Internal Medicine Billing Sheet

How to Complete – Inpatients Week format

Orientation

Physician Name: J. Doe (999999) Hospital: THC Page: 1 of 1

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

HCN:

Fam Dr: HDEME

24/01/10

Diagnosis Code: 7 8 0

Ref. Physician: CHRISTIE LEG

Ref Physician #: 1 2 3 4 5 6

Admission Date: 01 / 01 / 11

Discharge Date: /

Sunday 01/01	Monday 02/01	Tuesday 03/01	Wedn 04/01	Thurs	Friday	Saturda
A135 E082	C122	C123	C132			
Sunday	Monday	Tuesday	Wedn	Thurs	Friday	Saturda

(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
- Diagnosis Code: Required for most consults. Three digits.
- Admin date: Date of admission. Required for some consults.
- Discharge Date (optional)

(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) SERVICE DATE

Format in DD | MM

Printing

Bar Codes & Optical Character Recognition (OCR)

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

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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.