

# Assignment of Payment Process User Guide

---

Assignment of Payment is the process by which the Medical Services Plan is authorized to make payment to a medical practitioner for the provision of select outpatient medical services in British Columbia

This process has undergone a detailed review resulting in key process changes that include important policy revisions, redesign of the primary and secondary documents, development of additional supporting documents and mandatory electronic submission via secure upload.

In the following pages you will find full detail on the new, streamlined Assignment of Payment process, including:

## Contents

1. Overview of the Assignment of Payment Process .....	2
2. Assignment of Payment Policy Revisions.....	3
3. Assignment of Payment and Related Forms.....	4
4. How to Submit Completed Forms.....	8
5. Important Links .....	9
6. Information on Billing the Medical Services Plan .....	9
7. Privacy and Security .....	12
8. Frequently Asked Questions .....	12
9. Terms and Definitions .....	18

If, after reviewing this information, you have additional questions or suggestions for improvement, please email: [DFadmin@gov.bc.ca](mailto:DFadmin@gov.bc.ca).

## 1. Overview of the Assignment of Payment Process

To authorize the Medical Services Plan to make payment to a designated practitioner or locum for outpatient medical services an attending practitioner must complete and file an Assignment of Payment and Medical Director Authorization form, a legal agreement by which an attending practitioner designates payment for his/her services to another party. Authorization of an Assignment of Payment and Medical Director Authorization form is the responsibility of three (3) individuals: the Practitioner, the Medical Director, and/or the Regional Medical Director and the authorized payee of the organization or facility.

Once the payment has been assigned, the responsibility for providing the diagnostic service and its appropriate billing remains with the practitioner whose practitioner number is used. Ultimate responsibility for the information contained in the Assignment of Payment and Medical Director Authorization form rests with the facility' Medical Director; as all assignment of payment forms must be authorized by the appropriate facility Medical Director, their delegate or the organization's appropriate Regional Medical Director, where applicable (*see Section 2, Policy Revisions, for further detail*).

Please be aware that other Ministry of Health program areas (i.e. Provider Programs; Alternative Payments Program) also have Assignment of Payment processes with their own unique forms. Assignment of Payment forms for these other programs cannot be used to assign payment for restricted outpatient medical services and should not be submitted to Diagnostic Facilities Administration.

It is also important to note that Diagnostic Facilities Administration (DFA) is a business unit within the Ministry of Health. The DFA works closely and collaboratively with a variety of external groups; however, DFA is a completely separate organization from the following external stakeholders:

- College of Physicians and Surgeons of BC ([www.cpsbc.ca](http://www.cpsbc.ca))
- Diagnostic Accreditation Program ([www.dap.org](http://www.dap.org))
- Health Insurance BC (1-866-456-6950)

For information on the functions of these stakeholders, and their affiliation with the Assignment of Payment process for outpatient medical services, please see Section 9, Terms and Definitions.

## **Privately Owned Pulmonary Function and Electromyography Facility(s)**

Practitioners at privately owned pulmonary function and electromyography facilities who wish to apply for an additional payment number (opening a new office, establishing a group or common payment number, or incorporating) should contact Health Insurance BC toll-free at 1-866-456-6950.

After acquiring the new payment number, providers should notify Diagnostic Facilities Administration, in writing, to request their current payment information be changed. An accompanying Assignment of Payment and Medical Director Authorization form, reflecting the new data, should be attached. Assignment of Payment and related forms can be found at [www.gov.bc.ca/assignmentofpayment](http://www.gov.bc.ca/assignmentofpayment).

When completed, the forms should be scanned and submitted through the Assignment of Payment secure upload tool, found at: [www.gov.bc.ca/assignmentofpaymentupload](http://www.gov.bc.ca/assignmentofpaymentupload).

Upon approval by Diagnostic Facilities Administration, a new Certificate of Approval will be issued reflecting the new payee number and effective date.

## **2. Assignment of Payment Policy Revisions**

Through stakeholder consultation policy deficiencies impacting the Assignment of Payment process were identified. Revised policies are as follows:

### **Effective Date of Service**

The effective date of service is the first date indicated on the Assignment of Payment and Medical Director Authorization form or, in the case where additional credentialing is required, the date the College of Physicians and Surgeons of BC has provided credentialing approval, whichever is the latter of the two.

If the Practitioner's BC License is temporary, or they hold provisional credentialing, the end date must be considered when completing Part C: Effective Date of Service.

### **90 Day Allowable Submission**

Assignment of Payments must be fully processed within 90 days of the effective date of service in order to receive payment from the Medical Services Plan. We recommend allowing a minimum 30 days for an Assignment of Payment to be fully processed.

Diagnostic Facilities Administration will not approve requests for exemption, or Code A Approval, from the 90 Day limit due to administrative problems, including staff, vendor or service bureau issues.

