Manitoba Health

Electronic Claims Program Information Manual (ECPIM)

June 2025

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Manitoba

Preface

Thank you for your interest in claims submission and reconciliation via electronic billing.

This document has been designed to assist you in research of automation and to familiarize you with the many benefits of electronic submission and reconciliation. This guide is divided into two sections. Section 1 addresses the assistance provided by Manitoba Health (MH) as well as information on the process of electronic submission and reconciliation. Section 2 is intended to provide some general information on computers and terminology for those less experienced with computers.

Since 1981 MH has accepted claims from practitioners via electronic media. By March 2004 over 80% of medical services were received electronically. Effective April 1, 2007 fee-for-service physicians were required to submit all claims electronically, followed by all Chiropractors, Optometrists & Oral Surgeons on April 1, 2011.

A common question is how much will it cost to initiate electronic billing? As with all major purchases cost can vary depending on your specific hardware and software needs. Cost is often considered to be the most important concern for first time buyers. It is important to note that most "second time" buyers consider support of the computer system to be the most important factor in decision making. Many learn that a lower priced system can actually cost more in the long run if support is not readily available or if the system is not capable of performing the functions promised. Please keep the issue of software and hardware support in mind when comparison shopping for a medical billing system.

MH specifies the acceptable forms of file submission for each practitioner site. Claims submission cannot commence until a site has passed the MH testing process.

MH is committed to the success of the Electronic Billing Program. If you have any suggestions for future additions to this document, if you have questions or require additional information, please do not hesitate to contact MH at the phone number below.

Manitoba Health reserves the right to change these specifications at any time.

Contents

1. About the MH Electronic Medical Claims Program

A. Where To Start

A-1 Involve Your Staff

Implementing a computer system in the office will change established routines and the way people do their jobs. It is important that employees contribute to the planning and analysis in selecting the system, to ensure that everyone understands how they will benefit from its use.

Automation should be integrated with the current office tasks and procedures to maximize the benefits. An electronic medical billing system should provide your office with more rapid input, improved accuracy, faster processing and the ability to report and analyze practice statistics. Repetitive, mundane tasks in your office may be computerized which should free the staff to be utilized in more productive ways.

A-2 Analyze Your Current Operations

Your research should begin by analyzing areas of your current operations which could be streamlined using the efficiencies of automation. Consider what types of reports or information you would like to compile or access using automation. Analysis of your administrative procedures with a view to computerization may provide you with more opportunities for efficiency than originally anticipated.

MH has found by surveying practitioners that in addition to MH billing, practitioners have indicated that other benefits of computerization are third party billing, WCB accounts, patient scheduling, word processing, as well as others.

A-3 Investigate Before You Invest

Talk to colleagues with similar practices. For a list of software vendors who have sites billing MH claims using their billing software see APPENDIX A at the end of this section.

MH suggests you request practitioner references from each vendor you contact. Suggestions on vendor selection criteria are available in Section 2. A summary of the data record formats for submission and payment data can be found in APPENDIX B. These file layouts only illustrate the data elements required.

Those intending to develop their own medical billing software will require the full technical specifications and must request the *Medical Claims File Exchange Guide* from MH. If you choose an established vendor you will not require a copy of these specifications

A-4 Consider Your Options (Purchase/Lease/Service Bureau)

Instead of purchasing a computer system, you may want to investigate the following options:

Lease
A lease, or lease to own, is an option if you choose not to purchase a computer system outright. There can be tax benefits to leasing rather than ownership. Talk to your vendor about leasing options.

Service Bureau
A service bureau is an agency that will bill and reconcile claims on your behalf. They usually charge a basic monthly rate plus an additional charge per claim. Service Bureaus are listed in Appendix B.

If you have not already decided on a vendor refer to Section 2 of this document for basic information and vendor selection considerations.

If you have made your vendor choice and are ready to proceed please continue reading for specific information on how MH can help.

B.   MH Will Help

Once your decisions have been made, MH will assist you through the following steps for a smooth transition to your new medical billing system.

1. If you have not already done so, contact MH at (204) 788-2567 to advise of your interest in electronic billing. You will be provided with forms and instructions.

2. If you haven't already chosen a vendor, you will find information provided in Section 2 and Appendices A and B.

3. If you are required to submit ICD-9-CM codes (required on Physician, Nurse Practitioner, Oral Surgery) please ensure that they are coded to the maximum number of available digits, whether 3, 4 or 5 digits as a code is invalid if it has not been coded to the full number of digits available for that code. MH will assist with any questions regarding ICD-9-CM codes and the Manitoba Physician's Manual. The source of valid ICD-9-CM codes used by MH can be found at:
    www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html

4. Following the emailed instructions, complete the required forms to apply in writing for an Electronic User Site Number. Completed forms may be faxed to 204-942-2356 or scanned and emailed to practitionerregistry@gov.mb.ca. The User Site Number is a unique identifier that designates you within the MH billing system. Upon receipt of all required forms, you will be issued a User Site Number and file name that is to be used on test submissions.

    Both test and live submission files must conform to the following format:

    • **File Name Format**: usersiteno_YYYYMMDDHHMMSS

    • **File Extension:** .txt

    • **Max File Size:100** MB

5. To assist in the initial process of setting up electronic billing, MH will also provide on request:

    a. Up to two years of patient demographic information listing all patients that you have seen and submitted claims to MH for during the requested time period. The file includes patient name, sex, current address, MH registration number, birth date and the 9 digit Personal Health Identification Number (PHIN). A payment of $300.00 paid to "Minister of Finance" will be required for any subsequent requests for patient demographic information (forms and payment must be received before the demographic file will be created).

    b. Ancillary files containing information on referring doctors, tariff rates and tariff description, are available if your vendor requires them.

6. Advise MH when you are ready to start the testing process.

C.   General Information for Tests

1.   Test submissions are required from all Electronic User Site Numbers that are issued including both new sites and existing sites that are changing their medical billing software. This helps MH to ensure that the computer system at each site can bill for all services normally submitted by the practitioner(s), ensure that the system is configured correctly and identify areas where we can provide additional guidance and support to billing staff.

Test submissions must be submitted on USB Flash Drive or sent by email to practitionerregistry@gov.mb.ca.

Test submissions sent on USB Flash Drive should be delivered to MH in person or by Certified Courier clearly marked with "Test Data, Personal & Confidential" and directed to ATTENTION: Practitioner Registry, 3rd floor, 300 Carlton St, Winnipeg, MB, R3B 3M9.

Due to the sensitive nature of the data being transmitted we strongly discourage sending test submissions via unsecured Canada Post mail.

