Medicare Billing Information Sessions 2025

SESSION 1 - Medicare Basics & Billing Fundamentals
Tuesday April 1, 2025, 12pm to 12:55pm
SESSION 2 - Family Practice Billing: Review
Tuesday, May 20, 2025, 12pm to 12:45pm
SESSION 3 - Reconciling: Navigating Your Claims Statement
Wednesday, June 11, 2025, 12pm to 12:45pm
SESSION 4 - Family Practice Billing Essentials
Tuesday, September 23, 2025, 12pm to 12:55pm
SESSION 5 - Medicare Claims Entry (MCE) Review: Tips, Templates, and More
Tuesday, Nov 4, 2025, 12pm to 12:45pm

We Want to Hear from you!

Please chat-in any topics you'd like to see included in our session schedule or share them by email at Practicesupport@nbms.nb.ca

New Nouveau Brunswick

Family Practice Billing: Review

Department of Health

May 2025

Please note:

This document is intended to be a quick reference guide for codes commonly used by physicians; however, must not be considered the primary source for billing information or codes. The Physician's Manual is still the primary source of billing codes, rules, service definitions/details, policies, and procedures.

*A Practitioner Liaison officer is available to provide a more in-depth training, if needed.

*Enquiries regarding billing issues and specific service codes should be directed to the Practitioner Enquiries unit.

On a scale of 1 to 10, how familiar are you with Medicare billing rules, codes and processes?

Chat–in your answers

What you need to get started

- ☑ Provider number
- ☑ Accounts
- ☑ Complete delegate authorization form
- ☑ Billing software (MCE or third-party)
- ☑ Health Portal access

Principles of Billing

More information on the principles of billing, including specific exemptions, can be found in Chapter 3, Section 1.1 of the Physicians' Manual.

What is covered:

- Professional services
- Face-to-face encounters unless otherwise specified in the Manual.
- Eligible nursing services

Who is covered:

- New Brunswick residents with valid Medicare Card
- Out-of-Province patients with valid provincial health cards except for Quebec

Principles of Billing

More information on the principles of billing, including specific exemptions, can be found in Chapter 3, Section 1.1 of the Physicians' Manual.

What is not covered:

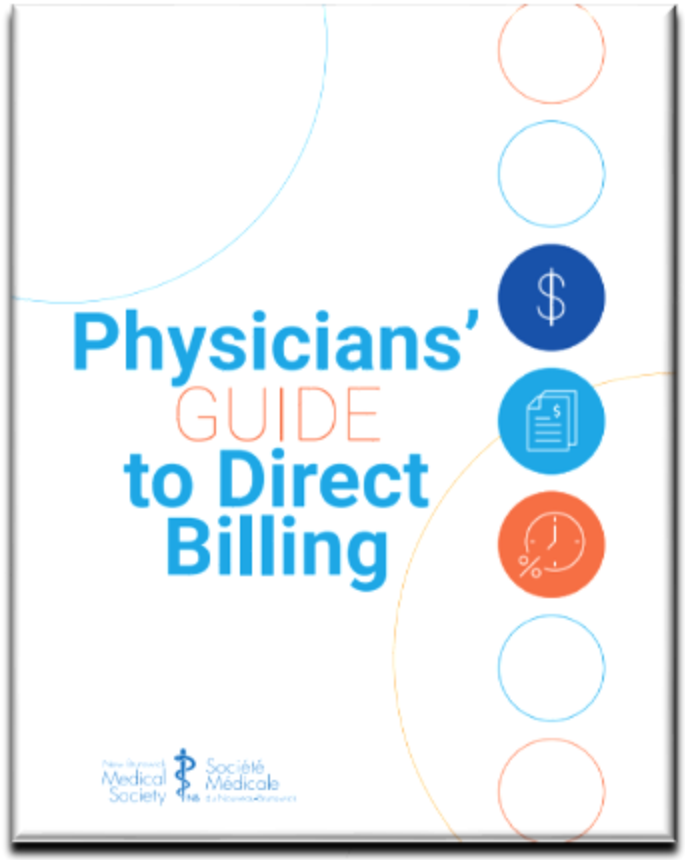
- Removal of minor skin lesions, except where the lesions are or are suspected to be precancerous.
- Medicines, drugs, materials, surgical supplies or prosthetic devices.
- Testimony in a court or before any other tribunal.
- Immunization, examinations or certificates for purpose of travel, employment, emigration.
- Complete medical examinations when performed for the purpose of a periodic check-up and not for medically necessary purposes.

Who is not covered:

- Quebec residents (*manual submission to RAMQ*)
- Military
- Third party requests (ex: forms for insurance purposes, drivers license)
- Federal inmates
- WorkSafe NB claims

Direct Billing

The Guide to Direct Billing is designed to provide guidelines and information to help New Brunswick physicians carry out the direct billing process in an efficient and professional manner.



