

FP Email, Text & Telephone Fees: Medical Advice to Patients (PG14076, PG14078)

The fees listed in this guide cannot be appropriately interpreted without the [GPSC Preamble](#).

Fee Code	Description	Total Fee \$
PG14076	FP Patient Telephone Management Fee	\$20.12
	<p>Notes:</p> <ul style="list-style-type: none"> <i>i)</i> Payable only to: <ul style="list-style-type: none"> a. MRP Family Physicians who have successfully submitted and met the requirements for PG14070 in the same calendar year; or b. Locum Family Physicians who are covering for a MRP FP when using this fee code, and have successfully submitted and met the requirements for PG14071 on the same or a prior date in the same calendar year; or c. Family Physicians who have successfully submitted and met the requirements for the PG14072 in the same calendar year; or d. Family Physicians Registered in a Maternity Network, or FP Unassigned In-patient network on a prior date. <i>ii)</i> Telephone Management requires a clinical telephone discussion between the patient or the patient’s medical representative and physician. Alternatively, this fee may be billed when delegated to or a College-certified allied care provider (e.g. Nurse, Nurse Practitioner) employed by the eligible physician practice (see GPSC Preamble for definition of allied care provider “employed by” a physician practice and “college-certified ACP”). <i>iii)</i> Chart entry must record the name of the person who communicated with the patient or patient’s medical representative, as well as capture the elements of care discussed. <i>iv)</i> Not payable for prescription renewal alone. <i>v)</i> Not payable for anti-coagulation therapy by telephone (00043) or notification of appointments or referrals. <i>vi)</i> Payable to a maximum of 1500 services per physician per calendar year. <i>vii)</i> Not payable on the same calendar day as a visit or service fee by same physician for same patient, with the exception of PG14077, PH14067, PG14018, PG14050, PG14051, PG14052, PG14053, 13005. <i>viii)</i> Not payable to physicians who are employed or under contract to a facility or working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service. 	

Fee Code	Description	Total Fee \$
PG14078	FP Email/Text/Telephone Medical Advice Relay	\$7.04
	<p>PG14078 is payable for 2-way communication of medical advice from the MRP Family Physician to eligible patients, or the patient’s medical representative, via email/text or telephone relay. This fee is not payable for prescription renewals, anti-coagulation therapy by telephone (00043) or notification of appointments or referrals.</p> <p>Notes:</p> <ul style="list-style-type: none"> i) Payable only to: <ul style="list-style-type: none"> a. MRP Family Physicians who have successfully submitted and met the requirements for PG14070 in the same calendar year; or b. Locum Family Physicians who are covering for a MRP FP when using this fee code, and have successfully submitted and met the requirements for PG14071 on the same or a prior date in the same calendar year; or c. Family Physicians who have successfully submitted and met the requirements for PG14072 in the same calendar year; or d. Family Physicians Registered in a Maternity Network, or FP Unassigned In-patient network on a prior date. ii) Email/Text/Telephone Relay Medical Advice requires 2-way relay/ communication of medical advice from the physician to eligible patients, or the patient’s medical representative, via email/text or telephone. Alternatively, the task of relaying the physician’s advice may be delegated to any allied care provider or MOA working within the physician practice (see GPSC Preamble for definition of allied care provider “working within” a physician practice team). iii) Chart entry must record the name of the person who communicated with the patient or patient’s medical representative, as well as the advice provided, modality of communication and confirmation the advice has been received. iv) Not payable for prescription renewals, anti-coagulation therapy by telephone (00043) or notification of appointments or referrals. v) Payable to a maximum of 200 services per physician per calendar year. vi) Not payable on the same calendar day as a visit or service fee by same physician for same patient with the exception of PG14077 or PH14067. 	

Conferencing and Advice Fees About Patients (PG14077, PH14067, PG14018, PG14019)

The fees listed in this guide cannot be appropriately interpreted without the [GPSC Preamble](#).

FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof (PG14077)

PG14077 pays for two-way case conferencing about a patient with at least one allied care provider or physician. The fee is billable regardless of where the patient is located or how the conference occurs. Time spent talking to the patient or family member does not count towards conferencing time under PG14077.

As start and end times must be submitted, consider:

- a) If conferencing takes place as a series of separate phone calls, use the start time of the first call and calculate the “end time” based on total time spent conferencing.
- b) If billing a same day out-of-office hour’s visit fee code (which also requires start/end times), the time submitted must either be before or after the PG14077 start/end time.

Fee Code	Description	Total Fee \$
PG14077	FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof	\$43.23
	<p>Notes:</p> <ul style="list-style-type: none"> <i>i)</i> Payable only to: <ul style="list-style-type: none"> a. MRP Family Physicians who have successfully submitted and met the requirements for PG14070 in the same calendar year; or b. Locum Family Physicians who are covering for a MRP FP when using this fee code, and have successfully submitted and met the requirements for PG14071 on the same or a prior date in the same calendar year; or c. Family Physicians who have successfully submitted and met the requirements for PG14072 in the same calendar year; or d. Family Physicians registered in a Maternity Network, or FP Unassigned In-patient network on a prior date. <i>ii)</i> Payable for two-way collaborative conferencing, either by telephone, videoconferencing or in-person, between the Family Physician and an allied care provider and/or a physician. <i>iii)</i> Conferencing cannot be delegated. No claim may be made where communication is with a proxy for either provider. <i>iv)</i> Details of care conference must be documented in the patient’s chart (in office or facility as appropriate), including particulars of participant(s) involved in conference, role(s) in care, and information on clinical discussion and decisions made. <i>v)</i> Conference to include the clinical and social circumstances relevant to the delivery of care. <i>vi)</i> Not payable for situations where the purpose of the call is to: 	

