Internal Medicine Billing Sheet
How to Complete

Orientation (GIM sample Card)

① PATIENT INFORMATION - insert hospital sticker here. If your hospital uses stamps, ensure the ink is dark enough and legible before faxing to us.

② HOSPITAL NAME –Abbreviations of the hospital name is sufficient (ex/ THC for Trillum).

③ MANUAL REVIEW – Certain service codes may require MOHLTC to manually review your submission.

④ REFERRING MD NAME & PROVIDER NUMBER
Enter the referring physician's name either in full or initial + last name (ex/ Jane Doe or J. Doe). MDBilling.ca will store the referring physician name with the associated provider number. Our system will build a database allowing you in the future to find the referring provider number through the physician's name.

⑤ CONSULTS/ VISITS

Fill only one of the A or C suffix boxes, then chose the numeric service code and dates. Apply the same for PREMIUMS. Example: In the image shown, the physician has billed: A135 consult + K998 premium for January 24, 2010.

If you are the Most Responsible Physician (MRP), simply use an A135 for the admission assessment with the E082 premium box filled in. For the MRP premium day 2, 3, or discharge visits, fill the E083 premium box.

Travel premiums must be written on the "Other Codes" section.

⑥ INPATIENT VISITS

Fill in the service code C132/C137/C139. Our software will automatically use the correct service code based on the admission date and the actual date you entered. The example below expands two months (April + May).

Should you reach the maximum allowed of services, and wish to bill "intercurrent illness", simply check the C121 box, and circle the date that you want to apply – see example below.

⑦ OTHER CODES / PREMIUMS / UNITS / ETC..

90% of the service codes will be found in the Card. However, should you need to use other codes, you can enter them in this section where it will be flagged for an operator to review your Card. In addition, any comments you would like to make us aware of should be inserted here.

NOTE: Enter information in this section if it is absolutely necessary. Any data populated here will need to be routed for an operator to review, and delay submission of your claim.

(8)   LEGEND – You will find the premium codes to be used depending on the day and time you are performing the service.

Mistakes

In case you have filled the wrong box, simply cross it with an ´X´ and then fill the correct box. Our software will notice two boxes have been filled and will flag an operator for manual review.

Printing

Version
Ensure you are using the latest version. The Schedule of Benefits change service codes from time to time. MDBilling.ca will notify and provide you with the latest Card.

Optical Character Recognition (OCR) Landmarks
You will find these at each corner of the billing card:
Ensure these are printed correctly. Faxing or scanning may tilt the image by a few degrees. Our software needs use these landmarks to calibrate the image for accurate OCR data capture.

Cutting and Folding Cards

The Cards have been developed so that it can fit into your lab pocket. You may cut the bottom portion (ensuring that you do not omit the OCR landmarks) and fold it along the vertical spine.

** Assessments and Premiums Rules **

To maximize revenue and prevent rejections, remember the following rules for GIM assessments and premiums:

1) Non-admitted patients (ie/ does not have an admission date registered)
- A135 + K9xx premium.

2) Admitted patients
- A135 + C9xx premium
- Your claim will be rejected if you perform a C135 (non emergency assessment) with either K9xx or C9xx premium.

3) Assessment of admitted patients but not claiming a premium
- C13x is fine.

4) If you admit the patient.
- Claim the E082 premium.
- Include the admission date, or the claim will be rejected.

5) Travel Premiums
- If you claim a travel premium, you must accompany with a special visit premium.
- Example: K963 needs to be paired with K998.
- The travel premium must be hand written on the "Other Codes"section.