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

Victoria:	250 383-1226
Vancouver:	604 669-6667
Elsewhere in 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 BC Services Card – if they are new to your office you can ask for picture ID. The BC Services Card may also be combined with a driver's licence.
- Ask your patients to make sure they bring their BC Services Card 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

Teleplan 4.2.7. 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 contact the BC Medical Services Plan (MSP) at
  Vancouver: 604 456-6950
  Elsewhere in B.C. (toll free): 1 866 456-6950

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.

Critical Care Coverage Program

The Critical Care Coverage Program, effective since April 1989, provides payment to physicians for providing critical services to residents of British Columbia who are not enrolled with the Medical Services Plan (MSP).

The program does not cover all medical emergencies. Payment under the program will be considered only if both of the following conditions are met:

1. The patient must have been a resident of B.C. for three months, and proof of residency must be provided to MSP; and

2. The patient must present with one of the following medical conditions, and complete documentation must be provided to MSP:

- the medical condition is immediately threatening to life or limb, or the patient is unconscious; or
- as a result of an emergency condition, the patient requires immediate admission to an intensive care unit (or equivalent); or
- the patient requires involuntary admission under the Mental Health Act.

The program covers only those situations where the eligible patient, a B.C. resident, is treated for an immediately life-threatening or limb-threatening condition, or is unconscious and therefore unable to communicate with the attending physician about payment for the services to be provided.

The requirement that the condition be immediately life-threatening or limb-threatening applies also to medical care provided in an intensive care unit.

Once the life-threatening or limb-threatening condition no longer exists, critical care coverage is no longer available.

Examples:

> If the patient is a B.C. resident, an acute myocardial infarction would be considered an immediately life-threatening condition and would qualify for coverage.
>
> If the patient is a B.C. resident, an uncomplicated simple fracture of the forearm would not be considered limb-threatening and would not qualify for coverage unless there was also neuro-vascular compromise.

Applications to MSP for payment under the Critical Care Coverage Program must be accompanied by all of the following documentation:

- Documentation of the patient's condition, including admission history, emergency room reports, operative reports, discharge summary, etc.
- Documentation of the patient's name and residency status, including proof of address, Social Insurance Number (SIN), etc.

Proof of residency status may include the following:

- A utility bill in the patient's name
- A letter from an employer
- A letter from the police indicating that the patient is known to them
- Rental Agreement
- Municipal tax bill

When submitting the claim form (Form: HLTH 1915) for the Critical Care Coverage Program, you must submit by mail using the downloadable Fill, Print and Mail format.

When completing the claim form:

- Omit the PHN, dependent numbers, first name, initial, surname and birthdate at the top of the claim form
- Attach a letter providing the name of the patient, birthdate, diagnosis, details of the patient's medical condition, medical care reports and residency documents as described above
- Complete the rest of the claim form appropriately.