Physician billing: How to avoid mistakes and protect your earnings

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Mastering your physician billing means fewer rejected claims, faster payments and less time wasted on corrections. Here are some tips on how to bill efficiently.

Every service you perform deserves compensation, and your billing system is what makes it happen. For early-career physicians, learning to bill efficiently isn't just an administrative chore — it's one of the most important ways to protect your time, income and peace of mind.

An efficient billing workflow means fewer rejected claims, faster payments and less time spent on back-and-forth corrections. While specific systems and codes vary by province, the basic process is the same across Canada: you perform a service, submit a claim through your billing software and receive payment.

It sounds simple, but doing it well requires attention to detail. Preventable errors and disorganized systems can lead to missed income — don't let it happen. Here's how to bill smarter from day one.

Know your codes cold

Your provincial fee schedule is your billing guide. Fee codes correspond to specific services and determine how much you'll be paid. Knowing them well helps you avoid common — and costly — mistakes, including:

- using the wrong code for the service provided
- choosing a code that doesn't match the diagnosis or the patient's gender and age
- missing key modifiers, such as location, time of day or specialty
- billing for services that don't have a provincial code, such as sick notes and transportation

You'll quickly memorize the most common codes, such as 03.03A. This is a basic in-office diagnostic assessment in Alberta, which was billed over 8.7 million times for 2.6 million patients in 2021–2022, according to the Government of Canada. Its virtual counterpart, 03.03CV, was also heavily used, reflecting the rise in remote care. Bottom line: routine assessments, both in person and virtual, drive a huge part of day-to-day billing.

Certain third-party payers, like Workplace Compensation Boards or the Workplace Safety and Insurance Board of Ontario (WSIB), may also have their own codes for expedited reports or administrative tasks.

Tip: Create a personal cheat sheet of your most commonly used codes by specialty to speed up entries and reduce errors.

The billing guides can be found here:

- Alberta: Alberta Health Physician Resource Guide
- British Columbia: BC MSP Payment Schedules
- Manitoba: Doctors Manitoba General Schedule
- New Brunswick: New Brunswick Physicians' Manual
- Newfoundland and Labrador: Medical Payment Schedule
- Nova Scotia: Doctors Nova Scotia MSI Billing
- Ontario: OHIP Schedule of Benefits
- Prince Edward Island: Physician Services Agreement
- Quebec: RAMQ MANUEL DES SPÉCIALISTES
- Saskatchewan: Saskatchewan Medical Association Physician Payment Schedule
- Northwest Territories: Insured Services Tariff
- Nunavut: Contact Nunavut Physicians for more information
- Yukon: Contact the Yukon Medical Association for more information

Avoid these common mistakes (or risk rejection)

Some billing errors can seem small, but may lead to claim rejections that delay your payment. Watch for these red flags:

- no referring physician listed for consults
- missing admission date for inpatient visits
- incorrect or missing facility/service location codes
- expired or incorrect health card numbers
- billing for uninsured patients (such as out-of-province residents, expired cards, elective or virtual services that aren't covered)

You might be tempted to offload billing to a clerk. While this can save time, keep in mind that clerks are just entering data, whereas you know the full clinical context. Details like weekend premiums, time-based modifiers or diagnostic accuracy can be missed by someone who wasn't in the room.

Also, some codes have time-based restrictions, such as comprehensive physicals (one per 360 days) or Botox injections (once every 90 days), where the medical record must show start and stop times. If your scheduling system isn't integrated with your billing software, these flags can get missed at the appointment-making stage.

Tip: Use billing software with "smart billing" features that automatically flag potential conflicts or missing data.

Batch smarter: Bill multiple patients at once when it makes sense

For services such as screening visits or immunizations, similar codes can often be bundled or batch billed for multiple patients — a huge time-saver, especially in public health clinics or outreach settings.

Just be careful not to overuse this approach. Each patient's visit must meet the requirements of the code.

Work as a team: Coordinate with colleagues

In group practices or hospital settings, duplicate claims can happen when multiple providers see the same patient — for example, one doctor in the morning, another later that day. Unless the second visit meets criteria for a separate and distinct service, it may not be payable.

Avoid rejections by checking the electronic medical record or having a quick team huddle to coordinate documentation and billing. A two-minute conversation can save hours of rejected claims management.

Set a billing rhythm: Don't procrastinate

Claim submission deadlines vary by province. In Ontario, for example, you have three months to submit a claim to Ontario Health Insurance Plan. Miss that window, and you may face additional paperwork — or forfeited income.

Tip: Set a regular billing routine, daily or weekly, just like reviewing labs or signing off on notes. It's a non-negotiable part of running your practice and getting paid for your work.

Know what not to bill for

Some services are not insured under provincial health plans and should be billed to the patient directly. While reciprocal billing agreements between provinces cover most care, exceptions apply:

- **elective services** like routine checkups or certain virtual visits may not be covered.
- **Quebec** is not part of the reciprocal agreement — bill patients directly and issue a receipt.
- **uninsured services** include cosmetic procedures, prescription renewals without a visit, third-party forms and travel immunizations.

Tip: Post a clear "not covered" list in your clinic or on your website to help set expectations and avoid awkward conversations at checkout. For example, in Ontario, OHIP doesn't cover cosmetic procedures, WSIB claims, prescription renewals without visits and medical travel immunizations.

Bill like a pro from day one

Learning to bill effectively helps protect your time and your income. Even a small error rate can cost you:

- Suppose you bill $1,000 per day.
- A 1% miss rate equals $10 per day, or $50 per week.
- That adds up to $200 per month, or $2,400 per year.

This amounts to half a week of unpaid work every year, gone due to preventable mistakes. Or put another way, a missed $40 per day (a single patient visit) is $10,000 per year — roughly the equivalent of two weeks of vacation.

Make billing part of your clinical skillset

Medical billing may seem like a behind-the-scenes task, but it's a core professional skill that safeguards your income, protects your time and keeps your practice running smoothly. Every accurate claim reflects care you've already provided, and every missed dollar represents time and energy that cannot be recovered.

Building efficient billing habits early saves you countless hours, prevents unnecessary stress and helps focus on what matters most: patient care. By staying informed, using smart tools and taking ownership of your billing process, you're building a sustainable, well-managed practice from day one.

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