

Community Longitudinal Family Physician (CLFP) and Long Term Care Portals (PG14070, PG14071, PG14072); CLFP New Patient Intake Fee (14041)

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

Community Longitudinal Family Physician Portal PG14070

Submitting code PG14070 provides access to the following fee codes:

- PG14076 FP-Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof
- PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG1G4050, PG14051, PG14052, PG14053 Chronic Disease Management Fees
- PG14033 Complex Care Planning & Management Fee – 2 Diagnoses
- PG14075 Complex Care Planning & Management Fee – Frailty
- PG14043 Mental Health Planning Fee
- PG14044, PG14045, PG14046, PG14047 and PG14048 Mental Health Management Fees
- PG14063 Palliative Care Planning
- PG14066 Prevention/Personal Health Risk Assessment
- PH14041 CLFP New Patient Intake Fee
- PH14002 Maternity Care Risk Assessment
- PG14004, PG14005, PG14008 and PG14009 FP Obstetrical Premiums

Submitting PG14070 signifies that:

- You are a community longitudinal family physician (as defined in the [GPSC Preamble](#)), with an office from which you provide in-person medical services to a known panel of patients;
- You are the MRP for the majority of the patient's longitudinal primary medical care, providing continuous comprehensive coordinated family practice services to your patients, and will continue to do so for the duration of that calendar year;
- You are confirming your doctor-patient relationship with your existing patients through a standardized conversation or '[Compact](#)'; and,
- You are able to produce a list of active patients for whom you are the MRP.

Family Doctor-patient 'Compact'

The standardized wording of the Family Doctor-patient '[Compact](#)' was developed in consultation with physicians and members of the Patient Voices Network. The GPSC believes this compact appropriately describes the relationship between a FP and their patients. The compact states:

As your family doctor I, along with my practice team, agree to:

- Provide you with the best care that I can
- Coordinate any specialty care you may need
- Offer you timely access to care, to the best of my ability
- Maintain an ongoing record of your health
- Keep you updated on any changes to services offered at my clinic
- Communicate with you honestly and openly so we can best address your health care needs

As my patient I ask that you:

- Seek your health care from me and my team whenever possible and, in my absence, through my colleague(s)
- Name me as your family doctor if you have to visit an emergency facility or another provider
- Communicate with me honestly and openly so we can best address your health care needs

Fee Code	Description	Total Fee \$
PG14070	Community Longitudinal Family Physician Portal Code	\$0.00
	<p>The Community Longitudinal Family Physician Portal should be submitted once at the beginning of each calendar year by CLFP who maintains a comprehensive longitudinal practice OR at any time during the year when the MRP CLFP begins their comprehensive longitudinal practice. Successful submission of PG14070 allows access to fees listed in the notes below during the calendar year.</p> <p>Submit fee item PG14070 Community Longitudinal Family Physician Portal Code using the following "Patient" demographic information:</p> <p>PHN: 975 303 5697 Patient Surname: Portal First name: GPSC Date of Birth: January 1, 2013 ICD9 code: 780</p> <p>Notes:</p> <ul style="list-style-type: none"> i) Submit once per calendar year per physician. ii) Submission provides access to the following fee codes: <ul style="list-style-type: none"> • PG14076 FP-Patient Telephone Management Fee • PG14077 FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof • PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician • PG14078 FP Email/Text/Telephone Medical Advice Relay Fee • PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Incentive Fees • PG14033 Complex Care Planning & Management Fee - 2 Diagnoses • PG14075 FP Frailty Complex Care Planning and Management Fee - Frailty • PG14043 Mental Health Planning fee • PG14044, PG14045, PG14046, PG14047 and PG14048 Mental Health Management Fees • PH14041 CLFP New Patient Intake Fee • PG14063 Palliative Care Planning Fee • PG14066 Personal Health Risk Assessment (Prevention) Fee • PH14041 CLFP New Patient Intake Fee • PH14002 Maternity Care Risk Assessment • PG14004, PG14005, PG14008 and PG14009 FP Obstetrical Premiums. 	

