



# Encounter reporting for nurse practitioners: Guidance document

## 1. Background

Data collection is an essential part of a nurse practitioner's (NP's) practice. The Ministry of Health's (the ministry's) Health Sector Information, Analysis and Reporting (HSIAR) Division uses NPs' encounter reporting data to keep track of population health in B.C. as well as trends in NPs' provision of care, in order to assist with service and health human resource planning. Encounter reporting data can also be used at the clinic and practitioner level for quality improvement, research and evaluation purposes.

## 2. Resources

This document is an instruction manual for encounter reporting and is intended to provide all of the information needed by most NPs.

If you have any questions after reading this document, the following resources are also available:

- For general queries about encounter reporting, email the ministry's compensation inbox ([PCN.Compensation@gov.bc.ca](mailto:PCN.Compensation@gov.bc.ca)).
- For NP-specific queries, email the Nursing Policy Secretariat ([NursingPolicySecretariat@gov.bc.ca](mailto:NursingPolicySecretariat@gov.bc.ca)).
- If you receive an error when submitting your encounter reports, and this error originates in the electronic medical record (EMR), contact your EMR vendor for support.
- For rejected/refused claims on your Medical Services Plan (MSP) remittance statement, contact MSP Teleplan Inquiries and Support Monday-Friday 8:00 am-4:30 pm (604-456-6950 option 3,2 or 866-456-6950 option 3,2).

If you intend to use your/your clinic's encounter reporting data for quality improvement purposes, email [MOHAnalytics@gov.bc.ca](mailto:MOHAnalytics@gov.bc.ca) to ask the ministry to pull the relevant data for you.

### 3. Simplified encounter reporting

The ministry recognizes the time burden that encounter reporting imposes on NPs. In order to maintain essential data collection while eliminating duplicated and unnecessary effort, in 2020-21 the ministry revamped and simplified NP encounter reporting. The 100+ original codes were grouped together into 24 codes and reporting of complexity codes was eliminated.

Most NPs should use the new, simplified codes, whether they work inside or outside primary care networks (PCNs), and whether they are employed or on contract. The only exception is the following: **NPs practicing in emergency departments or in acute care for inpatients should continue to use the [old codes](#)**. The ministry is working to simplify encounter codes for these NPs, but until this work is complete, NPs working in these areas should continue to use the old codes.

Any NP may use old codes in addition to new codes, if desired. The old codes may be useful for quality improvement, research or evaluation purposes – email [MOHAnalytics@gov.bc.ca](mailto:MOHAnalytics@gov.bc.ca) to ask the ministry to pull the data for you. It is up to the discretion of the NP, clinic, PCN, or health authority if they wish to submit additional reporting beyond that which is required by the ministry.

### 4. Encounter reporting for provisional NPs

Provisional NPs should start submitting codes as soon as they have an MSP number:

- **Contracted provisional NPs** are required to submit encounter codes, so they should obtain an MSP number as soon as possible.
- **Employed provisional NPs** can obtain an MSP number as soon as they are directed to by their employer, and should begin submitting encounter codes once they have an MSP number.

## 5. Submission requirements

All NPs must submit **encounter records** with the following information:

- MSP payee number
- Practitioner number
- Patient's personal health number (PHN)
- Patient's name
- Date of services
- Location code<sup>1</sup>
- Facility number (if your facility has one)
- Encounter code(s) (one minimum, plus as many add-on codes as you wish; see sections [7](#) and [8](#))
- ICD-9 diagnostic codes (one minimum, three maximum – see footnotes<sup>2,3</sup>)
- Note
- Referring/referred practitioner number (if applicable)

For more information on encounter codes, see sections [7](#) and [8](#).

PCN NPs (whether on contract or employed) must also submit **attachment records** for each patient on the NP's panel, including the following information:

- MSP payee number
- Practitioner number
- Patient's PHN
- Patient's name
- Location code<sup>1</sup>
- Date
- Attachment code (*see next section*)
- ICD-9 diagnostic codes (one minimum, three maximum – see footnotes<sup>2,3</sup>)

For more information on attachment records, see next section.

