

Internal Medicine Billing Sheet

How to Complete - Multiple Patient format

Orientation

2011-11-18 15:47

HDTSURP01A

P 2/3

Physician Name: [REDACTED]	Hospital: Timmins	Default Date: [REDACTED]	Page: 1 of 2
DOB: [REDACTED] (52) Sex: F	Ref. Physician: Schwertfeger	Dx Code: C032	
HCN: [REDACTED] -FG (705)	Admin Date: Nov 16/11		
TIMMINS ON P4N 2R8 16/11/11	Date: Nov 17/11		
Fam Dr: [REDACTED]			
DOB: [REDACTED] Sex: F	Ref. Physician: KVAS	Dx Code: C032	
HCN: [REDACTED] (705)	Admin Date: Nov 14/11		
TIMMINS ON P4N 5M4 14/11/11	Date: Nov 17/11		
Fam Dr: [REDACTED] HDEME			
DOB: [REDACTED] Sex: M	Ref. Physician: Chisholm	Dx Code: C122	
HCN: [REDACTED] (705)	Admin Date: Nov 16/11	E 083	
PORQUIS ON P0N 1H0 16/11/11	Date: Nov 17/11		
Fam Dr: [REDACTED] HDEME			
DOB: [REDACTED] Sex: M	Ref. Physician: Chisholm	Dx Code: C032	
HCN: [REDACTED] -LR	Admin Date: Nov 14/11		
	Date: Nov 17/11		

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.
- Date: Date of service performed. It will override the Default Date.

⑤ SERVICE CODES

- Code suffix is not required. Example: Either A135 or A135A can be used.
- Apply the “C” suffix when using Anesthesia codes. Our software will need to determine an anesthesia vs. procedure code.

6

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.

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.

**** 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.