



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.

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, the ministry has simplified encounter reporting. In 2021, encounter reporting for primary care NPs was simplified, and in 2024 encounter reporting for acute and specialty care NPs was simplified. In both cases, the number of codes was greatly reduced and the reporting of complexity codes was eliminated.

2. Resources

This document is an instruction manual for encounter reporting and is intended to provide all of the information typically needed by 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).
- For NP-specific queries, email the Nursing Policy Secretariat (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 to ask the ministry to pull the relevant data for you.

3. 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.

4. 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 code¹
- Facility number (if your facility has one)
- Encounter code(s) (one minimum, plus as many add-on codes as you wish; see sections 8-11)
- ICD-9 diagnostic codes (one minimum, three maximum) and/or V-codes – see section 6
- Note
- Referring/referred practitioner number (if applicable)

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

- MSP payee number
- Practitioner number
- PHN of the first patient seen during the shift
- Date of services
- Location code¹
- Facility number (if your facility has one)
- Shift code (97572)
- Start time (for that day)
- End time (for that day)
- ICD-9 diagnostic code (simply enter code 780 General Symptoms)
- 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). For more information on shift codes, follow [this link](#).

¹ 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 |

5. Attachment reporting

All NPs providing longitudinal primary care (regardless of the compensation model, funding source, and location of practice) must submit an attachment record (98990) 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 required.**

NPs were previously required to use PCN-specific attachment codes for net-new patients and the PCN Existing Panel or Panel Transfer Report code for non-net-new patients. With the introduction of the new Provincial Attachment System (PAS), these codes are no longer in use. They have been replaced with a single attachment code (98990).

Further information on attachment reporting in the PAS will be available soon.

NPs who do not attach patients for longitudinal primary care should not submit attachment records.

6. ICD-9 codes and V-codes

ICD-9 codes and V-codes are attached to encounter records to provide additional important information:

- **ICD-9 codes** are diagnostic codes that provide information on patient's medical conditions (those being treated in the encounter or which are relevant to the encounter).
- **V-codes** indicate additional factors influencing the patient's health status or contact with health services. This includes:
 - social determinants of health such as inadequate housing, poverty, and lack of social support
 - procedures or treatments performed during the visit
 - patient related data pertaining to public health

A list of all ICD-9 codes and V-codes can be found [here](#).

ICD-9 codes and V-codes are essential data that is used by the ministry to track population health trends and social/medical complexity. NPs are encouraged to be diligent in using both ICD-9 and V-codes to provide fulsome information.

At least one ICD-9 code or V-code must be attached to each encounter record that is submitted. Up to three codes can be attached to each encounter. To capture more than three conditions, submit a complex care encounter code (97552) separately and attach additional ICD-9 codes or V-codes to the complex care encounter code submission.

While both types of codes (ICD-9 codes and V-codes) are used by the ministry, the ministry prefers that at least one ICD-9 code be submitted with each encounter record. As such, it is best to begin by attaching the most relevant ICD-9 code, and then attach additional ICD-9 codes or V-codes as appropriate.

7. Which code set should be used?

There are two sets of simplified encounter codes currently in use by NPs, one for primary care and the other for acute and specialty care. Previously, a set of old (non-simplified) codes was in use. The table below clarifies which code set an NP should use, based on what type of care is being provided.

Type of care provided	Code set used prior to April 2021	Code set used from April 2021 until 2024	Code set to be used from 2024 onwards
Longitudinal	Old codes	2021 simplified codes for primary care	2021 simplified codes for primary care
Urgent/episodic	Old codes	2021 simplified codes for primary care	2021 simplified codes for primary care
Long-term care	Old codes	2021 simplified codes for primary care	2021 simplified codes for primary care
Specialized/consultant for outpatients	Old codes	2021 simplified codes for primary care	2024 simplified codes for acute/specialty care
Acute care for inpatients (including emergency)	Old codes	Old codes	2024 simplified codes for acute/specialty care

NPs providing acute and specialty care should begin using the 2024 simplified codes for acute/specialty care as soon as their EMRs have capability to do so. The old codes will be disabled when the ministry confirms that all acute and specialty care NPs have capability in their EMRs to use the new acute/specialty care code set.

8. List of encounter codes – primary care

Encounter codes for NPs providing primary care are listed in the table below. See section 10 for encounter codes for NPs providing acute and specialty care.