2.   Test data submitted on USB Flash Drive must be accompanied by a support listing (paper printout of test contents). Please keep a copy of the printout for your records as we will contact the User Site Contact once testing is complete to review the content and results together.

3.   Only one file may be on the test USB Flash Drive or email submission.

4.   The test content must reflect a cross section of all services normally billed by the practitioner with a minimum of 15 claims.

5.   The written diagnosis must be entered in the "remarks area" for all claims during the testing phase. Omission of the written diagnosis is an automatic failure. Once you have passed testing, the written diagnosis is no longer be required and guidelines will be provided as to which claiming situations may require remarks.

   EXAMPLES:
   - The diagnosis is Abdominal Pain, Generalized. Enter the words "Abdominal Pain, Generalized" in remarks and enter ICD-9-CM code 78907 in the appropriate field.
   - The diagnosis is Acute Bronchitis. Enter the words "Acute Bronchitis" in remarks and enter ICD-9-CM code 4660 in the appropriate field.
   - The diagnosis is Conjunctivitis, Unspecified. Enter the words "Conjunctivitis, Unspecified" in remarks and enter ICD-9-CM code 37230 in the appropriate field.
   - Chiropractic Example – The diagnosis is Acute Cervical Subluxation. Enter the words "Acute Cervical Subluxation" in remarks and enter A10 in the Chiropractic Service Code field. An ICD-9-CM code is not required on chiropractic claims.
   - Optometrist Example – The diagnosis is Glaucoma. Enter the words "Glaucoma" in the remarks and enter 21 in the Optometry Reason Code field. A general ICD-9-CM code is required on each claim and is generally hard-coded into optometry billing systems by the billing software vendor.

6.   Practitioners may use fictitious patient demographics on test submissions. Some practitioner's software programs will not allow fictitious patient data to be populated in the practice management system, so real patient demographics are utilized for the testing phase – either option is acceptable. The use of real patient demographic data is at the risk

of the physician and appropriate security measures should be taken to ensure its safe delivery.

7. Test submissions will be reviewed by MH staff to determine areas where MH requirements are met and areas where further testing is required. In order to be accredited, each site must test until demonstrating to MH a satisfactory level of understanding and application of critical areas such as diagnostic codes, tariffs, billing rules and requirements.

8. MH staff will provide detailed feedback to you usually within 10 business days (subject to change) of test receipt. Results will be delivered both verbally (wherever possible) and in writing. Subsequent tests should not be sent until you are contacted with the results of the current test and have received the detailed documentation relating to the errors.

9. If it is necessary to test again, ensure each test contains new data (not corrected data from a previous test).

10. Tests must be submitted until accreditation is received from MH. Once you have successfully passed the testing process, your Electronic User Site Number will be activated (usually within 2-3 business days).

11. Equally as important as submitting claims to MH is the need to acquire an understanding of the claim reconciliation process from the medical billing software vendor. MH is prepared to assist by providing a sample remittance file (upon request) based on claims from a test submission processed by MH. Discuss this with your vendor to determine your strategy.

    It is crucial to your ongoing success with medical billing that you download your remittance file and P2 statements for each pay period (twice monthly) and reconcile your accounts. The P2 is the only official statement a practitioner receives from MH regarding how much they have been paid each pay period. The Remittance Advice provides the status of claims (pending, paid, reduced, rejected, etc) and is used to reconcile the claims in your billing system.

    If you do not check your remittance regularly you may not have sufficient time to resubmit claims that have been rejected, reduced or changed within the required timeframe. Failure to reconcile the claims from your Remittance Advice in your billing system will also make it appear that many claims are outstanding, when in fact they have already been processed and may require further action.

12. Submission files must be all capital letters to be accepted.

D. General Testing Guidelines

The following are some examples that are required when submitting test data **(CHOOSE ALL APPLICABLE TO YOUR PRACTICE)**.

1. Office visits (including short list lab and/or tests)

2. Consultations

3. Psychotherapy (individual and group)

4. Home calls

5. PCH visits

6. Hospital visits (OPD, emergency and in-patients)

7. Concomitant Care

8. Injections (single and multiple)

9. Minor procedures (single and multiple)

10. Major surgical procedures (including multiple and "by report" tariffs)

    NOTE: when claiming multiple procedures use the Bilateral Indicator. "B" should be entered to indicate a procedure done bilaterally. The indicator should also be used to indicate same incision "S" or different incision "D" for multiple surgical procedures. This applies to both minor and major surgical procedures.

11. Bilateral procedures (using bilateral indicator)

12. Surgical Assistant fees

13. Anesthetics

14. At least one confidential claim (use of confidential indicator - record type 6 position 41).

15. At least one reciprocal claim (record type 7).

16. At least one claim with more than one remarks line used (record type 5).

17. Any other services unique to your practice.

Please note that sites submitting chiropractic, laboratory, optometric or radiology claims submission will be supplied with additional testing guidelines. All testing guidelines that are applicable to your practice must be included on your test submission.

IF YOU HAVE QUESTIONS ABOUT TESTING PLEASE CONTACT 204-788-2567.

E. Once Approved

You will be advised by phone that you have met MH requirements to begin submitting electronic claims using your new Electronic User Site Number. At this time, we will review any areas of concern that were noted during the testing process and address your questions relating to handling reduced, rejected and returned claims.

You or your staff are encouraged to contact MH for assistance should you have any questions in future.

Any additional practitioners that join your Electronic User Site will be required to sign a Letter of Agreement (LOA) confirming their responsibility for claims billed electronically on their behalf. The agreement will specify the effective starting service date for claims to be submitted electronically through your Electronic User Site Number. The start date entered on the form must reflect the service date of the oldest claim you plan to submit through your Electronic User Site for that practitioner.

Fee-for-service practitioners are also required to submit an Electronic Funds Transfer (EFT) from. Blank copies of these forms will be supplied with the Go-Live Package you are sent by mail upon successful completion of the testing process. You are advised to contact your software vendor to discuss the processing of any outstanding receivables before deciding upon the start date.

F. Ongoing Support by MH

For enquiries relating to the submission of claims such as tariffs or diagnostic codes, incomplete claims or information regarding claims that have been paid, reduced or rejected please contact the Claims Unit at 204-786-7355.

2. Computer Basics

A. Learning the Language

Every industry has a vocabulary of unique words or acronyms that are frequently used. A basic understanding of these common terms will provide a better understanding of how computer systems work.

A computer system performs four basic operations:

INPUT

Input is the entry of information (data) into the system. Two common examples of input devices are the keyboard and the mouse.

