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

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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

Medicare Basics – Billing Fundamentals

Department of Health

April 1, 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.

New Brunswick Physicians' Manual

Chapter 1 to 3 – General Info

Chapter 4 – Codes Common to All Practitioners

Chapter 5 – Specialty Codes

Chapters 6 to 20 – Procedure codes per system

Chapter 21 – Diagnostic and Therapeutic Tests

Physicians' Manual

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.

- Fees are for professional services – do not include drugs, injectable materials, appliances.
- Face-to-face unless otherwise specified in the Manual.
- Claims are to be submitted electronically.

Unit Fee

- Fees for service codes are unit based instead of per dollar. See Chapter 3, Section 1.5 in Physicians' Manual for Unit Values per Specialty
- Codes and fees were negotiated with NB Medical Society. If a service doesn't have a code, physicians can contact their section rep. For information regarding their representative, they can contact NBMS.
- Fee-for-service practitioners can calculate dollar amount for codes by multiplying the Units (indicated in the Manual beside the service code) by the dollar amount for their specialty based on the table.

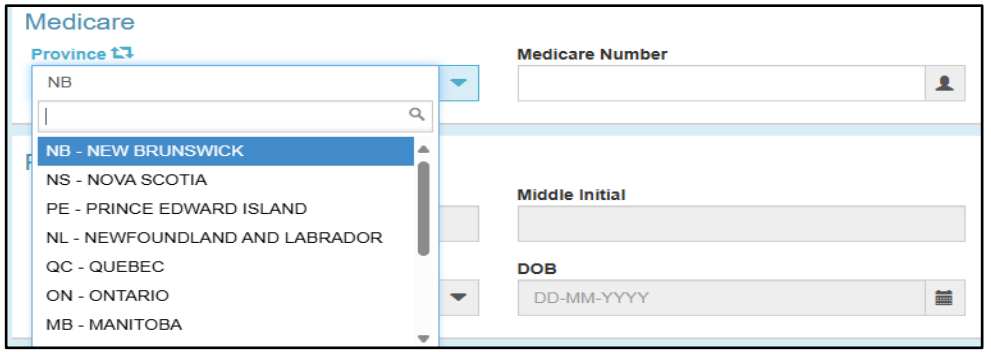
Lists	Code	Units Gen	Units An
..B	368	46	7

Who is covered?

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

Billing Tip

To bill a service for out of province patients in MCE, select the province from the drop-down menu and enter the health card number information



- *Note: If a patient presents with a valid Medicare card, their coverage may be expired behind the scenes (ex: covered by another province).

  Contact patient to verify card and expiration.
  Advise patient to contact Medicare or SNB to have coverage renewed.

  Claim will be paid when coverage is reinstated if patient was eligible for coverage at time of service.

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

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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.*

Excluded Services

Certain services, as listed in Schedule 2 of the Regulation under the Medical Services Payment Act, are specifically excluded from the range of entitled services under Medicare

**See Chapter 1, Section 3 in Manual for full list*

- 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.

Assessment Rules

Rules dictate how certain services will be paid.

**See full list in Chapter 2 of Manual*

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Assessment Rule 1

- Services provided to a patient at the request of a third party (WorkSafeNB, insurance, work/school requirement, etc.), or for an excluded services such as military, federal inmates, shadow billing claims cannot be submitted for the service as these patients/services are not insured by New Brunswick Medicare.

Assessment Rule 2

- Consultations, examinations or written reports for medico-legal purposes are not entitled services under Medicare.

Assessment Rule 3

- Rule 3 Certification for a driver's license is not an entitled service under Medicare.
- Examinations of medical records or certificates at the request of a third party, or other service.

Assessment Rule 4

- Mileage is not an entitled service under Medicare, except as specifically provided for in the Schedule of Fees.

Legend

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

The meaning of these codes is as follows:

"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.

"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.

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

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

Monitoring and Compliance Guidelines

Any practitioner may be chosen for an audit of Medicare billing within a **7-year period**.

Audits are conducted randomly and not intended as criticism.

Must maintain records to support billings for a period of 7 years.

To support your billing, Medical notes/charts should include:

- Diagnosis/Presenting complaint of the patient
- Evidence of Assessment
- Treatment or treatment plan

Introduction to Physician Payment

In New Brunswick, physicians get paid in a variety of different ways. Depending on your payment arrangement, you may get paid through multiple payment models.

Remuneration Types

Fee-for-Service (FFS): Income is generated from claims submitted for each insured service per the fee schedule.

Salaried: Practitioners shadow bill and may receive FFS, AFP, or sessional pay for services provided outside their salaried arrangement. See – Guidelines for Mandated On-call and Fee-For Service Income Guidelines.

Sessional: Income is based on an hourly rate in approved settings like ERs. Shadow billing is required unless advised otherwise.

Remuneration Types

Alternate Funding Plans (AFP): Income through a negotiated AFP with the Department of Health, New Brunswick Medical Society and Regional Health Authority. Shadow billing is required.

Family Medicine New Brunswick (FMNB): A Blended Payment Model. Income is generated from FFS (reduced) and capitation. Applicable only to Family Medicine physicians who participate in the program.

Locum: replaces an established practitioner on leave. Can be short or long- term depending on duration of leave. typically receives the same remuneration method as the position they are covering.

Accounts

Personal Account - An account automatically generated for all practitioners and linked to the Practitioner Number.

Professional Corporation Account - Fee-for-service account that may be requested if a practitioner has an Incorporated bank account. This would be used instead of the physician's Personal Account.

On-call Account - Fee-for-service account that is mandatory for salaried physicians who will be rendering on-call, emergent services outside their salaried hours.

Shadow Billing Account (History Only) - Shadow billing account in which claims are paid at zero. This is mandatory for physicians remunerated under the Salaried, Sessional, or Alternate Funding Plan models.

