



Reduced Encounter Reporting for Primary Care Physician Contracts – MSP Service Code Grouping

Physicians engaged under either the Group Contract for Practicing Family Physicians (the group contract) and the Individual Contract for New to Practice Physicians (the NTP contract) will submit encounter records to the Medical Services Plan (MSP) / Health Insurance BC (HIBC) via Teleplan. This is in accordance with the requirements, rules and procedures of MSP/HIBC for the direct clinical care services provided under the contract. Any services which are permitted to be billed fee-for-service under these contracts should not be reported through encounter records.

In addition to the group and NTP contracts, other primary care service contracts and salary agreements may also specify the use of the simplified encounter records listed in this document.

Encounter records must include the following information:

- a. MSP Payee Number (must be the clinic payee number established for the contract),
- b. Practitioner number,
- c. Patient's/Client's personal health number (PHN),
- d. Patient's/Client's name,
- e. Date of service,
- f. Encounter code (Appendix A)
- g. International Classification of Diseases (ICD)-9 diagnostic codes (1 code mandatory, 3 maximum),
- h. Location code (A – Practitioner's Office in Community),
- i. Note, and
- j. Referring/referred practitioner number (if the physician is referring patient to or receiving a referral from another practitioner).

With respect to the above, physicians will use the list of simplified encounter codes for family physicians provided by MSP/HIBC and outlined in this document, as amended from time to time. For a detailed list of simplified encounter codes, please consult Appendix A.

The simplified encounter codes have been structured around payment schedule service codes, which are groupings of Medical Services Commission (MSC) payment schedule fee items. If there is any confusion about appropriate usage of simplified encounter codes, a fee item encounter code translation table is available in Appendix B.

Start and end times are no longer required as part of encounter record submissions. Start and end time for contract service shifts will be captured using a separate shift code.

For any questions or related to encounter reporting, please contact PCN.compensation@gov.bc.ca

Primary Care Family Physician Contracts: Simplified Encounter Reporting

Encounter Code Groupings and Fee Item Descriptions

APPENDIX A

Table 1 illustrates how the MSP service codes associated with the primary care core services outlined in the primary care network (PCN) general practitioner (GP) contract map to the simplified encounter code groupings. Services provided under the PCN GP contract will be reported using the following 18 encounter codes.

Table 1. Service Code to Encounter Code Grouping		
Fee Item	Encounter Code Grouping	Service Code Description
	<None>	Tray Service Items
97501	Complete Examinations	Complete Examinations (0101)
97502	Complex Care Activities	GPSC - GP Services Committee
		GPSC II
97504	Counselling	Counselling (0120)
97505	Emergency Visits	Emergency Visits
97506	Immunization	General Services (Non-Invasive Tests, Proc.)
97507	Institutional Visits	Institutional Visits
97508	Mental Health Care	General Services (Non-Invasive Tests, Proc.)
97509	Minor Surgery/Therapeutic Procedures	Minor Surgery, Minor Ther. Procedures
		Other (Needle Biopsies, 0x99, Etc.)
97510	Non-Invasive Tests/Procedures	General Services (Non-Invasive Tests, Proc.)
97511	Pathology/Diagnostic Activities	Pathology (Category 1)
		Pulmonary Function
		Electrodiagnosis
97512	Visits	Regional Examinations (0100,0107)
		Home Visits
		Miscellaneous and Other Visits (GP)
		Visit Premiums
97513	GP Obstetrics	Obstetrics
97514	GP Anesthesia	Anesthesia
97515	GP Consultation	Consultation (0110)
97516	Telehealth GP Consultation	Consultation (0110)
97517	Telehealth GP Visit	Regional Examinations (0100,0107)
97518	Telehealth GP Counselling	Counselling (0120)
97519	GP Telephone Services (with Provider)	GPSC - GP Services Committee
		GPSC II
		Miscellaneous and Other Visits (GP)
97521	GP Telephone Services (with Patient)	GPSC - GP Services Committee

Primary Care Family Physician Contracts: Simplified Encounter Reporting Encounter Code Groupings and Fee Item Descriptions

APPENDIX B

Table 2 maps common primary care fee items from the MSC payment schedule to their respective simplified encounter codes.