- Guide to billing for uninsured services
- Describes scenarios under which physicians may bill directly
- Available on the "for physicians" section of the New Brunswick Medical Society website at: www.nbms.nb.ca

WorksafeNB

WSNB claims that are not accepted by WSNB can be submitted to Medicare for payment consideration with the refusal letter from WSNB (within 92 days from date on letter)

Payment messages that may appear on your Reconciliation Statement for claims that are WorksafeNB related:

- Reversal, please submit to WSNB
- Do not rebill – WSNB refusal requires enquiry, refusal letter & claim #
- Paid by WSNB
- Payable by WSNB
- WSNB refusal letter >92 days old from claim submission date

Tips to streamline your billing processes

Submit claims regularly – 92 days from date of service

Include information in your notes to make billing easier

Start and end times

Diagnosis, ICD10 dx codes,

Billing code(s)

Patient's Medicare number

Review reconciliation statements regularly

Know your commonly billed codes – create cheat sheets

Know where to look and who to ask if unsure

Key Billing Resources:

- List of common service codes
- NB Physician's Manual – fee schedule, reference, provides more details e.g., descriptions, rules
- Billing training – Medicare Practitioner Liaison
- PELs – Practitioner Enquiries
- Stay informed: Electronic Communication for physicians (ECP) – Medicare memos, Medicare Policies, Reconciliation Statements
- NBMS Economic News available at www.nbms.nb.ca

Electronic Claims Submission

Medicare Claims Entry (MCE)

Third party billing software

Components of electronic claim

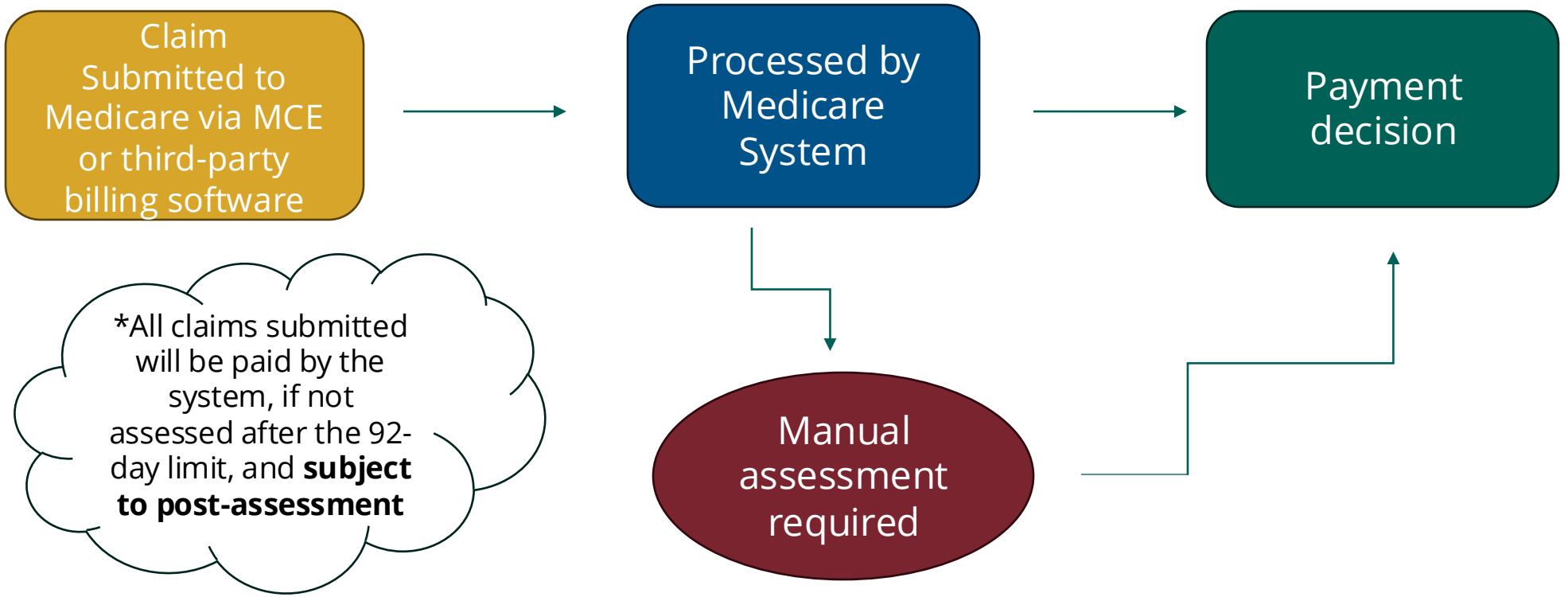
- 92-days from date of service to submit a claim electronically
- Cut-off is every second Thursday at 8am
- Physicians are paid bi-weekly
- Practitioner Run schedule can be found on ECP