	<p>iii) Not payable to any physician who has billed and been paid for any specialist consultation in the previous 12 months.</p> <p>iv) Not billable by physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.</p>	
--	---	--

Locum Community Longitudinal Family Physician Portal PG14071

The Locum Community Longitudinal Family Physician Portal Code (PG14071) provides access to the following incentive fee codes:

- PG14076 FP-Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or physician - per 15 minutes or greater portion thereof
- PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Incentive Fees
- PG14033 Complex Care Planning & Management Fee – 2 Diagnoses
- PG14075 FP Frailty Complex Care Planning and Management Fee - Frailty
- PG14043, PG14044, PG14045, PG14046, PG14047, PG14048 Mental Health Planning & Management Fees
- PG14063 Palliative Care Planning
- PG14066 Personal Health Risk Assessment/Prevention
- PH14002 Maternity Risk Assessment Fee
- PG14004, PG14005, PG14008 and PG14009 FP Obstetrical Premiums

These fees are accessible by a locum tenens when working on a temporary basis for a MRP FP who is away from practice. As per the [GPSC Preamble](#), a locum tenens is defined as a physician with appropriate credentials who substitutes on a temporary basis for another physician who is away from practice.

The host CLFP must have submitted PG14070 in the same calendar year. The locum tenens and host FP should discuss and mutually agree which of the services accessed through the Community Longitudinal Family Physician Portal may be provided and billed by the locum. However, locums have their own annual allotment of PH14067 (FP Brief Clinical Conference with Allied Care Provider and/or Physician, PG14076 (FP Patient Telephone Management Fee) and PG14078 (FP Patient Email/Text/Telephone Medical Advice Relay Fee).

Submitting PG14071 signifies that:

- You are providing community longitudinal family practice services to the patients of host physicians, and will continue to do so for the duration of any locum coverage for a family physician who has submitted PG14070.

Fee Code	Description	Total Fee \$
PG14071	Locum Community Longitudinal Family Physician Portal Code	\$0.00
	The Locum Community Longitudinal Family Physician Portal Code may be submitted by the FP who provides locum coverage for Family Physicians who have submitted PG14070. PG14071 should be submitted once at the beginning of the calendar year or prior to the start of the first locum for a host FP who has submitted PG14070 in the same calendar year. Once processed by MSP, the locum may access the fees listed in note ii) below.	

	<p>Submit fee item PG14071 Locum Community Longitudinal Family Physician Portal Code using the following "Patient" demographic information:</p> <p>PHN: 975 303 5697 Patient Surname: Portal First name: GPSC Date of Birth: January 1, 2013 ICD9 code: 780</p> <p>Submission of this code signifies that:</p> <ul style="list-style-type: none"> You are providing continuous comprehensive coordinated family practice services to the patients of the host physician who has submitted PG14070 and will continue to do so for the duration of locum coverage. <p>Notes:</p> <p><i>i)</i> Submit once per calendar year at the beginning of the year or prior to the first locum for a family physician who has submitted PG14070 in the same calendar year.</p> <p><i>ii)</i> Submission provides access to the following incentive fee codes:</p> <ul style="list-style-type: none"> PG14076 FP-Patient Telephone Management Fee PG14077 FP Conference with Allied Care Provider and/or physician - per 15 minutes or greater portion thereof PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician PG14078 FP Email/Text/Telephone Medical Advice Relay Fee PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Incentive Fees PG14033 Complex Care Planning & Management Fee – 2 Diagnoses PG14075 FP Frailty Complex Care Planning and Management Fee - Frailty PG14043, PG14044, PG14045, PG14046, PG14047, PG14048 Mental Health Planning & Management fees PG14063 Palliative Care Planning Fee PG14066 Personal Health Risk Assessment (Prevention) PH14002 Maternity Risk Assessment Fee PG14004, PG14005, PG14008 and PG14009 FP Obstetrical Premiums <p><i>iii)</i> Not payable to any physician who has billed and been paid for any specialist consultation in the previous 12 months.</p> <p><i>iv)</i> Not billable by physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.</p>	
--	--	--

Long Term Care Portal (PG14072)

Effective January 1, 2021, family physicians who have a focused practice in long term care facilities and are not working as a Community Longitudinal Family Physician (as defined in the [GPSC Preamble](#)) in a community-based physician office or clinic will not be eligible to submit the Community Longitudinal Family Physician Portals (PG14070, PG14071).

