).

### Encounter Code

Each claim submitted to MSP for a service rendered by a nurse practitioner must include an encounter code. The encounter code is similar to a fee item used by other medical and health care practitioners and is used to identify the type of service provided. See *Section 5: Encounter Codes*.

## Payment Mode

All claims submitted to MSP for services provided by nurse practitioners must include an 'E' in the Teleplan field **P28** called "Payment Mode" and the amount billed must always be '0' (zero).

## Date of Service

Encounter records must include the date on which the service was provided and must be submitted within 90 days of this date of service.

## Location Code

Encounter records must include one of the following location codes:

<u>Code</u>	<u>Description</u>
E	Hospital emergency dept. or diagnostic & treatment centre
I	Hospital inpatient
R	Patient's private home
Z	Non-specific (accident site, in ambulance, etc.)
O	Office or clinic

## Diagnostic Code

A diagnostic code is required by MSP for all encounter records submitted by nurse practitioners. The diagnostic codes used by MSP are based on the ninth revision of the *International Classification of Diseases* developed by the World Health Organization, commonly referred to as ICD-9.

## Referral Code

When referring your patient to a specific physician, please indicate this referral in your encounter record by coding the 'ref-prac1-cd' with a 'T' and the 'ref-prac'1' field with the physician's **MSP practitioner number**. These instructions can be found in the *Teleplan Specifications Manual* on page 61.

An online version of ICD-9 codes is available in the MSP web site at:  
<http://www.health.gov.bc.ca/msp/infoprac/diagcodes/index.html>

## 4.6 Guidelines for Submitting Claims on Behalf of other Agencies

*For the time being, nurse practitioners will not be providing services to patients whose medical claims are the responsibility of the Insurance Corporation of BC and Workers' Compensation Board. The information below is included for future reference.*

### Federal Government

Health care benefits for the following individuals are the responsibility of the federal government. These individuals have a federal health care insurance number.

- members of the RCMP;
- members of the Canadian Armed Forces; and
- inmates in federal penitentiaries (Correctional Services of Canada).

**Note:** Only the employed individual is covered by the federal government. Dependents of the federal employees are covered by MSP and are issued a PHN while residing in British Columbia.

### Insurance Corporation of British Columbia (ICBC)

Practitioners should use the following guidelines when submitting claims for medical services related to a motor vehicle accident (MVA):

- All cases directly related to an MVA for which ICBC insurance coverage applies should be identified with a **Y** indicator in the "Claim" field, regardless of whether the patient is seen in an office, hospital, emergency, lab, or x-ray facility.
- Attach ICBC claim number, if available, to each MVA claim in the billing.
- If the patient is from another province, use the normal reciprocal billing process. ICBC does not honour reciprocal billing claims.
- If the MVA is work-related, claim is submitted to WCB instead of ICBC.

### Workers' Compensation Board (WCB)

MSP accepts WCB claims submitted electronically as processing agent for WCB. Before WCB claims can be submitted, your billing software must be modified. All medical software developers, vendors, and service bureaus are aware of the technical specifications for making this option available to clients who wish to bill WCB through Teleplan. If you do not already have this capability and would like to acquire it, contact your vendor directly.

WCB claims submitted via Teleplan to MSP are subject to the normal pre-edit, edit, and eligibility checks to ensure that claims are formatted correctly for processing and that the patient is registered with a valid PHN.

- WCB claims are identified by insurer code **WC** and adjustment indicator **W**.
- Claims that do not pass the checks are refused and returned electronically each night with explanatory refusal codes.
- Claims that do pass the checks are forwarded electronically each night to WCB for their authorization. After WCB assesses the claims, they are returned electronically to MSP with processing instructions.

If WCB does not accept responsibility for the claim, WCB instructs MSP to refuse the claim and return it to the submitter. WCB-refused claims can be re-submitted as MSP claims, if appropriate.

### Institutional Facilities

Claims for patients who reside in a provincial institution other than a correctional facility are submitted under the common identity number **10000008**.

Each institution is identified by a unique 2-digit number.

<u>Institution</u>	<u>Number</u>
Forensic Psychiatric	12
Riverview Hospital	30
Woodlands	35
Willow Chest Centre	40
Fraser House	51
Miracle Valley	52

When submitting institutional claims, use the Reciprocal Claim Record (RCP), and complete the claim as follows:

- In the RCP Province/Alternative Insurer Code field, enter IN for "Institution."
- In the RCP Registration Number field, enter the identity number 0010000008 followed by the 2-digit institution number.

## Correctional Facilities

Each inmate residing in a provincial correctional facility is assigned a correctional services number, commonly known as the "CS" number. It consists of 5, 6, or 7 digits, and is used as the inmate's MSP ID number during the period of incarceration.

- Submit claims for inmates as for any BC resident. Do not bill as a reciprocal claim.
- In the Personal Health Number field, zero-fill the "CS" number to the left (front) of the number.
- In the Dependent Number field, enter 2 zeroes.
- Some software programs may automatically enter the required zeroes.