

Must have a valid contract number to bill to Blue Cross.

Bill Blue Cross if

- Plan is **Manitoba Blue Cross**
- We cannot bill out of province, travel plans, or any insurance agency other than Blue Cross – if these appear on the call report, bill the pt.

Coding – bill to Blue Cross

- Responsibility (M) Manitoba Blue Cross - Code 01
- Agency not applicable
- Reference contract number – can be up to ten digits long, preceded by a '+'
- Rate based on patient's place of residence

Bill patient/parent if

- Blue Cross is ticked in the payment responsibility box, no Blue Cross number is indicated, and after doing an APC search, no Blue Cross number is found
- Blue Cross number and/or group given belongs to the list of '**national plans**' – see list - mark 'BC' at top left corner, photocopy front of call report, put all such copies in order by call number and place in blue clipboard beside the cash register @ our (billing) desk; also indicate Customer ID # at top of report

Coding – see Patient/Parent sample

Military Personnel

- Have Blue Cross coverage for ambulance
- Service number will be provided on report and starts, most often, with the letter M (this is not a contract number but a way for you to identify the Military Personnel); number may sometimes start with an 'H' or 'T', etc., but when entering, an 'M' should be substituted for these.
- If no 'M' number provided, contact Joyce Harrison @ 833-2500 ext 5320.

Coding – see Appendix A

Ambulance Billing **CODING AND DATA ENTRY** **2**
DEPARTMENT OF VETERAN AFFAIRS (D) – AGENCY CODE
2816

Must have a “K” number to bill DVA. If not provided by the patient on the report, call DVA.

Coding

- Responsibility (D) Department of Veteran Affairs - Code 02
- Agency will fill automatically
- Reference client number starting with ‘DVA’
- Rate based on patient’s place of residence

Mark report DVA and copy for Department of Veterans Affairs file (copy once entered in system)

CALL FOR AUTHORIZATION

Call the DVA BC phone number listed below. Our provider number is 1029. Benefit Codes are as follows:

Home (or public place) to Hospital – 700115; **TNT** – 700301; **Air Ambulance** – 700150.

If not authorized, bill directly to the patient

Coding – see Patient/Parent sample

NOTES:

- spouses of veterans aren’t covered by DVA
- if pt has DVA and BLUE CROSS, always bill DVA 1st

IMPORTANT PHONE NUMBERS:

- **DVA (MANITOBA)** – 788-7471
- **DVA (BC)** – 1-866-811-6060 ext 4

PROVINCIAL WELFARE (P) – AGENCY CODE 1016

Must have a welfare number (up to six digits long) to bill Provincial Welfare. May be referred to as 'Disability' or 'Social Assistance', etc.

Do not bill Provincial Welfare if patient indicates they have treaty statusBill Provincial Welfare if

Welfare number provided and no treaty status noted

Coding

- Responsibility (P) Provincial Welfare - Code 04
- Agency Dept. of Family Services
- Reference welfare number up to 6 digits long (if it begins with a 0 and ends in A only enter the 6 digits in between; or may just be the six digits alone); if number has 7 digits and ends in an '8', ignore this '8' as it is usually a mistake – an incorrectly Recorded 'A'
- Rate based on patient's place of residence

** If no welfare number but PW is ticked in the payment responsibility section, or by your own judgement the following are true:

- Pt indicates address as 'NFA' or '180 Henry Av' or '75 Martha St'
- The reverse side of the call report indicates substance abuse, suicidal tendencies or mental trauma of any kind
- Pt indicated by paramedics as a 'frequenter' or 'well known by the service'

**mark 'PW' at the top left corner of the report, and after billing day pull all such call reports, organize alphabetically by surname, put in elastic and place in blue folder above Linda's desk.

Bill patient/parent if

- Welfare number not provided
- If pt a suspected PW recipient, and not on PW list in Excel and not located in an APC program search, mark 'PW' at top, save all of these in a pile in alphabetical order by surname, submit to Linda's blue file folder

Coding – see Patient/Parent sample

Note: If call report has a PW number and indicates pt is also treaty, do not use the PW number, search/call for the individual's band name/treaty number; if none, bill the pt.