### **Medical Director Authorization/Delegated Signing Authority**

An Assignment of Payment and Medical Director Authorization form is a legal document, and as such, must be authorized by the facility Medical Director with responsibility for the modality indicated in Part B of the Assignment of Payment and Medical Director Authorization form.

The Medical Director must authorize ALL Assignments of Payment forms, including locum, full time, new service, or renewal. This method replaces the requirement for a separate Medical Director letter detailing the practitioner attachment.

If the Medical Director is temporarily unavailable or otherwise chooses, they may delegate their responsibility for authorizing the detail presented in an Assignment of Payment and Medical Director Authorization (AOP) form, but remain responsible for the information authorized through this delegation. In Part D of the AOP, the delegated signing authority must clearly indicate the Medical Director on whose behalf they are authorizing the information.

Where applicable an organization's Regional Medical Director, with responsibility/oversight for the modality indicated in Part B of the Assignment of Payment and Medical Director Authorization form may also authorize the content of the form.

If the Medical Director is away for an extended period (30 days or more), a Notification of Medical Directorship Change form should be submitted.

### **3. Assignment of Payment and Related Forms**

Here you will find information on the following forms:

- Assignment of Payment and Medical Director Authorization
- Assignment of Payment Completion Checklist
- Cancellation of Assignment of Payment
- Notification of Medical Directorship Change

Note: Due to the sensitive nature of some of the information, all forms must be submitted to Diagnostic Facilities Administration at the Ministry of Health through a secure upload website.

Assignment of Payment and related forms can be found at [www.gov.bc.ca/assignmentofpayment](http://www.gov.bc.ca/assignmentofpayment).

When completed, the forms should be scanned and submitted through the Assignment of Payment secure upload tool, found at: [www.gov.bc.ca/assignmentofpaymentupload](http://www.gov.bc.ca/assignmentofpaymentupload).

## **Assignment of Payment and Medical Director Authorization form**

The Diagnostic Facility Services Assignment of Payment and Medical Director Authorization form is divided into six (6) parts. The first five (5), parts A to E are mandatory and must be completed for the form to be processed.

### **Part A: Practitioner, Payment and Facility Numbers**

This part requires the full name of the practitioner and his/her Medical Services Plan practitioner number; the name of the facility; the payment number; and the facility number shown on the Diagnostic Facility Certificate of Approval.

### **Part B: Modality**

This part of this form has been broken into two groups, Health Authorities (publicly owned facilities) and privately owned Community Clinics to reflect restrictions set by the Medical Services Commission regarding allowable services in each type of facility.

The facility(s) listed must hold a valid Diagnostic Facility Certificate of Approval issued by the Advisory Committee on Diagnostic Facilities, and accreditation from the Diagnostic Accreditation Program, prior to completing the modality section of this form.

The sub-modality(s) marked with an asterisk (\*) require additional credentialing.

“Credentialing” refers to the process to verify compliance with the Medical Services Commission’s billing requirements and does not consider hospital/facility requirements for privileging or reappointment.

For practitioners working solely in privately-owned facilities (no health authority employment), credentialing is processed through the College of Physicians and Surgeons of BC ([www.cpsbc.ca](http://www.cpsbc.ca)).

All other applications for credentialing should be processed within the health authority the practitioner is affiliated with.

### **Part C: Effective Date of Service**

The effective date of service is the first date indicated in Part C.

Service may be assigned for a minimum of one (1) day to a maximum of two (2) years.

The form must indicate what type of term/additional service the practitioner will be providing (Locum, New Full Time Staff Member, New Service, or Renewal).

If the practitioner ends their term prior to the date listed Diagnostic Facility Administration must be notified by submitting a Cancellation of Assignment of Payment form, found at:

[www.gov.bc.ca/assignmentofpayment](http://www.gov.bc.ca/assignmentofpayment).

### **Part D: Medical Director/Delegated Signing Authority**

All Assignment of Payment and Medical Director Authorization forms must be authorized by the facility Medical Director with responsibility for the modality indicated in Part B of the Assignment of Payment and Medical Director Authorization form.

If the Medical Director is temporarily unavailable or otherwise chooses, they may delegate their responsibility for authorizing the detail presented in an Assignment of Payment and Medical Director Authorization form, but remain responsible for the information authorized through this delegation. The delegated signing authority must clearly indicate the Medical Director on whose behalf they are authorizing the information.

Where applicable, an organization's Regional Medical Director, with responsibility/oversight for the modality indicated in Part B of the Assignment of Payment and Medical Director Authorization form may also authorize the content of the form.

### **Part E: Practitioner and Payee Authorization**

The Assignment of Payment forms are legal documents and MUST be endorsed by the practitioner, as well as, an authorized payee of the organization or facility.