To access necessary forms to add or remove an account and/or add or remove a delegate, please visit* **Medicare Payments, Account and Delegate Authorization Forms *on the GNB website.*

What is Shadow Billing?

Shadow Billing refers to the process where non-fee-for-service health practitioners submit claims to New Brunswick Medicare for insured services provided to eligible residents. Claims are paid at zero.

Why is it important to Shadow Bill?

This information is used, in conjunction with data collected from fee-for-service practitioners, to maintain a consistent patient history. This consistent history is required to ensure accountability, as well as to monitor and to assist with planning for the future of health care in New Brunswick.

Key Definitions

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.

Emergency Visit - refers to those services that are urgent and emergent which must be performed without delay because of the medical condition of the patient.

Virtual Care Visit - a clinical service intended to replace a regular face-to-face patient encounter either by telephone or secure digital media.

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Key Definitions

Consultation - refers to the situation where a practitioner, in light of his/her professional knowledge of the patient, or when recently asked to do so by the patient or person acting on the patient's behalf, specifically requests the opinion of another practitioner competent to give advice in this field, because of the complexity, obscurity or seriousness of the case.

The consultant is obliged to perform an assessment, review the laboratory or other data and submit his/her findings, opinions and recommendations in writing to the referring practitioner.

A **repeat consultation** is a consultation performed by the same practitioner within thirty days of a prior consultation, for the same or related condition, as a result of a new request from the attending practitioner.

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Key Definitions

Hospital Care:

- **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.
- **Subsequent Hospital Care** - Services rendered (daily care by the attending practitioner) to a patient formally admitted to hospital.
- **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).
- **Directive care** - Care provided by a specialist at the request of the attending practitioner (1st week consult (where applicable), and 3 visits; 4 visits per week thereafter) at the appropriate daily hospital care rates (see specific specialty codes).

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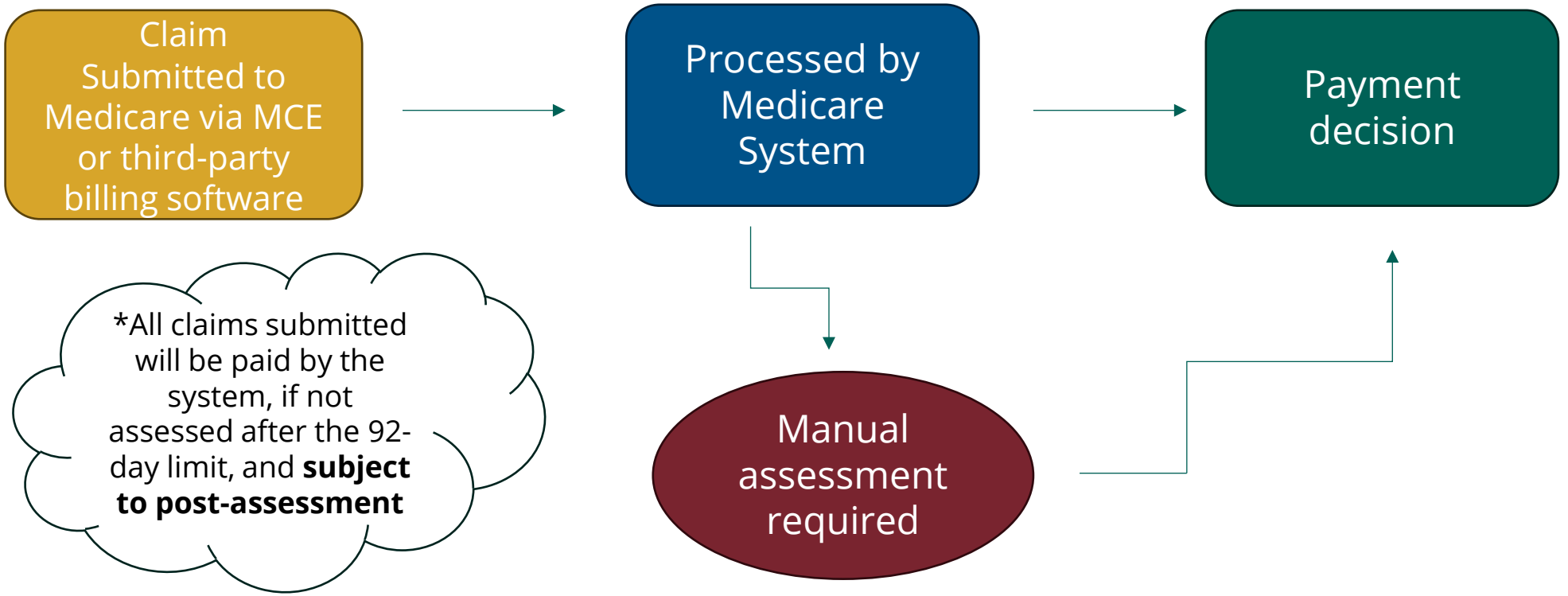
Process of a claim– from submission to payment