	<ul style="list-style-type: none"> a. book an appointment b. arrange for an expedited consultation or procedure c. arrange for laboratory or diagnostic investigations d. convey the results of diagnostic investigations; e. arrange a hospital bed for a patient <p><i>vii)</i> When multiple patients are discussed, billing must be for consecutive non-overlapping time periods. Each individual patient conference must meet the time requirement of 15 minutes or greater portion thereof. For brief clinical conferences, fee code PH14067 is payable if all criteria are met.</p> <p><i>viii)</i> Payable in addition to any visit fee on the same day if medically required, provided that the visit does not take place during a time interval that overlaps with the conference (i.e. Visit time must be separate from conference time).</p> <p><i>ix)</i> Payable to a maximum of 18 units (270 minutes) per calendar year per patient with a maximum of 2 units (30 minutes) per patient on any single day.</p> <p><i>x)</i> Start and end times must be included with the claim and documented in the patient chart.</p> <p><i>xi)</i> Not payable for communications which occur as a part of the performance of routine rounds on the patient if located in a facility, or communications which occur as part of regular work flow within a physician’s community practice.</p> <p><i>xii)</i> Not payable for simple advice to a non-physician allied care provider about a patient in a facility.</p> <p><i>xiii)</i> Not payable in addition to PH14067 or PG14018 on the same day for the same patient by the same physician.</p> <p><i>xiv)</i> Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.</p>	
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FP Brief Clinical Conference with Allied Care Provider and/or Physician (PH14067)

PH14067 is payable for two-way case conferencing about a patient with at least one allied care provider or physician. The fee is billable regardless of where the patient is located or how the conference occurs. Time spent talking to the patient or family member is not billable as PH14067.

PH14067 should not be billed for conferencing activities that can be billed as 13005 or PG14077. Eligible physicians are advised to bill:

- 13005 for advice by telephone, fax, or in written form about a patient in community care given in response to an enquiry initiated by an allied health care worker.
- PG14077 for two-way conferencing about a patient with at least one allied care provider or physician per 15 minutes or greater portion thereof.

Fee Code	Description	Total Fee \$
PH14067	FP Brief Clinical Conference with Allied Care Provider and/or Physician	\$18.22
	<p>Notes:</p> <ul style="list-style-type: none"> i) Payable only to: <ul style="list-style-type: none"> a. MRP Family Physicians who have successfully submitted and met the requirements for PG14070 in the same calendar year; or b. Locum Family Physicians who are covering for such a MRP FP when using this fee code, and have successfully submitted and met the requirements for PG14071 on the same or a prior date in the same calendar year; or c. Family Physicians who have successfully submitted and met the requirements for PG14072 in the same calendar year; or d. Family Physicians registered in a Maternity Network, or FP Unassigned In-patient network on a prior date. ii) Payable for two-way collaborative conferencing, either by telephone, videoconferencing or in-person, between the Family Physician and an allied care provider and/or a physician iii) Conferencing cannot be delegated. No claim may be made where communication is with a proxy for either provider. iv) Details of clinical discussion and decisions made must be documented in the patient’s chart (in office or facility as appropriate), including particulars of participant(s) involved in conference and their role(s) in care. v) Not payable for situations where the purpose of the call is to: <ul style="list-style-type: none"> a. book an appointment b. arrange for laboratory or diagnostic investigations c. convey the results of diagnostic investigations; d. arrange a hospital bed for a patient vi) Payable in addition to any visit fee on the same day if medically required, provided the visit does not take place during a time interval that overlaps with the conference (i.e. Visit time must be separate from conference time). vii) Payable to a maximum of 150 per physician per calendar year. viii) Payable to a maximum of 1 per patient per physician per day. ix) Not payable in addition to PG14077 or PG14018 on the same day for the same patient by the same physician. x) Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service. 	

FP Urgent Telephone Advice from a Physician with Consultative Expertise (PG14018)

PG14018 is billable when the severity of the patient’s condition justifies urgent advice (within 2 hours of request) from a Specialist or Physician with Consultative Expertise (as defined in the [GPSC Preamble](#)), in order to develop and implement a plan to keep the patient stable in their current environment. The

intent of PG14018 is to improve the management of patients with acute needs, and reduce unnecessary ER or hospital admissions/transfers. This fee is not restricted by diagnosis or location of the patient, but by the urgency of the need for care.

Fee Code	Description	Total Fee \$
PG14018	FP Urgent Telephone Advice from a Specialist or FP with Consultative Expertise	\$43.23
	<p>14018 is payment for telephone advice that is needed on an urgent basis (within 2 hours of request) from a Specialist or Family Physician with Consultative Expertise (as defined in the Preamble). Includes the creation, documentation, and implementation of a plan for the care of patients with acute needs (i.e. requiring attention within the next 24 hours) and communication of that plan to the patient or patient's representative.</p> <p>Notes:</p> <ul style="list-style-type: none"> <i>i)</i> Payable to the FP who initiates a two-way telephone communication (including other forms of electronic verbal communication) with a specialist or family physician with consultative expertise (as defined in the GPSC Preamble) regarding the urgent assessment and management of a patient but without the responding physician seeing the patient. <i>ii)</i> 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). <i>iii)</i> Fee Includes: <ul style="list-style-type: none"> a. Discussion with the specialist 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. b. Developing, documenting and implementing a plan to manage the patient safely in their care setting. c. Communication of the plan to the patient or the patient's representative. d. The plan must be recorded in patient chart and must include patient identifiers, reason for the care plan, list of co-morbidities, safety risks, list of interventions, what referrals to be made, what follow-up has been arranged <i>iv)</i> Not payable in addition to PG14077 or PH14067 on the same day for the same patient by the same physician. <i>v)</i> Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service. <i>vi)</i> Include start time in time fields when submitting claim. <i>vii)</i> Not payable for situations where the primary purpose of the call is to: <ul style="list-style-type: none"> 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. Convey the results of diagnostic investigations 	