Information required on every claim

- Patient information (name, Medicare #, DOB, sex)
- Service date
- Start time, and End time, if applicable (time-based codes *ex. Detention, Psychotherapy, Anesthesia services*)
- Service code (*service provided*)
- Location code *(Office, Emergency Room, Outpatient, Virtual Care, etc)*
- Site code *(Hospital, Community Health Clinic, Nursing Home code – ex. 801 = Dr Everett Chalmers Regional Hospital)*
- Valid medical diagnosis
- ICD10 diagnosis

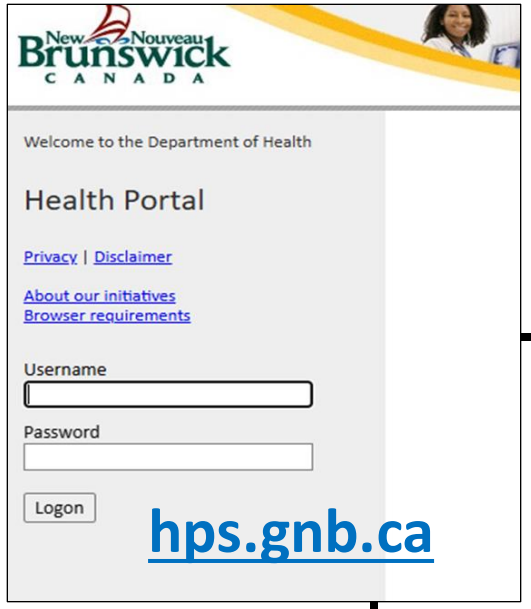
Service codes lets Medicare know **the type of service provided while the diagnosis indicates **why the service** was provided.*

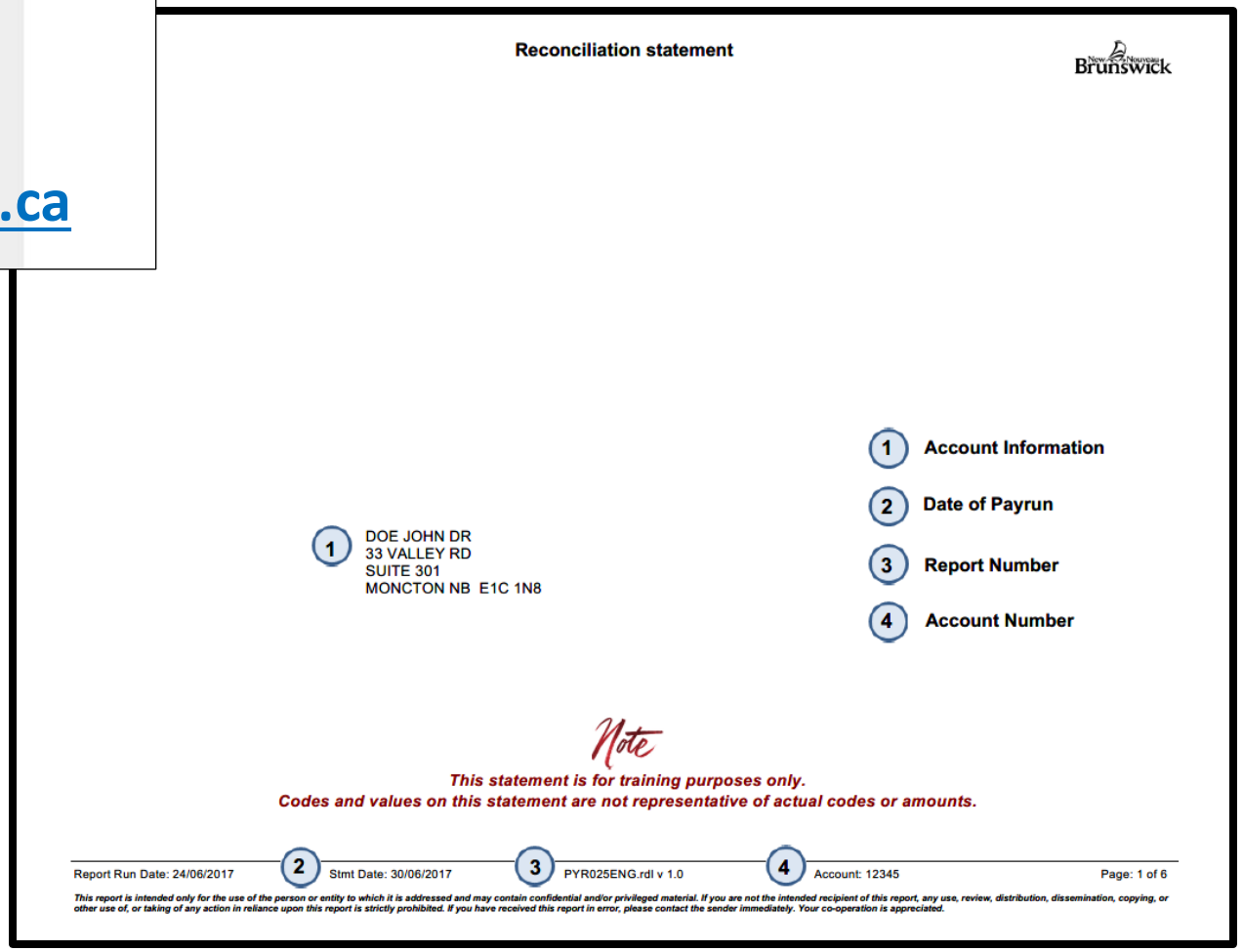
Process of a claim – from submission to payment