Service contract NPs must also submit a **shift code fee item** with the following information:

- MSP payee number
- Practitioner number
- Date of services
- Location code<sup>1</sup>
- Facility number (if your facility has one)
- Shift code
- Start time (for that day)
- End time (for that day)
- Time units (an estimate of the number of 15 minute time units spent providing services under the contract – captured under the Billed Services field in Teleplan)

One shift code fee item must be submitted for each day, but does not need to be submitted daily (e.g., an entire week of shift codes could be submitted in a batch at the end of the week). If prompted for a PHN or ICD-9 code as part of shift code submission, simply enter any valid PHN (e.g., the PHN of the last patient seen that day) and any valid ICD-9 code. This data will be ignored.

For more information on shift codes, follow [this link](#).

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<sup>1</sup> Location codes identify the type of clinic in which the patient encounter took place. The codes are:

- |  |   |
|--|---|
| (B) Community Health Centre  | (N) Health Care Practitioner Office (non-physician) |
| (J) First Nations Primary Health Care Clinic   | (Q) Specialist Physician Office                     |
| (K) Hybrid Primary Care Practice (part-time longitudinal practice, part-time walk-in clinic) | (U) Urgent and Primary Care Centre                  |
| (L) Longitudinal Primary Care Practice (e.g., GP family practice or PCN clinic)              | (V) Virtual Care Clinic                             |
|  | (W) Walk-In Clinic                                  |

<sup>2</sup> To capture more than three conditions, submit a complex care code (97552) as an add-on, and attach additional ICD-9 codes to that. You may also work with your health authority to collect more if desired at a regional level.

<sup>3</sup> V-codes may be submitted in lieu of ICD-9 codes. However, the ministry prefers that at least one ICD-9 code be submitted with each encounter record.

## 6. Attachment reporting

All NPs working in PCNs (whether contracted or employed) must submit an attachment record on a one-time basis for each patient on their panel. **Attachment is a key metric used by the ministry, so complete reporting in this area is firmly required for all NPs in PCNs.** This includes NPs practicing in patient medical homes, urgent and primary care centres (UPCCs), community health centres, NP primary care clinics, and First Nations primary care clinics .

There are two attachment codes which are to be used in two different circumstances:

Name	Purpose	Code
PCN Existing Panel or Panel Transfer Report	This code is used for reporting <u>non-net new</u> patient attachments. <b>Non-net-new patients are those who either:</b> <ul style="list-style-type: none"> <li>• <b>were already attached to you before you joined the PCN/clinic, and who you brought with you when you joined the PCN/clinic; or</b></li> <li>• <b>were transferred to you from another most responsible provider (MRP) (e.g., a retiring physician) in the same PCN. The fact that the patient may have been unattached during this transition does not qualify the attachment as net new.</b></li> </ul>	97701 This is a single, provincewide code, which is not specific to your PCN.
PCN Attachment Code	This code is used for reporting <u>net new</u> patient attachments. <b>Net new attached patients are any individuals who do not fit into either of the above situations.</b>	This code is specific to the PCN. To find the PCN Attachment Code for your PCN, consult the table at the end of the <a href="#">PCN Attachment Reporting and Attachment Records</a> guidance document.

An attachment record must be submitted whenever attachment is agreed to by the NP and the patient upon completion of an attachment conversation. If you have developed a de facto attachment relationship with a patient (i.e., the patient regularly sees you and is not attached to another provider), you are strongly encouraged to have a formal attachment conversation with the patient, followed by submission of the attachment record if the patient agrees to be attached. This code can be entered after the first visit, or at future visits if it has not previously been submitted. For additional guidance on attachment conversations and the expectations of attachment, see [PCN Attachment Reporting and Attachment Records](#). If a patient was already part of your panel before you joined the PCN, there is no need to have an attachment conversation before submitting the PCN Existing Panel or Panel Transfer Report code.