Table 2. MSC Payment Schedule to Encounter Code Grouping	
Payment Schedule Fee Item	Fee Item Description
97501 – Complete Examinations	
12101	Complete Examination In Office (Age 0-1)
00101	Complete Examination In Office (Age 2-49)
15301	Complete Examination In Office (Age 50-59)
16101	Complete Examination In Office (Age 60-69)
17101	Complete Examination In Office (Age 70-79)
18101	Complete Examination In Office (Age 80+)
12201	Complete Examination - Out Of Office (Age 0-1)
13201	Complete Examination - Out Of Office (Age 2-49)
15201	Complete Examination - Out Of Office (Age 50-59)
16201	Complete Examination - Out Of Office (Age 60-69)
17201	Complete Examination - Out Of Office (Age 70-79)
18201	Complete Examination - Out Of Office (Age 80+)
97502 – Complex Care Activities	
14044	GP Mental Health Management Fee Age 2-49
14045	GP Mental Health Management Fee Age 50-59
14046	GP Mental Health Management Fee Age 60-69
14047	GP Mental Health Management Fee Age 70-79
14048	GP Mental Health Management Fee Age 80+
14075	GP Attachment Complex Care Management Fee
14076	GP Attachment Telephone Management Fee
14077	GP Attachment Patient Conference Fee
14033	Annual Complex Care Management Fee
14043	GP Mental Health Planning Fee
14050	GP Annual Chronic Care Incentive-(Diabetes Mellitus)
14051	GP Annual Chronic Care Incentive-Heart Failure
14052	GP Annual Chronic Care Incentive-Hypertension
14053	GP Annual Chronic Care Incentive - Copd
14063	General Practice Palliative Care Planning Fee
14066	Personal Health Risk Assessment

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Table 2. MSC Payment Schedule to Encounter Code Grouping	
Payment Schedule Fee Item	Fee Item Description
97504 – Counselling	
12120	Individual Counselling In Office (Age 0 - 1)
00120	Individual Counselling In Office (Age 2-49)
15320	Individual Counselling In Office (Age 50-59)
16120	Individual Counselling In Office (Age 60 - 69)
17120	Individual Counselling In Office (Age 70-79)
18120	Individual Counselling In Office (Age 80+)
12220	Individual Counselling - Out Of Office (Age 0 - 1)
13220	Individual Counselling - Out Of Office (Age 2-49)
15220	Individual Counselling - Out Of Office (Age 50-59)
16220	Individual Counselling - Out Of Office (Age 60-69)
17220	Individual Counselling - Out Of Office (Age 70-79)
18220	Individual Counselling - Out Of Office (Age 80 +)
00121	Group Counselling-First Full Hour
00122	Group Counselling-2nd Hour/Per Half Or Major Part
97505 – Emergency Visits	
00111	Visit, Emergency Home
00112	Visit, Emergency
00113	On Call, On Site Hospital Visit - Evening
00123	On Call, On Site Hospital Visit - Sat, Sun Or Hols
00105	On Call, On Site Hospital Visit - Night
97506 – Immunization	
10010	Immunization-Patient < 19 Yrs-Dtap-P
10011	Immunization-Patient < 19 Yrs-Dtap-P-Hib
10012	Immunization-Patient < 19 Yrs - Td
10013	Immunization-Patient < 19 Yrs-Tdp
10014	Immunization-Patient < 19 Yrs-Tdap
10015	Immunization-Patient < 19 Yrs - Flu (Influenza)
10016	Immunization-Patient < 19 Yrs - Ha (Hepatitis A)
10017	Immunization-Patient < 19 Yrs-Hb(Hepatitis B)
10018	Immunization-Patient < 19 Yrs-Hib
10019	Immunization - Patient < 19 Yrs-lpv
10020	Immunization-Patient <19 Yrs-Men-C-C(Meningococcal)
10021	Immunization-Patient < 19 Yrs-Men-C-Acyw135(Mening
10022	Immunization-Patient < 19 Yrs-Mmr(Measles,Mumps,

