ATTACHMENT REPORTING

"0-fee code" 97606

WHAT IS CONSIDERED A NEW ATTACHMENT?

97606 is billable when a provider becomes MRP for a new patient. This may include attachment through any of the following sources:

- Patient Attachment List (Centralized wait list)
- In-house attachment list
- Provider leaving practice
- Emergency Department
- New Long-Term Care Patient (Previously Unattached or taking over MRP from another provider)
- Informal referral for patient needing urgent attachment from specialist, community inpatient or emergency department
- Palliative Care patient
- Maternity Clinic Referral
- Newborn baby of current patient
- Family members of current patients
- Hospice
- Walk-in clinic

WHY IS THIS NEEDED?

The number of attachments happening within our community is an important indicator when reporting to all stakeholders, as we build our Primary Care Network.

CONTACT

KRISTINE ROBBINS
CLINIC SUPPORT COORDINATOR
SOS DIVISION OF FAMILY PRACTICE
C: 250-488-1271

EMAIL:
Kristine.robbins@sosdivision.ca

HOW OFTEN DO I NEED TO REPORT ATTACHMENTS?

Monthly report should be submitted within 7 calendar days at the beginning of each calendar month. Submission is retroactive, i.e. you're submitting numbers from the month before.

Example: If submitting 97606's for January, you will have until February 7th to submit your numbers.

We are going green: monthly reporting will be submitted online by following this link: **https://surveys.divisionsbc.ca/Attachment-monthly-report.aspx**

If you would like to fax your report, please let us know and we will send you a hard copy. Before you ask, consider the trees.

HOW TO GET STARTED?

1. Review provided instructions
2. Import 97606 template.zip into your EMR
3. Create monthly reoccurring task reminder
4. Run report for each provider
5. Submit your report online
6. Save the link as a favourite in your browser