STORAGE

Storage is the capability to remember or store data and programs. The most common storage devices are the hard drive or USB Flash Drive.

PROCESSING

Processing is performing functions using stored data. This is the information processor of the computer. Besides performing mathematical calculations, the computer must make comparisons in order to make decisions and temporarily store data as it is being processed. The device that performs these functions is the Central Processing Unit (CPU).

OUTPUT

The display of data processed by the computer. Examples of output devices are the monitor and printer.

A computer system consists of two basic components:

SOFTWARE

Software consists of a vast collection of programs that control the computer.

HARDWARE

Hardware consists of the electronic and mechanical equipment of a computer system (i.e. monitor, keyboard, printer, etc.).

B. Software Basics

It is very important to determine software needs before you purchase your computer hardware, as the types of software programs you run will be an important factor when selecting hardware. Some questions you may wish to have answered by vendors on software capabilities are:

Reconciliation
- How long will it take to download the file and reconcile?
- In a multiple practitioner office can the software extract and summarize the payment data for each practitioner as it is supplied by MH?
- How easy is it to track outstanding claims?
- How would the system handle claims returned by MH for more information?
- How much training will be received on the reconciliation process?
- Will the vendor be available to assist with processing of first electronic remittance?

Help Screens
- Is the computer system user friendly?
- Are there on-line help screens available?
- Is the computer system well documented (i.e. user manual)?

Searches
- Does the program conduct patient searches by first name, surname, health number, clinic number, etc?
- Can the program be expanded to include other information banks such as drug databases and Medical Journals?

Validity Checks
- Can the software perform validity checks on health number, patient names, birthdates, service dates, diagnostic codes, referring physician's number, tariff codes, fees, et

Backup/Purging
- Does the computer system have back-up procedures in place to save data?
- How easy is it to produce a resubmission in the event of a faulty or missed submission?
- How easy is it to edit a previous claim when you notice an error?
- How often must the system be purged or compressed and how long does that take?

Reports
- What types of reports does the system produce (i.e. mailing list; patient information statements, referring physician listings, outstanding claims listings, analysis reports, etc.)?

Accounting
- Does the software provide a complete audit trail?
- Does it produce ledgers and statements of accounts?
- Is a paper printout or computer copy of the reconciliation in a form that is acceptable to your accountant?

Word Processing
- Can the software be used to prepare patient information statements, hospital forms, consultation reports, referral letters, lab and radiology requisitions and other general correspondence?

C. PC Requirements (as tested by MH)
The PC requirements for the MH billing applications are determined by the windows version you are operating.

Supported Operating Systems:
Windows 10, 11
Mac

Supported Browsers:
Chrome
Edge

D.　Choosing a Vendor

Prior to selecting a medical billing software vendor the following questions should be considered:

Installation
- What is the waiting period for delivery and installation?

Training
- Is the training included in the purchase price?
- How many staff will receive training?
- Is the training done in modules?
- Is there a time limit on training?
- Is training available in the future? At what cost?
- Are manuals provided? Are they easy to understand?
- Will the training include basic computer skills and commands?

Support
- What type of support is provided?
    - on site?
    - toll free number?
- What is the cost?
    - service contract (flat rate)?
    - charge for travel time and expenses?
- How long is the warranty period?
- What does the warranty cover?
- When the warranty expires, is a maintenance contract available?
- Will the vendor make Modifications as necessary in the future?

References
- Will the vendor supply a list of practitioner references?

Enhancements
- Can additional memory, storage and other computer system devices be added in the future?
- Will there be charges for modifications to software due to changes in reporting requirements or MH updates to fees, diagnostic codes and referring practitioners?

3.   Appendix A – Medical Billing Software Vendors

The following list contains contact information for medical billing software vendors who currently have clients submitting claims electronically to MH using their software. MH suggests you contact several different software vendors and request practitioner references from each vendor you contact, to assist you in your choice of vendor.

GENERAL MEDICAL BILLING SYSTEMS

ABC Medical System
63 Waterbury Dr
Winnipeg, MB   R3P 1R6
Contact : Dr Rajpal Ahluwalia
Ph : 204-452-2220   Fx : 204-415-6590
E: rajpal1@live.ca

Asystar Medical Records Solutions
421 Winterton Ave
Winnipeg, MB   R2K 1K5
Contact: Bonny Muzyka-Dixon
Ph: 204-663-7742   Fx : 204-221-7780
Web: www.asystar.com

Clinacclaim
164 Fort St, Winnipeg
MB R3C 1C9
E: sales@clinacclaim.ca
Web: www.clinacclaim.ca
Ph: 204-333-7508

Clinisys EMR Inc.
9650 20 Avenue
Edmonton, AB R6N 1G1
Contact: Mehadi Sayed
Ph: 1-855-440-1172 Fx: 1-888-816-0072
E: info@clinisys.ca

Global Office Software Inc. (Juvonno)
200-135 Innovation Dr
Winnipeg, MB   R3T 6A8
Contact: Terry Davison
Ph: 1-204-612-4395
E: terry@juvonno.com
Web: www.globalofficesoftware.com

Infonet Global, Inc.
18 Maple Cliff Cove
St. Andrews, MB R1A 2Y7
Contact: Huan To
Ph: 204-295-7107   Fx: 204-633-6840
E: htowpg@gmail.com

Jonoke Software Development Inc.
3450 78th Ave
Edmonton, AB T6B 2X9
Contact: Aaron Bevan
Ph: 1-800-254-0739   Fx: 1-780-448-3741
E: info@jonoke.com   Web: www.jonoke.com

LibreMD
10th floor, 790 Sherbrook St
Winnipeg, MB   R3A 1M3
Contact: Jason Kerkvliet
Ph:1-844-542-7363 ext 203
E: jason@libremd.com

Max Systems Inc.
209-1100 Concordia Ave
Winnipeg, MB   R2K 4B8
Contact: Barry F Banek
Ph: 204-786-1460 ext. 210   Fx: 204-786-1522
E: sales@maxsystems.com
Web: www.maxsystems.com

McKeever's Software Wizardry
12077-256th St
Maple Ridge, BC   V4R 1B5
Contact: Bob & Judy McKeever
Ph: 1-800-663-5178   Fx: 1-604-462-8214
E: bobmckeever@mac.com

Medical Billing Data Services (2010) Ltd
599 Empress Street
Winnipeg, MB   R3C 2X7
Contact: Brian Rosenberg
Ph: 204-800-9485   Fx: 204-589-8298
E: info@mdmos.ca   Web : www.mdmos.ca