Reconciliation Statement

Practitioner reconciliation statements are available every 2 weeks on ECP and should be reviewed on a regular basis, as it is the most accurate for what has been processed by Medicare and indicates claims that may require action.





What's new?

- Effective April 1, 2024, Family Medicine unit rate increases to $1.57

- Effective April 4, 2025, the following service codes previously listed as List C procedures will now be identified as List B procedures:

    - 9148 -Contraceptive Implants, Implantation
    - 9149 -Contraceptive Implants, Removal
    - 9150 -Opioid Implants, Implantation
    - 9151 -Opioid Implants, Removal

- Effective April 4, 2025, the Chart Initiation service code 8107 will no longer be available for billing.

New Nouveau Brunswick

Code 9348

8107 → 9348

As per the Distribution memo dated March 28, 2025, effective April 4, 2025, service code **8107 – Chart Initiation Fee** has been replaced by visit code **9348 – New Patient Complete Examination & Chart Initiation Fee**.

Some key points to remember when billing this new code:

- The fee for this service is **100 units**
- Only billable once per new patient
- Time of day is required
- Open to locations **1 (office), 4 (patient residence) & 9 (special care home)** only.
- Detention (code 200) is billable after the first 30 minutes when applicable

What if I have already billed code 8107 for a new patient?

Can I still bill code 9348?

Depending on how many times you have billed code 8107 for a new patient prior to April 4, 2025, you may still be able to bill code 9348.

The following guidelines will apply:

- One claim billed and paid for code 8107 = claim billed for code 9348 will be paid.
- Two claims billed and paid for code 8107 = claim for code 9348 will be adjusted to code 1 (office visit).
- Three claims billed and paid for code 8107 = claim for code 9348 will be paid at zero and you will have to submit an enquiry to have the claim adjusted to the appropriate service code.

New Nouveau Brunswick

What constitutes a “complete exam”?

As per the memo, a complete exam shall include:

> A full history, complete physical examination and detailed examination of one of more body parts or systems in certain instances.

New Nouveau Brunswick

What other criteria is required to bill code 9348?

The following criteria must be met to bill code 9348:

- The practitioner must initiate the establishment of a permanent patient chart
- Must be in community-based family practice which has been established for not less than one year

Nursing codes

effective September 16, 2024

Fee-for-service community based primary care physicians, who employ nurses, can now bill for more services provided by office-based nurses (RN/LPN).

Not applicable to Salaried primary care physicians or nurses employed by RHAs.

- Services must be within the nurse's scope of practice.
- Services rendered in location 1 (in-office) and 19 (virtual) only.

Table 1 – Existing Codes

- Codes that were previously negotiated to be billed at **100%** by primary care physician for nurses' services, when primary care physician is **on-site**.
- Continue to bill at **100%** when physician is **on-site** using **Role 0**.
- Services can be billed at **45%** when physician is **off-site**, using **Role 8**.

Code & Description		**Physician On-site Role / Rôle du médecin sur place - 100%**	**Physician Off-site Role / Rôle du médecin hors site - 45%**
2	Injection Only / Simple injection	Role / Rôle 0	Role / Rôle 8
1999	Tray Fee For Office Pap Tests Tarif de plateau, Test Papanicolaou cabine	Role / Rôle 0	Role / Rôle 8
8109	Chronic Disease Mgt (Diabetes) Gestion de maladie chronique (Diabètes)	Role / Rôle 0	Role / Rôle 8
8113	Chronic Disease Mgt (COPD) Gestion d'une maladie chronique (BPCO)	Role / Rôle 0	Role / Rôle 8
	Immunizations / Immunisations	Role / Rôle 0	Role / Rôle 8

Table 2 – Additional Codes

- Codes that can be billed by primary care physicians for nurses' services, whether the primary care physician is **on-site** or **off-site**.
- These codes will be billed at **45%** of the listed unit value in the Physicians' Manual effective September 16, 2024, using **Role 8**.