Code	Description
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
36203	NP MAiD Assessment Fee-Assessor Prescriber
36204	NP MAiD Assessment Fee-Assessor
36205	NP MAiD Event Preparation and Procedure
03333	Referral
36288	Forms

9. Guidance on using the primary care codes

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

All of these 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
97551 NP Complete Examinations	Includes: <ul style="list-style-type: none"> • complete history and physical examination • review of imaging and laboratory findings • establishing an ongoing plan of care (e.g., an initial visit of a new patient). 	Include ICD-9 and/or V-codes. 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>
97552 NP Complex Care Activities	Includes but is not limited to: <ul style="list-style-type: none"> • chronic disease management • development/assessment of chronic condition-specific care plans (e.g., palliative, mental health) • prescription refills • complex mental health management • risk assessments • palliative care planning • family conference • case conference with team • chart reviews • Personal Health Risk Assessment 	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 and/or V-codes.	Can be used as an add-on for two purposes: <ol style="list-style-type: none"> 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) 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)

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Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
97554 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 and/or V-codes.	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.
97555 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"> • assessment(s) • therapeutic interventions • discharge of patient from the UPCC 	Include ICD-9 and/or V-codes.	<i>N/A – cannot be used as an add-on code</i>
97556 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)). May also include V-codes.	Can be used as an add-on
97557 NP Institutional Visits	Includes: <ul style="list-style-type: none"> • hospital visit • long-term care facility visit • supportive care hospital visit 	Include ICD-9 and/or V-codes.	<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
97559 NP Minor Surgery/ Therapeutic Procedures	Includes but is not limited to: <ul style="list-style-type: none"> • IUD insertion/removal • biopsy • wedge resection • lacerations • sutures • splinting • foreign body removal • incision and drainage • nail removal • cryotherapy • small tumor excision • injections to joints • warts treatment 	Include ICD-9 and/or V-codes.	Can be used as an add-on
97560 NP Non-Invasive Tests/ Procedures	Includes but is not limited to: <ul style="list-style-type: none"> • pelvic exam • subcutaneous/intramuscular injections • trigger point injections • venipuncture • ear syringing • pap smear • injections (other than immunizations – for immunizations, use 97556) 	Include ICD-9 and/or V-codes.	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
<p>97561 NP Pathology/ Diagnostic Activities</p>	<p>Clinical diagnostic tests performed by an NP. Includes but not limited to:</p> <ul style="list-style-type: none"> • echocardiogram (ECG) interpretation • glucose point of care testing • point-of-care ultrasounds • urinalysis screening • pregnancy test • urine drug screens • urine dip • International normalized ratio (INR) interpretation and adjustments • peak flow rates <p>These codes are not submitted if the lab, medical office assistant or registered nurse does the testing (except INR and ECG interpretation).</p>	<p>Include ICD-9 and/or V-codes.</p>	<p>Can be used as an add-on</p>
<p>97562 NP Visits</p>	<p>Includes:</p> <ul style="list-style-type: none"> • in or out of office visits/regional exams for all ages • home visits • miscellaneous visits (e.g., HIV management, on call) <p>Does not include institutional or emergency visits.</p>	<p>Include ICD-9 and/or V-codes.</p>	<p><i>N/A – cannot be used as an add-on code</i></p>
<p>97563 NP Obstetrics</p>	<p>Includes:</p> <ul style="list-style-type: none"> • prenatal visit complete exam • prenatal visit subsequent exam • postnatal office visit 	<p>Used for all visits providing prenatal and postpartum care.</p> <p>Include ICD-9 and/or V-codes.</p>	<p><i>N/A – cannot be used as an add-on code</i></p>

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Code	Definition	Usage notes: as a standalone code	Usage notes: as an add-on code
97565 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 and/or V-codes.	<i>N/A – cannot be used as an add-on code</i>
97566 Virtual NP Consultation: Video ²	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 and/or V-codes.	<i>N/A – cannot be used as an add-on code</i>
97567 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 and/or V-codes.	<i>N/A – cannot be used as an add-on code</i>
97568 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 and/or V-codes.	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.

² 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
97569 NP Telephone Services with Provider	Includes all practitioner-to-practitioner telephone calls	Include ICD-9 and/or V-codes.	<i>N/A – cannot be used as an add-on code</i>
97573 Virtual NP Consultation: Telephone	Includes all consultations conducted by telephone (no live image transmission) with a medical practitioner at another site.	Include ICD-9 and/or V-codes.	<i>N/A – cannot be used as an add-on code</i>
97574 Virtual NP Visit: Telephone	Includes all patient visits delivered by telephone (no live image transmission) with a patient.	Include ICD-9 and/or V-codes.	<i>N/A – cannot be used as an add-on code</i>
97575 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 and/or V-codes.	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.
03333 Referral	Used for referrals to other health-care providers.	Include practitioner name. Add ICD-9 and/or V-codes if needed.	Can be used as an add-on
36203 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 and/or V-codes 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
36204 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 and/or V-codes if needed. Start and stop times are required.	Can be used as an add-on
36205 NP MAiD Event Preparation and Procedure	Includes all necessary elements: pharmacy visits, establishment of IV, injection of medications, pronouncement of death.	Add ICD-9 and/or V-codes if needed.	Can be used as an add-on
36288 Forms	Used for completion of forms.	Add ICD-9 and/or V-codes 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.