If welfare number provided ends in a "W"

"W" (ward) implies patient is in the care of Child and Family Services (CFS); patient will be a youth (under 18 years of age); must call to confirm – Annette @ 944-4197 or if she is not available, her voice mail will usually indicate alternate numbers to call.

If authorized, bill directly to CFS

Coding

- Responsibility (O) Other – Code14
- Agency not applicable
- Reference not applicable
- Rate city rate

If not authorized, bill directly to the parent/guardian

Coding – see Patient/Parent sample

310-391 York Ave., Wpg., Mb., R3C 0P4
983-2107

Must have a treaty number when billing Medical Services. These bands governed by Medical Services.

Bill Medical Services if

- Patient was flown in or is returning to the airport – the **exception** is pts with an **Ontario residence** – check billing screen for flight number (see **'OTHER AGENCIES – Ontario Ministry of Health'**).
- Patient has treaty status. If band name given but treaty number missing, check treaty list on excel; if not there, do an APC search; if still not found, call the appropriate band (see phone list)
- If PCR is checked 6 Fed Med Services but no band name or treaty number provided, first check the treaty list, then do an APC search (as above).

Coding

- Responsibility (M) Medical Services – Code 06
- Agency (M) North & South Zones
(N) Norway House
~~(A) Anishinabe~~
- Reference the format is as follows: full ten-digit treaty number, Followed by a '/', then an abbreviated form of the band name (9 digits allowed), followed by another '/', then the abbreviaton 'DOB' followed by the pt's date of birth (dd/mm/yy). Eg.:
2771349401/POPLARRVR/DOB221104
- Rate based on patient's place of residence

Mark report IA (Indian Affairs) and copy for appropriate agency file (copy once entered in system)

NOTE: ~~If Band Name is not on our list, default to 6 (M) Medical Services (1850).~~

*Bands outside of MB are all coded
6 F*

SELF-GOVERNING BANDS (O)

Bill Band directly if

Patient was flown in or is returning to the airport – **exception** – Ontario residents (see **‘OTHER AGENCIES – Ontario Ministry of Health’**).

PCR indicates band name & treaty number. If treaty number is missing, check treaty list in Excel; if missing from list, do an APC search. If treaty number missing or both the number and band name are missing, bill the patient.

Coding

- Responsibility (O) Other – Code 14
- Agency Type the appropriate first letter of the band name, Continually until you arrive at the appropriate band name, e.g. ‘L’ is for Long Plain, Lake St Martin, ‘E’ is for Ebb& Flow; ensure you have the proper band selected
- Reference full ten-digit treaty number/9-digit band abbreviation/DOB And six-digit date of birth in ddmmyy format, as in the previous First Nations example.
- Rate based on patient’s place of residence

Mark report SG in the top left-hand corner and copy for appropriate agency file (copy once entered in system).

HOSPITAL (H)

As per Manitoba Health Guidelines, if a patient is transported from one hospital to another and returned to the originating hospital within 24 hours, the originating hospital is responsible for both transports.

Bill Hospital if

- Patient transported out and then returned to originating hospital within 24 hours
- Originating hospital provided us with a Patient Transfer Authorization Slip advising us to bill the hospital

Coding

- Responsibility (H) Hospital – Code 09
- Agency appropriate hospital (enter first initial of hospital)
- Reference ER, ICU, OBS, etc. (if billing HSC, include patient's date of birth in this area e.g: dd-mm-yyER – no spaces)
- Rate based on patient's place of residence

Cross reference reports on 24 hour returns – i.e. on each call report, write number of the opposite report down the left-hand side.

Patient likely returned to originating hospital within 24 hours if transported for the following reasons:

Angiogram
Echocardiogram
Pacemaker insertion
Surgery
Consultation with a specialist
CT scan

Use the Search option on the Billing System to search for a return trip (use patient surname). If unable to confirm a return, call the originating hospital inquiry line. Patient may have been returned by another service.

