

Simplified encounter codes for Nurse Practitioners (NPs)

Your questions answered

April 2021

Q Why is the ministry changing the codes?

- ▶ The old codes are cumbersome and provide data that the ministry can access from other sources such as PharmaNet.
- ▶ Simplified codes save time for NPs.

Q Which NPs should use the new codes?

- ✓ Primary care NPs
- ✓ NPs providing urgent care in urgent and primary care centres
- ✓ NPs providing specialized or consultant care in community (including long-term care) or outpatient settings
- ✗ NPs practicing in emergency departments or in acute care for inpatients should not use the new codes

Q When should I start using the new codes?

- ▶ You should start to use the new codes by **May 1st, 2021** (unless you belong to one of the exempted groups above).

Q What makes the new codes simpler than the old codes?

- ▶ The 100+ old codes have been grouped together into just 17 new codes. For instance, new code **97565** (NP Consultation) takes the place of seven age-specific old codes.
- ▶ You no longer need to submit complexity codes.
- ▶ You do need to submit ICD-9 codes (that is how the ministry assesses complexity).

Q Can I still use the old codes as well?

- ▶ Yes. You can use the old codes in addition to the new codes if you wish.
- ▶ The old codes may be useful to you/your clinic for quality improvement, research or evaluation purposes – email MOHAnalytics@gov.bc.ca to ask the ministry to pull the data for you.
- ▶ You should continue to use the old code **03333** for no-charge referrals to physicians.

Q How will the data be used?

- ▶ The ministry's Health Sector Information, Analysis and Reporting Division uses the data to keep track of population health and trends in NPs' provision of care to assist with service and health human resource planning.
- ▶ Unique patients and their associated ICD-9 codes are key encounter reporting data used by the ministry.

Q How do I choose the right code?

- ▶ The codes are a reporting tool that practitioners use to reflect their clinical services and activities. To that end, you can use your discretion in how you use the codes.

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- ▶ As a rule of thumb, just be consistent and simple in how you code.

Consistent: Use the same code for the same reason.

Simple: Depending on your practice, you may just use a few codes over and over. Some codes (97556, 97559, 97560, and 97561) are add-ons, but all the others can be used on their own.

Q I am getting an error message when I enter a code. What should I do?

- ▶ For error messages originating in the electronic medical record (EMR), please contact your EMR vendor for support.

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- ▶ For rejected/refused claims on your Medical Services Plan (MSP) remittance statement, please contact MSP Teleplan Inquiries & Support Mon-Fri 8:00 am-4:30 pm (604-456-6950 option 3,2 or 866-456-6950 option 3,2).

Q Is there a code for administering a COVID vaccine?

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- ▶ No. Use the immunization code (97556) plus the COVID ICD-9 code (C19).

Q When should I use the Complex Care Activities code (97552)?

- ▶ You can use this code to document services such as:
 - ✓ Development/assessment of chronic condition-specific care plans
 - ✓ Palliative care planning
 - ✓ Personal Health Risk Assessment

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- ▶ You can also use this code at your discretion to document additional ICD-9 codes for complex patients (in addition to another encounter record, such as a visit).

Q Can we code an encounter with more than three ICD-9 codes?

- ▶ The maximum accepted by the MSP claims system is three diagnostic codes per encounter record.

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- ▶ If you want to capture more than three conditions, you can submit a complex care code (in addition to the visit code) and include the additional ICD-9 codes with the complex care code submission or work with your Health Authority to collect more if desired at a regional level.

Q What is the difference between a telehealth visit (97566, 97567, 97568) and a telephone visit (97569, 97571)?

- ▶ In a telehealth visit, you see the patient via live image transmission (video conferencing).

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- ▶ A telephone visit involves no live image transmission. Historically, only telehealth services have been covered by MSP, which is why they are being tracked separately (for both physicians and NPs).

Q I still have questions about the new codes. Where should I go?

- ▶ Consult the guidance document in the PCN Toolkit: <https://www.pcnbc.ca/en/pcn/permalink/pcn117>.

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- ▶ If you still have questions, email the PCN inbox (PCN.Compensation@gov.bc.ca) or for NP-specific queries,) the Nursing Policy Secretariat (NursingPolicySecretariat@gov.bc.ca).