In addition, a space has been provided for the practitioner's email address so that they may be contacted in needed (for any questions related to their assignment of payment, or to provide information regarding the process, including issues of physician credentialing).

## **Part F: Notification (optional)**

Following confirmation of information provided on the Assignment of Payment form, the Medical Director and/or Regional Medical Director indicated in Part D will receive an email notification confirming approval of the practitioner's assignment of payment in the following cases:

- 1) For the initial attachment of a practitioner to a facility; or
- 2) When a practitioner assigns payment for a new service

Assignment of Payment confirmation can be checked at any time by phoning Health Insurance BC toll-free at 1-866-456-6950.

## **The Assignment of Payment Completion Checklist**

The Assignment of Payment Completion Checklist is a quick reference guide for completing and submitting an Assignment of Payment and Medical Director Authorization form.

The checklist helps ensure each part of the form is complete prior to submission. Incomplete forms cannot be processed and will be returned to the sender.

The Checklist also provides information on the two-part procedure for processing Assignment of Payment forms (through Diagnostic Facilities Administration and Health Insurance BC) and a step-by-step method for the secure electronic submission of all forms.

## **Cancellation of an Assignment of Payment form**

It is the responsibility of the Practitioner and organization to notify Diagnostic Facilities Administration when an Assignment of Payment term, as previously stated and approved, has stopped.

A Cancellation of an Assignment of Payment form is required when an approved term has been terminated and services will no longer be provided by the Assignor.

## **Notification of Medical Directorship Change form**

The departmental Medical Director is accountable to notify Diagnostic Facilities Administration of any changes to the Directorship of a facility, as per section 43 (1) (g) the Medical and Health Care Services Regulation.

#### 4. How to Submit Completed Forms

Once the Assignment of Payment and Medical Director Authorization, or any related form, has been completed and authorized, they should submit the form via the secure upload tool.

This tool allows you to securely upload your completed form, and protects the sensitive information contained in these documents.

For a step-by-step guide to submitting your forms, see the Assignment of Payment Completion Checklist, found at: [www.gov.bc.ca/assignmentofpayment](http://www.gov.bc.ca/assignmentofpayment)

To submit forms, go to: [www.gov.bc.ca/assignmentofpaymentupload](http://www.gov.bc.ca/assignmentofpaymentupload)



## 5. Important Links

- [Diagnostic Facilities Administration website](#)
- [Submit forms to Diagnostic Facilities Administration](#)
- [The Diagnostic Facility Services Assignment of Payment and Medical Director Authorization form](#)
- [The Assignment of Payment Checklist](#)
- [Cancellation of Assignment of Payment form](#)
- [Notification of Medical Directorship Change form](#)
- [The College of Physicians and Surgeons of BC](#)
- [The Diagnostic Accreditation Program](#)
- [The Medical Services Commission Payment Schedule](#)
- Health Insurance BC: Toll-free 1-866-456-6950

## 6. Information on Billing the Medical Services Plan

The assessment and processing of an Assignment of Payment is a two (2) step process starting with the Diagnostic Facilities Administration (DFA) business unit of the Ministry of Health and ending with Health Insurance BC (HIBC):

1. DFA confirms key information (i.e. practitioner credentialing; facility accreditation and/or authorization), approves the Assignment of Payment and is responsible for establishing the facility/practitioner connection.
2. HIBC is responsible for establishing the payee/practitioner connection.

Prior to submitting billings, we recommend you confirm your Assignment to Payment has been fully processed. To check status, call HIBC toll-free at 1-866-456-6950.

When confirming the status of an Assignment to Payment, be sure to verify both the facility connection and payee connection.

- Confirm the Facility/Practitioner connection
- Confirm the Payee/Practitioner connection

An assignment of payment must be processed within 90 days of stated effective date of service in order to receive payment from the Medical Services Plan.

The maximum allowable time to submit claims to the Medical Services Plan is 90 days following date of service. The dates that services are performed must fall within the dates listed in Part C of the Assignment of Payment and Medical Director Authorization form.

We recommend allowing a minimum 30 days for an Assignment to Payment to be fully processed.

### **Rejection/Explanatory Code(s)**

If a claim has been rejected, the system will send back a two (2) letter code revealing why the claim was denied.

The most common explanatory codes specific to outpatient medical services are:

- WA Service not approved for this payment number, or date of service was prior to approval date
- XF Facility does not have approval for this service
- X0 Practitioner or payee is not connected
- X2 Facility number is missing or invalid
- X3 Sub-facility number is missing or invalid

### **Data Centre and Sequence Number(s)**

Each payment number has a fixed five (5) digit data centre number that always starts with the letter T. All rejections have a sequence number that allows the system to track each claim.

Diagnostic Facilities Administration requires a data centre and sequence number to research a billing rejection.