Bill patient/parent if

- patient not returned to originating hospital at all or within 24 hours
- patient likely not returned if transported due to lack of beds or for specialized treatment

Coding – see Patient/Parent sample

MISERICORDIA (M) HOSPITAL

Not a typical hospital. They specialize in eye trauma. Now operates as both a walk-in clinic and a nursing home.

Bill Urgent Care if (report or dispatch screen will **usually** say 'Urgent Care' or 'UC')

- treated as a walk-in clinic
- Patient transported out from Urgent Care to another hospital for further treatment and/or admitting

Coding

- Responsibility (H) Hospital – Code 09
- Agency (M) Misericordia
- Reference Urgent Care.
- Rate based on patient's place of residence

Bill Nursing Home if

- Patient transported out from the nursing home to hospital and then returned to the nursing home within 24 hours.
- If the patient was out of the nursing home (visiting) when transported to hospital, **the patient is responsible for the transport.**

Coding

- Responsibility (H) Hospital – Code 09
- Agency (M) Misericordia
- Reference patient's room number
- Rate city rate

Bill patient if

- Patient transported out from the nursing home to hospital and not returned to the nursing home within 24 hours
- Patient deceased. Ensure you get next of kin name, address and phone number – bill pt C/O next of kin's address (call nursing home to determine this information)
- Patient was out of the nursing home (visiting) when transported to hospital

Coding – see Patient/Parent sample

OTHER HOSPITAL – RELATED BILLINGSNeonatal Transports

- For these, **call reports or dispatch screen will usually indicate ‘neonatal team’**
- Usually, the routine is as follows: the neonatal team travels from HSC Childrens’ hospital or St. Boniface hospital to Victoria hospital, picks up a mother and child patient, and returns to St. Boniface, after which the team itself returns to HSC
- It is important to determine, above all, **where the infant originated** (location from which it was transferred); usually, that is where the bill should be sent, thus if the infant was flown in from somewhere, either their parents (or treaty, Blue Cross, etc.) or the local hospital in their home town is billed (must call hospital to confirm this).
- In terms of hospital to hospital transfers within Winnipeg, the **originating hospital** is usually billed (see **Appendices B, C, and D**).
- Billing the Neonatal Team – only occurs under a few circumstances:
 - No infant was transported (often teams transfer empty incubators, etc.)
 - The infant was unstable and not transportable initially and was transported at a later time by another unit (if such an incident occurs, check with supervisor to determine if a charge should be given for waiting time)

NOTE:

Sometimes you may receive **2 call reports**, one for the infant and one for its mother. Generally you would **only bill the mother** and staple the infant’s call report inside hers. However, **if the infant was in distress** at time of transport, then both should be billed to the mother.

- If you have 2 reports and both are transporting the same child and the child is stable, treat as an adult (24 hour rule), bill originating hospital for both (i.e. if first trip was starting at St. B NICU, bill to St B. NICU for both reports).
- DO NOT USE “HSC Neonatal Standby” – selection on APC billing screen

~~Organ Transplants~~

- ~~See examples (see Appendices E and F)~~

Surgical Team / *organ Transplants*

- Coding - 09 (Hospital) and ‘S’ (Surgical Team)

Variety Heart Center

14 VHC

- See Appendix G
- Generally, certain conditions apply to these billings:
 - Patient is under 18 years of age
 - Transport is for cardiac-related reasons
 - HSC is involved – transport is usually to/from the airport to/from HSC
 - The call report may indicate the patient was transported to/from Edmonton, AB

765 Sherbrook (Dialysis patient)

- transported to Health Science Centre

353 Tache Av (Psy Ward patient)

- transported to St. Boniface Hospital
code (H)hospital, StB (2022), Psy Ward

Grace Hospice (260 Booth Dr)

- Code as (09) Grace, enter 'Hospice' in reference field

Critical Care International (Canadian Global Air Ambulance)

- See Appendix H

Saskatchewan Health Emergency Services

- See Appendix I
- Don't assume Sask Health is responsible; usually the billing clerks will receive an e-mail from Terri Pana providing confirmation.