Additional Information

- 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

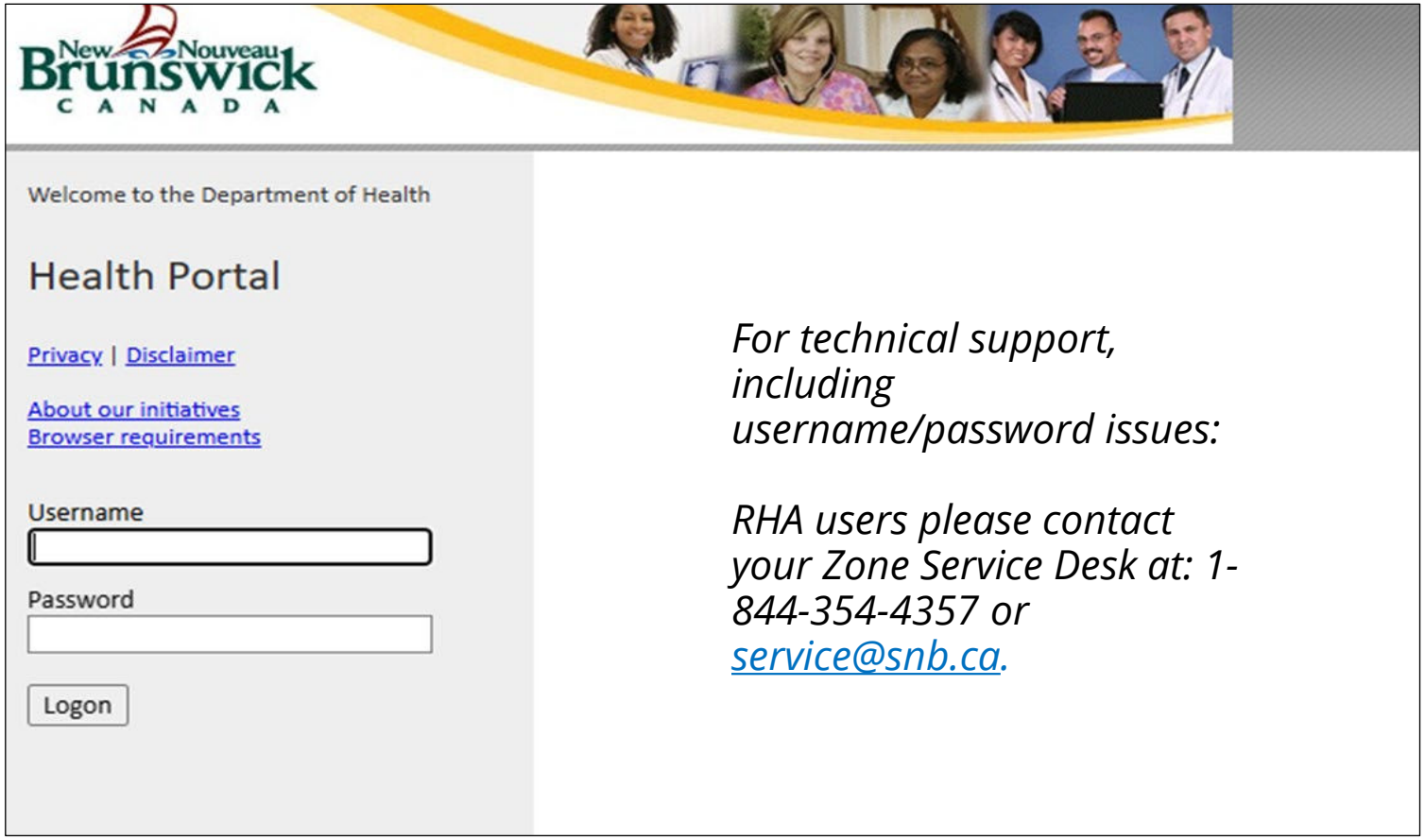
Practitioner Run Schedule - 2025

Cédule de Paiement des Praticiens - 2025

	MP#	Cut-Off Date 8:00AM Thursday for Claims Date d'arrêt 08:00AM	Run Date FRIDAY Date d'exécution	Process Pay Run MONDAY	Statement and Deposit Date FRIDAY Date du Relevé de compte et du dépôt	NOTES ON HOLIDAYS
1	2226	9/Jan/25	10/Jan/25	13/Jan/25	17/Jan/25	
2	2228	23/Jan/25	24/Jan/25	27/Jan/25	31/Jan/25	
3	2230	6/Feb/25	7/Feb/25	10/Feb/25	14/Feb/25	
4	2232	20/Feb/25	21/Feb/25	24/Feb/25	28/Feb/25	
5	2234	6/Mar/25	7/Mar/25	10/Mar/25	14/Mar/25	
6	2236	20/Mar/25	21/Mar/25	24/Mar/25	28/Mar/25	
7	2238	3/Apr/25	4/Apr/25	7/Apr/25	11/Apr/25	
8	2240	17/Apr/25	18/Apr/25	21/Apr/25	25/Apr/25	APRIL 18 - GOOD FRIDAY/APRIL 21 EASTER MONDAY