Effective January 1, 2021, family physicians who have a focused practice in long term care facilities and are not working as a Community Longitudinal Family Physician (as defined in the [GPSC Preamble](#)) in a community-based physician office or clinic may submit the Long Term Care Portal Code (PG14072) to access the following fee codes:

- PG14076 FP-Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof
- PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Fees

Fee Code	Description	Total Fee \$
PG14072	Long Term Care Portal	\$0.00
	<p>The Long Term Care Portal Code should be submitted once at the beginning of each calendar year by family physicians who have a focused practice in long term care facilities and is <u>not</u> working as a Community Longitudinal Family Physician (as defined in the GPSC Preamble) in a community-based physician office or clinic.</p> <p>When a family physician first begins a long term care focused practice, the Long Term Care Portal Code should be submitted when the focused practice begins. Successful submission of PG14072 allows access to fees listed in the notes below during the calendar year.</p> <p>Submit fee item PG14072 Long Term Care Portal Code using the following "Patient" demographic information:</p> <p>PHN: 975 303 5697 Patient Surname: Portal First name: GPSC Date of Birth: January 1, 2013 ICD9 code: 780</p> <p>Notes:</p> <ul style="list-style-type: none"> <i>i)</i> Submit once per calendar year per physician. <i>ii)</i> Submission provides access to the following fee codes: <ul style="list-style-type: none"> • PG14076 FP-Patient Telephone Management Fee • PG14077 FP Conference with Allied Care Provider and/or physician - per 15 minutes or greater portion thereof • PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician • PG14078 FP Email/Text/Telephone Medical Advice Relay Fee • PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Fees 	

	<p><i>iii)</i> Not payable to any physician who has billed and been paid for any specialist consultation in the previous 12 months.</p> <p><i>iv)</i> Not billable by physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.</p>	
--	---	--

CLFP New Patient Intake Fee (PH14041)

Fee Code	Description	Total Fee \$
PH14041	CLFP New Patient Intake Fee	\$15.00
	<p>Payable in addition to a visit fee for confirming the addition of a new patient to the physician’s panel where the longitudinal doctor-patient relationship has been confirmed through a standardized conversation or ‘compact’.</p> <p>By billing PH14041, the FP commits to assuming the role of Most Responsible Provider (MRP) for the patient.</p> <p>Notes:</p> <ul style="list-style-type: none"> <i>i)</i> Payable to the family physician who will be most responsible for the majority of the patient’s longitudinal care and who has successfully submitted and met the requirements for PG14070 in the same calendar year. Not payable to locum physicians. <i>ii)</i> Must be billed within the first 3 months of the MRP onboarding the new patient into their ongoing care. <i>iii)</i> A visit must have been provided by the billing physician on the same day or within 3 months prior to the billing of PH14041. <i>iv)</i> Payable to a maximum of 1 per patient per calendar year. <i>v)</i> Not payable to physicians working under an Alternative Payment/Funding model which is inclusive of the activities included in this fee. 	

Frequently Asked Questions

Community Longitudinal Family Physician Portal Code PG14070

1. How do I submit the Community Longitudinal Family Physician Portal Code (PG14070)?

To submit code PG14070 use diagnostic code **780** and the following program "Patient" demographic information:

PHN#: 975 303 5697
 Patient Surname: Portal
 First name: GPSC
 Date of Birth: January 1, 2013

The Community Longitudinal Family Physician (CLFP) Portal Code PG14070 should be submitted once at the beginning of each calendar year by CLFP who maintains a comprehensive longitudinal practice OR at any time during the year when the MRP CLFP begins their comprehensive longitudinal practice.

Once processed by MSP, this will allow access to the fees outlined in question two below for the balance of that calendar year.

