

General Preamble to the Encounter Records

The list of nurse practitioner encounter codes was revised in 2013 in consultation with practicing nurse practitioners, employers of nurse practitioners, representatives from the Ministry and university researchers. A Complexity Rating Scale was introduced for nurse practitioner's to use to capture the complex nature of many patient/client encounters. A description of the Complexity Rate Scales follows.

Encounter codes are divided into the following sections:

1. Codes for Patient Encounters using the Complexity Rating Scale
2. Codes for Patient Encounters NOT using Complexity Rating Scales
3. Services Coded Annually
4. Procedural Codes
5. Clinical diagnostic tests performed by an NP

Encounter Records Submission

Encounter records must be submitted in the format approved for electronic submission through Teleplan. All encounter record submissions must include the following information unless otherwise stated:

- (a) The NP's practitioner number
- (b) The NP's payment (payee) number
- (c) Patient/client last name, first initial
- (d) Patient/client's Personal Health Number
- (e) The appropriate encounter code(s) for the care provided for each patient/client
- (f) The date of service
- (g) ICD9 code(s) (1 code is mandatory and 3 is maximum number for each submission)
- (h) Location code of the service
- (i) Note or comment

REFERRALS

- (a) Referred by practitioner number: Nurse practitioners receiving referrals from another provider must include the other provider's practitioner number in the referred "by" field when the encounter record is submitted.
- (b) Referred to practitioner number: Nurse practitioners referring to another provider must include the other provider's practitioner number in the referred "to" field when the encounter record is submitted.

LOCATION CODES & DESCRIPTORS

Use one of the following codes to indicate the where the services took place. See below for descriptions of locations

- (A) Practitioner's Office – In Community
- (C) Residential Care/Assisted Living Residence
- (E) Hospital – Emergency Room (Unscheduled Patient)
- (I) Hospital – Inpatient
- (P) Hospital – Outpatient
- (G) Hospital – Day Care (Surgery)
- (F) Private Medical / Surgical Facility
- (R) Patient's Private Home
- (T) Practitioner's Office – In Publicly Administered Facility
- (D) Diagnostic Facility
- (M) Mental Health Centre
- (Z) Other (e.g., accident site, in an ambulance, etc.)

Location descriptors:**Practitioner's Office – In Community**

Service is provided in a practitioner's office. (Note: Excludes practitioner's offices that are located within a publicly administered health care facility – see Practitioner's Office – In Publicly Administered Facility. Includes services provided by a nurse practitioner, physician, chiropractor, dentist, optometrist, podiatrist, physiotherapist, and massage therapist.)

Residential Care/Assisted Living Residence

Service is provided to a patient in a licensed residential care facility or registered assisted living residence. (Note: Excludes small "group homes" where no professional health care support/care is available and includes extended care facility within a hospital.)

Hospital – Emergency Room (Unscheduled Patient)

Service is provided in a hospital emergency department for a patient who presents for emergent or urgent treatment. (Note: Excludes hospital outpatients who receive services on a scheduled basis within an emergency department – see Hospital Outpatient)

Hospital Inpatient

Service is provided for a patient who is an inpatient of a hospital. (Note: Excludes patients located within a designated "extended care unit" within a hospital – see Residential Care/Assisted Living Residence.)

Hospital – Outpatient

Service is provided in outpatient and/or ambulatory clinics where outpatients receive scheduled services including emergency department, or any other hospital setting where outpatients receive services. (Note: Excludes day care surgical patients)

Hospital – Day Care Surgery

Service is provided within a hospital to a patient who is a day care surgery patient. (Note: Includes all patients who are in hospital on a day care basis primarily to receive a "procedure". Excludes scheduled services - see Hospital – Outpatient)

Private Medical / Surgical Facility

Service is provided within a private medical/surgical facility accredited by the College of Physicians and Surgeons of BC.

Patient's Private Home

Service is provided in a patient's own home. (Note: Includes service provided in a "group homes" where on-site nursing or other health professional support care is not provided, but excludes assisted living residences and other residential facilities – see Residential Care/Assisted Living Residence)

Practitioner's Office – In Publicly Administered Facility

Service is provided in a practitioner's office located within a publicly administered health care facility (e.g., Hospital, Primary Care Centre/Clinic, D&T Centre, etc.)

Diagnostic Facility

Service is provided in a facility that primarily/exclusively provides diagnostic testing and has been granted a Medical Services Commission Certificate of Approval. (Note: Excludes diagnostic tests provided in practitioner's office. Also excludes diagnostic services provided in/by hospital and/or D&T centre facilities)

Mental Health Centre

Service is provided in a publicly administered mental health centre to an outpatient. (Note: Excludes mental health facilities that are primarily residential in nature – see Residential Care/Assisted Living, includes CRESST Facilities.

Other (e.g., accident site, etc.)

Service is provided in any other location such as a temporary community or school clinic, ambulance, accident site etc.