

**BROADCAST MESSAGES**

**EFFEC. DATE (CCYYMMDD):2017-10-01**  
**CANCEL DATE (CCYYMMDD): 2017-10-15      TARGET TYPE: SP**  
**TARGET KEY: 00                      COPY MESSAGE FROM**

**BROADCAST TITLE: New GPSC fee item G14029**  
**BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):**

G14029 Allied Care Provider Practice Code.....\$0.00  
To support team based care Allied Care Providers may provide one of the visits required for GPSC chronic disease management. Submission of this \$0.00 code by the FP indicates an in person visit was provided by a college certified Allied Care Provider.

Notes:

- i) Only billable by the family physician who has submitted Code G14070/G14071 and who is most responsible for the majority of the patient’s longitudinal general practice care.
- ii) Applicable only for in-person medical services (office, home or LTC) provided by a college certified allied care provider working within the family physician’s practice where the family physician has accepted responsibility for the provision of the care.
- iii) Not billable when the patient has had a service provided and billed by the family physician.
- iv) Billable on patients receiving guideline informed care who will be eligible for one of the chronic disease management incentives (CDM’s).

Further details are available on the GPSC website:

<http://www.gpsc.bc.ca/>

<http://www.gpsc.bc.ca/news/gpsc/upcoming-incentive-changes-and-ending-of-fee-14074>

(GPSC web links are all lower case.)

**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 - 3<sup>RD</sup> PARTY- OUT OF PROVINCE**  
**Y – ALTERNATIVE PAYMENTS PROGRAM**