 QDOC Inc.
Unit 102-1001 Corydon Ave
Winnipeg, Mb R3M 0B6
Contact: David Berkowits / Norm Silver
Ph: 833-736-2362 Fx 204-272-9061
E: info@qdoc.ca
Web: www.qdoc.ca

QHR Technologies, Inc. EMR Division
Suite 300, 1620 Dickson Ave
Kelowna, BC   V1Y 9Y2
Ph: 1-866-454-4681   Fx: 1-866-577-1075
E: emrinfo@qhrtechnologies.com
Web: www.qhrtechnologies.com

SOAPbot
1050 Leila Ave
PO Box 49128
Winnipeg, MB   R2V 4G8
Ph: 1-888-973-6218
E: info@SOAPbot.ca
Web: www.SOAPbot.ca

Telus Health Med Access EMR Inc.
7-2250 Leckie Rd
Kelowna, BC   V1X 7K1
Ph:1-888-781-5553
E: medaccesssupport@telus.com
W: www.telushealth.co

Timely Care Billing
Suite 306, 162-2025 Corydon Ave
Winnipeg, MB   R3P 0N5
Contact: Linda Hiebert & Tina Hildebrand
Ph: 204-489-7522   Fax: 204-487-2604
E: linda@timelycarebilling.com
   tina@timelycarebilling.com

Velox Imaging
231-1600 Steeles Ave W
Concord, ON L4K 4M2
Contact: Anastasia Tokareva
Ph: 416-699-4125
E: anastasia@velox.me
Web: http://veloximaging.com

CHIROPRACTIC BILLING SYSTEMS

ABC Medical System
63 Waterbury Dr
Winnipeg, MB   R3P 1R6
Contact : Dr Rajpal Ahluwalia
Ph : 204-452-2220   Fx : 204-415-6590
E: rajpal1@live.ca

Atlas Chiropractic System
30 Brock St E
Tillsonburg, ON   N4G 1Z5
Contact: Dr. Stephanie Laverdiere
Ph: 1-877-602-8527
E: acs@atlaschirosys.com
Web: www.atlaschirosys.com

Clinacclaim
164 Fort St,
Winnipeg, MB, R3C 1C9
Ph: 204-333-7508
E: sales@clinacclaim.ca
Web: www.clinacclaim.ca

Max Systems Inc.
209-1100 Concordia Ave
Winnipeg, MB   R2K 4B8
Contact: Barry F Banek
Ph: 204-786-1460 ext. 210   Fx: 204-786-1522
E: sales@maxsystems.com
Web: www.maxsystems.com

 Medical Billing Data Services (2010) Ltd
599 Empress Street
Winnipeg, MB   R3C 2X7
Contact: Brian Rosenberg
Ph: 204-800-9485   Fx: 204-589-8298
E: info@mdmos.ca   Web : www.mdmos.ca

MRX Solutions Corp
103 – 470 Kingsway
Vancouver, BC, V5T 3J9
Contact: Sava Jurisic
Ph: 604-676-2362
E: info@mrxsolutions.com
Web : www.mrxsolutions.com

Global Office Software Inc. (Juvonno)
200-135 Innovation Dr
Winnipeg, MB   R3T 6A8
Contact: Terry Davison
Ph: 1-204-612-4395
E: terry@juvonno.com
Web: www. juvonno.com

Patient Management Programme (PMP)
20 Victoria St, Suite 200
Toronto, ON   M5C 2N8
Contact: Maryza De Silva
Ph: 1-800-561-7361 Fx: 1-416-860-0857
Web: www.chiropractic.on.ca

Nexyka Inc.
35 19th Ave
Lachine, QC H8S 3R7
Ph: 1-877-891-3657 Fx: 1-514-313-5446
E: support@nexyka.com
Web: www.nexysoft.com

Platinum System C.R. Corp.
Suite 103, Building 4
Harbour Industrial Estate
St. Michael, Barbados   BB11000
Toll Free: 1-888-880-8602
Fx: 1-866-737-2712
E: solution@platinumsystem.com
Web: www.platinumsystem.com

SOAPbot
1050 Leila Ave
PO Box 49128
Winnipeg, MB   R2V 4G8
Ph: 1-888-973-6218
E: info@SOAPbot.ca
Web: www.SOAPbot.ca

Telus Health Med Access EMR Inc.
7-2250 Leckie Rd
Kelowna, BC   V1X 7K1
Ph:1-888-781-5553
E: medaccesssupport@telus.com
W: www.telushealth.co

OPTOMETRIC BILLING SYSTEMS

ABC Medical System
63 Waterbury Dr
Winnipeg, MB   R3P 1R6
Contact : Dr Rajpal Ahluwalia
Ph : 204-452-2220   Fx : 204-415-6590
E: rajpal1@live.ca

eVision Care
13330 Lanoue St
Windsor, ON   N8N 5B5
Contact: Renji Mathew
Ph: 519-962-9057
E: info@evisioncare.com
Web: www.evisioncare.com

Global Office Software Inc (Juvonno)
200-135 Innovation Dr
Winnipeg, MB   R3T 6A8
Contact: Terry Davison
Ph: 1-204-612-4395
E: terry@juvonno.com
Web: www. juvonno.com

Max Systems Inc.
209-1100 Concordia Ave
Winnipeg, MB   R2K 4B8
Contact: Barry F Banek
Ph: 204-786-1460 ext. 210   Fx: 204-786-1522
E: sales@maxsystems.com
Web: www.maxsystems.com

MSF Computing Inc.
1189 Talwood Court
Peterborough, ON   K9J 7X4
Contact: Scott Farley
Ph: 1-519-749-0374
E: cfile@golden.net
Web: www.msfci.com

My Vision Express
3050 Universal Blvd, Suite 120
Weston, FL   33331   USA
Contact: Vipul Katyal
Ph: 1-877-882-7456 Fx: 1-877-882-0329
E: sales@myvisionexpress.com
Web: www.myvisionexpress.com

Ocuco Canada Inc.
100-4299 Canada Way
Burnaby, BC   V5G 1H3
Contact: Elias Zacchi
Ph: 778-991-6485
E: elias.zacchi@ocuco.com
Web: www.ocuco.com

OSI (Optometric Services Inc)
4 Pl. Du Commerce, Suite 200
Montreal, QC   H3E 1J4
Contact: Solution Optosys
Ph: 1-866-660-6797   Fx: 1-514-762-9933
E: contact@optosys.ca
Web: www.optosys.ca