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Table 2. MSC Payment Schedule to Encounter Code Grouping	
Payment Schedule Fee Item	Fee Item Description
10023	Immunization-Patient <19 Yrs-Pneu-C-13 Pneumococal
10024	Immunization-Patient < 19 Yrs-Pneu-P-23
10025	Immunization-Patient < 19 Yrs-Rab (Rabies)
10026	Immunization - Patient < 19 Yrs - Var (Varicella)
10027	Immunization-Patient < 19Yrs-Infanrix Hexa
10028	HPV (Human Papillomavirus)
10029	Immunization-Patient <19 Yrs - Rotavirus,Oral
10030	MMR/V (Measles, Mumps, Rubella and Varicella)
97507 – Institutional Visits	
00114	Visit Nursing Home One Or Multiple Patients
00115	Nursing Home Visit - 1 Patient When Specially Call
00108	Hospital Visit
00109	Acute Care Hospital Admission Visit
00119	Newborn Care, Routine, In Hospital
00128	Supportive Care Hospital Visit
13008	Community Based GP: Hospital Visit
13028	Community Based GP: Supportive Care Hosp Visit
13109	Community based GP: Acute care hospital admission examination
13228	Community Based GP: Hospital Visit
13334	LTC Facility Visit-First Visit Of Day Bonus, Extra
13338	Community Based GP,1st Fac Visit Of Day Bonus, Extr
13339	Com Based GP,1st Hosp Visit Of Day Bonus, Extra
97508 – Mental Health Care	
00083	Crisis Intervention
00065	Mental Ill-Health-Investigation
00066	Mental Ill-Health-Documentation
00067	Mental Ill-Health - Voluntary Committal
97509 – Minor Surgery / Therapeutic Procedures	
00010	Injection, Intramuscular
00012	Injection, Venepuncture
00015	Injection, Intra-Articular - All Other Joints
00190	Electrosurg./Cryotherapy For Removal Of Warts Etc.
04305	Venereal Warts, Cautery Or Excision
13600	Biopsy - Mucosa/Skin (Operation Only)
13601	Biopsy - Facial Area (Operation Only)

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Table 2. MSC Payment Schedule to Encounter Code Grouping	
Payment Schedule Fee Item	Fee Item Description
13605	Abscess - Superficial
13610	Minor Laceration Or Foreign Body - No Anaesthesia
13611	Minor Laceration/Foreign Body Requiring Anaes.
13620	Excision Tumor Of Skin/Scar Up To 5Cm
13621	Excision Additional Tumor Of Skin/Scar Up To 5Cm
13623	Excision Of Tumor Or Small Scar - Face
13630	Paronychia
13631	Nail Removal - Simple
13632	Nail Removal With Destruction Of Nail Bed
13633	Wedge Excision Of One Nail
97510 – General Services (Non-Invasive Tests, Procedures)	
00034	Injection Subcutaneous
00043	Anticoagulation Therapy By Telephone
14540	Insertion Intrauterine Contraceptive Device
14560	Routine Pelvic Exam Including Pap
97511 – Pathology / Diagnostic Activities	
00117	Ecg Interpretation Only G.P.
00930	Peak Expiratory Flow Rate
15100	Glucose - Semiquantitative
15110	Occult Blood - Feces
15130	Urinalysis - Screening
15120	Pregnancy Test, Immunologic, Urine
97512 – Visits	
12100	Visit In Office (Age 0-1)
00100	Visit In Office (Age 2 - 49)
15300	Visit In Office (Age 50-59)
16100	Visit In Office (Age 60-69)
17100	Visit In Office (Age 70-79)
18100	Visit In Office (Age 80+)
12200	Visit - Out Of Office (Age 0 - 1)
13200	Visit - Out Of Office (Age 2-49)
15200	Visit - Out Of Office (Age 50-59)
16200	Visit - Out Of Office (Age 60-69)
17200	Visit - Out Of Office (Age 70-79)
18200	Visit - Out Of Office (Age 80+)