If a patient detaches from your care (e.g., dies, moves away, switches MRPs), there is no need to report this to the ministry at this time.

Additional information regarding attachment reporting, including frequently asked questions, can be found in the [Changes to Attachment Reporting Procedures for PCN NPs](#) document.

## 7. List of encounter codes

The simplified encounter codes are listed in the table below.

<b>Code</b>	<b>Description</b>
97551	NP Complete Examinations
97552	NP Complex Care Activities
97554	NP Counselling
97555	NP Emergency Visits
97556	NP Immunization
97557	NP Institutional Visits
97559	NP Minor Surgery/Therapeutic Procedures
97560	NP Non-Invasive Tests/Procedures
97561	NP Pathology/Diagnostic Activities
97562	NP Visits
97563	NP Obstetrics
97565	NP Consultation
97566	Virtual NP Consultation: Video
97567	Virtual NP Visit: Video
97568	Virtual NP Counselling: Video
97569	NP Telephone Services with Provider
97573	Virtual NP Consultation: Telephone
97574	Virtual NP Visit: Telephone
97575	Virtual NP Counselling: Telephone
03333	Referral
36203	NP MAiD Assessment Fee-Assessor Prescriber
36204	NP MAiD Assessment Fee-Assessor
36205	NP MAiD Event Preparation and Procedure
36288	Forms

## 8. Guidance on using the codes

The table below provides detailed definitions and notes on usage for each of the codes.

All codes may be used as standalone codes (i.e., just one encounter code is submitted for the activity). Some codes may also be used as add-on codes (i.e., they are submitted in addition to another code). The uses of a code as a standalone vs. as an add-on may be distinct, as described below.

Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
<b>97551</b> NP Complete Examinations	Includes: <ul style="list-style-type: none"> <li>• complete history and physical examination</li> <li>• review of imaging and laboratory findings</li> <li>• establishing an ongoing plan of care (e.g., an initial visit of a new patient).</li> </ul>	Include ICD-9.  If the examination takes place over the course of two visits (e.g., intake history and attachment conversation as a virtual visit, complete physical exam as an in-person visit), simply code each visit as 97551.	<i>N/A – cannot be used as an add-on code</i>
<b>97552</b> NP Complex Care Activities	Includes but is not limited to: <ul style="list-style-type: none"> <li>• chronic disease management</li> <li>• development/assessment of chronic condition-specific care plans (e.g., palliative, mental health)</li> <li>• prescription refills</li> <li>• complex mental health management</li> <li>• risk assessments</li> <li>• palliative care planning</li> <li>• family conference</li> <li>• case conference with team</li> <li>• chart reviews</li> <li>• Personal Health Risk Assessment</li> </ul>	This code is a catch-all for the work NPs do with patients outside of the patient visit.  Must include a chart note and relevant ICD-9.	Can be used as an add-on for two purposes: <ol style="list-style-type: none"> <li>1. Combine it with a visit or examination code for case management that goes beyond a standard visit (i.e., when extra activities are done during the visit, such as early complex disease planning)</li> <li>2. Use it to document additional ICD-9 codes for complex patients (beyond the maximum of three that can be attached to the standalone code)</li> </ol>

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Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
<b>97554</b> NP Counselling	This code should be used when the <u>primary</u> reason for the appointment is counselling (e.g., bereavement, cognitive behavioural therapy). It should not be used when a portion of a usual visit is spent providing patient education or brief assessment/planning for a routine mental health visit.  Includes both individual and group counselling.	Used as a standalone code when the <u>only</u> purpose of the visit is to provide counselling.  Include ICD-9.	Can be used as an add-on when a visit goes longer due to crisis or emotional distress. Do not use it as an add-on for general education and counselling in a regular visit.
<b>97555</b> NP Emergency Visits	Simple/fast track visit or urgent care visit – when primary location of practice is an urgent care centre (e.g., UPCC). Includes: <ul style="list-style-type: none"> <li>• assessment(s)</li> <li>• therapeutic interventions</li> <li>• discharge of patient from the UPCC</li> </ul>	Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>
<b>97556</b> NP Immunization	Includes all immunizations, all age groups.	Add ICD-9 code if desired in order to indicate the type of immunization. (e.g., for administering a COVID vaccination, use this code plus the COVID ICD-9 code (C19)).	Can be used as an add-on
<b>97557</b> NP Institutional Visits	Includes: <ul style="list-style-type: none"> <li>• hospital visit</li> <li>• long-term care facility visit</li> <li>• supportive care hospital visit</li> </ul>	Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>