Code & Description		Physician On-site Role / Rôle du médecin sur place - 45%	Physician Off-site Role / Rôle du médecin hors site - 45%
1	Office visit / Visite au cabinet	Role / Rôle 8	Role / Rôle 8
20	Psychotherapy / Psychothérapie	Role / Rôle 8	Role / Rôle 8
193	Patient Counseling / Counseling d'un malade	Role / Rôle 8	Role / Rôle 8
200	Detention / Surveillance exclusive	Role / Rôle 8	Role / Rôle 8
210	Extramural electronic communication Consultation électronique d'extra-mural	Role / Rôle 8	Role / Rôle 8
1898	Warfarin supervision / Warfarine surveillance	Role / Rôle 8	Role / Rôle 8
8101	Senior's office visit Visite en cabinet pour les personnes âgées	Role / Rôle 8	Role / Rôle 8
8986	Complex patient care - group visit Soins med. complexes - visite groupe	Role / Rôle 8	N/A

Table 3 – Additional Codes

- Codes that can be billed by primary care physicians for nurses' services, whether the primary care physician is **on-site** or **off-site**.
- These codes will be billed at **100%** of the listed unit value in the Physicians' Manual effective September 16, 2024, using **Role 8**.

		Physician On-site Role / Rôle du médecin sur place - 100%	Physician Off-site Role / Rôle du médecin hors site - 100%
15	Prenatal complete examination / Examen prénatal complet	Role / Rôle 8	Role / Rôle 8
16	Pre or post natal visit / Visite pré ou post natale	Role / Rôle 8	Role / Rôle 8
19	Well baby care / Soins du bébé normal	Role / Rôle 8	Role / Rôle 8
8985	Complex patient care visit - add on Visite pour soins aux patients complexes - en supp.	Role / Rôle 8	Role / Rôle 8
1894	Hyposensitization Subsequent Hyposensibilisation - Injections	Role / Rôle 8	Role / Rôle 8
2089	Wart removal cryotherapy / Verrues exérèse par cryothérapie	Role / Rôle 8	Role / Rôle 8

Service codes

VISIT: *Refers to services rendered by a practitioner to a patient for diagnosis and/or treatment at home, office, or hospital. Unless otherwise specified, a practitioner can only bill one patient encounter per patient per day.*

Examples of Visit codes for Family Medicine:

- Code 1 – Office Visit
- Code 3 – Walk-in Clinic Visit
- Code 4 – Home Visit
- Code 15 – Prenatal complete examination
- Code 16 – Pre and/or postnatal visits
- Code 19 – Well baby care

Service codes

CONSULTATION: *when a practitioner specifically requests the opinion of another practitioner able to give advice in this field, because of the complexity, obscurity or seriousness of the case.*

Examples of Consultation codes for Family Medicine:

- Code 10 – Major or Regional Consultation
- Code 12 – Repeat Consultation (performed by the same practitioner within thirty days of a prior consultation, for the same or related condition)

Immunizations

Immunization service codes payable with visit (15 units)

- Maximum 4 payable per service date (3 @ 100% + 1 @ 50%)
- Codes listed in **Column A** from table in Manual

Immunization service codes not payable with procedure or visit (20 units)

- Maximum of one (1) payable per service date
- Codes listed in **Column B** from table in Manual