If you have a billing rejection issue that requires assistance, email [DFadmin@gov.bc.ca](mailto:DFadmin@gov.bc.ca). Please include the data centre and sequence of the rejection in your email.

## HIBC Toll-Free Line

To confirm the status of an Assignment of Payment form, prior to billing submission, dial 1-866-456-6950, and select sections that apply to you through the automated prompts:

### Step 1

- For our website address – press 1
- **To continue please hold**

### Step 2

- Billing and Payments – Press 1
- Patient Information – Press 2
- **Provider Services and Teleplan – Press 3**
- Pre-Authorization of Medical and Dental Services – Press 4
- For BC Services Card – Press 5
- To hear information regarding the coverage of replacement lenses for cataract surgery – Press 6

### Step 3

- Provider Registration – Press 1
- Teleplan – Press 2
- For an AOP – Press 3
- For Other – Press 4

### Step 4

- **To confirm an AOP using our Self Service – Press 1**
- For other – Press 2

### Step 5

- To confirm a patient's PHN – Press 1
- If you don't know the patient's PHN – Press 2
- **To confirm an AOP – Press 3 (Practitioner/Payee connection)**
- **To confirm a Practitioner/Facility connection – Press 4**
- To request a publication from our Forms by Fax system – Press 5

### Step 6

- You will be requested to input the Practitioner Number, Facility Number, and date of AOP Request, etc.
- After entering each requested item, press the # (number) key.

Note: You should check both the practitioner/payee connection and the practitioner/facility connection before you submit your billings.

## 7. Privacy and Security

### Secure Upload Website

This website allows a completed Assignment of Payment & Medical Director Authorization form, Cancellation of Assignment of Payment form, and/or Change in Medical Directorship form to be securely uploaded and transmitted. This method of submission protects the security of sensitive information contained on the form(s).

To submit forms securely to Diagnostic Facilities Administration:

[www.gov.bc.ca/assignmentofpaymentupload](http://www.gov.bc.ca/assignmentofpaymentupload)

### Freedom of Information and Protection of Privacy

Your personal information is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administration of the *Medicare Protection Act*, as it relates to the processing of your Practitioner's Assignment of Payment form and for record keeping. If you have any questions about the collection of your personal information, please contact Diagnostic Facilities Administration at: [DFadmin@gov.bc.ca](mailto:DFadmin@gov.bc.ca)

## 8. Frequently Asked Questions

1. Which Assignment of Payment form applies to me?
2. How do I submit an Assignment of Payment and Medical Director Authorization or related form?
3. When do I need to submit an Assignment of Payment form?
4. When can I start billing for services related to the Assignment of Payment I submitted?
5. Can I add multiple facility and payment numbers to one Assignment of Payment?
6. Is a Medical Director letter still required?
7. How do I know what services require additional practitioner credentialing?
8. How do I change a payment/payee number?
9. After I change my payment/payee number, do I need to submit an Assignment of Payment form?
10. What services/fee items require an Assignment of Payment form?
11. How do I investigate a billing rejection?
12. Do I need to submit a new Assignment of Payment form if a practitioner will be providing a new service?

## 1. Which Assignment of Payment form applies to me?

There are several Assignment of Payment forms used at the Ministry of Health.

Diagnostic Facilities Administration (DFA) is concerned only with Assignment of Payment for restricted outpatient medical services. There are three (3) forms associated with these services:

- Assignment of Payment & Medical Director Authorization (to establish the Assignment of Payment)
- Cancellation of Assignment of Payment (to cancel an Assignment of Payment when a practitioner will not fulfill the term approved)
- Notification of Medical Directorship Change (to notify DFA when a Medical Director changes)

**HINT:** The above forms require a facility number. A facility number requirement is how you can tell the difference between an Assignment of Payment for outpatient medical services and other types of Assignment of payment.

The following two (2) Assignment of Payment forms are not associated with outpatient medical services and should not be submitted to the DFA:

- Assignment of Payment Due to Practitioner Under the Medical Services Plan
- Alternative Payments Program Assignment of Payment Due to Practitioner Under the Medical Services Plan

## 2. How do I submit an Assignment of Payment and Medical Director Authorization or related form?

Once an Assignment of Payment or related form has been completed and authorized, follow these steps to securely submit to the Diagnostic Facilities Administration office:

### Please Note:

- **You can upload and send up to 5 separate Assignment of Payment (and related) forms** (e.g. Cancellation of Assignment of Payment; Notification of Medical Directorship forms)
- Each form must be saved as a separate document in an approved file format (PDF; JPG; PNG; GIF; BMP)
- Each file **must be named for the** practitioner who is named on the Assignment of Payment (or related) form
- **In naming files, please:**

- Use the practitioner's last name then first name
- Use lower case letters only
- Use dashes "-" to separate names (do not use spaces or underscores)
- Do not use special characters including commas, spaces, underscores or periods
- Example of proper naming convention: smith-john; brown-susan; white-bob