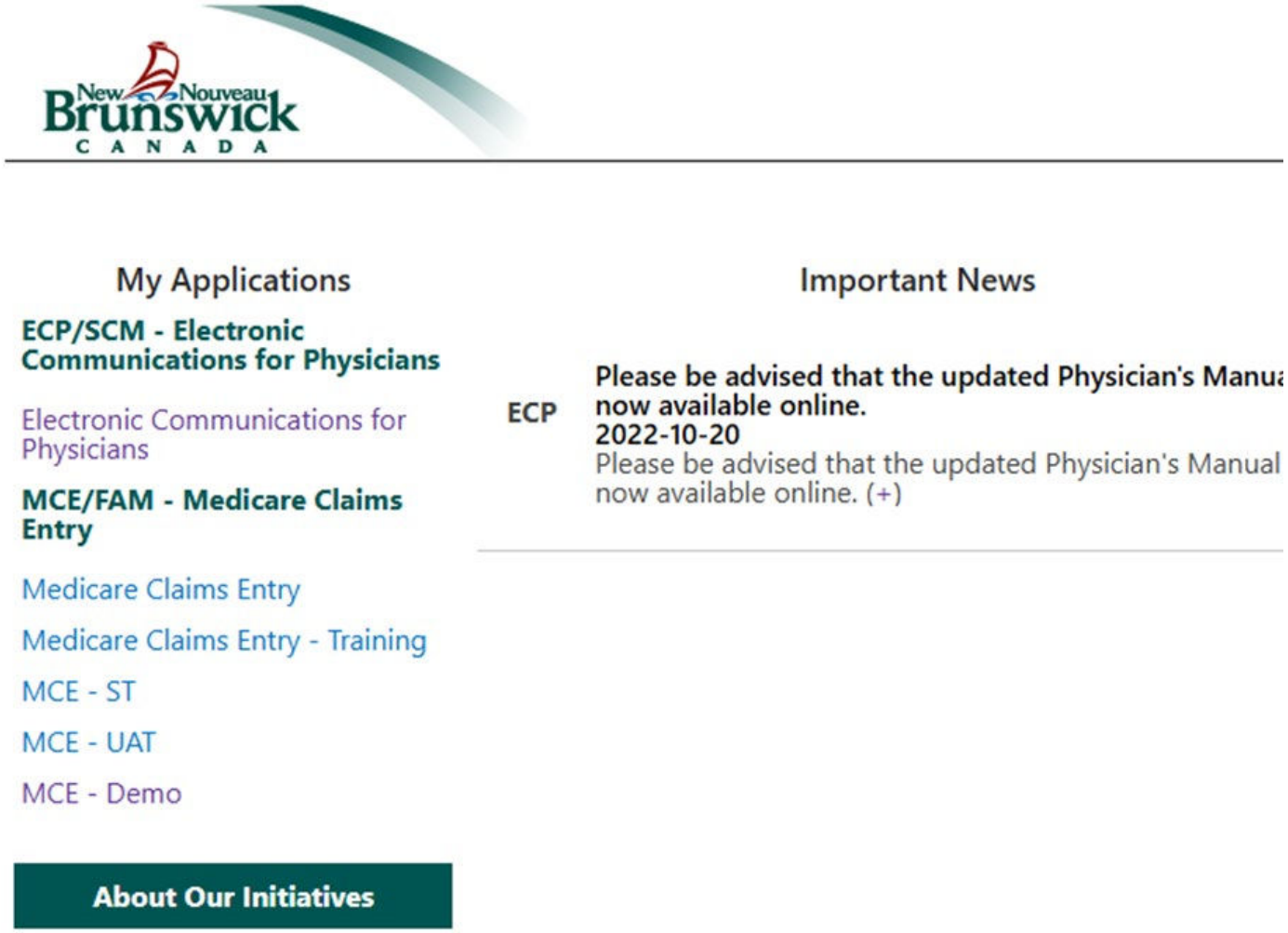
Accessing Reconciliation Statements and Medicare Claims Entry

hps.gnb.ca

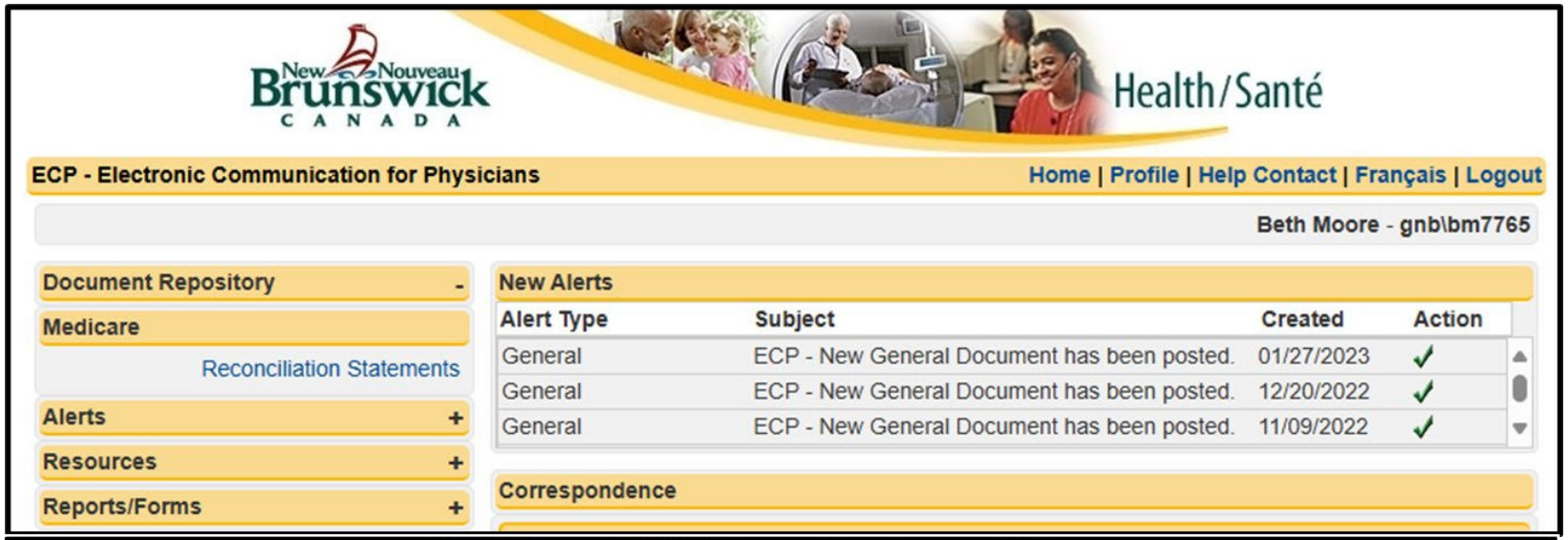


Electronic Communications for Physicians (ECP)