Chapter 4, Section 2.15.11 Immunizations

Physician's Manual- Chapter 4, section 2.15.11 Immunizations

Column A *Service Codes payable with visit (8 units)*	Column B *Service Codes not payable with procedure or visit (13 units)*	Column C *Description*	Column D *Product Name*
8630	8660	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, INACTIVATED POLIO,	• QUADRACEL
8631	8661	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, INACTIVATED POLIO, *HAEMOPHILUS INFLUENZAE* TYPE B	• PEDIACEL
8632	8662	HEPATITIS A	• HAVRIX 720 JUNIOR • HAVRIX 1440 • VAQTA PEDIATRIC/ADOLESCENT • VAQTA ADULT
8633	8663	HEPATITIS A & B	• TWINRIX JUNIOR • TWINRIX
8634	8664	HEPATITIS B	• RECOMBIVAX HB PEDIATRIC • RECOMBIVAX HB ADULT • RECOMBIVAX HB DIALYSIS • ENGERIX-B PEDIATRIC • ENGERIX-B ADULT
8635	8665	HAEMOPHILUS INFLUENZAE TYPE B	• ACT-HIB • HIBERIX
8636	8666	HUMAN PAPILLOMAVIRUS	• GARDASIL • GARDASIL 9
8637	8667	INFLUENZA	• AGRIFLU • FLUVIRAL • VAXIGRIP • FLUZONE QUADRIVALENT • FLULAVAL TETRA
8638	8668	INACTIVATED POLIO	• IMOVAX POLIO
8639	8669	MEASLES, MUMPS RUBELLA	• M-M-R II • PRIORIX
8640	8670	MEASLES, MUMPS, RUBELLA, VARICELLA	• PRIORIX-TETRA • PROQUAD
8641	8671	MENINGOCOCCAL CONJUGATE MONOVALENT	• NEIS VAC-C • MENJUGATE
8642	8672	MENINGOCOCCAL CONJUGATE QUADRIVALENT	• MENVEO • NIMENRIX
8643	8673	MENINGOCOCCAL POLYSACCHARIDE	• MENOMUNE
8644	8674	PNEUMOCOCCAL CONJUGATE 13-VALENT	• PREVNAR 13
8654	8684	PNEUMOCOCCAL CONJUGATE 15-VALENT	• PREVNAR 15
8655	8685	PNEUMOCOCCAL CONJUGATE 20-VALENT	• PREVNAR 20
8645	8675	PNEUMOCOCCAL POLYSACCHARIDE 23-VALENT	• PNEUMOVAX 23
8646	8676	RABIES	• IMOVAX RABIES
8647	8677	TETANUS, DIPHTHERIA (REDUCED)	• TD ADSORBED
8648	8678	TETANUS, DIPHTHERIA (REDUCED), ACELLULAR PERTUSSIS (REDUCED)	• ADACEL • BOOSTRIX
8649	8679	TETANUS, DIPHTHERIA (REDUCED) ACELLULAR PERTUSSIS (REDUCED), INACTIVATED POLIO	• ADACEL-POLIO • BOOSTRIX-POLIO
8650	8680	VARICELLA	• VARILRIX • VARIVAX III
8651	8681	MULTICOMPONENT MENINGOCOCCAL B VACCINE	• BEXSERO
8652	8682	LIVE ATTENUATED ROTAVIRUS VACCINE (ORAL SUSPENSION 1.5ML)	• ROTARIX (effective June 1, 2017) • ROTA TEQ

Time based codes

- Per 15 minutes or part thereof
- Start and end time required on claim

Code 200 – Detention

Ex. In-office consultation from 9:00am to 10:45am
Code 10
Code 200 (count of 3 on claim for extra 45 minutes with patient)

Code 216 – Family counselling

Ex. Speaking to patient's spouse regarding treatment plan +\- DNR from 2:15 pm to 2:45pm
Code 216 (count of 2)

Code 20 – Psychotherapy

Ex. Psychotherapy with patient from 10:45am-11:45am
Code 20 (count of 4)

Hospital Care Codes

- **Code 2173 – Admission**: An admission is a first visit or major assessment, except where the practitioner has billed a major consultation, a complete examination, or another major assessment on the patient during the preceding 30 days, in which subsequent care would apply.
- **Code 2174/2176 - Subsequent Hospital Care** - Services rendered (daily care by the attending practitioner) to a patient formally admitted to hospital.
- **Code 2175 - Discharge** – Patient discharge from hospital. May include but not limited to communication with the patient, the discharge planning officer, the family or other responsible person and any documentation (writing prescriptions and referral requests, organizing follow-up and completion of a discharge summary).
- **Code 199 - Supportive care -** Necessary care rendered by the referring practitioner in addition to that rendered by a consultant practitioner while a patient is hospitalized and may include up to four visits per week at the appropriate daily hospital care rates.

Procedure codes Legend

All procedures listed in the Physicians' Manual have been assigned a letter code (A, B, C or D) under the heading "Lists".

"A" List A procedures are payable in addition to same-day visit or consultation fees, but not to surgery performed on the same day by the same practitioner. These procedures are payable at 75% with other List A or B procedures on the same day.

1905 – Aspiration of joint

837 – Diagnostic punch skin biopsy

"B" List B procedures are payable in addition to same-day visit or consultation fees, or to surgery fees unless they are a normal component of the surgery. When followed by same-day surgery by the same practitioner, they are payable at 75% of the normal rate.

1948 – Injection of medication

9148 – Contraceptive Implantation

"C" List C procedures are not payable in addition to same-day visits or consultations, unless otherwise specified in the Physicians' Manual.

2 – Injection, Intradermal, intramuscular, subcutaneous or therapeutic

"D" This identifies surgical procedures, which carry restrictions in the payment of pre and postoperative care.

