GPSC Attachment and In-patient Code Quick Reference Guide

Updated January 2015

Fee Code	Fee Name	Description
A GP for Me Initiative		
G14070	Attachment Participation	• For Physician participating in Attachment through his/her longitudinal practice • One per physician per calendar year – as early as possible • Required for all following Attachment fees for rest of calendar year
G14071	Locum Attachment Participation	• For Locum Physicians to allow access to other Attachment fees when locuming in an Attachment participating longitudinal practice • One per physician per calendar year – with first locum of the year • Required for all following Attachment fees for rest of calendar year
G14074	Unattached Complex/High Needs Patient Attachment	• Billable for attaching and providing care for eligible new patients who do not have a FP • Must commit to provided ongoing, longitudinal FSFP care • Target complex/high needs populations • Mother/Baby dyad is counted as one unit • Patient must have a request to attach (cannot self-identify)
G14075	Frailty Complex Care	• Expansion of the GPSC complex care incentive to include diagnosis of 'Frailty' (Dx code V15) when not covered under dual-diagnosis • Patients may only have 14033 or 14075 in any calendar year • FPs retain access to original complex care fee (G14033) for other eligible patients regardless of participation in attachment • Non-participants do not have access to G14075
G14076	Telephone Visits/Management	• Used to provide clinical management advice or follow-up • To use to avert need for a visit; in practice, WI, ER • Not for simple notification of appointments, referrals, etc. • 1500 per physician per calendar year • Any patient for whom FP is community MRP (FP) • Billed in addition to G14079 (Telephone/Email Follow-up) for eligible patients (ie. Expands available calls); not on same day
G14077	Attachment Patient Conference	• Less restrictive; replaces G14015, G14016, and G14017 • Anny patient for whom FP is community MRP (FP) • 18 units per patient per calendar year • Removes requirement for onsite attendance • Requirement of FP conferencing with at least one (1) other healthcare professionals across all settings • Initiation by facility not required; either side can trigger
In-Patient Initiative		
G14086	Assigned In-patient Care Network	• Support in-hospital care by FPs • Includes cost of group/network activities • FP must accept MRP status and have privileges at facility where patient has been admitted • Participating FPs must be registered with Assigned In-patient Network
Paid directly to the Division / Network	Unassigned In-patient Care Network	• FPs with active privileges registered as part of the Unassigned In-patient Network to provide care for patients who do not have a GP with privileges at facility where patient has been admitted • Quarterly incentive based on annual volume of unassigned in-patients admitted to facility. Payments made to participating Divisions of Family Practice, or, where no Divisions exist, to the Network group. Payout locally determined. • Not available in hospitals which have a Hospitalist model.
G14088	Unassigned In-patient Care Fee	• Flat rate fee ($150) per unassigned patient billed once per hospitalization stay for MRP care provided by Network FP. • FP must be member of Unassigned In-patient Care Network and/or Maternity Network • Billed in addition to hospital visit (00109/13008) or delivery
13008, 00127	Clinical Service Fee Bonus	• 25% lift to FP MRP MSP daily visit fees • Payable to all FPs performing this service