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Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
<b>97559</b> NP Minor Surgery/ Therapeutic Procedures	Includes but is not limited to: <ul style="list-style-type: none"> <li>• IUD insertion/removal</li> <li>• biopsy</li> <li>• wedge resection</li> <li>• lacerations</li> <li>• sutures</li> <li>• splinting</li> <li>• foreign body removal</li> <li>• incision and drainage</li> <li>• nail removal</li> <li>• cryotherapy</li> <li>• small tumor excision</li> <li>• injections to joints</li> <li>• warts treatment</li> </ul>	Include ICD-9.	Can be used as an add-on
<b>97560</b> NP Non-Invasive Tests/ Procedures	Includes but is not limited to: <ul style="list-style-type: none"> <li>• pelvic exam</li> <li>• subcutaneous/intramuscular injections</li> <li>• trigger point injections</li> <li>• venipuncture</li> <li>• ear syringing</li> <li>• pap smear</li> <li>• injections (other than immunizations – for immunizations, use 97556)</li> </ul>	Include ICD-9.	Can be used as an add-on

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Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
<b>97561</b> NP Pathology/ Diagnostic Activities	Clinical diagnostic tests performed by an NP. Includes but not limited to: <ul style="list-style-type: none"> <li>• echocardiogram (ECG) interpretation</li> <li>• glucose point of care testing</li> <li>• point-of-care ultrasounds</li> <li>• urinalysis screening</li> <li>• pregnancy test</li> <li>• urine drug screens</li> <li>• urine dip</li> <li>• International normalized ratio (INR) interpretation and adjustments</li> <li>• peak flow rates</li> </ul> These codes are not submitted if the lab, medical office assistant or registered nurse does the testing (except INR and ECG interpretation).	Include ICD-9.	Can be used as an add-on
<b>97562</b> NP Visits	Includes: <ul style="list-style-type: none"> <li>• in or out of office visits/regional exams for all ages</li> <li>• home visits</li> <li>• miscellaneous visits (e.g., HIV management, on call)</li> </ul> Does not include institutional or emergency visits.	Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>
<b>97563</b> NP Obstetrics	Includes: <ul style="list-style-type: none"> <li>• prenatal visit complete exam</li> <li>• prenatal visit subsequent exam</li> <li>• postnatal office visit</li> </ul>	Used for all visits providing prenatal and postpartum care.  Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>

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Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
<b>97565</b> NP Consultation	Includes all NP in-person consultations in or out of office. This code should be used when the patient is referred to the NP for a specific reason – either to provide an opinion and return to the referring provider, or to provide care for the specialized reason they were referred (while the referring provider is responsible for the remainder of the care).	Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>
<b>97566</b> Virtual NP Consultation: Video <sup>4</sup>	Includes all consultations conducted via live image transmission (direct interactive video link) to a receiving medical practitioner at another approved site, through the use of video technology such as Zoom.	If you attempt video and it fails (e.g., poor connection) and you switch to telephone, code as telephone.  Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>
<b>97567</b> Virtual NP Visit: Video	Includes all patient visits delivered via live image transmission (direct interactive video link) to the patient.	If you attempt video and it fails (e.g., poor connection) and you switch to telephone, code as telephone.  Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>
<b>97568</b> Virtual NP Counselling: Video	Includes all counselling services delivered via live image transmission (direct interactive video link) to the patient.	Used as a standalone code when the only purpose of the visit is to provide counselling.  If you attempt video and it fails (e.g., poor connection) and you switch to telephone, code as telephone.  Include ICD-9.	Can be used as an add-on when a virtual (video) visit goes longer due to crisis or emotional distress. Do not use it as an add-on for general education and counselling in a regular virtual (video) visit.

