



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 FP 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 |

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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 | |
| 13013 | Assessment for Induction of Opioid Agonist Treatment (OAT) for Opioid Use Disorder |
| 13014 | Management of OAT Induction for Opioid Use Disorder |
| 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 |

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| Table 2. MSC Payment Schedule to Encounter Code Grouping | |
|---|---|
| Payment Schedule Fee Item | Fee Item Description |
| 14066 | Personal Health Risk Assessment |
| 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-Ipv |
| 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) |
| 13605 | Abscess - Superficial |

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| Table 2. MSC Payment Schedule to Encounter Code Grouping | |
|--|---|
| Payment Schedule Fee Item | Fee Item Description |
| 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 |
| 15039 | FP Point of Care (POC) testing for opioid agonist treatment |
| 15040 | FP Point of Care (POC) testing for amphetamines, benzodiazepines, buprenorphine/naloxone, cocaine metabolites, methadone metabolites, opioids and oxycodone |
| 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) |

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| Table 2. MSC Payment Schedule to Encounter Code Grouping | |
|---|---|
| Payment Schedule Fee Item | Fee Item Description |
| 17200 | Visit - Out Of Office (Age 70-79) |
| 18200 | Visit - Out Of Office (Age 80+) |
| 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+) |

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| Table 2. MSC Payment Schedule to Encounter Code Grouping | |
|---|--|
| Payment Schedule Fee Item | Fee Item Description |
| 12210 | Consultation Out of office (Age 0-1) |
| 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 |