14 – Obstetrical care, Delivery

New Nouveau Brunswick

Add-on codes and Chronic Disease Management codes

- Must bill primary visit or procedure code before billing add-on codes

- 8101 – Seniors' office visit, add-on (65+ with multiple systems pathology)
- 8985 – Complex Patient Care Visit, add-on
- 1999 – Tray Fee for Pap test

Chronic Disease Management (billable once per 365 days)

- 8109 – Diabetes
- 8113 – COPD

Practice Case #1

What do you bill for a 68-year-old male patient seen in office by physician who has been previously diagnosed with <u>diabetes and high blood pressure?</u>

Code 1 + Code 8101

OR

Code 1 + Code 8985

(Same unit values for both code combinations)

Practice Case #2

What do you bill for a 32-year-old female patient seen in office by the physician for the first prenatal exam with a pap test?

Code 15 + Code 1999

Practice Case #3

What do you bill for a Patient with referral seen in the office by a physician from 10:00 am to 11:30 am?

Code 10 +

Code 200

(count of 2)

What do you bill for a new referral received for the same patient with the same condition? Patient seen in office by physician 2 weeks after initial consultation.

Code 12

Common billing errors:

- Billing an add-on code without primary visit/procedure
- Visit + Detention with no start and end time
- Repeat consultation billed as Major consult within 30 days
- Hospital care overlapping with another practitioner
- Duplicate billing for the same day
- Billing visit or consult same day as Code 2 (or other List C procedure)
- Code 1948, not indicating “Bilateral” if both sides done

ICD10 codes

- Where to search (MCE drop down menu, Google)
- Should closely represent the presenting complaint and not the service provided
- What to avoid (Vague ICD10 codes, “Routine” or “General”)
  - Z017 - Laboratory examination
  - Z000 - General medical examination
  - Z519 - Medical care unspecified
  - Z712 - Person consulting for explanation of investigation findings
  - Z710 - Person consulting on behalf of another person
  - Z719 - Counselling unspecified
  - Z008 - Other general examinations
  - Z108 - Routine general health check-up of other defined subpopulations

Help a Delegate out

When you assign someone to be a delegate for your billing, you are trusting them to submit your claims accurately and into the proper account. By providing your delegate with the following information, you are helping ensure your claims get submitted with all necessary information and in a timely manner

New Nouveau Brunswick

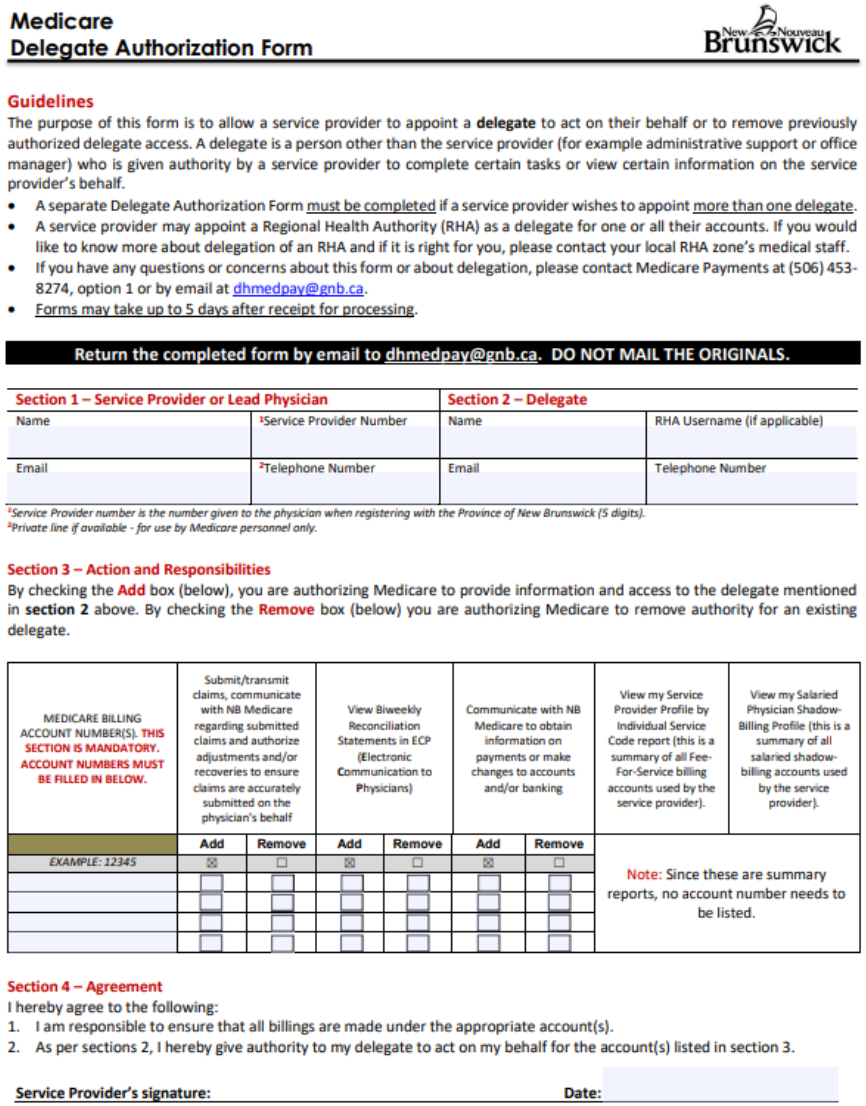
- Patient information (Name, Medicare #, DOB)
- Service provided to patient and service code to bill
- Date and time of visit or service (it is helpful to provide start and end time of the encounter)
- Patient's medical diagnosis and ICD10 code
- Referring practitioner information, if billing a consult
- For shadow billing, provide amount of time spent doing Admin Services throughout the day (ie. 2.25 hours)
- If patient is inpatient at hospital, provide their admission date and discharge date, if applicable