<sup>4</sup> Codes 97566, 97567, 97568 formerly referred to Telehealth in their names, but this was changed to video to clarify that these codes are meant to be used for virtual visits with live image transmission. Video visits are tracked separately from telephone visits (which involve no live image transmission) for both NPs and physicians because, historically, only telehealth services have been covered by MSP.

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Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
<b>97569</b> NP Telephone Services with Provider	Includes all practitioner-to-practitioner telephone calls	Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>
<b>97573</b> Virtual NP Consultation: Telephone	Includes all consultations conducted by telephone (no live image transmission) with a medical practitioner at another site.	Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>
<b>97574</b> Virtual NP Visit: Telephone	Includes all patient visits delivered by telephone (no live image transmission) with a patient.	Include ICD-9.	<i>N/A – cannot be used as an add-on code</i>
<b>97575</b> Virtual NP Counselling: Telephone	Includes all counselling services by telephone (no live image transmission) with a patient.	Used as a standalone code when the only purpose of the visit is to provide counselling.  Include ICD-9.	Can be used as an add-on when a virtual (telephone) visit goes longer due to crisis or emotional distress. Do not use it as an add-on for general education and counselling in a regular virtual (telephone) visit.
<b>03333</b> Referral	Used for referrals to other health-care providers.	Include practitioner name.  Add ICD-9 if needed.	Can be used as an add-on
<b>36203</b> NP MAiD Assessment Fee-Assessor Prescriber	Includes all requirements of a MAiD assessment, including review of medical records, patient encounter and completion of the MAiD Assessment Record (Prescriber). The assessment may be provided either in-person or by video conference.	Add ICD-9 if needed.  Start and stop times are required.	Can be used as an add-on
<b>36204</b> NP MAiD Assessment Fee-Assessor	Includes all requirements of a MAiD assessment, including review of medical records, patient encounter and completion of the MAiD Assessment Record (Assessor). The assessment may be provided either in-person or by video conference.	Add ICD-9 if needed.  Start and stop times are required.	Can be used as an add-on

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Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
<b>36205</b> NP MAiD Event Preparation and Procedure	Includes all necessary elements: pharmacy visits, establishment of IV, injection of medications, pronouncement of death.	Add ICD-9 if needed.	Can be used as an add-on
<b>36288</b> Forms	Used for completion of forms.	Add ICD-9 if needed.	Can be used as an add-on

### Note re: consultation, counselling, and visits:

NPs often have questions about the difference between consultations, counselling and visits, for the purposes of encounter reporting. Guidance is provided below:

- **Consultation** codes (97565, 97566 or 97573, depending on whether it is in-person, by video or by telephone) should be used when the patient is referred to the NP for a specific reason – either to provide an opinion and return to the referring provider, or to provide care for the specialized reason he/she was referred (while the referring provider is responsible for the remainder of the care). Consultation includes history and physical examination, review of imaging and laboratory findings (if applicable), and a written report or plan of care to the referring practitioner.
- **Counselling** codes (97554, 97568 or 97575, depending on whether it is in-person, by video or by telephone) should be used when the primary reason for the appointment is counselling (e.g., bereavement, cognitive behavioural therapy). It should not be used when a portion of a usual visit is spent providing patient education or brief assessment/planning for a routine mental health visit.
- **Visit** codes (97562, 97567 or 97574, depending on whether it is in-person, by video or by telephone) should be used for every other type of patient visit.

### Note re: prescription refills:

Prescription refills are coded differently according to whether a patient visit was involved:

- If the prescription refill involved a visit with the patient, this should simply be coded as a visit (97562, 97567 or 97574, depending on whether it is in-person, by video, or by telephone).
- If the prescription refill was completed without a visit with the patient, use 97552 NP Complex Care Activities.