Medical Billing Data Services (2010) Ltd
599 Empress Street
Winnipeg, MB   R3C 2X7
Contact: Brian Rosenberg
Ph: 204-800-9485   Fx: 204-589-8298
E: info@mdmos.ca   Web : www.mdmos.ca

Soth Inc. (Visual-Eyes)
Suite 286 - 4819C 48th Ave
Red Deer, AB T4N 3T2
Contact: Anne Chong
Ph: 1-403-314-1322
E: sales@visual-eyes.ca
Web: www.visual-eyes.ca

4. Appendix B – Service Bureaus

Asystar Medical Records Solutions
421 Winterton Avenue
Winnipeg, MB   R2K 1K5
Contact : Bonny Muzyka-Dixon
Ph: 204-663-7742   Fx: 204-221-7780
Web: www.asystar.com

BFB Solutions
209-1100 Concordia Ave
Winnipeg, MB   R2K 4B8
Ph: 204-786-1460 ext. 210   Fx: 204-786-1522
Contact: Barry F Banek
Email: bbanek@maxsystems.com

Billing Options Ltd.
Box 15 GRP 317 RR 30
20 Doyle Rd
Selkirk, MB   R1A 2A8
Contact: Gail Masson
Ph: 204-981-7662   Fx: 204-282-0370
E: gmasson@billingoptions.ca
Web: www.billingoptions.ca

Billing Partners
63 Springside Dr
Winnipeg, MB   R2M 0W9
Contact: Michelle Gobeil
Ph: 204-231-5124   Fx: 204-231-5167
C: 204-793-8319
E: billingpartners@mymts.net
Web: www.billingpartners.ca

DoctorCare
358 Dufferin St., Suite 301
Toronto, ON, M6K 1Z8
Contact: Renee La Vallee
Ph: 1-647-729-0810 ext 252
Fax: 1-888-532-7290
Website: www.doctorcare.ca

Global Office Software Inc (Juvonno)
200-135 Innovation Dr
Winnipeg, MB   R3T 6A8
Contact: Terry Davison
Ph: 1-204-612-4395
E: terry@juvonno.com
Web: www. juvonno.com

Green Billing Solutions
27 Stoney Creek Point
Winnipeg, MB   R3Y 0M9
Contact: Sona Rehsia
Ph: 204-891-2651
E: sonarehsia@gmail.com

JJ's Medical Billing
Box 58, 178 Oak Point Veteran Memorial Rd
Oak Point, MB   R0C 2J0
Contact: Julie Johnson
Ph: 1-204-646-4116   Fx: 1-204-646-4116
E: jjsmedicalbilling@yahoo.com

Karen's Medical Billing
54 Longspur Road
Winnipeg, MB R3Y 0V2
Contact: Karen Macovichuk
Phone - 204-996-2783
Email - kmacovic@outlook.com

LA Medical Billing Service
Box 718
Arborg, MB   R0C 0A0
Contact: Leslee Coolidge
Ph: 1-306-285-3240   Fx: 1-306-285-3380
Email: leslee.c@lakenet.ca

Lewis Electronic Billing Services
Unit 303-29 Roslyn Rd
Winnipeg, MB   R3L 0G1
Contact: Christine Lewis
Ph: 204-416-6988   Fx: 204-453-5436
Email: aklewis@mymts.net

Liberte Medical Business Consulting
Box 366
Grand Marais, MB, R0E 0T0
Contact : Norma Crawford or Karen Junio
Ph: 204-791-6494
Email: normafcrawford@gmail.com

LibreMD
10th floor, 790 Sherbrook St
Winnipeg, MB   R3A 1M3
Contact: Jason Kerkvliet
Ph:1-844-542-7363 ext 203
E: jason@libremd.com

Linda Deise Billing
10-191 Cathedral Ave
Winnipeg, MB R2W 0X1
Ph: 204-414-8881
E: lindadeisebilling@gmail.com

Medical Billing Data Services (2010) Ltd
599 Empress Street
Winnipeg, MB   R3C 2X7
Contact: Brian Rosenberg
Ph: 204-800-9485   Fx: 204-589-8298
E: info@mdmos.ca
Web : www.mdmos.ca

Melissa Peacock Consulting
79 Oakridge Bay
Winnipeg, MB   R2M 4G8
Ph: 204-294-7022   Fx: 204-417-1198
E: melissapeacockconsulting@gmail.com

MD Practice Solutions of Manitoba Inc
1-467 Provencher Blvd
Winnipeg, MB   R2J 0B8
Contact: Gina Trinidad
Ph: 204-988-4860   Fx: 204-988-4870
E: gina@mdpracticesolutions.ca

Pineridge Medical Billing
Box 1928
Swan River, MB   R0L 1Z0
Ph: 1-204-281-3609
Fx: 1-204-734-3943
E: pineridgemb@yahoo.ca

Progressive Medical Development
1106 Henderson Highway - Unit A
Winnipeg, MB R2G 1L1
Contact: Mary Lesiuk
Ph: 204-691-4410 Fx:204-691-0211
Web: www.progressivemd.ca

QDOC Inc.
Unit 102-1001 Corydon Ave
Winnipeg, Mb R3M 0B6
Contact: David Berkowits / Norm Silver
Ph: 833-736-2362 Fx 204-272-9061
E: info@qdoc.ca
Web: www.qdoc.ca

Sunbaked Software Inc
9739 83 Ave NW
Edmonton, AB   T6E 2B6
Contact: Brock Denys
Ph: 1-780-434-7376   Fx: 1-780-669-5852
E: brock@sunbaked.com
Web: www.sunbaked.com

Timely Care Billing
Suite 306, 162-2025 Corydon Ave
Winnipeg, MB   R3P 0N5
Contact: Linda Hiebert & Tina Hildebrand
Ph: 204-489-7522   Fx: 204-487-2604
E: linda@timelycarebilling.com
    tina@timelycarebilling.com

5. Appendix C - Record Formats
A. Submission Record Formats
The file submitted to MH will be comprised of the following records.

Record Code	Description	Purpose
1	File Exchange Header Record	Identifies file exchange user
2	Batch Header Record	Identifies practitioner whose medical claim records follow
3	Sociological Record	Identifies patient who received service
4	Registrant Address Record	Current mailing address of registrant and PHIN
5	Remarks Record	'By Report' or supporting explanation
6	Service Record	Provides specifics for service rendered
7	Non-Resident Record	Required if service is for a non-resident of Manitoba
8	Batch Trailer Record	Provides various audit totals for practitioner's submitted medical claims
9	File Exchange Trailer Record	Provides various audit totals for the exchange file submitted to MH.