In most circumstances the patient is responsible for the billing if he/she is transported from home or some other "general" location.

Bill patient if adult (18+ yrs)

Coding

- Responsibility (P) Patient - Code 10
- Agency not applicable
- Reference not applicable
- Rate based on patient's place of residence

Bill parent if patient youth (17- yrs)

Coding

- Responsibility (O) Other - Code 15
- Agency not applicable
- Reference not applicable
- Rate based on patient's place of residence

Must be performing work related duties when injured. The employer is only responsible for the trip from the accident scene to initial hospital. Any subsequent trips will either be the responsibility of the Worker's Compensation Board or the patient dependent on the situation.

Bill employer if

- patient is employed by business where accident occurred
patient may be a contractor. Require patient's employer and address

Coding

- Responsibility (E) Employer – Code 12
- Agency not applicable
- Reference not applicable
- Rate based on patient's place of residence

Bill patient/parent if

- Patient self-employed
- Patient wasn't performing work related duties when injured
- Patient required to be transported from initial hospital to another due to lack of beds or reasons not related to patient's injury

Bill Worker's Compensation Board if

- Patient transferred from initial hospital to another for reasons related to patient's injury. Ensure the transport wasn't a 24 hour return where the hospital would be responsible.
- Patient employed by one of the following organizations:
Canadian National Railways
Canadian Pacific Railways
City of Winnipeg
Government of Canada
Province of Manitoba
Manitoba Provincial Insurance
Manitoba Liquor Commission
Manitoba Hydro
Dominion of Canada Post Office

Coding

- Responsibility (N) Nursing Home / Other Agency – Code 14
- Agency not applicable
- Reference not applicable

- Rate

Bill estate if

- Absolutely certain the patient deceased
- No Blue Cross, Treaty, PW, etc., indicated

Coding

- Responsibility (E) Other – Code 13
- Agency not applicable
- Reference not applicable
- Rate based on patient's place of residence

This section is divided into two sections. Nursing Homes and four specific agencies, which are outlined below. If you receive a Patient Authorization Transfer Slip from a nursing home, disregard and apply the following directions.

Nursing Homes

Bill Nursing Home if

- Patient transported out from the nursing home to hospital and then returned to the nursing home within 24 hours. If the patient was out of the nursing home (visiting) when transported to hospital, the patient is responsible for the transport. **Billing clerks must call nursing homes to confirm whether or not the patient was transported to the hospital and back to the nursing home within 24 hours.**

Coding

- Responsibility (N) Nursing Home – Code 14
- Agency appropriate nursing home (enter first initial of N/H)
- Reference patient's room number
- Rate city rate

A few odd balls - if the Nursing Home is

Riverview at 1Morley

You must determine if the patient is a resident or was there for respite "day hospital". Meaning the patient was left in the care of the Nursing Home to give the permanent caregiver a break.

Deer Lodge at 2109 Portage

You must determine if the patient is a resident or was there for rehabilitation. Meaning the patient may have gone from home to Deer Lodge for rehab and for some reason required transportation to a hospital. The patient likely would return to their personal residence and would be responsible for the bill.

Misericordia Place at 44 Furby (788-8440)

Determine billing responsibility as any other nursing home but the coding is slightly different.

Coding for Misericordia Place

- Responsibility (H Hospital – Code 09)
- Agency (M) Misericordia
- Reference 44 Furby

- Rate

city rate

Special Situation

857 Wilkes (seniors apartment block)

If pick-up location shows apartment 112, you must find the patient's actual apartment number as 112 is the manager's office and is always used by Dispatch (check dispatch screen if not on call report; if not there and patient did not indicate Blue Cross coverage, call for appropriate room number).

Phone #Bill patient if

- Patient not returned to the nursing home within 24 hours
- Patient deceased. Ensure you get next of kin name, address and phone number
- Patient was out of the nursing home (visiting) when transported to hospital
- Patient at hospital or nursing home for respite or physio

Coding – see Patient/Parent sample

There are three main agencies billed under this section.