**Step 1** - Scan the form and save a digital copy to your computer using the required naming conventions detailed above

**Step 2** - Open the secure upload form in your browser at <https://www.gov.bc.ca/assignmentofpaymentupload> (tip: bookmark for later use)

**Step 3** – Provide your contact information in the provided fields

**Step 4** – Click “Browse” and locate the scanned forms on your computer. Click “Add file” to add additional forms **to a maximum of 5 separate Assignment of Payment (or related) forms**

**Step 5** – Submit form(s)

**A maximum of 5 Assignment of Payment or related forms can be uploaded at one time  
Files must be save as: PDF; JPG; PNG; GIF; or BMP**

After submitting, you will receive a confirmation screen, indicating that the form was successfully received.

To report any issues with the upload tool, please email: [DFadmin@gov.bc.ca](mailto:DFadmin@gov.bc.ca).

### **3. When do I need to submit an Assignment of Payment form?**

An Assignment of Payment and Medical Director Authorization form must be submitted when you wish to attach a practitioner to a facility for the purpose of billing the Medical Services Plan

The maximum allowable time to submit claims to the Medical Services Plan is 90 days following the date of service. The date of service must fall within the dates listed on the Assignment of Payment form. However, we recommend you allow 30 days to process an Assignment of Payment, so a good rule of thumb is to ensure your forms are submitted no later than 60 days after the first date of service.

You can submit an Assignment of Payment form up to three (3) months in advance, as long as the appropriate dates of services are indicated on the form.

### **4. When can I start billing for services related to the Assignment of Payment I submitted?**

After you submit your Assignment of Payment form we recommend you allow a minimum 30 days for processing.

After that time, you should contact Health Insurance BC's toll-free line at 1-866-456-6950 to confirm the Assignment of Payment (AOP) form has been fully processed.

Processing is a two part procedure involving the Ministry of Health and Health Insurance BC.

**NOTE:** If you do not confirm your AOP prior to submitting bills to the Medical Services Plan, your claims could reject because you did not wait long enough for processing to be complete.

### **5. Can I add multiple facility and payment numbers to one Assignment of Payment?**

Yes, the Assignment of Payment and Medical Director Authorization form allows up to five (5) facility names, payee numbers, and facility numbers to be included.

The Cancellation of Assignment of Payment form allows up to eight (8) facility names, facility numbers, and payee numbers to be included.

The Notification of Medical Directorship Change form allows eight (8) facility names and department names to be included.

## **6. Is a Medical Director letter still required?**

A separate letter from the facility Medical Director is no longer required to establish an Assignment of Payment.

However, the facility Medical Director, their delegated signing authority, or the appropriate Regional Medical Director for that organization must authorize each Assignment of Payment or it cannot be processed.

## **7. How do I know what services require additional practitioner credentialing?**

Part B of the new Assignment of Payment and Medical Director Authorization form indicates the services that require additional credentialing approval. All the services marked with an asterisk (\*) require additional credentialing.

The practitioner MUST have credentialing approval prior to submitting an Assignment of Payment and Medical Director Authorization.

## **8. How do I change a payment/payee number?**

Privately owned community clinics and public Health Authority facilities should contact Health Insurance BC to apply for an additional payment number.

## **9. After I change my payment/payee number, do I need to submit an Assignment of Payment form?**

Yes, a revised Assignment of Payment form and a letter requesting a change to the private facility's Certificate of Approval to replace the current payment number with the new one, is required.

Please send the letter of request and the Assignment of Payment form to Diagnostic Facilities Administration together for processing.

They will need to be scanned and uploaded at: [www.gov.bc.ca/assignmentofpaymentupload](http://www.gov.bc.ca/assignmentofpaymentupload)

*See question #2 "How do I submit an Assignment of Payment and Medical Director Authorization or related form"?*



## **10. What services/fee items require an Assignment of Payment form?**

An Assignment of Payment and Medical Director Authorization form must be completed to assign payment for the following modalities:

- Electroencephalography
- Electromyography
- Laboratory Medicine
- Nuclear Medicine
- Polysomnography
- Pulmonary Function
- Radiology
- Ultrasound

To review the categories and fee items that fall under each modality, go to the DFA website at: [www.gov.bc.ca/diagnosticfacilities](http://www.gov.bc.ca/diagnosticfacilities)

## **11. How do I investigate a billing rejection?**

If you receive a WA, XF, X0, X2, or X3 rejection, then send your enquiries to Diagnostic Facilities Administration at [DFadmin@gov.bc.ca](mailto:DFadmin@gov.bc.ca). All other rejection questions should be directed to Health Insurance BC at 1-866-456-6950.

Your billing rejection enquiry should contain the data centre and sequence number of the rejection. This data is required to view the claim that was submitted to the Medical Services Plan.