	<ul style="list-style-type: none"> f. Arrange a hospital bed for the patient. g. Obtain non-urgent advice for patient management (i.e. advice that is not required within the next 2 hours). <ul style="list-style-type: none"> viii) Limited to one claim per patient per physician per day. ix) Out-of-Office Hours Premiums may not be claimed in addition. x) Maximum of 6 (six) services per patient, per practitioner, per calendar year. xi) Payable in addition to a visit on the same date. 	
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FP – Advice to Nurse Practitioner/Registered Midwife Fee

The intent of PG14019 is to support collaboration between nurse practitioners, registered midwives and community family physicians. This fee is billable when providing advice by telephone or in person to a Nurse Practitioner who is an independent practitioner providing care to patients under their MRP care. This fee is not billable for providing advice to a NP when the patient is attached to a FP. This fee is also billable when providing advice by telephone or in person to a Registered Midwife who is an independent practitioner providing maternity care to patients under their MRP care.

Fee Code	Description	Total Fee \$
PG14019	FP Advice to a Nurse Practitioner/Registered Midwife Fee–Telephone or In Person	\$43.23
	<p>Notes:</p> <ul style="list-style-type: none"> i) Payable to: <ul style="list-style-type: none"> a. the FP who provides advice by telephone or in person in response to a request from a Nurse Practitioner (NP) in independent practice on patients for whom the NP has accepted the responsibility of being the Most Responsible Provider for that patient’s community care; or b. the FP who provides advice by telephone or in-person in response to a request from a Registered Midwife in independent practice on patients for whom the Midwife has accepted the responsibility of being the Most Responsible Provider for that patient's maternity care. ii) Excludes advice to an NP about patients who are attached to the FP; excludes advice to a Registered Midwife about patients being cared for in a shared care model with a FP. iii) Payable for advice regarding assessment and management by the NP/midwife and without the responding physician seeing the patient. iv) Not payable for written communication (i.e. fax, letter, email). v) A chart entry, including advice given and to whom, is required. vi) NP/Midwife Practitioner number required in referring practitioner field when submitting fee through Teleplan. vii) Not payable for situations where the purpose of the call is to: <ul style="list-style-type: none"> 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 	

	<ul style="list-style-type: none"> d. arrange for laboratory or diagnostic investigations e. convey the results of diagnostic investigations f. arrange a hospital bed for the patient <i>viii)</i> Limited to 1 (one) claim per patient per day with a maximum of 6 (six) claims per patient per calendar year. <i>ix)</i> Limit of 5 (five) PG14019 units may be billed by a FP on any calendar day. <i>x)</i> Not payable in addition to another service on the same day for the same patient by same FP. <i>xi)</i> Out-of-Office Hours Premiums may not be claimed in addition. <i>xii)</i> Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service. 	
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Family Physicians with Consultative Expertise Fees (PG14021, PG14022, PG14023)

The fees listed in this guide cannot be appropriately interpreted without the [GPSC Preamble](#).

FP with Consultative Expertise Telephone Advice Fees (PG14021, PG14022, PG14023) support tele/videoconferencing between FP’s with Consultative Expertise and other Family Physicians, Specialists or Allied Care Providers for the purpose of improving patient care.

The [GPSC Preamble](#) defines Family Physicians with Consultative Expertise as:

GPSC defines a Physician with Consultative Expertise as: "A family physician who has consultative expertise and provides consultative services or support to colleagues through a health authority supported or approved program". Examples of health authority supported programs include (but are not limited to) mental health, addictions, palliative, chronic pain and emergency medicine.

Eligibility for FP with Consultative Expertise Telephone Advice Fees:

In addition to meeting the definition of FP with Consultative Expertise listed above and in the [GPSC Preamble](#), the following criteria must be met:

- a. Must not have billed another GPSC fee item on the specific patient in the previous 18 months.
- b. Service may be provided when physician is located in office or hospital.
- c. Telephone advice must be related to the field in which the FP provides consultative services or support.

Fee Code	Description	Total Fee \$
PG14021	FP with Consultative Expertise Telephone/video Advice - Initiated by a Specialist, Family Physician, or Allied Care Provider, Response within 2 hours	\$60.37
	<p>Notes:</p> <ul style="list-style-type: none"> i) Payable to a FP with consultative expertise (as defined in the GPSC Preamble) for two-way telephone/video 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, email). iii) 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. iv) Not payable for situations where the purpose of the call is to: <ul style="list-style-type: none"> 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. convey the results of diagnostic investigations f. arrange a hospital bed for the patient v) Not payable to provider initiating call. 	