A-1 File Exchange Header Record Code 1
Position	Description
1	Record Code
2 – 6	User Site Number
7 – 46	User Site Name
47 – 71	Filler
72 - 80	First Claim Number

A-2 Batch Header Record Code 2
Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 46	Practitioner Name
47 – 80	Filler

A-3 Sociological Record Code 3
Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Surname
33 – 47	Given Name
48 – 51	Birth Date
52	Gender
53 – 59	Medical Records Number, Clinic Number, or Provider's Patient Number

Position	Description
60 – 65	Total Amount Billed to Patient
66	Pre-Auth Indicator
67	On-Call Indicator
68	Workers Compensation Board (WCB) Indicator
69 – 71	Filler
72 – 80	Claim Number

A-4   Registrant Address Record Code 4

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Registrant Address Line One
33 – 52	Registrant Address Line Two
53 – 58	Postal Code
59 – 67	MH Personal Health Information Number (PHIN)
68 – 71	Filler
72 – 80	Claim Number

A-5   Remarks Record Code 5

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 69	Remarks
70 – 71	Remarks Sequence Number
72 – 80	Claim Number

A-6   Service Record Code 6

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number
12 – 16	Facility Number
17 – 19	Hospital Code
20 – 25	Service Date
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Anesthesia Units
35 – 40	Fee Submitted
41	Confidential Code
42 – 46	International Classification of Diseases, 9th Revision (ICD-9-CM)
47 – 48	Optometric Reason Code

Position	Description
49 – 51	Chiropractic Service Code
52	Service Location Indicator
53	3rd Party Liability
54	Split Indicator
55 – 59	Interpreting Radiologist's Number
60	Location of Service
61 – 62	Number of Patients
63 – 66	Start Time
67 – 70	Stop Time
71	Bilateral, same, or different incision indicator
72 – 80	Claim Number

A-7   Non-Resident Record Code 7

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 18	Health Identification Number
19 – 20	Province Code
27 – 34	Patient Birth Date
35 – 71	Filler
72 – 80	Claim Number

A-8   Batch Trailer Record Code 8

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 16	Number of Sociological Records in Batch
17 – 26	Number of Address Records in Batch
27 – 36	Number of Remarks Records in Batch
37 – 46	Number of Service Records in Batch
47 – 56	Total Fee Submitted in Batch
57 – 66	Number of Non-Resident Records in Batch
67 – 80	Filler

A-9   File Exchange Trailer Record Code 9

Position	Description
1	Record Code
2 – 6	User Site Number
7 – 16	Number of Sociological Records in File Exchange
17 – 26	Number of Address Records in File Exchange
27 – 36	Number of Remarks Records in File Exchange
37 – 46	Number of Service Records in File Exchange
47 – 56	Total Fee Submitted in File Exchange
57 – 66	Number of Non-Resident Records

Position	Description
67 – 71	Filler
72 – 80	Last Claim Number

B.   Return Record Formats

The file returned from MH will be comprised of the following records:

Record Code	Description	Purpose
0	File Exchange Header Record	Identifies file exchange user.
2	Processed Sociological Record	Identifies patient whose service has been processed by MH.
3	Processed Service Record	Provides specifics for processed services.
5	Pending Sociological Record	Identifies patient whose claim is received and in process at MH.
6	Pending Service Record	Provides specifics for service received and in process at MH.
9	File Exchange Trailer Record	Provides various audit totals for the file exchange returned to the user.

B-1   File Exchange Header Record Code 0

Position	Description
1	Record Code
2 - 6	User Site Number
7 - 46	User Site Name
47 – 51	Creation Date
52 – 80	Filler

B-2   Processed Sociological Record Code 2

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Surname
33 – 47	Given Name
48 – 49	Year of Birth
50	Gender
51 – 57	Medical Records Number, Clinic Number, or Provider's Patient Number
58 – 63	MH Receipt Date
64 – 71	MH Microfilm Number
72 – 80	Claim Number

B-3   Processed Sociological Record Code 3

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number
12 – 16	Interest Amount
17 – 19	Hospital Code
20 – 25	Service Date
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Province Code, non-residents only
35 – 40	Fee Submitted
41 – 46	Fee Assessed
47	Manual Code
48 – 59	PHIN for Manitoba Residents only (48-56) or Health ID # for non-residents only (48-59)
60 – 63	Patient Birth Date, non-residents only
64	Practitioner Option
65	Location of Service
66 – 71	Explanation of Benefits (EOB)
72 – 80	Claim Number

B-4   Pending Sociological Record Code 5

Position	Description
1	Record Code
2 – 6	Practitioner Number
7 – 12	MH Registration Number
13 – 32	Surname
33 – 47	Given Name
48 – 49	Year of Birth
50	Gender
51 – 57	Medical Records Number, Clinic or Provider's Patient Number
58 – 63	MH Receipt Date
64 – 71	MH Microfilm Number
72 – 80	Claim Number

B-5   Pending Service Record Code 6

Position	Description
1	Record Code
2	Incorporated Indicator
3 – 6	Practitioner Number
7 – 11	Referring Practitioner Number
12 – 16	Filler
17 – 19	Hospital Code

Position	Description
20 – 25	Service Date
26	Prefix
27 – 30	Tariff
31 – 32	Services
33 – 34	Province Code – non-residents only
35 – 40	Fee Submitted
41 – 52	Health ID # - non-residents
53 – 56	Patient Birth Date – non-residents
57 – 63	Filler
64	Practitioner Option
65	Location of Service
66 – 67	Explanation of Benefits (EOB) Code
68 – 71	Filler
72 – 80	Claim Number

B-6   File Exchange Trailer Record 9

Position	Description
1	Record Code
2 – 6	User Site Number
7 – 16	Total Fee Assessed
24 – 30	Number of Code 2 Records
31 – 37	Number of Code 3 Records
45 – 51	Number of Code 5 Records
52 – 58	Number of Code 6 Records
73 – 80	Filler

C.   Tariff Description File

The medical tariff description master file contains one record for each unique prefix/tariff combination of eligible services. Each record contains a history code, national grouping, POP code, sex restriction, description and a cancellation date.

Record Length: 120 Characters

Position	Description
1 – 5	**Prefix & Tariff**

Prefix: MH code to identify a specific type of service.

0 – Surgical assistant	5 – Radiology
1 – Post-operative fee	6 – Second Anesthetist
2 – Surgery	7 – Calls – special tests
3 – Maternity	8 – Pathology
4 – Anesthesia	9 – Undefined item, e.g. a new procedure

Tariff: MH code to identify a specific medical service. Refer to Manitoba Physician's Manual for tariff codes and descriptions.