## **12. Do I need to submit a new Assignment of Payment form if a practitioner will be providing a new service?**

Yes, if a practitioner will be providing a new service, a new Assignment of Payment and Medical Director Authorization (AOP) form is required.

Part C of the new AOP form allows the Medical Director to choose the type of service the practitioner will be providing: Locum, Full Time, New Services, or Renewal.

Services that require additional credentialing must have authorization from the College of Physicians and Surgeons of BC prior to submitting an AOP for those services.

## 9. Terms and Definitions

Term	Definition
90 Day Allowable Submission	<p>One of the conditions and regulatory requirements regarding billing submission, payment and reassessment of a claim is that the claimant has 90 days to bill for services rendered.</p> <p>For additional information, go to the Medical and Healthcare Services Regulations at:  <a href="http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/426_97">http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/426_97</a></p>
Accreditation	<p>The approval authorized by the Diagnostic Accreditation Program (DAP) to a facility that is providing a qualifying outpatient service.</p> <p>Any facility that has been approved by the Medical Services Commission via the Advisory Committee on Diagnostic Facilities to provide selected outpatient services must receive DAP accreditation prior to providing or billing for that service.</p> <p>For additional detail, see Diagnostic Accreditation Program.</p>
Advisory Committee on Diagnostic Facilities	<p>The ACDF is a sub-committee of the Medical Services Commission (MSC) with delegated authority to recommend approval or denial of applications for new, expansion, or relocation of diagnostic facilities in British Columbia, based on guidelines authorized by the MSC.</p>
Assignor	<p>The Assignor is the practitioner receiving payment for services rendered.</p>
Assignee	<p>The assignee is the diagnostic facility that receives payment for services provided by an assignor (the practitioner) on his/her behalf.</p>
Assignment of Payment and Medical Director Authorization Form	<p>The form used to request approval from the Diagnostic Facilities Administration to provide and bill Medical Services Plan for restricted outpatient services.</p> <p>Assignments of Payment (AOP) forms are legal document by which an attending practitioner designates payment for his/her services to another party.</p>
Billing Rejection	<p>An electronically submitted claim that cannot be processed due to missing or invalid information required by the Medical Services Plan. The claim is returned or not accepted (rejected) electronically in the claims processing system.</p>

Billing Rule	Any of approximately 2700 automated payment (billing) rules used to adjudicate BC's Medical Services Plan claims.
Cancellation of Assignment of Payment Form	The form used to notify Diagnostic Facilities Administration (DFA) when a practitioner ceases to provide services as stated on their original Assignment of Payment form.
Certificate of Approval	<p>A certificate of approval is issued by Diagnostic Facilities Administration on behalf of the Medical Services Commission when an application for new, expansion, or relocation of outpatient services in British Columbia has been approved.</p> <p>Certificate(s) of Approval reflect the following information:</p> <ul style="list-style-type: none"> <li>• Effective Date and/or Expiry Date</li> <li>• Facility Number</li> <li>• Ownership Name</li> <li>• Payee Number</li> <li>• Facility Name</li> <li>• Facility Address</li> </ul>
Code A Submission	<p>A 'Code A' approval allows billing claims to be submitted after the 90 day allowable timeframe.</p> <p>The Diagnostic Facilities Administration can authorize a Code A Approval under limited circumstances for services that have not been claimed in more than 90 days.</p> <p>Administrative issues such as staffing problems, clerical errors, lost or forgotten claims, and system or service bureau problems do not qualify for Code A approval.</p>
College of Physician and Surgeons of BC	<p>The College of Physicians and Surgeons of British Columbia (CPSBC) was established by the provincial legislature in 1886 and is the licensing and regulatory body for all physicians and surgeons in the province.</p> <p>The CPSBC is governed by provincial legislation with a mandate to establish, monitor and enforce high standards of qualification and medical practice across the province.</p>

<p>Credentialing</p>	<p>Credentialing refers to the process to verify compliance with the Medical Services Commission’s billing requirements and does not consider hospital/facility requirements for privileging or reappointment.</p>
<p>Data Centre Number</p>	<p>A five digit, alpha-numeric set that starts with a T and contains teleplan information for each facility. Number is provided when a claim has been rejected.</p> <p>Data Centre and Sequence Numbers are required when requesting assistance from Health Insurance BC or Diagnostic Facilities Administration regarding claim rejections.</p>
<p>Delegated Signing Authority</p>	<p>The individual assigned by the Medical Director to authorize legal documents, make decisions, or allocate resource material such as an Assignment of Payment form, on behalf of the Medical Director.</p>
<p>Diagnostic Accreditation Program</p>	<p>The Diagnostic Accreditation Program (DAP) is governed by the DAP Committee that is appointed by the College of Physicians and Surgeons of British Columbia with a mandate to establish performance standards and assess the quality of diagnostic services in British Columbia.</p> <p>DAP accreditation is required for any facility to perform outpatient diagnostic services in BC.</p>
<p>Diagnostic Facilities Administration</p>	<p>A program area within the Laboratory, Diagnostic, and Blood Services Branch, of the Ministry of Health.</p> <p>The Diagnostic Facilities Administration (DFA) leads the process through which public and privately owned diagnostic and medical laboratory facilities apply to the Medical Services Committee Advisory Committee on Diagnostic Facilities (ACDF) for approval to operate outpatient services in British Columbia.</p> <p>DFA also assigns facility numbers and authorizes payment for attending practitioners and designates to bill the Medical Services Plan for qualifying outpatient services rendered.</p> <p>For more information, visit the Diagnostic Facilities Administration webpage at: <a href="http://www.gov.bc.ca/diagnosticfacilities">www.gov.bc.ca/diagnosticfacilities</a></p>