	<ul style="list-style-type: none"> <i>vi)</i> No claim may be made where communication is with a proxy for either provider (e.g. office support staff). <i>vii)</i> Limited to one claim per patient per physician per day. <i>viii)</i> A chart entry including advice given and to whom, is required. <i>ix)</i> Start times must be included with the claim and documented in the patient chart. <i>x)</i> Not payable in addition to another service on the same day for the same patient by same physician. <i>xi)</i> Out-of-Office Hours Premiums may not be claimed in addition. <i>xii)</i> Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service. <i>xiii)</i> 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 and include a note record specifying the type of provider). 	
<p>PG14022</p>	<p>FP with Consultative Expertise Telephone/video Advice - Initiated by a Specialist, Family Physician or Allied Care Provider, response within one week – per 15 minutes or portion thereof</p>	<p>\$43.23</p>
	<p>Notes:</p> <ul style="list-style-type: none"> <i>i)</i> Payable to a FP with Consultative Expertise (as defined in the GPSC Preamble) for two-way telephone/video communication regarding assessment and management of a patient but without the consulting physician seeing the patient. <i>ii)</i> Conversation must take place within 7 days of initiating provider's request. Initiation may be by phone or referral letter. <i>iii)</i> 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. <i>iv)</i> Not payable for situations where the purpose of the call is to: <ul style="list-style-type: none"> 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. convey the results of diagnostic investigations f. arrange a hospital bed for the patient <i>v)</i> Not payable to provider initiating call. <i>vi)</i> No claim may be made where communication is with a proxy for either provider (e.g.: office support staff). <i>vii)</i> Limited to two services per patient per physician per week. <i>viii)</i> A chart entry, including advice given and to whom, is required. <i>ix)</i> Start and end times must be included with the claim and documented in the patient chart. <i>x)</i> Not payable in addition to another service on the same day for the same patient by same physician. 	

	<ul style="list-style-type: none"> <i>xi)</i> Out-of-Office Hours Premiums may not be claimed in addition. <i>xii)</i> Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service. <i>xiii)</i> 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 and include a note record specifying the type of provider.) 	
PG14023	FP with Consultative Expertise - Patient Telephone/video Management/Follow-Up	\$20.12
	<p>Notes:</p> <ul style="list-style-type: none"> <i>i)</i> This fee applies to two-way telephone/video communication between the FP with Consultative Expertise (as defined in the GPSC Preamble) and patient, or a patient's representative. Not payable for written communication (i.e. fax, letter, email). <i>ii)</i> Access to this fee is restricted to patients having received a prior consultation, office visit, hospital or ER visit, diagnostic procedure or surgical procedure from the same physician, within the 6 months preceding this service. <i>iii)</i> Telephone/video management requires two-way communication between the patient and physician on a clinical level; the fee is not billable for administrative tasks such as appointment notification. <i>iv)</i> No claim may be made where communication is with a proxy for the physician (e.g.: office support staff). <i>v)</i> Each physician may bill this service 4 (four) times per calendar year for each patient. <i>vi)</i> This fee requires chart entry as well as ensuring that patient understands and acknowledges the information provided. <i>vii)</i> Not payable in addition to another service on the same day for the same patient by the same physician. <i>viii)</i> Out-of-Office Hours Premiums may not be claimed in addition. <i>ix)</i> Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service. 	

Frequently Asked Questions

FP Email, Text & Telephone Fees: Medical Advice to Patients (PG14076, PG14078)

1. What is the difference between the PG14076 FP Patient Telephone Management Fee and the PG14078 FP Email/Text/Telephone Relay Fee?

PG14076 FP Patient Telephone Management Fee is for medical management by telephone. It requires a clinical telephone discussion between the patient or the patient’s medical representative and physician or College-certified Allied Care Provider (e.g. Nurse, Nurse Practitioner) employed by the eligible physician practice. It is not for simple transfer of information and may not be delegated to an MOA. It may help to think of the PG14076 as a telephone “visit”. There is a cap of 1500 telephone fees (PG14076) billable per FP per calendar year.

PG14078 FP Email/Text/Telephone Relay Fee is payable for 2-way relay/communication of medical advice from the physician to eligible patients, or the patient’s medical representative, via email/text or telephone. The task of relaying the physician advice may be delegated to any Allied Care Provider or MOA working within the physician practice. There is a cap of 200 Email/Text/Telephone Relay fees (PG14078) billable per physician calendar year.

Both fees are only billable by MRP FP who have submitted PG14070, PG14071, or PG14072. Every eligible physician has their own annual limit of 1500 X PG14076 and 200 X PG14078.

2. If a message relaying medical advice is left on voice mail, can PG14076 or PG14078 be billed?

PG14078 requires two way communication – this means regardless of method used (telephone, email, text) there must be acknowledgement by the patient that the information was received. So, before billing PG14078 for a message left on an answering machine, there must be a documented confirmation of receipt from the patient.

PG14076 requires a clinical telephone conversation directly with the patient, and is not billable in this situation.

3. What documentation is required and where must it be recorded to submit PG14078?

The medical advice relayed to the patient must be documented in the clinical notes of the patient medical record. Additionally, the clinical notes must record who communicated with the patient or patient’s medical representative, how the advice was communicated (phone/text/email) and confirmation the advice was received.

You may find it useful to review CMPA’s advice on using electronic communication with patients:

- [CMPA’s Consent Form for Electronic Communications](#)
- [CMPA Information on Using Electronic Communications](#)

4. Can locums provide telephone management calls and bill PG14076 FP Patient Telephone Management Fee?

Locum physicians who have submitted PG14071 may bill PG14076 for telephone calls provided to patients when working for a host FP who has submitted PG14070. Every locum has access to their own limit of 1500 telephone call fees PG14076 per calendar year.

