

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-03-15 TARGET TYPE: SP
CANCEL DATE (CCYYMMDD): 2025-03-31 TARGET KEY: 44
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Amend FIs 31050 and 31060

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

Effective April 1, 2025, the Extended consultation-exceeding 53 minutes, fee item 31050, and the Multidisciplinary Care Assessment for community-based patients, fee item 31060 in the MSC Payment Schedule have clarified that these can be performed via telephone and video conferencing technology as well as in-person. Additionally, note iv) under FI 31050 has been removed. Descriptions have been amended as follows, rates haven't changed:

31050 Extended consultation-exceeding 53 minutes (actual physician time spent with patient). To consist of examination, review of history, laboratory, Xray findings, necessary to initiate care

Notes:

- i) Restricted to Rheumatology.
- ii) Applicable to patients with chronic and complex medical needs.
Paid with the following diagnostic codes:
 - a) Diffuse Diseases of Connective Tissue (710), Systemic Lupus Erythematosus (710.0), Systemic Sclerosis (710.1), Sicca Syndrome (710.2), Dermatomyositis (710.3), Polymyositis (710.4), Other (710.8), Unspecified (710.9);
 - b) Rheumatoid Arthritis and other Inflammatory Polyarthropathies (714), Rheumatoid Arthritis (714.0), Felty's Syndrome (714.1), Other Rheumatoid Arthritis with Visceral or Systemic Involvement (714.2), Juvenile Chronic Polyarthritis (714.3), Chronic Post-rheumatic Arthropathy (714.4), Other (714.8), Unspecified (714.9);
 - c) Polyarteritis Nodosa and Allied Conditions (446), Polyarteritis Nodosa (446.0), Acute Febrile Mucocutaneous Lymphnode Syndrome (MCLS) (446.1), Hypersensitivity Angiitis (446.2), Lethal Midline Granuloma (446.3), Wegener's Granulomatosis (446.4), Giant Cell Arteritis (446.5), Thrombotic Microangiopathy (446.6), Takayasu Disease (446.7);

- d) Ankylosing Spondylitis and Other Inflammatory Spondylopathies (720), Ankylosing Spondylitis (720.0), Spinal Enthesopathy (720.1), Sacroiliitis, not Elsewhere Classified (720.2), Other Inflammatory Spondylopathies (720.8), Unspecified Inflammatory Spondylopathy (720.9);
- e) Psoriasis and Similar Disorders (696), Psoriatic Arthropathy (696.0), Other Psoriasis (696.1), Parapsoriasis (696.2), Pityriasis rosea (696.3), Pityriasis Rubra Pilaris (696.4), Other Unspecified Pityriasis (696.5), Other (696.8).
- f) Arthropathy associated with infections (711);
- g) Polymyalgia rheumatic (725);
- iii) Paid to a maximum of one per patient within six months of the last visit.
- iv) Start and end times must be recorded on claim and in the patient's chart.
- v) Not paid when there is no change in condition from previous assessment.

31060 Multidisciplinary Care Assessment for community-based patients.
To consist of assessment, written treatment plan and any other counselling the patient needs for management of their particular diagnosis

Notes:

- vi) Not payable in addition to a consultation or visit fee.
- vii) Service may be provided in person or using telephone or video conferencing technology.

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: Blanca Gala

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