

Medical Oncology & Haematology Billing Sheet

How to Complete

Orientation

The form shows two patient entries. The first entry has a physician named Lee, hospital Lakeridge Health, and a default date of 02/09/14. The second entry has a physician named Lee, hospital Lakeridge Health, and a default date of 03/09/14. The form includes a grid of service codes (Consult, Pt. Rv, AXX8, G345, G359, G342, G388, G381, G281, K070, K071, K013, K040, K015, G512, G382, Z403, Z408) and a Back Bill section with a service date of 02/05/2014.

- 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 Trillium).
- 3 DEFAULT DATE
 - Service date to be used for all patient in the sheet
 - If service date found in the claim, it will override the default date.
- 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 DIAGNOSIS CODE (Dx)
 - Required for most consults. Use ICD-8 three digits.
- 6 OTHER SERVICE CODES
 - Most of the service codes will be found in the template. However, should you need to use other codes; you can enter them in this section where it will be flagged for an operator to enter them.
 - Code suffix is not required. Example: Either A445 or A445A can be used.
- 7 COMMON CODES
 - Consult: A445 or A615 will be billed depending on your specialty.

- Pt. Rv: Our system will check our database on the number of patient encounters, and bill the appropriate code. The sequence is as follows:
 - o A443/613 max of 1 per 12 months, or 2 if the second visit is an unrelated diagnosis.
 - o A441/611 max of 4 per 12 months
 - o A444/644 max of 2 per 12 months
- K033: we will automatically bill this code should you reach the maximum for K013 per 12 month period.
- K041: we will automatically bill this code should you reach the maximum for K040 per 12 month period.

NOTICE: By selecting the Pt. Rv, K033, or K041 checkbox, you agree to the above billing sequence, and agree they are applicable to medical services you have conducted. If you do not agree to the sequence, use the “Other Codes field” and manually write the applicable service codes.

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BACKBILL (G512 or G382)

- Must select either G512 or G382 along with the “Backbill” box.
- When selecting “Backbill” with G512 or G382, we will backbill in the following priority:
 - a. From the specified date to the service date
 - b. From the last G512/G382 billed found in our system to the service date
 - c. From the full consult found in our system to the service date

Printing

Bar Codes & Optical Character Recognition (OCR)

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



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.

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.