5. Can locums authorize relay of medical advice by email/text/telephone and bill PG14078 FP Email/Text/Telephone Medical Advice Relay Fee ?

Locum physicians who have submitted PG14071 may bill for medical advice relayed to patients using PG14078 when working for a host FP who has submitted PG14070. Every locum has access to their own limit of 200 relay advice fees PG14078 per calendar year.

6. PG14076 FP Patient Telephone Management requires “a clinical telephone discussion between the patient or the patient’s medical representative and physician or College-certified Allied Care Provider (ACP) “employed by an eligible physician practice”. Which College-certified ACPs qualify for making these calls to be eligible for the PG14076 FP-Patient Telephone Management Fee to be billed?

PG14076 FP-Patient Telephone Management fee is billable when the telephone call is delegated to a College-certified Allied Care Provider employed by the FP practice. Allied Care Providers who are College-certified are governed by a provincial regulatory college or body and include RNs, LPNs, NPs. This excludes the medical office assistant. Please see the definitions of *Allied Care Provider*, *College Certified*, and *employed by* in the [GPSC Preamble](#) for more information.

7. Can I bill PG14076 or PG14078 for a patient with a WorkSafe BC claim?

Yes. You must submit the fee identifying WorkSafe as the insurer.

8. Can I use text messaging to manage a patient’s medical problem and bill PG14076 FP-Patient Telephone fee?

No. PG14076 requires a clinical telephone discussion between the patient or the patient’s medical representative and physician or College-certified Allied Care Professional employed by the eligible physician practice. The use of two-way text messaging is covered under the PG14078.

9. Can FPs who are in “Focused Practice” Obstetrics, or who provide Unassigned In-patient care (previously referred to as “Doctor of the Day”) access the PG14076 FP-Patient Telephone Fee and/or the PG14078 FP Email/Text/Telephone Medical Advice Relay Fee?

Yes, FPs who are members of an FP Maternity Network or an FP Unassigned Inpatient Network may bill PG14076 for telephone management visits or PG14078 for relayed medical advice for patients under their care.

10. Are FPs with a focused long term care practice, who do not have a separate community practice, eligible to submit PG14070 and access the fees behind the CLFP Portal?

No, FPs who are participating in a focused long term care practice are not eligible to submit the CLFP Portal code. However, they are eligible to submit the Long Term Care Portal PG14072 to access a subset of GPSC fee codes.

11. Can I use PG14078 to send out reminders that a specific follow-up or other service is now due (e.g. Pap test reminders, flu shot notices, etc.)?

No, PG14078 is for the relay of medical advice, not appointment reminders.

12. Is PG14078 billable for notifying patients of normal results from lab or other diagnostic tests?

PG14078 is not billable for routine notification of normal results. However, it can be appropriate to submit PG14078 in circumstances when relaying or notifying a patient of a normal or "negative" test result impacts care. Examples include (but are not limited to):

- Notifying someone who has had a biopsy that there is no cancer
- Letting a mother know about a child's negative throat swab so no need to start (or no need to continue) antibiotics.

- Letting a patient on iron for anemia know their hemoglobin has improved to a normal level, and they can reduce or stop their supplement.

In these cases, there is a clinical reason for relaying the negative results as opposed to just a notification of normal results.

Conferencing and Advice Fees About Patients (PG14077, PH14067, PG14018, PG14019)

PG14077 FP Conference with Allied Care Provider and/or Physician Fee

1. When can I use PG14077 FP Conference with Allied Care Provider and/or Physician Fee?

PG14077 is billable by MRP CLFP physicians who have submitted PG14070/71, PG14072, or who are members of a FP Maternity or a FP Unassigned In-patient Network.

- Use PG14077 for two way collaborative conferencing between the MRP FP and at least one other physician or Allied Care Provider. The conference must take 15 minutes or major portion thereof.
- PG14077 may be used wherever the patient is located: in the community, acute care, sub-acute care, assisted living, long-term or intermediate care facilities, detox units, mental health units, etc.
- PG14077 can be billed for conferences at any stage of admission to a facility from ER through hospital stay to discharge
- PG14077 can be billed for conferences done in person, by telephone or videoconference.
- Conferences can be initiated by either the MRP FP or other physician or Allied Care Provider.

2. What does “not payable for simple advice to a non-physician allied care provider about a patient in a facility” mean?

PG14077 is payable for 15 minutes or major portion thereof of conferencing about a patient, not for providing simple advice to another ACP. Bill 13005 if contacted by an ACP for simple advice about a patient in community care.

3. Who are the “Allied Care Providers” referenced in PG14077?

For the purposes of all GPSC incentives, when referring to Allied Care Providers, FPSC includes trained professionals with a scope of practice that allows the provision of medical and medically related services to patients. Examples include but are not limited to: Nurses; Nurse Practitioners; Mental Health Workers; Midwives; Psychologists; Clinical Counsellors; School Counsellors; Social Workers; Registered Dietitians; Physiotherapists; Occupational Therapists; and Pharmacists etc. This excludes Medical Office Assistants as they do not have a clinical scope of practice.

4. Can PG14077 be billed when a FP conferences with Allied Care Providers working within a physician’s practice team, whether employed by the physician practice or employed by a Health Authority (or other agency?) What about patients in long term care or hospital?

