

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-06-15 TARGET TYPE: AI
CANCEL DATE (CCYYMMDD): 2025-06-30 TARGET KEY: MD
COPY MESSAGE FROM

BROADCAST TITLE (50 char): NFI Hospital at Home virtual visit & amendments

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

Effective July 1, 2025, the following fee is added to the MSC Payment Schedule under the heading “Community Based FP with Active Hospital Privileges”. New fee item 13010 is for virtual Hospital at Home visits, whereas fee item 13011 is now only for in-person Hospital at Home visits. Additionally, fees 00103, 14018 and 14077 are not to be used for Hospital at Home services.

P13010 Hospital at Home Virtual Visit.....56.87

Notes:

- i) Payable for a phone or video visit with direct patient interaction for a patient under a Hospital at Home program.
- ii) Additional visits are not payable on the same day to the same physician for the same patient, except as indicated in the fee notes below.
- iii) For essential and non-emergent care, a subsequent Hospital at Home visit on the same calendar day can be billed as noted below. The claim note record for the subsequent visit must include the time of each visit and the reason why the subsequent visit was required.
 - a. An additional virtual visit on the same calendar day for a Hospital at Home patient must be billed as fee item 13010 with submission code D.
 - b. A subsequent in-person visit on the same calendar day for a Hospital at Home patient must be billed under fee item 13011.

- iv) For urgent or emergent care when the attending physician is specially called back because the patient's condition has changed requiring the physician's attendance, an in-person visit can be billed as noted below. The claim note record for the subsequent visit must include the time of each visit and the reason why the subsequent visit was required.
 - a. When the physician must immediately leave home, office, or hospital to render care, an additional weekday daytime in-person emergency visit can be billed as fee item 00112, if the billing criteria are met.
 - b. When the physician is specially called on an evening, nighttime, or weekend to render emergency or non-elective services and must travel from one location to another to attend the patient, call-out charges can be billed under fee items 01200, 01201, 01202 in addition to fee item 13011. Continuing care fee surcharges 01205, 01206, 01207 can be billed if the billing criteria are met.
- v) Fee item 00103 (home visit) is not payable for a patient admitted for care under a Hospital at Home program.

Effective July 1, 2025, the fee description and all notes for fee item 13011 are amended as follows:

13011 Hospital at Home In-Person Visit

Notes:

- i) Payable for an in-person visit with direct patient interaction for a patient admitted under a Hospital at Home program.
- ii) Additional visits are not payable on the same day to the same physician for the same patient, except as indicated in the fee notes below.

- iii) For essential and non-emergent care, a subsequent Hospital at Home visit on the same calendar day can be billed as noted below. The claim note record for the subsequent visit must include the time of each visit and the reason why the subsequent visit was required.
 - a. An additional in-person visit on the same calendar day for a Hospital at Home patient must be billed under fee item 13011 with submission code D.
 - b. A subsequent virtual visit on the same calendar day for a Hospital at Home patient must be billed as fee item 13010.
- iv) For urgent or emergent care when the attending physician is specially called back because the patient's condition has changed requiring the physician's attendance, an in-person visit can be billed as noted below. The claim note record for the subsequent visit must include the time of each visit and the reason why the subsequent visit was required.
 - a. When the physician must immediately leave home, office, or hospital to render care, an additional weekday daytime in-person emergency visit can be billed as fee item 00112, if the billing criteria are met.
 - b. When the physician is specially called on an evening, nighttime, or weekend to render emergency or non-elective services and must travel from one location to another to attend the patient, call-out charges can be billed under fee items 01200, 01201, 01202 in addition to fee item 13011. Continuing care fee surcharges 01205, 01206, 01207 can be billed if the billing criteria are met.
- v) Fee item 00103 (home visit) is not payable for a patient admitted under a Hospital at Home program.

Effective July 1, 2025 notes i), iv) and x) under fee item 13012 are amended as follows:

13012 Hospital at Home FP Conference with Allied Care Provider and/or Physician – per 15 minutes or greater portion thereof

Notes:

- i) Payable only for a patient admitted under a Hospital at Home program.
- iv) Details of the care conference must be documented in the patient's chart as well as information on clinical discussion and decisions made.
- x) 14018 and 14077 are not payable for a patient admitted under a Hospital at Home program.

Effective July 1, 2025 the fee description and notes for fee item 00103 are amended as follows:

00103 Home visit

Notes:

- i) Payable for a home visit between 0800 and 2300 hours any day of the week.
- ii) Additional patients seen during the same house call are to be billed under the applicable out-of-office visit fee items (12200,13200,15200,16200,17200, 18200). Please see Preamble D. 4. 13.
- iii) Not payable for a patient admitted under a Hospital at Home program.

Effective July 1, 2025, new note xi) is added to fee item 14018 and notes ii), v), vi), ix) and x) are amended as follows. Several other fee notes were also renumbered:

G14018 FP Urgent Telephone Advice from a Specialist or FP with Consultative Expertise

Notes:

- ii) The conversation must take place within two hours of the FP's request and must be physician to physician. Not payable for written communication (i.e. fax, letter, email).

- v) Payable for only one service per patient per physician per day.
- vi) Payable for a maximum of 6 services per patient per physician per calendar year.
- ix) Not payable in addition to 14067 or 14077 on the same day to the same physician for the same patient
- x) Out-of-Office Hours Premiums are not payable in addition.
- xii) Not payable for a patient admitted under a Hospital at Home program.

Effective July 1, 2025 note xiii) is amended, new note xv) is added and other notes are renumbered under fee 14077 as follows:

G14077 FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof

Notes:

- xiii) Not payable in addition to 14018 or 14067 on the same day to the same physician for the same patient.
- xv) Not payable for a patient admitted under a Hospital at Home program.

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: Donna Bell

IF TARGET TYPE IS

THEN TARGET KEY IS

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| 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 |