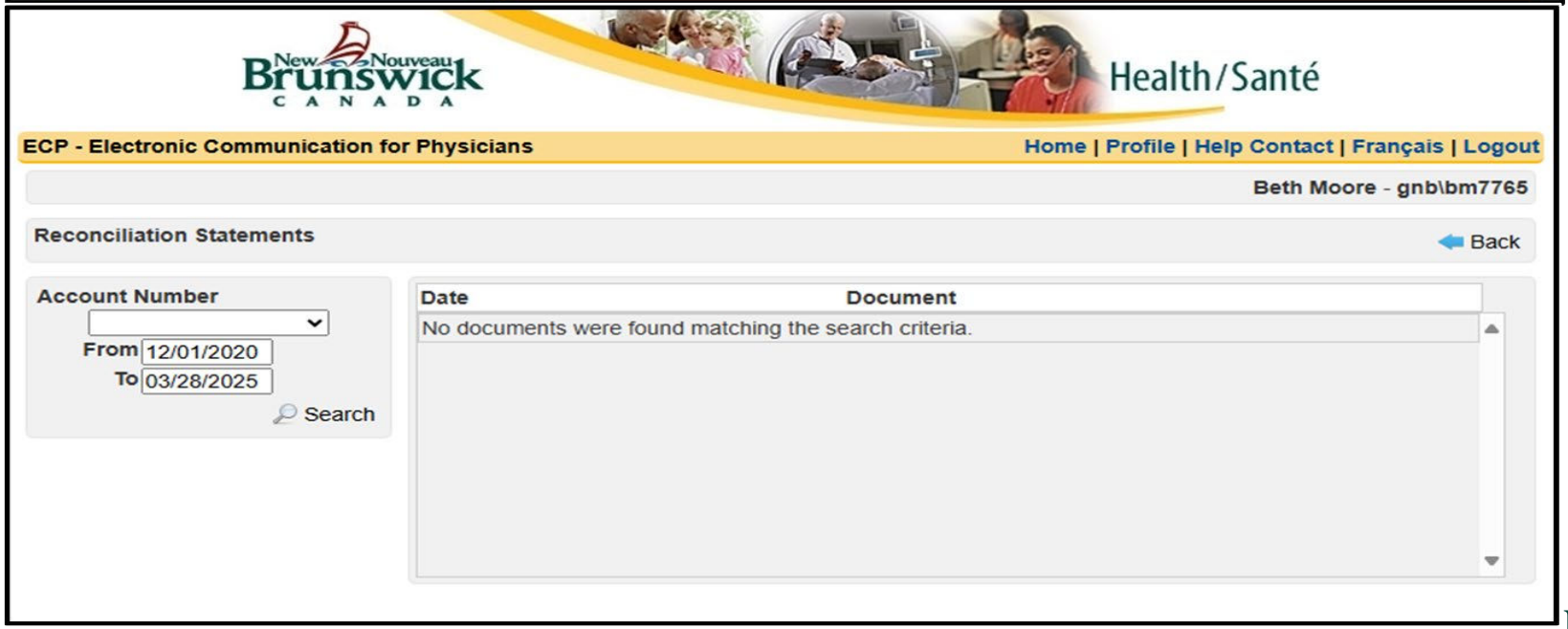
ECP contains Reconciliation Statements, as well as useful documents and forms such as: Practitioner Run Schedule and Practitioner Enquiry form



Reconciliation Statements are available on a bi-weekly basis.



Statements are available for each billing account. You can search and access past statements by selecting a specific date range.



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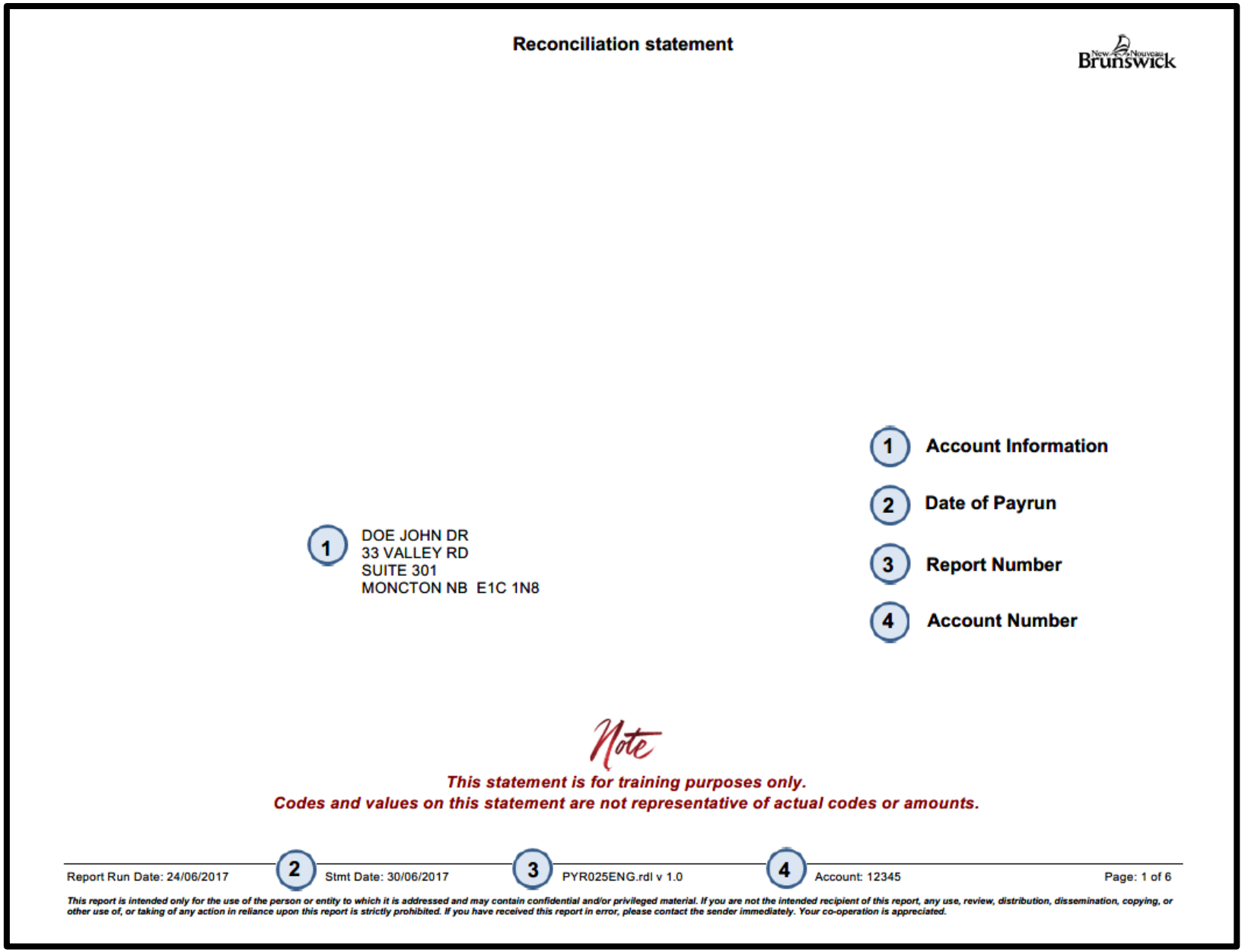
Reconciliation Statement