2. What are the fees available to family physicians who submit PG14070?

Fees that are available to most responsible provider (MRP) CLFPs who have submitted PG14070 include:

- PG14076 FP-Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof
- PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Fees
- PG14033 Complex Care Planning & Management Fee – 2 Diagnoses
- PG14075 Complex Care Planning & Management Fee – Frailty
- PG14043 Mental Health Planning Fee
- PG14044, PG14045, PG14046, PG14047 and PG14048 Mental Health Management Fees
- PG14063 Palliative Care Planning
- PG14066 Prevention/Personal Health Risk Assessment
- PH14041 CLFP New Patient Intake Fee
- PH14002 Maternity Care Risk Assessment
- PG14004, PG14005, PG14008 and PG14009 FP Obstetrical Premiums

3. Do FPs who have a focused practice in long term care facilities, but who do not have a separate community practice, qualify to submit PG14070 and access the additional codes available through the CLFP portal?

No, FPs who do not have a community longitudinal family practice and no longer meet the definition of a CLFP are not eligible to bill the CLFP Portal Code. FPs who have a focused long term care practice may bill the Long Term Care (LTC) Portal (14072) to access the following fee codes:

- PG14076 FP Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof

- PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Fees

4. What is meant by my needing to 'confirm your doctor-patient relationship with your existing patients'?

The standardized wording of the doctor-patient '[Compact](#)' was developed in consultation with FPs and members of the Patient Voices Network. The GPSC believes this compact appropriately describes the relationship between a Community Longitudinal Family Physician and his/her patients. The compact states:

As your family doctor, my practice team and I will:

- *Provide you with the best care that we can*
- *Coordinate any specialty care that you need*
- *Offer you timely access to care within the best of our ability*
- *Maintain an ongoing record of your health*
- *Keep you up-to-date on any changes to the services offered at our office*
- *Communicate with you honestly and openly to address your health care needs.*

As my patient, I ask that you:

- *Seek your health care from me and my team whenever possible*
- *Identify me as your doctor if you have to visit an emergency facility or other health care provider, so they can provide me with information about your treatment for your medical record*
- *Communicate with me honestly and openly so that we can best address your health care needs.*

You do not need to provide this information to each of your patients individually. However, MRP FPs should display this compact in their offices to encourage conversations about the doctor-patient relationship and what it means for both parties.

5. Am I required to agree to take on new patients in order to be eligible to submit PG14070?

No.

6. I work at two different clinics. Do I submit PG14070 at each one?

No, that is not necessary. However, remember that submitting PG14070 means you are confirming your doctor-patient relationship and have committed to providing longitudinal care to your panel of patients. Unless this is the case in both clinics, then you should only bill portal fees when working in the clinic where you maintain your longitudinal practice and act as MRP for a panel of patients.

7. What defines a physician who is the Most Responsible Physician (MRP)?

GPSC defines MRP as the physician who takes responsibility for directing and coordinating the ongoing longitudinal care and management of a patient. This includes coordinating clinical services delegated to other providers, ensuring cross coverage when MRP is unavailable, and coordinating referrals to specialty care when needed.

8. Can a walk-in clinic bill the CLFP Portal Codes for patients who attend the clinic for longitudinal care?

PG14070 must be submitted under the MSP practitioner number of an individual physician who has confirmed their commitment to act as MRP CLFP for the longitudinal care of a known panel

of patients. PG14070 may not be submitted by one physician on behalf of a clinic. If you are providing episodic care at the walk-in clinic then PG14070/71 may not be submitted.

If you have made the commitment to act as MRP CLFP for the longitudinal care of a group of patients, and confirmed your doctor-patient relationship with them, then you may submit PG14070 whether you see patients by appointment or on a walk-in basis. However, portal fees are only billable for patients with whom you have confirmed your doctor-patient relationship.

See FAQ #13 in the following section on the PG14071 Locum Community Longitudinal Family Physician Portal Code.

9. Do I have to submit both PG14070 to access the GPSC fees for my own panel of patients and PG14071 to access GPSC fees when seeing patients on behalf of colleagues when I'm on call or they are away?

