

HOSPITALIST BILLING Report

(To be used for MSP Billing)

This report is found in Meditech – **FHAM LIVE EMR > Physician Reports > Hospitalist Reports**

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| DATE: 05/12/11 USER: PHYSICIAN | FHA Hospital ** Admissions** HOSPITALIST CURRENT PATIENT LIST BY LOCATION RUN TIME FACILITY (s): Site Listed | PAGE 1 |
| | | MD: _____ MSP# _____ |
| <u>ROOM</u> 2 | <u>LOS</u> | <u>SEX/AGE</u> |
| <u>BED</u> | <u>SVC</u> | <u>PATIENT</u> |
| | | <u>BILL</u> |
| | | <u>CODE</u> |
| For Location: BH-2A 3 | | |
| BH2A-250 1 | 8 MEDS | F83 MOUSE 9999990 |
| | | 4 MICKEY 23/02/1998 |
| | | 5 108 [] ICD9 TIME: _____ |
| MRP: HOSPITALIST | | 7 NOTE: _____ |
| Reason for visit: INTRACRANIAL BLEED | | |
| BH2A-252 1 | 35 ORTH | F83 DUCK 9999999 |
| | | DAFFY 06/02/1998 |
| | | 108 [] ICD9 TIME: _____ |
| MRP: HOSPITALIST | | NOTE: _____ |
| Reason for visit: LEFT WRIST FRACTURE 6 | | |

1. The first page of the report has space for writing the name of the physician completing this report. Subsequent pages only have space for the MSP# billing number of the physician. (Please note: the USER name at the top of the page is the name of the person printing the report and may differ from the physician completing the report.)
 2. Underlined words are table headings
LOS = length of stay
SVC = the type of service the patient is admitted under (see reverse for definitions); this may be an indicator of whether or not Hospitalist is MRP/Attending, supportive care, or consultant
 3. The report is filtered for all patients where "Hospitalist" is MRP/Attending, Admitting, or Other. The patients are grouped on the report by location.
 4. Patient's surname and first name. Patient's personal health number (PHN) appears under surname and date of birth appears under first name.
 5. Billing section of report –
Hospital visit code 108 is the default as it was deemed to be the most common code that will be billed. **Place a check mark** next to 108 [√] if appropriate; otherwise, write appropriate code or additional codes (i.e. 108R) in space below 108. If it is a repeat visit the same date, please indicate by writing 108R and note time of visit and reason.

ICD9: MSP uses this code to determine if claim should be paid. It is important to accurately reflect reason for seeing patient, especially if providing supportive care or consultant care and/or daily care for patients > 30 days (primary care) or > 10 days (supportive care).
 6. This is the presenting complaint at time of registration and may differ from the ICD9 code
 7. For visits to patients with LOS > 30 days (primary care) or > 10 days (supportive care), or repeat visits the same day, **a note must be provided to explain need for visit.**
- Other Notes:**
- The last page of this report is a listing of most commonly used diagnostic and billing codes. It is not a definitive list and other codes can be used as appropriate.
 - This is a "live" report and as such information on this report may change throughout the day as patient info within Meditech is updated including MRP/Attending status
 - If seeing patients not on this list, attached patient label with billing information at end of this report.