(1) Bill Ontario Ministry of Health if

- Patient an Ontario resident and was flown in or is returning to the airport; billing clerks can do an APC search by surname to locate a missing flight number – generally it is the same for the trip home as the fly-in, if both trips occurred in relatively close proximity in terms of date – consult with billing supervisor if unsure if an earlier flight number may be used on a later bill.

Coding

- Responsibility (N) Other Agency – Code 14
- Agency (E) Ministry of Health
- Reference flight number (should appear on dispatch screen, if missing call MEDCOM @ 1-800-982-7911
- Rate out of province rate

Other Airport transports

Manitoba Resident

if patient has treaty status than see Federal Medical Services Instructions

2000 Wellington

Winnipeg International Airport. Patient's on Commercial flights that require emergency medical attention. Treated as any other standard transport (usually just bill the pt.).

Airport locations

Esso Avitat
Shell Aero
626 Ferry Rd
Ferry & Ellice
Hangar T5
Perimeter Air
Skyward

(2) Bill Keewatin Regional Health Board if

- Patient an Inuit
- Patient was flown in or is returning to the airport

Coding

- Responsibility (N) Other Agency – Code 14

Ambulance Billing

- Agency
- Reference
- Rate

CODING AND DATA ENTRY

(K) Keewatin Regional Health Brd
health number (should appear on call report under PHIN,
preceded by a 'T'; if missing call Shirley @ 989-1021
out of province rate

19

Note: **395 Stradbrook** is a temporary home assigned to Inuit persons when they are here seeking medical attention. If you see a pick-up at this location and the patient is Inuit you may treat as though the patient were flown in.

(3) Bill Manitoba Blue Bombers if

- A standby for football games

Coding

- Responsibility (N) Other Agency – Code 14
- Agency (W) Winnipeg Football Club
- Reference not applicable
- Rate city rate
- Waiting Time calculate using Status 3 and Status 4 times
- (see Appendix J)

IMPORTANT ADDRESSES & PHONE NUMBERS / MISC. BILLING
INFORMATION

Victims Compensation – 945-0899

Refer patient to Victims Comp if patient assaulted and has no other means of having bill paid

Marymound Home

School for juveniles

Red River College Health Center

For billing purposes, see Appendix K

University of Manitoba

If patient appears to live on the campus call Monica Lawson 474-9126 for a proper mailing address for the patient if necessary; however, address is usually as indicated in the following example (see Appendix L).

141 Kennedy (Winnipeg Remand Center)

Ensure patient is an inmate, see Appendix M.

Alcoholism/Addictions

1051 Portage

For billing purposes, see Appendix N.

Stony Mountain Penitentiary

For billing purposes, see Appendix O (ensure pt is an inmate and was picked up at this location).

Youth Center

For billing purposes, see Appendix P.

Public Trustee of Manitoba

For billing purposes, see Appendix Q.

Salvation Army

Generally a 'dummy' address, used when the patient's address is unavailable, often patient is a street person/transient; these are often also billed as 'John Doe' or 'Jane Doe', to 180 Henry Ave, R3B 0J8.

Main Street Project

Generally a 'dummy' address, used when the patient's address is unavailable, often patient is a street person/transient; these are often also billed as 'John Doe' or 'Jane Doe', to 75 Martha St, R3B 1A4.

****Hotels in Winnipeg****

Includes a host of various downtown locations, most often these are pick-up locations of street persons / transients; a complete location listing is available in a compact hotel guide (see guide).

Boulevard	BV
Aveue	AV
Street	ST
Place	PL
Crescent	CR
Court	CT
Highway	HW
Park	PK
Circle	CI
Road	RD
Close	CL
Grove	GR

APC (SECONDARY) SCREEN – DATA ENTRY PROCEDURE

The following section details the proper entry, onto the billing screen, of information located on the front bottom portion and reverse side of the Patient Care Report. Please refer to **Appendices A1 & A2** for visual aid purposes.