No. As long as your colleagues have also submitted PG14070 then you may bill portal fees when caring for their patients.

10. Do members of Maternity Networks and In-patient Networks need to submit PG14070?

FPs who are registered in a Maternity Network are able to bill the GPSC obstetrical delivery incentives and Portal fee codes PG14076, PG14077, PH14067, and PG14078. If you also have a community family practice (or locum in such practices) you must submit PG14070/71 to gain access to the other Portal fee codes. FPs who are registered in an In-patient Network are able to bill Portal fee codes PG14076, PG14077, PH14067, and PG14078. To access other GPSC fee codes, FPs or locums must submit PG14070/71.

Locum Community Longitudinal Family Physician Portal Code PG14071

11. What is the difference between PG14070 and PG14071?

PG14070 is for FPs who have committed to be the MRP CLFP for the longitudinal care of a panel of patients as outlined in the compact included in #4 above under CLFP Portal.

PG14071 should be submitted by locum tenens, defined as a FP "who substitutes on a temporary basis for another physician who is away from practice." This allows access to the CLFP Portal fees when the locum is working for a host MRP CLFP who has submitted PG14070.

12. Which of the GPSC fee codes, if any, can a locum tenens bill when working in a practice where the host MRP CLFP has submitted PG14070?

There should be a discussion between the host MRP CLFP and the locum tenens prior to the start of any locum about provision of and billing for services payable under any GPSC initiated fee. Many of these fees are for services or care beyond the individual visit. For example, planning fees include payment for the planning visit and pre-payment for the time, intensity and complexity of providing care in the coming year.

Since the host MRP CLFP is responsible for the follow-up management of the care remunerated through the fees, it must be agreement that it would be appropriate for the service to be provided by the locum tenens. There are also considerations for how the billing of the fees will be treated in the locum agreement for calculation of fee splitting/payment.

13. In the clinic where I work the medical director submits PG14070 and other FPs working in the clinic submit PG14071. We pay overhead, have our own patient panels, and provide community longitudinal care to our patients. Is PG14071 appropriate to submit for my clinic's business arrangement?

In the situation described you are not acting as a locum tenens, defined in the [GPSC Preamble](#) as “ a physician with appropriate accreditation who substitutes on a temporary basis for another physician who is away from practice.” If you have made the commitment to providing MRP longitudinal care to your panel of patients, as outlined in #7 above under CLFP Portal, you should submit PG14070. This will also mean you will be eligible for the Community Longitudinal Family Physician payment assuming all other criteria are met.

Long Term Care Portal (PG14072)

14. How do I submit the Long Term Care Portal Code (PG14072)?

To submit code PG14072 use diagnostic code **780** and the following program “Patient” demographic information:

PHN:	975 303 5697
Patient Surname:	Portal
First name:	GPSC
Date of Birth:	January 1, 2013
ICD9 code:	780

The Long Term Care (LTC) Portal Code PG14072 should be submitted once at the beginning of each calendar year by FP who has a focused practice in long term care facilities and is not working as a Community Longitudinal Family Physician (as defined in the [GPSC Preamble](#)) in a community-based physician office or clinic.

Once processed by MSP, this will allow access to the fees outlined in question two below for the balance of that calendar year.

15. What are the fees available to FPs who submit PG14072?

Fees that are available to the FPs who have submitted PG14072 include:

- PG14076 FP-Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or Physician - per 15 minutes or greater portion thereof
- PH14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Fees

16. What if I qualify for the Community Longitudinal Family Physician Portal Code (PG14070) or Locum Community Longitudinal Family Physician Portal Code (PG14071), do I also have to submit the Long Term Care Portal Code (PG14072) for my long term care patients?

No. If you are working as a Community Longitudinal Family Physician (as defined in the [GPSC Preamble](#)) in a community-based physician office or clinic, then you would have access to all of the GPSC fee codes already and do not need to bill the LTC Portal.

17. I didn't know that I could bill the Chronic Disease Management fee codes (PG14050-53) for my long term care patients, is this new?

Patients in long term care facilities may be eligible for CDM fees provided that they meet the requirements of the CDM fee. Clinical judgment is needed in determining the appropriateness of following clinical practice guidelines in patients with dementia or very limited life expectancy.

CLFP New Patient Intake Fee (PH14041)

- 18. Can I bill PH14041 with a virtual visit when seeing a patient for the first time where I discussed the doctor-patient [compact](#)?**
Yes, PH14041 can be billed with an in-person or virtual visit.
- 19. Can I bill PH14041 for a visit with a newborn baby of an existing patient?**
Yes, PH14041 can be billed when the visit is with a newborn baby, this is considered a new patient that you are taking on. The doctor-patient compact will need to be completed with the parent.
- 20. Do my patients need to sign the doctor-patient compact?**
No, patients do not need to sign the compact, however, FPs will need to document that the contents of the compact were discussed (e.g. Chart note: Compact reviewed with patient).
- 21. Can I bill PH14041 for a new patient who has been admitted into long term care/assisted living?**
Yes, PH14041 can be billed by CLFPs who have submitted 14070 and work in LTC in addition to their community longitudinal practice. Because PH14041 is behind the CLFP Portal 14070, it may not be billed by FPs with a focused practice in LTC who must submit portal code 14072.
- 22. What ICD-9 code do I submit when billing PH14041?**
Use the same ICD-9 code you used for the patient visit.
- 23. I was on a parental leave, and my locum saw a new patient during my leave. When I come back and see the patient for the first time myself can I bill PH14041?**
Yes, you can bill PH14041 once you meet the patient and review the doctor-patient compact with them. Note that a locum cannot bill PH14041, as this fee is behind the CLFP Portal 14070, and not available behind the Locum CLFP Portal 14071.
- 24. My colleague is leaving our group practice to practice elsewhere, and I will be taking on their patients when they depart. Can I bill PH14041 when I see these patients?**
If a physician colleague in a group practice leaves/retires, and you take on some of their patients, when the patients has their first visit with you and you confirm the doctor-patient compact 14041 can be billed. If you previously saw the patient, while covering for your physician colleague, then a claim note record should be submitted (e.g. *previously saw patient while covering for colleague, now taking on MRP role*).
- 25. I was a locum in a practice and saw a patient six months prior, then joined the practice to take on a panel of my own patients. Can I bill PH14041 for the patients I previously saw as a locum?**
Yes, when you have your first visit with the patient as your own patient and discuss the compact, you may bill 14041. A claim note record should be submitted with the claim (e.g. *previously saw patient as locum and now taking on MRP role*).
- 26. I am working in a mixed walk-in and longitudinal practice and have previously seen a patient for episodic care, but am now taking on the MRP role for the patient's longitudinal care. Can I submit 14041 when I take on the MRP role and review the compact with the patient?**
Yes, when you have your first visit with the patient as your own patient and discuss the compact, you may bill 14041. A claim note record should be submitted with the claim (e.g. *previously saw patient for episodic care and now taking on MRP role*).

27. I had a visit with a new patient, but didn't review the compact. Can I email the compact to them and bill PH14041?

No. PH14041 cannot be billed in this case, as the compact is a two-way conversation between the physician and patient, and a discussion is required to review the commitment.

28. Do I have to bill PH14041 on the same day as the visit?

PH14041 can be billed for confirming the intake of a new patient whose first visit was no more than three months prior to the date of submitting the 14041. (e.g. August 15, 2021 the patient has their first visit with you and the doctor-patient relationship is confirmed, PH14041 can then be billed up until November 15, 2021).

29. Can I bill PH14041 for patients who have moved to BC and do not have MSP coverage?

Reciprocal billing for PH14041 is allowed with Alberta and Yukon health insurance. Please see the [GPSC Preamble](#) item 5 for all GPSC fees that are eligible for reciprocal claims. For patients who have moved from elsewhere, PH14041 can be billed within the first three months of the first visit billed to MSP (even if there were visits billed to their other insurer more than 3 months previously).