Conversations for brief advice or information exchange about a patient are part of the normal medical office work flow and may not be billed under PG14077. Care conferences that meet the requirements of PG14077, whether scheduled or occurring due to an important change in patient status, are not part of normal daily work flow and may be billed under PG14077, regardless who employs the allied care provider. Similarly, for hospital or long term care patients, PG14077 is not billable for conversations with Allied Care Providers which are part of routine rounds but is billable for care conferences, discharge planning conferences, medication reviews, etc.

- 5. If a physician attends a hospital multidisciplinary team meeting to discuss the needs of an in-patient, can the time spent at this team meeting be billed under PG14077?**
 Yes, FP conferencing about in-patients, whether in person or by tele/videoconference may be billed under PG14077 regardless of patient diagnosis. PG14077 has a limit of 2 units (30 minutes) billable per patient per day, and 18 units per patient per calendar year. Conversations with ACPs as part of routine clinical hospital rounds may not be billed as for PG14077 – these are considered part of regular work flow.
- 6. Can locums bill PG14077?**
 Yes. Locums who have submitted PG14071 may bill PG14077 for conferencing with ACPs when working in the practice of a host FP who has submitted PG14070. The daily and annual number of units billable are per patient, not per provider.
- 7. In a multi-doctor clinic, can FPs bill PG14077 for conferencing about patients of colleagues for whom they are on-call?**
 If all FPs in the clinic group have submitted PG14070 and the patient in question is attached to one of them, then PG14077 may be billed for conferences. PG14077 may not be used for conferences about unattached patients or patients of FPs who have not submitted PG14070 (with the exception of maternity patients cared for by a member of a maternity network or admitted unassigned patients.)
- 8. Can I bill PG14077 on the same day I provide and bill a GPSC Planning fees PG14033, PG14075, PG14043, PG14063 for the same patient?**
 Yes. If the physician conferences about the patient, and meets all criteria for the PG14077 Conference fee, then PG14077 is billable on the same day. The time spent conferencing does not count toward the total time required for billing the planning fees (and vice versa).
- 9. Can FPs who are in “Focused Practice” Obstetrics or in an Unassigned In-patient Network access PG14077?**
 Yes, FPs who are members of an FP Maternity Network or an FP Unassigned In-patient Network may bill PG14077 for conferencing about patients under their care.
- 10. If I am a member of a Maternity Network or Unassigned In-patient Care Network and I see a complex patient for whom I need to conference with their FP, are we both able to bill for this conference?**
 Yes, each of the FP member of a maternity or unassigned network and the patient's FP who has submitted PG14070 in the same calendar year, may bill 1 unit of PG14077 for the conference. If the patient's FP has not submitted PG14070 in the same calendar year, then they may not bill PG14077, and the FP member of a maternity or unassigned network may submit up to 2 units of PG14077 if the time requirements are met.
- 11. Are FPs with a focused long term care practice, who do not have a separate community practice, eligible to bill PG14077 for conferencing about their patients in long term care?**
 Yes. FPs who submit the Long Term Care Portal (PG14072) have access that allows the billing of PG14077.
- 12. How do I document the time spent conferencing about an individual patient for billing PG14077 when the conferencing takes place over different time intervals on the same day, but cumulatively adds up to the greater part of 15 min?**
 When conferencing with multiple providers about the same patient over the course of a day, add up the total time spent conferencing and document which providers you spoke to and when. For

submission of the start/end time, use the start time of the first conversation and set the end time as the time it would have been if all the conversations had been done consecutively.

For example chart documentation: Specialist X at 1100 – 1105 hr, home care RN at 1400 – 1410 hr for total time spent conferencing 15 min. Start time 1100 end time 1115 in fee submitted.

13. Can I bill PG14077 if I am conferencing with an Allied Care Provider via telephone, or is it only billable if conferencing in-person?

The fee is billable regardless of where the patient is located or how the conference occurs (in-person, by phone or video).

14. Can I have my nurse conference with an ACP about my patient and bill PG14077?

No. Conferencing cannot be delegated and billed under PG14077. No claim may be made where communication is with a proxy for either provider.

15. Can I bill PG14077 and PG14029 on the same day for the same patient?

Yes. FPs who delegate one of the two required visits for chronic disease management care to a College-certified ACP working within their practice and bill PG14029 for that visit can also bill PG14077 if a same day conferencing service is provided by the FP.

PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician

1. Can locums bill PH14067?

Yes. Locums who have submitted PG14071 may bill PH14067 for a brief clinical conference with an Allied Care Provider and/or physician when working in the practice of a host FP who has submitted PG14070. Locums have their own annual allotment of PH14067, payable to a maximum of 150 per physician per calendar year.

2. Can FP who are in “Focused Practice” Obstetrics or in an Unassigned In-patient Network access PH14067?

Yes, FP who are members of a Maternity Network or FP Unassigned In-patient Network may bill PH14067 when having a brief clinical conferencing about patients under their care.

3. Can I bill PH14067 for handover conversations between myself and another physician who is taking over care in the community, or speaking with the Emergency Medicine physician when sending a patient to ER?

Yes, PH14067 can be billed for two-way conferencing with another physician.

4. I sent a patient for stat imaging, the radiologist called to discuss. Can I bill PH14067 when conferencing with the radiologist about the patients results?

Yes, PH14067 can be billed for two-way conferencing with another physician.