Part One – Primary Check Boxes**Mechanism of Injury**

Generally, unless otherwise indicated, the 'Medical' box should be highlighted; if any other box is ticked by the Paramedics on the call report, select it instead. If 'Other Trauma' is selected and another choice is selected above it, select the one above as that choice is more specific.

Call Category

Generally, unless otherwise indicated, the 'Primary Response' box should be highlighted. If any other single choice is ticked by the Paramedics on the call report, select it instead. If more than one choice has been ticked, select the most descriptive e.g. choose 'return leg' over 'interfacility'. If ALS is ticked, choose ALS.

No Transport Call

This box should only be filled out if the call is cancelled, is an 'agency standby' or is a TNT. Ignore this box otherwise. If a particular call is marked as 'cancelled' on the APCR but the box is not ticked, check the back of the APCR for the reason for the cancellation. In most cases, the box you will be choosing is 'patient refusal'.

Location of Call

Enter as indicated on APCR. In the majority cases, ambulance calls are home to hospital or public place to hospital. If not indicated on APCR but pick-up location is the same as the patient's residence, select the 'Home' box.

Part Two – Entering EMT License Numbers & Miscellaneous Information

These are located at the top-front portion of the PCR (**see Appendix A3**). Enter all of these in the spaces provided (a total possible of 5 separate numbers). Some of these numbers have either been recorded incorrectly by paramedics or are members that are not entered into the system yet. There could also be numbers for paramedics that do not work for the City but assisted on the call and/or were in training at the time of the call. In all of these instances, the field(s) will turn red.

To ensure EMT license numbers are entered correctly in these cases, do the following;

- check the reverse-bottom portion of the PCR for the EMT's name and consult the latest platoon listing for the correct number.
- If the EMT number is not on the list, leave blank and contact Tamara @ 986-7566 and tell her the number. She will investigate the matter and will enter any new EMT numbers into the system. These will appear on upcoming platoon lists which are routinely e-mailed to the billing clerks by Sheri.

Miscellaneous

- **Transport type**

Select Red, Amber, Green or No Transport as indicated on the APCR. Most ambulance trips will be green transports. The transport information is often located on the APCR under 'Patient Destination' – you should see, for example 'GC5' where the 'G' stands for 'Green'. If you come across an example such as AMAC9, the transport color is determined by the third letter, in this case, 'A' for 'Amber'. If nothing in particular is indicated, assume the transport is Green.

No transport is selected, generally, for TNTs and standbys. No entry is required for cancelled calls.

- **Scheduled or Unscheduled**

Check the box if indicated as 'scheduled' under the 'Response Code' box on the front of the APCR.

Part Three – Entering diagnosis & procedure codes

Diagnosis Codes

Find this in the box marked 'extrication' on the APCR. Enter in appropriate box on the APC screen.

If the field on the APC screen turns red or, for example, the patient is an adult and a pediatric code was written on the APCR by paramedics (you will usually get a message on the screen indicating this), circle the box on the APCR. Mark a red 'X' at the top, photocopy both sides of the APCR and submit to the proper Platoon Chief. This can be determined from the most current platoon list – search for the EMT numbers indicated at the top front of the APCR in question. Place all queries in the proper envelope on the billing desk.

- **Vitals**

Some diagnosis codes, when entered, will cause a 'Vitals' box to appear on the APC screen. Click on this 'Vitals' box and enter this information from the front of the APCR. Enter as indicated in **Appendix A4**.

Procedure Codes

Enter as indicated on the back of the APCR. Select ALT-W ('NEW') each time there is a new procedure to enter, tab over to enter the EMT responsible for each code. If information is repeated, i.e. **same** code for **same** EMT, leave it out.

If while trying to enter a particular code for an EMT and the fields turn red and the message appears 'Officer not qualified for this procedure', leave the information out. If this occurs for **all** procedure codes entered for a particular EMT, **contact Tamara** and indicate the EMT number.

Using the New (ALT-E) Feature

This button is selected when entering IV and ETT/NTT information. Enter the data as indicated on the back of the APCR. See **Appendices A5 and A6**.