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.



Reconciliation statement

New Nouveau Brunswick

1 DOE JOHN DR
33 VALLEY RD
SUITE 301
MONCTON NB E1C 1N8

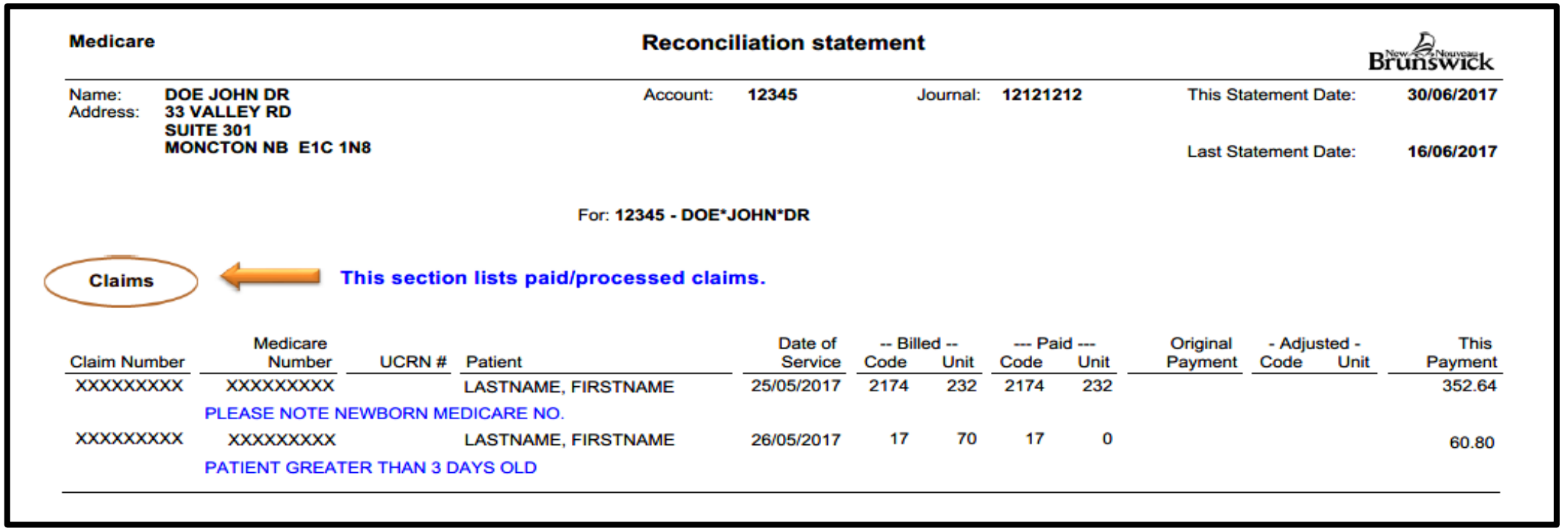
1 Account Information
2 Date of Payrun
3 Report Number
4 Account Number

Note

This statement is for training purposes only.
Codes and values on this statement are not representative of actual codes or amounts.

Report Run Date: 24/06/2017 | 2 Stmt Date: 30/06/2017 | 3 PYR025ENG.rdl v 1.0 | 4 Account: 12345 | Page: 1 of 6

