Assignment of Payment: Frequently Asked Questions

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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 form has been completed and authorized, follow these steps to securely submit to the Diagnostic Facilities Administration office:

Step 1 – Scan the form and save a digital copy to your computer
Step 2 – Open the secure web upload form in your browser at:
www.gov.bc.ca/assignmentofpaymentupload
Step 3 – Supply your contact information in the required fields
Step 4 – Click "Browse..." and locate the scanned form on your computer
Step 5 – Click "Submit Form"

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 t 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

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 find review the categories and fee items that fall under each modality, go to the DFA website at:
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. 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.

If your question has not been answered, please email: DFAdmin@gov.bc.ca