Diagnostic Facility Requiring Formal Approval	<p>(1) any facility at which the performance of diagnostic investigation (of a type listed in the Legislation) requires at least one-half FTE, for which the dollar volume of investigation exceeds an amount specified from time-to-time by the Commission and/or;</p> <p>(2) Any facility in which a physician accepts patients referred from other physicians specifically for diagnostic investigation.</p>
Diagnostic Facility Services	<p>Approved outpatient services performed by an appropriately credentialed practitioner in an accredited diagnostic facility.</p> <p>Outpatient services require an application to the Advisory Committee on Diagnostic Services for new, expansion or relocation of services.</p> <p>Modalities/services that require an application to the Advisory Committee on Diagnostic Services are:</p> <ul style="list-style-type: none"> <li>• Computerized axial tomography (CT, CAT)</li> <li>• Electroencephalography (EEG)</li> <li>• Electromyography (EMG)</li> <li>• Laboratory Medicine</li> <li>• Nuclear Medicine</li> <li>• Polysomnography</li> <li>• Pulmonary Function</li> <li>• Radiology</li> <li>• Ultrasound</li> </ul>
Effective Date of Service	<p>The first date indicated on an Assignment of Payment form or, in the case where additional credentialing is required, the date the College of Physicians and Surgeons of BC has provided credentialing approval, whichever is the latter of the two.</p>
Explanatory Codes / Rejection Codes	<p>A code that is sent in conjunction with a billing rejection that explains why the submission was rejected.</p> <p>Claims may have been adjusted in adjudication and explanatory codes should designate the reason(s) for any adjustments.</p>
Facility Number	<p>A unique five character alpha-numeric integer assigned by Diagnostic Facilities Administration (DFA) authorizing an outpatient facility to provide specific services and bill the Medical Services Plan.</p> <p>A facility number is issued by DFA when an application for a new facility has been approved.</p> <p>Restricted outpatient fee items cannot be billed without a facility number.</p>

<p>Freedom of Information and Protection of Privacy Act</p>	<p>The Freedom of Information and Protection of Privacy Act (FOIPPA) has two main purposes</p> <ol style="list-style-type: none"> <li>1. Freedom of Information To make public bodies more open and accountable by providing the public with a legislated right of access to government records, and</li> <li>2. Protection of Privacy To protect your right to personal privacy by prohibiting the unauthorized collection, use or disclosure of your personal information by public bodies.</li> </ol> <p>FOIPPA covers all provincial government public bodies, including government ministries and most government agencies, boards, commissions and Crown corporations.</p> <p>FOIPPA also covers what is referred to as local public bodies such as, hospitals and health boards as well as designated self-governing bodies of professional organizations such as the College of Physicians and Surgeons of British Columbia, etc.</p>
<p>Health Insurance BC</p>	<p>Health Insurance BC (HIBC) administers the Medical Services Plan (MSP) and PharmaCare programs on behalf of the BC government.</p> <p>HIBC is responsible for the administration of MSP and PharmaCare business services including registration for MSP and processing applications for Premium Assistance and Fair PharmaCare, registration of health care providers, and payment of medical and pharmacy claims.</p> <p>HIBC works with MSP as the first point of contact for client support regarding billing enquiries, payment numbers, and personal health information.</p> <p>For Assignment of Payment (AOP) data updates and AOP confirmation, contact HIBCs toll-free telephone line prior to billing submission at 1-866-456-6950.</p>
<p>Legislation</p>	<p>A law of general application made by or under the authority of the applicable parliamentary body. It may be primary legislation - that is, law made directly by Parliament or a Provincial Legislative Assembly in the form of statutes (commonly known as an 'Act'.) Or it may be subordinate legislation - legislation made by another body or person under the authority of an Act (Cabinet regulations and municipal bylaws are examples of subordinate legislation).</p>