Medicare Delegate Authorization Form

Practitioner information

Delegate information

List accounts to Add or Remove Delegate access



Medicare
Delegate Authorization Form

New Nouveau Brunswick

Guidelines

The purpose of this form is to allow a service provider to appoint a **delegate** to act on their behalf or to remove previously authorized delegate access. A delegate is a person other than the service provider (for example administrative support or office manager) who is given authority by a service provider to complete certain tasks or view certain information on the service provider's behalf.

- A separate Delegate Authorization Form must be completed if a service provider wishes to appoint more than one delegate.
- A service provider may appoint a Regional Health Authority (RHA) as a delegate for one or all their accounts. If you would like to know more about delegation of an RHA and if it is right for you, please contact your local RHA zone's medical staff.
- If you have any questions or concerns about this form or about delegation, please contact Medicare Payments at (506) 453-8274, option 1 or by email at dhmedpay@gnb.ca.
- Forms may take up to 5 days after receipt for processing.

Return the completed form by email to dhmedpay@gnb.ca. DO NOT MAIL THE ORIGINALS.

Section 1 – Service Provider or Lead Physician		Section 2 – Delegate	
Name	[1]Service Provider Number	Name	RHA Username (if applicable)
Email	[2]Telephone Number	Email	Telephone Number

[1]*Service Provider number is the number given to the physician when registering with the Province of New Brunswick (5 digits).*
[2]*Private line if available - for use by Medicare personnel only.*

Section 3 – Action and Responsibilities

By checking the **Add** box (below), you are authorizing Medicare to provide information and access to the delegate mentioned in **section 2** above. By checking the **Remove** box (below) you are authorizing Medicare to remove authority for an existing delegate.

MEDICARE BILLING ACCOUNT NUMBER(S). THIS SECTION IS MANDATORY. ACCOUNT NUMBERS MUST BE FILLED IN BELOW.	Submit/transmit claims, communicate with NB Medicare regarding submitted claims and authorize adjustments and/or recoveries to ensure claims are accurately submitted on the physician's behalf		View Biweekly Reconciliation Statements in ECP (Electronic Communication to Physicians)		Communicate with NB Medicare to obtain information on payments or make changes to accounts and/or banking		View my Service Provider Profile by Individual Service Code report (this is a summary of all Fee-For-Service billing accounts used by the service provider).	View my Salaried Physician Shadow-Billing Profile (this is a summary of all salaried shadow-billing accounts used by the service provider).
	Add	Remove	Add	Remove	Add	Remove		
EXAMPLE: 12345	☒	☐	☒	☐	☒	☐	Note: Since these are summary reports, no account number needs to be listed.	
	☐	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐	☐		

Section 4 – Agreement

I hereby agree to the following:

1. I am responsible to ensure that all billings are made under the appropriate account(s).
2. As per sections 2, I hereby give authority to my delegate to act on my behalf for the account(s) listed in section 3.

Service Provider's signature: **Date:**

Medicare Contacts

Who	When	How
Practitioner Enquiries	Questions regarding submitted claims (adjustments, corrections, cancel claims) Questions regarding Reconciliation Statements	pels.drpl@gnb.ca (506) 444-5860 (English only) (506) 457-7572 (Bilingual) (506) 444-5876 (Bilingual) (506) 453-5332 (Fax)
Medicare Payments	Anything pertaining to accounts and/or banking information	DHMedPay@gnb.ca
MCE Admin	Technical issues with MCE, account issues or to reset password	MCEAdmin@gnb.ca
Practitioner Liaison	To request billing/MCE training or refresher	Medicare.Training.Formation@gnb.ca
Service Provider Registrar	First point of contact with Medicare	medicare.spregistrar@gnb.ca

New Nouveau Brunswick

Questions?

Thank you for joining!

Evaluation Survey:

https://forms.office.com/r/ARhQvqRT4m

Let us know how we can improve!