Claims



Medicare **Reconciliation statement** New Brunswick / Nouveau-Brunswick

Name: **DOE JOHN DR**
Address: **33 VALLEY RD**
SUITE 301
MONCTON NB E1C 1N8

Account: **12345** Journal: **12121212**

This Statement Date: **30/06/2017**
Last Statement Date: **16/06/2017**

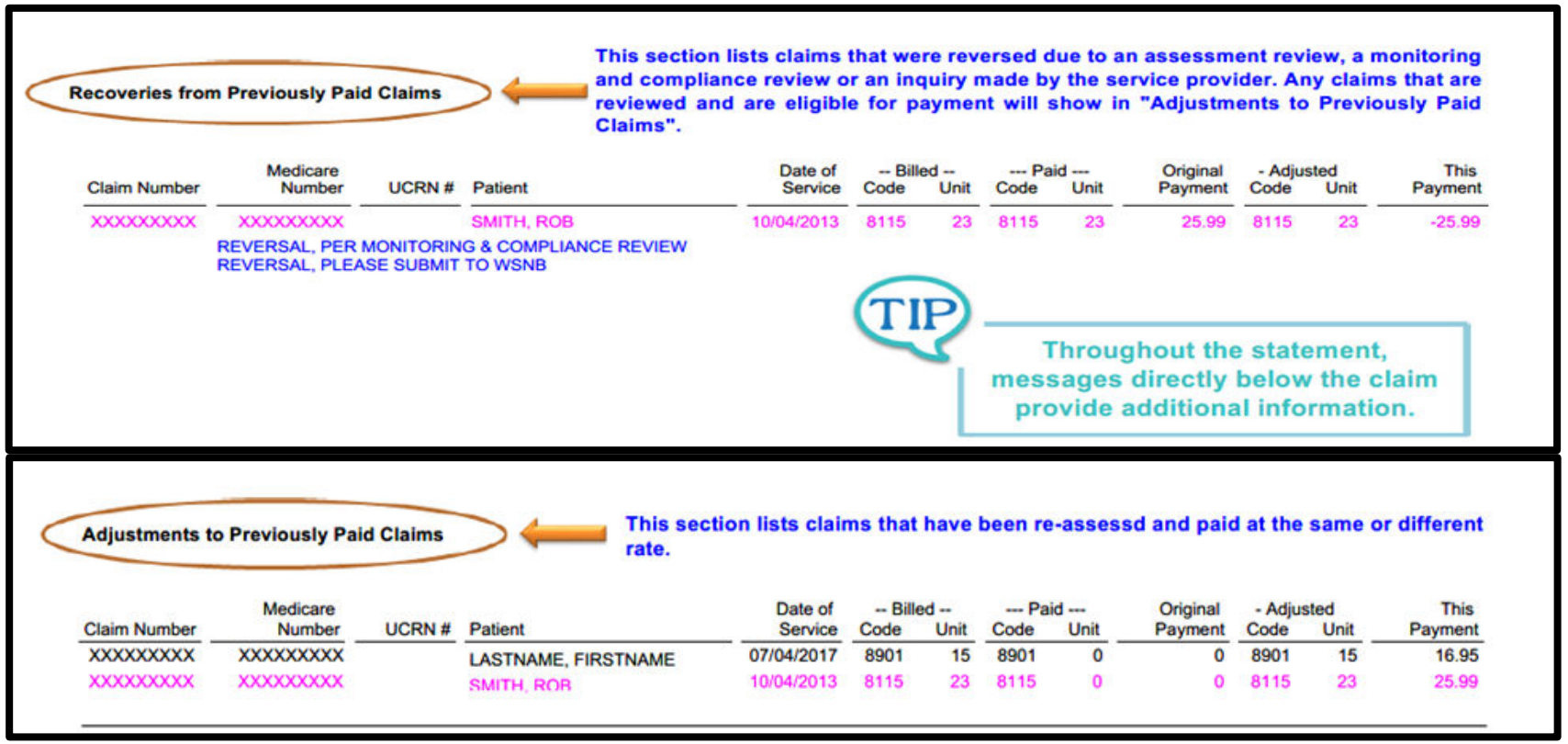
For: **12345 - DOE*JOHN*DR**

Claims ← **This section lists paid/processed claims.**

Claim Number	Medicare Number	UCRN #	Patient	Date of Service	-- Billed -- Code	Unit	--- Paid --- Code	Unit	Original Payment	- Adjusted - Code	Unit	This Payment
XXXXXXXXX	XXXXXXXXX		LASTNAME, FIRSTNAME	25/05/2017	2174	232	2174	232				352.64
	PLEASE NOTE NEWBORN MEDICARE NO.											
XXXXXXXXX	XXXXXXXXX		LASTNAME, FIRSTNAME	26/05/2017	17	70	17	0				60.80
	PATIENT GREATER THAN 3 DAYS OLD											

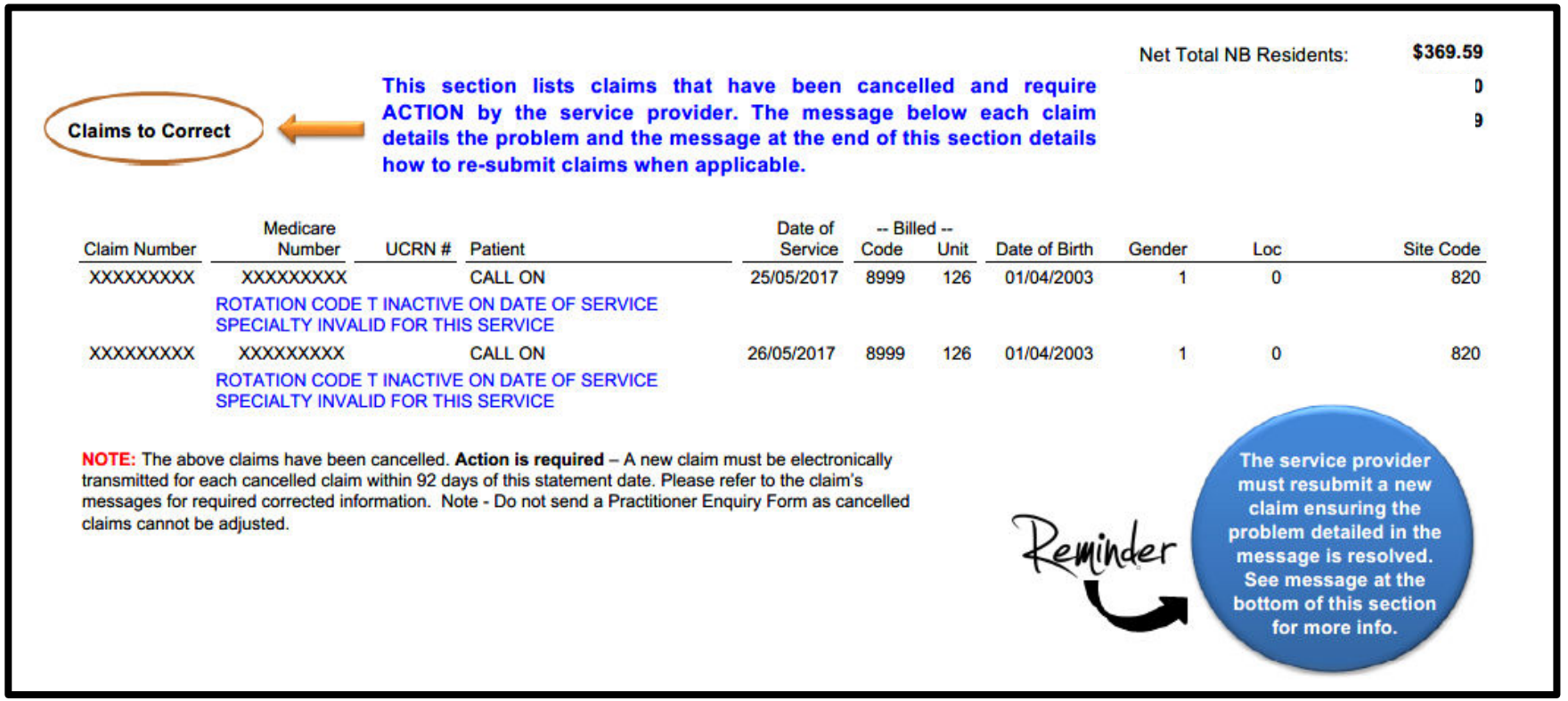
- Indicates claims paid and processed correctly.
- Requests for adjustments or corrections can be submitted through Practitioner Enquiries and Liaison Services within 12 months of the statement date.
- Claims in this section must not be resubmitted electronically as a new claim.
- Questions concerning non-payment of claims must be received within 12 months of the date of service.