Locum	A temporary or replacement practitioner who works in the place of a regular practitioner when that practitioner is absent, or when a hospital/practice is short-staffed. These practitioners are governed by their respective regulatory bodies, despite the transient nature of their positions.
Medical Director	The medical practitioner designated as the lead of a department or facility.
Medical Director or Delegated Signing Authority	The person accountable for a specific department and is responsible for notifying Diagnostic Facility Administration of any changes. The Medical Director is also responsible for Medical Services Commission applications for any new or expansion of services supplied by that department.
Medical Services Commission	The Medical Services Commission manages the Medical Services Plan on behalf of the Government of British Columbia in accordance with the <i>Medicare Protection Act</i> and Regulations. The Medical Services Commission facilitates reasonable access throughout BC to quality health care and diagnostic services for BC residents under the Medical Services Plan.
Medical Services Plan	The Medical Services Plan (MSP) insures medically-required services provided by physicians and supplementary health care practitioners, laboratory services and diagnostic procedures.
Modality	A prescribed method of technique of treatment or therapy.
Notification of Medical Directorship Change Form	<p>A form used to notify Diagnostic Facilities Administration (DFA) when a Medical Director has stepped down from the role and responsibilities of this lead position and is being replaced by another practitioner.</p> <p>It is a regulatory requirement for all Medical Services Commission approved outpatient diagnostic facilities to notify the DFA when there has been a change in staff.</p> <p>For additional information on the Medical and Health Care Services Regulations, visit the BC Laws page at:  <a href="http://www.bclaws.ca/civix/document/id/complete/statreg/426_97">www.bclaws.ca/civix/document/id/complete/statreg/426_97</a></p>
Outpatient Services	Diagnostic outpatient services are those medical services conducted on patients who have not been admitted to a hospital. Outpatient services generally require an outpatient requisition form and may take place in a doctor's private office, a clinic, or hospital.

Payment/Payee Number	<p>Each practitioner and facility enrolled with the Medical Services Plan is assigned a unique 5 digit payment/payee number; which identifies the person or organization to which payment is to be made.</p> <p>A payment number can be attained by applying to Health Insurance BC.</p>
Practitioner Number	<p>Each practitioner enrolled with the Medical Services Plan (MSP) is assigned a Practitioner Number; a unique number that identifies the practitioner rendering a given service.</p> <p>Practitioner and payment numbers can be the same; however, they differ in cases where a practitioner designates another practitioner or a group, such as a clinic or hospital, to receive that practitioner's MSP fee-for-service payments.</p> <p>MSP practitioner numbers are different than College of Physicians and Surgeons of BC practitioner number</p> <p>For more information, see of the <i>Medicare Protection Act</i>:  <a href="http://www.bclaws.ca/Recon/document/ID/freeside/00_96286_01">www.bclaws.ca/Recon/document/ID/freeside/00_96286_01</a></p>
Privately Owned Facility	<p>Any medical laboratory or diagnostic service facility, approved to bill the Medical Services Plan for outpatient services that does not fall under the auspices of a health authority. (e.g. an independently operated laboratory; specimen collection station; community based radiology facility)</p>
Provisional Accreditation	<p>Accreditation conferred to a facility or service for a specified period of time, typically six to twelve (6-12) months and subject to certain provisions (i.e. completion of a self-assessment and on-site survey).</p>
Public Facility	<p>Any medical laboratory or diagnostic services facility approved to bill the Medical Services Plan for outpatient services that falls under the auspices of a health authority (e.g. a hospital radiology department; an off-site health authority operated specimen collection station).</p>
Regulation	<p>An order, rule, form, proclamation, or other instrument enacted:  (a) In execution of a power conferred under an Act (legislation), or  (b) By or under the authority of the Lieutenant Governor in Council (Cabinet).</p>



Remittance Statements	<p>A record of a physician's paid Medical Services Plan claims and adjustments for a given payment period. Payment and remittance statements are issued at the middle and end of each month.</p> <p>The remittance statement will state when a Diagnostic Facility Services Assignment of Payment attachment is about to expire.</p>
Regional Medical Director	The practitioner designated as the Medical Director of an organization or region.
Renewal	The submission of a two (2) year Assignment of Payment for a practitioner who has previously been approved as a full time staff member for a specific facility and department.
Restricted Service	Services that require approval from the Medical Services Commission and a facility number to bill the Medical Services Plan and usually require additional facility accreditation by the Diagnostic Accreditation Program or additional practitioner credentialing by the College of Physicians and Surgeons of BC.
Sequence Number	A seven digit number that is attached to a billing submission. This number is required, with the data centre, when requesting information or assistance with a rejection.
Sub Facility Number	<p>A unique five character, alpha-numeric number assigned by the Diagnostic Facilities Administration.</p> <p>This number works in conjunction with a primary facility number to identify the receiving facility when information and data is being transmitted between two sites.</p>