Note re: seeing a patient more than once in a day:

If seeing a patient more than once over the course of a single day, submit an encounter record for each encounter with the patient. This applies even if the type of encounter is the same each time.

10. List of encounter codes – acute and specialty care

Encounter codes for NPs providing acute and specialty care are listed in the table below. See section 7 for encounter codes for NPs providing primary care.

Code	Description
97580	Initial Patient Encounter
97581	Patient Rounding / Follow-Up
97582	Coordination of Complex Care
97583	Patient Discharge
97584	Post-Discharge Follow-Up
97585	Procedures – Non-Core
97586	Virtual Patient Care

11. Guidance on using the acute and specialty care codes

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

Code	Definition	Example activities
97580 Initial Patient Encounter	Initial patient encounter in a hospital / initial consult in a specialized clinic	<ul style="list-style-type: none"> • Review of patient’s medical history (gathered from electronic sources and inpatient visit) • Medication reconciliation • Initial physical exam • Initial diagnostics and diagnosis • Initial health goal setting with patient • Initial patient education • Writing consult/admission note

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Code	Definition	Example activities
97581 Patient Rounding / Follow-Up	Any follow-up visit in a hospital or specialized clinic	<ul style="list-style-type: none"> • Review of patient chart, recent labs and images • Patient visit/physical exam • Patient education • Lengthy conversations with patient surrounding their on-going care, health trajectory, and wishes (e.g. sharing difficult information, Goals of Care conversations, discussion and explanations of treatment options, etc.) • Medication adjustments as needed • Ordering of further labs/imaging • Routine/core procedures (e.g. dressing changes) (for non-core procedures, use code 97585) • Consulting team members, internal specialties, allied health, other care teams, etc. (for lengthy conversations, use code 97582) • Writing internal referrals • Communicating with care team (for lengthy conversations, use code 97582) • Attending medical rounds/allied health rounds • Subsequent rounding/follow-up if required • Urgent/emergent management of patient condition • Reviewing of same day labs or images • Ordering of further labs or imaging
97582 Coordination of Complex Care	Lengthy conversations with family and/or care team regarding patient care in a hospital or specialized clinic Also used for form completion	<ul style="list-style-type: none"> • Calls to family • Family meetings/education (patient may be present) • Internal patient case conference • Form completion
97583 Patient Discharge	Discharge from a hospital or specialized clinic	<ul style="list-style-type: none"> • Medication reconciliation • Writing prescriptions for discharge • Liaising with allied health readiness for discharge • Liaising with nursing readiness for discharge • Liaising with PCC/DCC/CNL readiness for discharge • Liaising with medical team and consultants for readiness for discharge • Confirming follow-up appointments/ outpatient diagnostics • Writing discharge or transfer summary • Writing external referrals

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Code	Definition	Example activities
97584 Post-Discharge Follow-Up	Follow-ups with patients after they have been discharged from a hospital Not to be used by NPs working in specialized clinics	<ul style="list-style-type: none"> • Follow-up on outstanding lab or imaging • Calling to confirm successful transition home • Medication refills/adjustments
97585 Procedures - Non-Core	Non-core procedures performed in a hospital or specialized clinic	<ul style="list-style-type: none"> • Conducting an invasive procedure (includes minimally invasive procedures, if non-core) • Complex dressing changes • Surgical assist

Add-on code

97586 Virtual Patient Care	<p>Add this code on to any of the other codes (except code 97585 Procedures - Non-Core) to indicate that the patient care was done virtually. If this code is not added, it is assumed that the patient care was done in person.</p> <p>Not to be used for virtual activities done with individuals other than the patient (e.g., calls to other providers, calls to family, etc.)</p> <p>Includes any virtual modality (telephone or videoconference)</p>
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Note re: seeing a patient more than once in a day:

If seeing a patient more than once over the course of a single day, submit an encounter record for each encounter with the patient. This applies even if the type of encounter is the same each time.

Note re: MAiD

For MAiD codes, see the simplified codes for primary care (Section 8 of this document).