

BC LFP Payment Model

Physician and MOA Operational Checklist 2026

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

1. Physician Eligibility Checklist

Physician must

- Be in good standing with the Medical Services Commission
- Provide comprehensive longitudinal family physician services
- Contribute to clinic operating costs
 - Examples include:
 - rent / lease
 - staffing
 - equipment and 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 that **non-panel services** account for no more than 30% of the total LFP clinic-based services provided annually
- Ensure that medical records and other documentation support time claimed under the time codes and services claimed under interaction codes and be able to produce that documentation in the event of an audit.

2. Clinic Setup Checklist (Before First LFP Billing)

Clinic Administration / MOA must confirm

- The clinic has a valid **MSP Facility Number**
- The MSP Facility Number is added to EMR billing configuration
- The 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
- Billing staff are trained on 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 that captures all direct and indirect patient care. Ensure entries are complete and reconciled each day, submit with diagnostic code L23 under the generic LFP PHN 9646191917

3. LFP Registration Checklist

Physician / Billing

- Submit **98000** — LFP Enrollment

Submit via Teleplan using LFP Portal Patient

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

- Submit 1–5 business days before first claim
- Confirm registration processed before submitting claims
- Re-submit annually between Jan 1 – Mar 31**

4. Practice Setting Registration

After enrollment, register practice setting.

Physician / Billing

- Submit **98002** — Clinic-based services (mandatory)

Submit via Teleplan using the **above** LFP Portal Patient.

If applicable, submit:

- 98003 — Long-term care / palliative facility
- 98004 — Inpatient facility
- 98006 — Pregnancy & newborn 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 $\leq 30\%$ of clinic interactions annually

Note: *The 30% limit applies 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
- MSP payee number
- Patient PHN
- Patient name
- Date of service
- Service code: 98990 — Primary Care Panel Attachment
- ICD-9: L23
- Facility number
- Location code

- Ensure panel records match the Provincial Attachment System

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

6. Daily Visit Billing Checklist

MOA / Billing

For each patient encounter,

- Bill **one** of the following fee codes:

Code	Visit Type
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*



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 requirements

Submit time codes in 15-minute increments (1unit/15 minutes)

Record start and end times

Ensure no overlapping claims

Maximum limits:

- 14 hours per day
- 120 hours per week

Code	Description
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

Field	Value
PHN	9646191917
Surname	Time
First	LFP
DOB	Jan 01, 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 $\leq 30\%$ non-panel visits annually

10. Motor Vehicle Accident 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

Physician / Clinic

- Resubmit LFP Enrollment code 98000
- Resubmit Setting Registration code(s)
- Confirm panel ≥ 250 patients
- Review non-panel visit percentage ($\leq 30\%$)
- Review time code documentation
- Confirm EMR billing updates

Quick LFP Clinic Workflow

1. Submit 98000 enrollment
2. Submit practice setting code (98002 etc.)
3. Upload initial patient panel
4. Attach new patients with 98990
5. Bill interaction codes for visits
6. Bill time codes for additional work
7. Monitor panel size and non-panel visit percentage