

BC LFP PAYMENT MODEL

Physician & MOA Checklist



*Based on the LFP Payment Schedule (Feb 23, 2026) from the Medical Services Commission (MSC).

1 PHYSICIAN ELIGIBILITY

- Be in **good standing** with the MSC
- Provide **comprehensive longitudinal family physician services**
- Contribute to **clinic operating costs** (e.g. rent/lease, staffing, equipment & supplies, EMR/IT systems)
- Participate in the **Provincial Attachment System (PAS)**
- Achieve a **minimum panel size of 250** patients within 4 months of enrollment
- Provide **Required Services** as defined in the [LFP Payment Schedule](#)
- Create and maintain **Adequate Medical Records** that support audit and eligibility verification
- Ensure **non-panel services** account for **no more than 30%** of total LFP clinic-based services annually
- Ensure **medical records and other documentation support time claimed** under time codes and interaction codes in the event of an audit

2 CLINIC SETUP (before first LFP billing)

- Clinic has a valid **MSP Facility Number**
- MSP Facility Number is added to **EMR billing configuration**
- EMR is updated with current:**
 - MSP fee codes
 - ICD-9 diagnostic codes
 - Explanation codes
 - Facility codes
 - Location codes
- Billing staff are trained on:**
 - LFP interaction codes
 - LFP time codes

LFP Time-Code Tracking Workflow

Record physician time daily in non-overlapping **15-minute units (codes 98010-98012)** using a dedicated EMR filter. Ensure entries are complete and reconciled each day. Submit with diagnostic code **L23** under the generic **LFP PHN 9646191917**

3 LFP REGISTRATION

- Submit **98000 - LFP Enrollment** via Teleplan using LFP Portal Patient

PHN	9694105066
Surname	Portal
First	LFP
DOB	Jan 1, 2023
ICD-9	L23

Note: Submit **1-5 business days** before first claim and confirm registration processed before submitting claims.

- Resubmit annually between Jan 1 - Mar 31**

4 PRACTICE SETTING REGISTRATION

After enrollment, register practice setting.

- Submit **98002 - Clinic-based services** (mandatory) via Teleplan using the LFP Portal Patient in Step 3.

If applicable, submit:

- 98003 - Long-term care / palliative facility
- 98004 - Inpatient facility
- 98006 - Pregnancy & new born facility
- Re-submit annually between Jan 1 - Mar 31**

5 PATIENT PANEL MANAGEMENT

PHYSICIAN RESPONSIBILITIES

- Maintain **≥ 250 active panel patients**
- Provide **longitudinal care** to attached patients
- Ensure **non-panel visits remain ≤30%** of clinic interactions annually.

Note: The 30% limit applied to clinic-based patient interactions. Maternity care is excluded from the non-panel calculation.

MOA / BILLING RESPONSIBILITIES

- Submit initial panel list via **PAS bulk upload**
- Add newly attached patients using **fee code 98990**

Required data fields:

- Practitioner number, patient PHN, date of service, ICD: L23, location code, MSP payee number, patient name, service code: 98999 (primary care panel attachment), facility number

- Ensure panel records **match the PAS**

Note: It may take several days for new patient to appear in PAS after submitting the code.

6 DAILY VISIT BILLING

For each patient encounter, billing one of the following fee codes:

98031	In-person visit
98021	Standard procedure with an in-person visit
98020	Advanced procedure with an in-person visit
98032	Virtual visit (phone/video)
98033	Home visit
98034	Group medical visit
98030	Consultation (written request required)

If applicable, add 98022 - minor procedure/test

Note: Procedures must appear in Appendix D of the [LFP Payment Schedule](#).

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7 TIME TRACKING CHECKLIST

PHYSICIAN RESPONSIBILITIES

Track **all time spent** on direct and indirect care, and clinical administration.

Examples of indirect care:

- Chart review
- Patient messaging
- Care coordination
- Prescription renewals
- Referrals
- Documentation

BILLING RESPONSIBILITIES

- Submit time codes in **15-minute increments** (1 unit/15 minutes)
- Record **start** and **end** times
- Ensure **no overlapping claims**
- Maximum limits:
 - **14 hours** per day
 - **120 hours** per week

98010	Direct patient care
98011	Indirect patient care
98012	Clinical administration
98119	Travel time

8 GENERIC LFP TIME PHN (required as of Feb 23, 2026)

For all time codes on/after Feb 23, 2026, use the following patient demographics:

PHN	9646191917
Surname	Time
First	LFP
DOB	Jan 1, 2005

Confirm EMR configured to use generic LFP time patient

9 DAILY BILLING LIMITS

PHYSICIAN / BILLING MUST MONITOR

- Maximum **50 interaction codes** per day
- 98022 add-on codes are **excluded** from the 50 limit
- Maintain **≤30 non-panel** visits annually

10 MVA VISITS (as of Feb 23, 2026)

- MVA patient visits are included under LFP billing
- Bill using interaction codes and time codes

Exception: ICBC medical reports billed directly to ICBC.

11 ANNUAL COMPLIANCE CHECKLIST

Resubmit LFP Enrollment code 98000

Resubmit Setting Registration code(s)

Confirm panel ≥ 250 patients

Review non-panel visit percentage (≤30%)

Review time code documentation

Confirm EMR billing updates

QUICK LFP CLINIC WORKFLOW