5. If a pharmacist faxes me to clarify medication changes for a patient, can I bill PH14067?

No, as a two-way conversation is required. If you had a call with the pharmacist then PH14067 can be billed.

6. What is the minimum or maximum amount of time that I need to conference to bill PH14067?

There is no minimum time requirement to bill PH14067. Additionally, start and end times do not need to be documented or submitted when billing PH14067. However, if your conference is over eight minutes and you meet the fee rules for PG14077 you may want to consider billing PG14077.

Restriction Difference	
14077	PH14067
Not payable for situations where the purpose of the call is to: <ol style="list-style-type: none"> book an appointment arrange for an expedited consultation or procedure arrange for laboratory or diagnostic investigations convey the results of diagnostic investigations; arrange a hospital bed for a patient communication that is part of normal, daily workflow whether in the office, hospital or facility. 	Not payable for situations where the purpose of the call is to: <ol style="list-style-type: none"> book an appointment arrange for an expedited consultation or procedure arrange for laboratory or diagnostic investigations convey the results of diagnostic investigations; arrange a hospital bed for a patient communication that is part of normal, daily workflow whether in the office, hospital or facility.

Documentation Differences	
14077	PH14067
Details of the conference must be documented in the patient’s chart, including: <ul style="list-style-type: none"> Start and end times (which must also be submitted with the claim) participant(s) involved in conference role(s) in care information re: clinical discussion decisions made for care and management 	Details of clinical discussion and decisions made must be documented in the patient’s chart (in office or facility as appropriate): <ul style="list-style-type: none"> including particulars of participant(s) involved in conference and their role(s) in care

7. What are the differences between PH14067 and 13005?

13005 is billed when advice is given in response to an inquiry **initiated by an allied care provider** about a **patient in community care** (residential, intermediate and extended care and includes patients receiving home nursing care, home support or palliative care at home). Whereas PH14067 is billed when the conference is initiated by you, another physician, or an Allied Care Provider; billable regardless where the patient is located.

8. Can PH14067 be billed for a two-way discussion with an Allied Care Provider employed by the health authority or PCN?

Yes, you can bill PH14067 when conferencing with an Allied Care Provider employed by the health authority or PCN.

- 9. Can I bill PH14067 on the same day as an office visit?**
 Yes, PH14067 is billable in addition to a visit as long as the time is not concurrent with the visit.
- 10. If my colleague in the office who does FP OB and sees my patients for ongoing prenatal care, and we need to discuss any issues for follow-up, can we both bill PH14067?**
 PH14067 can only be billed by a second physician if they are also acting as MRP, such as acting as MRP for the patient’s maternity or hospital care.
- 11. If I conference about one of my patients with another physician colleague in the office can we both bill PH14067.**
 PH14067 is only billable by MRP FPs. So it may only be billed by both physicians having a conference if one is the community MRP and the other is MRP for the patient’s maternity or hospital care.

PG14018 FP Urgent Telephone Advice from a Specialist or FP with Consultative Expertise Fee

- 1. What is the difference between PG14018 FP Urgent Telephone Advice from a Specialist or FP with Consultative Expertise Fee and PG14077 FP Conference with Allied Care Provider and/or Physician Fee?**
 PG14018 should be used when seeking urgent advice from a specialist or FP with consultative expertise about care of a patient. PG14018 requires response from the specialist or FP with consultative expertise within 2 hours, but there is no minimum time requirement for the phone call.

 Use PG14077 when conferencing about a patient, including seeking non-urgent advice from a specialist or FP with consultative expertise, when the call meets the time requirements for the PG14077 (15 min or greater portion thereof.)
- 2. Are all telephone conversation responses from the Rapid Access to Consultative Expertise (RACE) line billable using PG14018?**
 No, PG14018 may only be billed when the urgency of the patient’s condition requires a response within two hours. It may not be billed simply because the call to the specialist or FP with consultative expertise was made through the RACE line. Use PG14077 FP Conference with Allied Care Provider and/or Physician fee provided the conference lasts 15 minutes or greater portion thereof (minimum 8 minutes).
- 3. Is PG14018 only applicable to patients with specific medical diagnoses?**
 No, requirements are that the advice is needed urgently to manage the patient safely in their current environment. The intent is to improve management of the patient with acute needs, and reduce unnecessary ER or hospital admissions/transfers.
- 4. What is the maximum number of PG14018 payments allowed per patient?**
 PG14018 is limited to one claim per patient per physician per day, and a maximum of 6 claims per patient per physician per calendar year.

PG14019 FP Advice to a Nurse Practitioner/Registered Midwife – Telephone or In Person

1. **If our local division has collaborated with the Health Authority to start up a multi-disciplinary clinic for complex, high-needs patients who cannot be attached to a usual FP practice, can FPs supporting this clinic bill PG14019 when asked for advice about a patient attached to the NP in the clinic?**
Yes, provided the NP is the MRP for that patient, if a FP is asked by the NP for advice about a patient without the FP seeing the patient, then PG14019 is billable.
2. **Can a FP bill PG14019 when responding to a phone call by an NP who is providing MRP care to patients living in a long term care facility?**
Yes, provided the NP is the MRP for that patient, if a FP is called by the NP for advice about a patient without the FP seeing the patient, then PG14019 is billable.
3. **Is PG14019 billable when responding to calls from a NP or midwife about patients for whom the FP is sharing care with either the NP or midwife?**
No, PG14019 may not be billed for conferencing with an NP about patients who are attached to the FP. It is also not for advice to a Registered Midwife about patients being cared for in a shared care model with a FP.
4. **What is the maximum number of payments allowed per patient or per physician?**
There is a maximum of one claim per day per patient with a maximum of 6 claims per calendar year per patient (not per patient per physician per year). There is also a limit of five PG14019 billable by any FP on any calendar day.

