Internal Medicine Billing Sheet

How to Complete – Inpatients Month format

Orientation

Physician Name: J. Doe (999999)   Hospital: 7HC ①   Page: __ of __

②

DOB: 08/12/1938 (71)   Sex: M

HCN:

24/01/10

Fam Dr:

HDEME

Ref. Physician: CHRISTIE LEE ③

Ref Physician #: 1 2 3 4 5 6

Admission Date: 01 / 01 / 14 ④

Discharge Date: / /

Diagnosis Code: 7 8 0

Calendar:
- Feb 1: C132, Feb 2: C132, 3, 4, 5, 6, 7 ⑥
- 8, 9, 10, 11, 12, 13, 14
- 15, 16, 17, 18, 19, 20, 21
- 22, 23, 24, 25, 26, 27, 28
- 29: C132, 30: C132, 31: C132 ⑤

MONTH: 0 1 ④

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①   HOSPITAL NAME – please write anywhere along the border of the billing sheet . Abbreviations of the hospital name is sufficient (ex/ THC for Trillum).

②   PATIENT INFORMATION - insert hospital sticker here. If your hospital uses stamps, ensure the ink is dark enough and legible before faxing to us.

③   REFERRING MD NAME or 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.

④   OTHER PERTINENT INFORMATION
- Dx Code: Diagnosis code. Required for most consults. Three digits.
- Admin date: Date of admission. Required for some consults.
- Discharge Date (optional)
- Month: representing the dates used in the billing sheet.

(5) SERVICE CODES

Code suffix is not required. Example: Either A135 or A135**A** can be used.

Apply the "C" suffix when using Anesthesia codes. Our software will need to determine an anesthesia vs. procedure code.

(6) TWO MONTHS COVERAGE

When coverage extends into two months, write the actual "month" besides the date. The example shows the billing sheet was used starting January 29th until February 2nd.   The letters "Feb" was used.

Printing

Bar Codes & Optical Character Recognition (OCR)

You will notice bar codes at the bottom of the sheets:

IM – Specialists – v 01

Ensure these are printed correctly. Faxing or scanning may tilt the image by a few degrees. Our software needs to use the bar codes to identify the billing sheet and calibrate the image for accurate OCR data capture.

** 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 <u>C</u>135 (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.