

Module 3: Coverage Questions

3.1 Options to Check Coverage

There are a number of options available to check patient coverage:

Use the Practitioner Information Line

This automated service handles coverage enquiries using an interactive voice response (IVR) system. The patient's personal health number (PHN) must be provided. If the PHN is unknown, fax a request on a coverage research form to 250 405-3592.

The Interactive Voice Response (IVR) service provides coverage information any time of the day or night. Through this service you can:

- Check the date of patient's last eye examination
- Check patient's initials/surname
- Confirm coverage for date of service
- Transfer to Info-by-Fax
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Victoria:	250 383-1226
Vancouver:	604 669-6667
Other areas of B.C. (toll-free):	1 800 742-6165

Patient Information

MSP recognizes that obtaining accurate patient information to submit a claim can sometimes be difficult. The following suggestions may be helpful:

Obtain Patient Information prior to a visit

- When your patients call for an appointment ask for their name and PHN exactly as it appears on their CareCard – if they are new to your office you can ask for picture ID.
- Ask your patients to make sure they bring their CareCard with them to the appointment
- Ask your patients if they have made changes to their name or coverage since their last visit

Confirm Patient Information at the time of the visit

Teleplan4 Web Immediate On Line Eligibility function provides coverage information while the patient is at your office. This service allows you to:

- Check coverage for your patient immediately
- Verify coverage for the current date plus the previous six months

- Learn if a patient is restricted to one physician
- Check when your patient had their last eye examination

Confirm Patient Coverage prior to the visit

Teleplan's Batch Eligibility function provides overnight verification of patient eligibility. There is no limit to the number of verification requests and the information is available the next morning. As your requests are processed overnight this allows you to submit your next day's or week's roster of patients.

Coverage and Billing for Newborns

Medical Services Plan (MSP), services can be billed under the mother's personal health number (PHN) using dependent number 66. The mother must have valid MSP coverage and the maximum period that MSP will cover an unregistered baby under the mother's PHN is the month of birth plus the following two months.

It is important to note that when a baby has been provided with a PHN by the hospital the family must still register the baby with the Medical Services Plan.

- To do this they need to fill out the forms that are provided in their baby enrolment package.
- For questions they can contact the BC Medical Services Plan (MSP) at 604 683-7151.

Note: When services for the baby are billed using the PHN provided by the hospital, it has been suggested that "baby boy" or "baby girl" should be used for the first name of the child and the surname should be the same as how baby will be registered at vital statistics.