Family Physicians with Consultative Expertise Fees (PG14021, PG14022, PG14023)

1. **Can both the patient’s FP and a FP with Consultative Expertise bill when discussing the same patient?**
Yes, when seeking urgent telephone advice (response required within 2 hours) the patient’s FP bills PG14018 while the FP with consultative expertise bills PG14021.

When seeking less urgent advice or conferencing, the FP who has submitted PG14070/71/72, may bill PG14077 FP Patient Conference fee provided the conference lasts 15 minutes or greater portion thereof (minimum 8 minutes). The FP with consultative expertise bills PG14022.
2. **Does the patient have to be in the office to be eligible for these fees?**
No. For example, the patient could be admitted to a community hospital and the MRP FP teleconferences with a specialist or FP with consultative expertise at a regional or tertiary care hospital.
3. **Can any of these fees be billed in addition to a visit or other service on the same day?**
Only the PG14018 is billable in addition to a visit or service on the same day. Fee items PG14021, PG14022, and PG14023 are not payable in addition to another service on the same day by the same physician for the same patient.
4. **What is the purpose of the PG14023 FP with Consultative Expertise – patient telephone/video management/follow up?**
The PG14023 allows FPs with consultative expertise to provide follow up telephone/video management to a patient they have previously seen in hospital or ER or office for a consultation or other medical service in the previous six months.

5. What is the maximum number of these payments allowed per patient?

PG14021 is limited to 1 (one) claim per patient per physician per day.

PG14022 is limited to 2 (two) services per patient per physician per week.

PG14023 is limited to 4 (four) services per calendar year for each patient.

Case Examples

The following examples assume you are an FP who has submitted PG14070 or PG14072 (or a locum who has submitted PG14071 and is working in a practice in which the host FP has submitted PG14070) earlier in the calendar year.

Example #1:

You attend care conferences on three of your patients at the local long term care facility, starting at 0830 hour on a Thursday. The care conferences are attended by the nursing staff, pharmacist, OT and PT for the ward. You discuss your first 2 patients (Mr A and Mr B) for 20 minutes each. Our third patient, Mrs C, has her daughter attending the care conference due to concerns about her mother’s shortness of breath. Mrs C’s care conference ends after 35 minutes. You then go to see each of your patients, as you have not seen them for > 2 weeks. Mr A’s has severe osteoarthritis as well as general frailty. Mr B’s has diabetes with peripheral vascular disease and amputation of the right leg. Mrs C’s has severe COPD, hypertension and an acute upper respiratory infection.

Your billings would be:

Patient	Time	# of Services	Fee code	Diagnostic Code
Mr A	0800 – 0820	1	PG14077	V15
Mr A		1	00114 plus 13334	715
Mr B	0820 – 0840	1	PG14077	V15
Mr B		1	00114	250
Mrs C	0840 – 0915	2	PG14077	V15
Mrs C		1	00114	460

Example #2:

Ms. C is a palliative patient who is being managed in her home. Her husband calls you because she is increasingly SOB. You do a home visit that evening and page the Palliative Care Physician on call (a FP with consultative expertise), requesting urgent phone advice. Your call is returned in 20 minutes at 19:30 and you are given advice on how to best manage Ms C’s respiratory distress.

Billings per provider would include:

Provider	Fee code	Time
Community FP	00103	
	PG14018	Start time 19:30
FP with Consultative Expertise	PG14021	Start time 19:30

Example #3:

Mr H is a 85 year old frail patient who is having difficulty walking steadily. Your examination reveals no acute neurologic, respiratory or cardiology concerns. You place a call to the local geriatrician who has seen Mr H in the past, requesting a call back within the next few days. The geriatrician calls you the next morning at 0900 and you spend 10 minutes discussing your concerns about Mr H. The geriatrician makes several recommendations for further investigation. Over your lunch break you spend 10 minutes with the home care nurse arranging for an assessment and in the afternoon you reach Mr H’s pharmacist to review his current medications and arrange for blister packing. In total, you have spent 25 minutes conferencing about Mr H on day 2. You call Mr H at the end of the day to follow up on his unsteadiness and to let him know the recommendations of the geriatrician and the planned home care assessment, as well as the

blister packing and delivery of his medications. The home care nurse calls you 2 days later and after a 15-minute conversation about her assessment, you agree to a plan of care for Mr H.

Billings:

Day 1: office visit	18100
Day 2: calls with geriatrician, HCN, and pharmacist call to Mr H	PG14077 X 2 units, start 0900 end time 0925 PG14076
Day 4: phone call with HCN	PG14077 X 1 unit start/end time

Example #4

Laura complains of dysuria, frequency and urgency. A urine dip in the office is positive for nitrites. You prescribe an antibiotic and send the urine for C+S.

2 days later you receive the culture results which show resistance to the prescribed antibiotic. You ask your MOA to contact Laura to let her know she needs a different antibiotic and that she can pick up the new prescription at the pharmacy.

Billings:

Day	Billing
Day 1: Office visit	00100 and 15130
Day 2: MOA relay FP advice regarding antibiotics	PG14078