Recoveries and adjustments to previously paid claims



- Indicates claims that previously appeared in the Claims section but have been re-assessed, recovered, reversed or adjusted.
- This can be due to various reasons such as invalid or unacceptable diagnosis or Monitoring and Compliance reviews.
- If a claim has been reversed, it may require action from the practitioner or billing staff.

Claims to Correct



Net Total NB Residents: $369.59

0

9

Claims to Correct

This section lists claims that have been cancelled and require ACTION by the service provider. The message below each claim details the problem and the message at the end of this section details how to re-submit claims when applicable.

Claim Number	Medicare Number	UCRN #	Patient	Date of Service	-- Billed -- Code	Unit	Date of Birth	Gender	Loc	Site Code
XXXXXXXXX	XXXXXXXXX		CALL ON	25/05/2017	8999	126	01/04/2003	1	0	820
	ROTATION CODE T INACTIVE ON DATE OF SERVICE SPECIALTY INVALID FOR THIS SERVICE									
XXXXXXXXX	XXXXXXXXX		CALL ON	26/05/2017	8999	126	01/04/2003	1	0	820
	ROTATION CODE T INACTIVE ON DATE OF SERVICE SPECIALTY INVALID FOR THIS SERVICE									

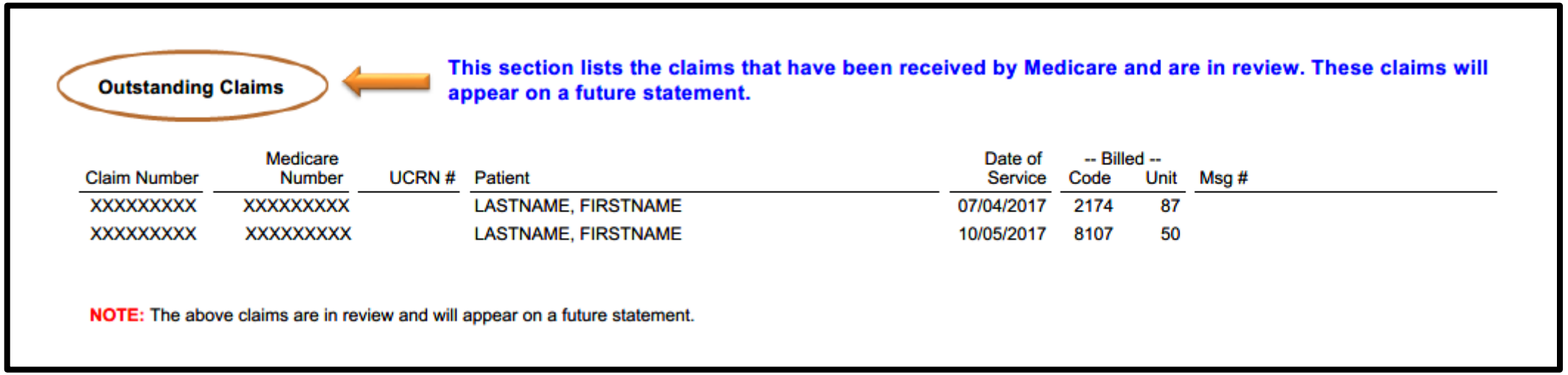
NOTE: The above claims have been cancelled. **Action is required** – A new claim must be electronically transmitted for each cancelled claim within 92 days of this statement date. Please refer to the claim's messages for required corrected information. Note - Do not send a Practitioner Enquiry Form as cancelled claims cannot be adjusted.

Reminder

The service provider must resubmit a new claim ensuring the problem detailed in the message is resolved. See message at the bottom of this section for more info.

- Indicates claims that have been **cancelled.**
- A message will appear below the claim explaining why it was cancelled.
- These claims will not be considered for payment or appear in the practitioner's benchmarks/statistics unless they are **resubmitted** electronically within 92 days of the statement date.

Outstanding Claims



- Indicates claims that have been received but not yet processed for payment by the Medicare system.
- No action is required to be taken for claims in this section.
- Claims will be listed in this section until they are paid/processed and then will appear in “Claims” section on a future statement.

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

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What you need to get started

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

Thank you for joining!

Evaluation Survey

https://forms.office.com/Pages/ResponsePage.aspx?id=V4P7JJbJ4EK96lBBVWSFhI-dH5biixhPms0SNvEyRdVUQVBXNExNTdWT0QwTUhHNTE5UlhXWUVNSS4u

Questions?