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Table 2. MSC Payment Schedule to Encounter Code Grouping	
Payment Schedule Fee Item	Fee Item Description
00103	Home Visit - Call Placed Between 0800 And 2300hrs
13015	Hiv/Aids Primary Care Mgmt - Per 1/2 Hr Or
01200	Call-Out Charge - Evening
01201	Call-Out Charge - Night
01202	Call-Out Charge/Saturday, Sunday, Or Stat Holiday
01205	Surcharge - Nonoperative - Evening
01206	Surcharge - Nonoperative - Night
01207	Surcharge - Nonoperative/Weekend And Stat/Holiday
97513 – GP Obstetrics	
14090	Prenatal visit - complete examination
14091	Prenatal visit – subsequent examination
14094	Postnatal office visit
97514 – GP Anesthesia	
13052	Anaes. Evaluation – Non-Certified Anaesthetist
01172	Anaes. Intensity/Complexity Level 2 – per 15 mins
01173	Anaes. Intensity/Complexity Level 3 – per 15 mins
01174	Anaes. Intensity/Complexity Level 4 – per 15 mins
01175	Anaes. Intensity/Complexity Level 5 – per 15 mins
01176	Anaes. Intensity/Complexity Level 6 – per 15 mins
01177	Anaes. Intensity/Complexity Level 7 – per 15 mins
01178	Anaes. Intensity/Complexity Level 8 – per 15 mins
01179	Anaes. Intensity/Complexity Level 9 – per 15 mins
01180	Anaes. Intensity/Complexity Level 10 – per 15 mins
01181	Anaes. Intensity/Complexity Level 11 – per 15 mins
01215	Anesthesia Surcharge – Nonoperative – Evening
01216	Anesthesia Surcharge – Nonoperative – Night
01217	Anesthesia Surcharge – Nonoperative – Weekend, Stat
97515 – GP Consultation	
12110	Consultation In office (Age 0-1)
00110	Consultation In office (Age 2-49)
15310	Consultation In office (Age 50-59)
16110	Consultation In office (Age 60-69)
17110	Consultation In office (Age 70-79)
18110	Consultation In office (Age 80+)
12210	Consultation Out of office (Age 0-1)

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Table 2. MSC Payment Schedule to Encounter Code Grouping	
Payment Schedule Fee Item	Fee Item Description
13210	Consultation Out of office (Age 2-49)
15210	Consultation Out of office (Age 50-59)
16210	Consultation Out of office (Age 60-69)
17210	Consultation Out of office (Age 70-79)
18210	Consultation Out of office (Age 80+)
97516 – Telehealth GP Consultation	
13036	Telehealth GP in-office Consultation
13016	Telehealth GP out-of-office Consultation
97517 – Telehealth GP Visit	
13037	Telehealth GP in-office Visit
13017	Telehealth GP out-of-office Visit
13020	Telehealth General Practitioner Assistant
97518 – Telehealth GP Counselling	
13038	Telehealth GP in-office Individual counselling
13018	Telehealth GP out of office Individual counselling
13041	Telehealth GP In-office Group Counselling/1 st hr
13042	Telehealth GP In-office Group Counselling/2nd hr
13021	Telehealth GP Out of office Group Counselling/1 st hr
13022	Telehealth GP Out of office Group Counselling/2nd hr
97519 – GP Telephone Services (with Provider)	
14019	GP Advice Fee To Np-Telephone Or In Person
14018	GP Urgent Telephone Conference With A Specialist
14021	GP With Specialty Training Tele Advice - Urgent
14022	GP With Specialty Training Tele Patient Mgmt 1 Wk
14023	GP With Spec Training Tele Patient Mgmt-Follow Up
13000	Telephone Advice In First Nations Communities
13005	Telephone Advice About A Patient In Community Care
97521 – GP Telephone Services (with Patient)	
14076	GP Attachment Telephone Management Fee
14077	GP Attachment Patient Conference Fee
N/A	All other clinical services provided to patients by phone