

Shift Reporting and Shift Code General Guidelines for Physicians on Service Contracts

General Guidelines

Physicians providing services under a service contract may be required to record their contract hours using a Teleplan-based shift code to document contract hours billed. Reporting contract hours via Teleplan (done in addition to the requirement under the contract to report service hours directly to the health authority or agency) provides a tool which enables physicians to reduce their audit risk. The Teleplan based contract shift code represents an important part of the ministry's contract reporting, monitoring and stewardship obligations.

Detailed Instruction

The Teleplan shift code fee item is 97570 – Contracted Clinical Shift (per 15 minutes). It may be submitted by any physician wishing to claim hours under a contract. Each submitted shift code record must include the following information:

- a) Medical Services Plan (MSP) payee number
- b) Practitioner number
- c) Patient's / Client's personal health number (PHN) (the first patient seen during the shift)
- d) Patient's / Client's name (the first patient seen during the shift)
- e) Date (for the shift)
- f) Start time (for the shift)
- g) End time (for the shift)
- h) Billed services (per 15 minutes of contract eligible services)
- i) International Classification of Diseases (ICD)-9 diagnostic codes (1 code mandatory, 3 maximum) (general symptoms ICD9 code)
- j) Location code

Each shift code should be submitted with the payee number used for the physician's assigned fee-for-service (FFS) billings or encounter reporting, the physician's own billing number, as well as the PHN and name of the first patient seen by the physician during the reported contract shift. The shift code must also contain the general symptoms ICD9 code (780), and the appropriate location code.

The date of the shift, as well as the start and end time of the shift, must also be present on the shift code record submitted through Teleplan, and this information should align to the relevant entry in the contract hours reporting submitted to the health authority or agency. Where discrepancies exist, the hours reported directly to the health authority or agency will be considered accurate – the shift code is not used for the purposes of payment.

A billed service value, up to a maximum of 96, must also be submitted with each Teleplan shift code. Each billed service value represents a 15 minute increment (or greater portion thereof) of services claimed under the contract, and the total billed service value for each submitted shift code must not exceed the difference between shift start time and end time. To illustrate, consider the following scenarios:

- A contracted physician works a shift from 9 a.m. to 2 p.m., but only wishes to claim a total of four contract hours. The remaining shift hour was spent doing third-party work or not providing services. The billed service value on the code submitted for this contract shift is 16.
- A contracted physician works a shift from 2 p.m. to 8 p.m. and wishes to claim a total of six contract hours. The billed service value on the code submitted for this contract shift is 24.

For quick calculations, billed service value = [number of hours worked] * (times) four (4).

Additional Detail

Physicians who sign on to a service contract may in some cases be allowed to retain FFS billings for specialized services, and/or for services provided to patients covered by third parties (e.g., ICBC, Worksafe BC, Canadian Armed Forces, etc.). If submitting the shift code, physicians should also submit any retainable FFS billings to Teleplan with start and stop times.

Contact

Questions regarding the submission of the shift code should be directed to PCN.Compensation@gov.bc.ca