

BROADCAST MESSAGES

EFFEC. DATE (CCYYMMDD):2017-09-01

CANCEL DATE (CCYYMMDD): 2017-09-15 TARGET TYPE: SP

TARGET KEY: 00 COPY MESSAGE FROM

BROADCAST TITLE: G14021 further changes

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Further changes to GPSC fee item G14021 allows billing when call initiated by an allied care provider. Referring practitioner number is also required on the claim submission- effective July 1, 2017:

G14021 GP with Specialty Training Telephone Advice - Initiated by a Specialist, General Practitioner or Allied Care Provider, Response within 2 hours60.00

Notes:

- i)* Payable to a GP with specialty training for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient.
- ii)* Conversation must take place within two hours of the initiating provider's request. Not payable for written communication (i.e. fax, letter, e-mail).
- iii)* If conversation is with an allied care provider include a note record specifying the type of provider.
- iv)* Includes discussion of pertinent family/patient history, history of presenting complaint and discussion of the patient's condition and management after reviewing laboratory and other data where indicated.
- v)* Not payable for situations where the purpose of the call is to:
 - a. book an appointment
 - b. arrange for transfer of care that occurs within 24 hours
 - c. arrange for an expedited consultation or procedure within 24 hours
 - d. arrange for laboratory or diagnostic investigations
 - e. inform the referring physician of results of diagnostic investigations
 - f. arrange a hospital bed for the patient
- vi)* Not payable to physician initiating call.
- vii)* No claim may be made where communication is with a proxy for either physician (e.g.: nurse or assistant).

- viii) Limited to one claim per patient per physician per day.
- ix) A chart entry, including advice given and to whom, is required.
- x) Start and end times must be included with the claim and documented in the patient chart.
- xi)-Not payable in addition to another service on the same day for the same patient by same practitioner.
- xii) Out-of-Office Hours Premiums may not be claimed in addition.
- xiii) Cannot be billed simultaneously with salary, sessional, or service contract arrangements.
- xiv) Include the practitioner number of the provider requesting advice in the “referred by” field when submitting claim. (For allied care providers not registered with MSP use practitioner number 99987)

INITIATED BY: MOH

Copy to BCMA -yes

AUTHORIZED BY_____

IF TARGET TYPE IS

THEN TARGET KEY IS

PY-PAYEES -----	PAYEE NO.
PR- PRACTITIONER -----	PRACTITIONER NO.
SP-SPECIALTY -----	SPECIALTY CODE
AI-ASSOCIATION IDENTIFIER -----	MD – BC MEDICAL ASSOCIATION
A -ALL -----	LEAVE TARGET KEY BLANK
PS-PAYEE STATUS -----	C - VESTED INTEREST LAB
	F PRIMARY CARE
	H - HOSPITAL
	I - INACTIVE PAYEE
	L - LABORATORY
	M - ACTIVE PAYEE
	V - 3RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM