BROADCAST MESSAGES

EFFEC. DATE (CCYYMMDD): 2019-01-01
CANCEL DATE (CCYYMMDD): 2019-01-15 TARGET TYPE: A1
TARGET KEY: MD – BC MEDICAL ASSOCIATION COPY MESSAGE FROM

BROADCAST TITLE: Amendment to Specialist Advice Fees G10001, G10002, G10005
BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective January 1, 2019, the eligibility criteria, the description and notes for the Specialist Advice Fees G10001, G10002, G10005 are amended to the following:

Specialist Advice Fees G10001, G10002, G10005

Eligibility

The intent is to replace the need for the Specialist to see the patient in person. The consulting Specialist is responsible for ensuring that such communication meets the medical needs of the patient.

Notes:

i) Payable to Specialists for communication regarding assessment and management of a patient but without the consulting physician seeing the patient.
ii) 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.
iii) An adequate medical record/chart, including times as specified under each fee item, is required.
iv) Not payable to physician initiating communication.
v) The Specialist is responsible for the confidentiality and security of all records, and electronic transmissions. For video technology, see Section D. 1. of the Preamble.
vi) G10001, G10002, G10005 may not be delegated to resident physicians.

G10001 Urgent Specialist Advice – Initiated by a Specialist, General Practitioner or Health Care Practitioner. Verbal, real-time response within 2 hours of the initiating physician's or practitioner's request

Notes:

i) Payable for telephone, video technology or face-to-face communication only. Not payable for written communication (i.e. fax, letter, email).
ii) Document time of initiating request, time of response, as well as advice given and to whom.
iii) Include the practitioner number of the physician or Health Care Practitioner requesting the advice in the "referred by" field when submitting claim.

iv) Not payable in addition to another service on the same day for the same patient by the same practitioner.
v) Limited to one claim per patient per physician per day.
vi) Not payable if there is a paid visit/service for the same condition by the same practitioner in the previous 180 days.

G10002 Specialist Advice for Patient Management – Initiated by a Specialist, General Practitioner, Allied Care Provider, or coordinator of the patient's care. Verbal, real-time response within 7 days of initiating request – per 15 minutes or portion thereof

Notes:

i) Payable for telephone, video technology or face-to-face communication only. Not payable for written communication (i.e. fax, letter, email.)
ii) Document date of initiating request, date of the response, as well as advice given and to whom.
iii) Document start and end times in the medical record, and in time fields when submitting claim.
iv) Include the practitioner number of the physician or Allied Care Provider requesting advice in the "referred by" field when submitting claim. (For Allied Care Providers not registered with MSP use practitioner number 99987.
v) Not payable in addition to another service on the same day for the same patient by the same practitioner.
vi) Limited to two services per patient per physician per week.
vii) Not payable if there is a paid visit/service for the same condition by the same practitioner in the previous 30 days.

G10005 Specialist Email Advice for Patient Management–Initiated by a Specialist, General Practitioner or Allied Care Provider. Response within 7 days of request

Notes:

i) Payable for email communication only. Maximum 3 services per patient per physician per day.
ii) Document date of request, date of the response, as well as advice given and to whom.
iii) Include the practitioner number of the physician or Allied Care Provider requesting advice in the "referred by" field when submitting claim. (For Allied Care Providers not registered with MSP use practitioner number 99987).
iv) Not payable in addition to another service on the same day for the same patient by same practitioner.
v) Limited to 3 services per patient per physician per day.
vi) Limited to maximum of 12 services per patient per physician per year.
vii) Not payable if there is a paid visit/service for the same condition by the same MD in the previous 30 days.

INITIATED BY: MOH

Copy to BCMA yes

AUTHORIZED BY Donna Bell

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