Position	Description
6 – 9	**History Code:** MH code for quick identification of types of services or specific tariff benefits.
10 – 12	**Manitoba Grouping Code:** A provincial code used to group similar types of medical services.
13	**Sex Restriction Code:** This code is used whenever there is a sex restriction for a specific tariff record. Values: M - Patient's sex must be male. F – Patients sex must be female.
14 – 15	**Patterns of Practice Code:** In previous versions, now obsolete.

00 - Complete history & exam
01 - Regional history & exam
02 - Subsequent visit
03 - Special call (special trip)
04 - Hospital calls
05 - Consultation

06 - Anesthesia – surgical
07 - Anesthesia – obstetrical
08 - X-Ray - head, neck
09 - X-Ray – chest
10 - X-Ray - spine, pelvis
11 - X-Ray - upper extremities
12 - X-Ray - lower extremities
13 - X-Ray – abdomen
14 - X-Ray – urological
15 - X-Ray - obstetrics & gynecology
16 - X-Ray – special
17 - X-Ray – therapeutic
18 - X-Ray – radium
19 – Laboratory
20 – Laboratory
21 - Heart tracing

22 - Eye test
23 - Allergy care
24 – Immunization
25 – Injection
26 – Surgery
27 - Diagnostic/therapeutic services

28 - Surgical assistant
29 - Other tests and exams
30 - Laboratory smear
31 – Obstetrics
32 – Caesarean
33 – Obstetrics
34 – Obstetrics
35 - Oral surgery
36 - Emergency visit
37 - Hospital misc

38 - Concomitant care
39 - Chiropractor – subsequent visit
40 - Chiropractor - initial visit
41 - Optometrist - eye test
42 - Routine visit - non acute

Position	Description
16 – 17	**Maximum Number of Services:** The maximum number of services permitted to be billed for this tariff.
18 – 107	**Tariff Description:** A description of the service provided for under the tariff code.
108 – 115	**Tariff Cancellation Date:** This is the last date on which the tariff can be paid. Values: If the tariff has not been cancelled value is 99999999. If the tariff has been cancelled then date is presented in YYYYMMDD format. The date must be numeric with YYYY being 4 numeric positions; MM must be 01 - 12; and DD must be 01 # of days in month.
116	**Tray Fee Indicator:** Indicator to identify whether or not a tray fee tariff is eligible to be billed in addition to this tariff if performed in a physicians' office. Blank if ineligible. M – Minor J – Major S - Scope

D. Tariff Rate File

The medial tariff rate file contains one record for each prefix/tariff and specialty combination (for visit tariffs only – all other tariffs have only one record for each prefix/tariff). Each record contains current, current-1, and current-2 rates for the fee manual and the anesthesia/professional fees.

Record Length: 80 Characters

Position	Description
1	**Prefix** **Prefix:** MH code to identify a specific type of service. 0 – Surgical assistant 5 – Radiology 1 – Post-operative fee 6 – Second Anesthetist 2 – Surgery 7 – Calls – special tests 3 – Maternity 8 – Pathology 4 – Anesthesia 9 – Undefined item, e.g. a new procedure
2 – 5	**Tariff:** MH code to identify a specific medical service. Refer to Manitoba Physician's Manual for tariff codes and descriptions.
6 – 8	**Specialty:** Practitioner's registered specialty with MH for payment purposes. It consists of a bloc and sub-bloc of practice.
9	**Current Type Code:** This code identifies the type of tariff record. • C – The fee varies depending on practitioner's specialty. • N – The same fee is paid regardless of the practitioner's specialty. • D – Tariff has been cancelled. The effective date is the last service date the tariff can be paid. **NOTE:** For each type C record (visit, injection & special tests record) one for each MH specialty. Specialties not eligible for the visit tariff will contain a zero fee in the rate field.
10 – 17	**Current Effective Date:** The first date on which the tariff is to be paid at the current rate (*see current fee indicator values A-D). YYYYMMDD
18	**Current Fee Indicator:** Indicates type of tariff being charged. • 0 – Normal Fee • 1 – Tariffs 10000, 40000, 60000, 0000 • 2 – By-Report – suggested fee must be present • 4 – Surgical assistance, post-operative care, anesthesia or anesthesia assistance claims. The fees for these services are calculated by the computer or manually assessed based on the surgeon's or anesthetist's claim on medical history.
19 – 24	**Current Fee Manual Rate:** Rate at which the tariff will be paid. Values: Zero or Numeric. • This field contains 2 implied decimals. • For X-Ray services (prefix 5), excluding tariffs 7202-7211 and 7216, this is the total of the technical fee plus the professional fee.

Position	Description
25	**Current Anesthesia Time Based indicator (TBI):** Identifies whether or not an Anesthetic Service Value (ASV) is time based (i.e. # of 15 minute periods of anesthesia time.

- Y – The ASV is time based.
- N – The ASV is **NOT** time based.
- Blank – "Visit" tariffs will be left blank.

Position	Description
26 – 31	**Current X-Ray Professional Fee or Anesthetic Service Value (ASV) (formerly called Anesthesia Time):**

1) For x-ray services (prefix 5) and tariffs 79901 - 79995 (excluding tariffs 7202-7211 & 7216) this is the professional fee (2 decimal places).
2) Effective April 1, 1999 for anesthetic services, the fee shown here is the ASV defined for time based services, as the tariff Unit Value (UV) multiplied by the Unit Value Rate (UV x UVR). **Please NOTE that the number of decimal places in this field <u>varies</u> depending on the Service Value Indicator below. <u>All</u> decimal places are implied and decimal points will not be found on the file.** Depending on the anesthesia Service Value Indicator (SVI) below, the value here will either be the rate <u>per quarter hour</u> (15 minute) period; or a <u>lump</u> sum payment (**not** time based) for an anesthetic procedure
3) A zero value indicates the tariff record does not have an anesthetic service value or radiology professional fee. Will be zeroes for all "visit" tariffs

Position	Description
32	**Anesthesia or Radiology Service Value Indicator (SVI) (formerly called Anesthesia Time):** Indicates whether the previous field is a current anesthesia service value, a radiology professional fee, or neither. Will be blank for all "visit" tariffs.

- Q – Fee per quarter hour (mostly Anesthesia tariffs), 4 decimals.
- L – A lump sum payment (not based on time) for an anesthetic procedure (e.g. Tariff 22600), 2 decimals.
- M – No anesthetic service value, 2 decimals.
- P – Professional x-ray fee, 2 decimals.
- N – No professional fee, 2 decimals.

EXTREMELY IMPORTANT! The Anesthetic Service Values (position 26 above) for Q will have four decimal places. All other Anesthetic Service Values (L & M) and Radiology Professional Fees (P & N) will have two decimal places.

Position	Description
33	**Current -1 Type Code:** See Current Type Code. Will be blank if there is no Current -1 data present. Cannot be D (i.e. cancelled)
34 – 41	**Current -1 Effective Date:** See Current Effective Date. If no current-1 data is present, the date will contain 99999999. Otherwise this date must be less than current effective date.
42	**Current -1 Fee Indicator:** See Current Fee Indicator. Will be blank if there is no Current -1 data present.
43 – 48	**Current -1 Fee Manual:** See Current Fee Manual. Will be zeroes if there is no Current -1 data present.

NOTE: The following field descriptions (49 – 56) apply only to Anesthetic services rendered prior to April 1, 1999. See addendum to tariff rate file description for billing anesthesia claims section of this document for differences.

Position	Description
49	**Current -1 Anesthesia Time:** Identifies whether or not an anesthesia time value can be claimed. • N – No anesthesia time allowed. • Y – Anesthesia time can be claimed. • Blank – "Visit" tariffs will be left lank.
50 – 55	**Current -1 Anesthesia Professional Fee:** For x-ray services (prefix 5) and tariffs 79901-79995 (excluding tariffs 7202-7211 & 7216) This is the professional fee. For non x-ray services and tariffs 7202-7211 & 7216 the fee shown here is the basic anesthesia rate; 00000 for prefix/tariff 99999 and positive for prefix/tariff 40000. A zero value indicates the tariff record does not have an associated anesthetic basic value or professional fee. Will be zeroes for all "visit" tariffs. Will be zeroes if there is no Current -1 data.
56	**Current -1 Anesthesia Indicator:** Indicates whether there is a current -1 anesthesia rate, professional fee or neither. • A – Anesthesia basic value. • M – No anesthesia basic value. • P – Professional x-ray fee. • N – No professional fee. • Will be blank for all "visit" tariffs or if no Current -1 data.
57	**Current -2 Type Code:** See Current Type Code. Will be blank if there is no Current -2 data present. Cannot be D (i.e. cancelled).
58 – 65	**Current -2 Effective Date:** See Current Effective Date. If no current-2 data is present, the date will contain 99999999. Otherwise this date must be less than current effective date.
66	**Current -2 Fee Indicator:** See Current Fee Indicator. Will be blank if there is no Current -2 data present.
67 – 72	**Current -2 Fee Manual:** See Current Fee Manual. Will be zeroes if there is no Current -2 data present.

NOTE: As with CURRENT -1 description, the following field descriptions apply only to Anesthetic services rendered prior to April 1, 1999.

Position	Description
73	**Current -2 Anesthesia Time:** See Current -1 Anesthesia Time. Will be blank if there is no Current -2 data present.
74 – 79	**Current -2 Anesthesia Professional Fee:** See Current -1 Anesthesia/Professional Fee. Will be blank if there is no Current -2 data present.
80	**Current -2 Anesthesia Indicator:** See Current -1 Anesthesia Indicator. Will be blank if there is no Current -2 data present.

6. Appendix D – Addendum To Tariff Rate File Description For Billing Anesthesia Claims

Every effort has been made to simplify, as much as possible, the billing for anesthesia tariffs in accordance with the Agreement between the Government of the Province of Manitoba and the Manitoba Medical Association ratified in March 1999.

The following is provided to help interpret the Tariff Rate File in the context of the claim examples provided in the Physicians' Manual available from the Insured Benefits, Insurance Division of Manitoba Health.

1. Most anesthetic procedures are time based (Time Based Indicator [TB1] pos. 25 = "Y" & Service Value Indicator [SVI] pos. 32 = "Q"). For these, the Anesthetic Service Value (ASV pos. 26) is stored on the Tariff Rate File with 4 decimal places. The base payment, which is governed by the number of 15-minute Anesthetic Units (AU) submitted on the claim, is calculated as ASV (from the Rate File) x AU (from the claim). Please remember that tariff modifiers and Out of Hours Premiums can affect the final payment amount for the total anesthetic claim.

2. Some of the new tariffs added to the rate file have been added as prefix "2", others with Prefix "7" (ex. Out of Hospital "on-call" tariffs 78210 - 78219). See section C of the Manitoba Physicians' Manual.

3. Out of Hours premium tariffs (Agreement Article 21 -- 75556 & 75557) have no rate on the Tariff Rate File. When billed they are used to trigger a 30 or 50% increase in the amount paid for the anesthetic services. See section C of the Manitoba Physicians' Manual for examples. Note that these Out of Hours tariffs are billed as Prefix 7 with the number of services field equal to the number of 15-minute periods in the applicable premium time period.

4. Some anesthetic procedures are NOT time based (TBI pos. 25 = "N"). A few (i.e. tariffs 22600, 22615 to 22618, 34875, 34876) pay a base anesthetic amount as a lump sum amount (2 decimal places) taken from the ASV field. Such tariffs will have "L" in the SVI, and are claimed with the prefix "4". Most other non-time based tariffs will have zeroes in the ASV field and "M" in the SVI.

5. In Hospital On Call tariffs (78200 - 78204) See section C of the Manitoba Physicians' Manual. Examples on pages 10-14. Anesthetic Service value in pos. 26 = zeroes & Service Value Indicator pos. 32 equals "M".

   Note that these tariffs are billed as Prefix 7 and, unlike the out of hospital on call tariffs, are billed with the number of services field = to the number of 15 minute (quarter hour) periods.

6. Similar to the In Hospital On Call tariffs interpretation above, tariff 25113 has no ASV and is billed with prefix "2" with the number of services field equal to the number of 15 minute (quarter hour) periods.

7. Out of Hospital On Call tariffs (78210-78219) See Section C of the Manitoba Physicians' Manual for examples. Anesthetic Service Value in pos. 26 = zeroes & Service Value Indicator pos. 32 = "M"

    Note that these tariffs are billed as Prefix 7 and are the only tariffs billed with the number of services field = to the number of 60 minute (hour) periods in the applicable block.

7.   Appendix E – Software Checklist

You may want to indicate the items you are interested in with:

E – Essential
D – Desirable
O – Optional

FUNCTION/ACTIVITIES	E/D/O
MH Billings	
WCB Billings	
Third party private billing statements	
Reconciliation	
Validity checks on registrations, etc.	
Electronic Medical Records	
Patient recalls	
System Backups	
Accounting	
Patient profiles	
Practice statistics	
Word Processing	
Other	