

## Summary Guide: GPSC fees supporting team-based care

The GPSC offers family physicians in BC incentives that support them to work in a team-based care environment. Physicians may choose to delegate tasks to a team member employed within or working within a family physician (FP) practice.



The listed GPSC fees cannot be correctly interpreted without reference to the [GPSC Preamble](#), which includes information on billing rules, restrictions, and eligibility criteria.

Click on the fee title to access further details in the respective GPSC billing guide.

### [FP PATIENT TELEPHONE MANAGEMENT FEE 14076 \(\\$20.12\)](#)

#### TASK for DELEGATION

Phone visit may be provided entirely by College-certified Allied Care Provider **employed by** the eligible FP practice.

#### KEY DETAILS

14076 is billable for medical management by telephone and requires a clinical telephone discussion between the patient or the patient's medical representative and the FP or a College-certified Allied Care Provider (e.g. nurse, nurse practitioner) **employed by** the eligible FP practice.

14076 is only billable by the FP who has submitted code 14070/14071 and who is most responsible for the majority of the patient's longitudinal primary medical care. It may be helpful to consider 14076 as a clinical telephone visit rather than a relay of advice.

### [FP EMAIL/TEXT/TELEPHONE MEDICAL ADVICE RELAY FEE 14078 \(\\$7.04\)](#)

#### TASK for DELEGATION

Relay of medical advice from the FP may be delegated to any staff **working within** the eligible FP practice.

#### KEY DETAILS

14078 is billable for the relay of medical advice from the FP to the patient or patient's medical representative and may be delegated to any medical office staff **working within** the FP practice. This includes any Allied Care Provider or medical office assistants (MOAs).

14078 is only billable by the FP who has submitted code 14070/14071 and who is most responsible for the majority of the patient's longitudinal primary medical care. An example of relaying medical advice: asking your MOA to tell your patient that their urine culture results show resistance to the prescribed antibiotic and a new prescription is necessary.

**FP COMPLEX CARE PLANNING & MANAGEMENT FEE 14033 (\$316.95)**

**FP FRAILTY COMPLEX CARE PLANNING & MANAGEMENT FEE 14075 (\$316.95)**

**FP MENTAL HEALTH PLANNING FEE 14043 (\$100.62)**

**FP PALLIATIVE CARE PLANNING FEE 14063 (\$100.62)**

**TASK for DELEGATION**

Non-face-to-face portion of planning may be delegated to a College-certified Allied Care Provider **working within** the eligible FP practice.

**KEY DETAILS**

The goals of all the planning incentives are the same: to pro-actively create a plan of care with the patient. Planning includes face-to-face components (i.e. the face-to-face planning visit provided by the FP) and non-face-to-face components. These components can take place on different days but must amount to a total planning time of 30 minutes, where the majority of the 30 minutes (i.e. 16 minutes or more) is spent on face-to-face planning between the FP and patient.

Non-face-to-face planning activities can be done before or after the face-to-face planning visit with the FP. College-certified Allied Care Providers **working within** the FP practice may be delegated non-face-to-face planning tasks, which can include review of: chart/existing plan(s), relevant consultation notes, liaising with other providers involved in the patient's care, blood work, medication reconciliation, etc..

**FP ALLIED CARE PROVIDER CONFERENCING FEE 14077 (\$43.23)**

**TASK for DELEGATION**

Payment is for FP's case conferencing with at least one other physician or Allied Care Provider, and is not delegable.

**KEY DETAILS**

14077 is billable for the physician's participation in two-way, collaborative conferencing by telephone, videoconference or in-person with at least one Allied Care Provider (this includes other physicians) regarding the FP's patient. This case conferencing code applies no matter where the patient is, no matter how the conference occurs (telephone or in-person), or what the patient's diagnosis is. Conferencing may be initiated by the physician or the Allied Care Provider.

14077 is not delegable – it is payment for physician time spent conferencing. 14077 is only billable by the family physician who has submitted code 14070/14071 and who is most responsible for the majority of the patient's longitudinal primary medical care.

**FP ALLIED CARE PROVIDER BRIEF CONFERENCING FEE 14067 (\$18.22)**

**TASK for DELEGATION**

Payment is for FP's brief case conferencing with at least one other physician or Allied Care Provider, and is not delegable.

**KEY DETAILS**

14067 is payable for two-way case conferencing that's less than eight minutes in duration by telephone, videoconferencing, or in-person between the family doctor and an allied care provider and/or another doctor. For two-way conferencing longer than eight minutes, doctors can bill 14077.

14067 is not delegable – it is payment for physician time spent conferencing. 14067 is only billable by the family physician who has submitted code 14070/14071 and who is most responsible for the majority of the patient’s longitudinal primary medical care.

## ALLIED CARE PROVIDER PRACTICE CODE 14029 (\$0)

### TASK for DELEGATION

One of the two required visits for annual chronic disease management billings may be an in-person visit [or temporarily via Telehealth (video or phone)] with a College-certified Allied Care Provider who is **working within** the eligible FP practice.

### KEY DETAILS

To support team-based care, College-certified Allied Care Providers working within the FP practice may provide one of two visits required under GPSC chronic disease management fees (14050, 14051, 14052, 14053 for FPs billing fee-for-service and 14250, 14251, 14252, 14253 for FPs working under APP).

This visit provided by the College-certified Allied Care Provider must be in-person visit [or via Telehealth (video or phone) until further notice], and may take place outside of the physician’s office. The College-certified Allied Care Provider may be employed by the FP or by the health authority, but work within the FP practice. For example: You may have a nurse seconded by the health authority who can do home visits with patients who have chronic conditions and who are home bound.

Submission of 14029 by the FP indicates an in-person visit [or temporarily via Telehealth (video or phone)] was provided by a College-certified Allied Care Provider working within the FP’s practice, where the FP has accepted responsibility for the provision of the patient’s longitudinal care.

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## Definitions found within the GPSC Preamble

### ALLIED CARE PROVIDERS

**Allied Care Provider** For the purposes of incentives, when referring to Allied Care Providers (ACP), GPSC 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.

*Note: Not all allied care providers are College-certified.*

**College-certified Allied Care Provider** Allied Care Providers who are College-certified are governed by a provincial regulatory college or body. Specific GPSC incentives may require ACPs to be College-certified for the delegation of tasks, whereas other GPSC incentives may not require ACPs to be College-certified to undertake delegated tasks. Fee notes will clearly indicate whether the ACP must be College-certified to be delegated tasks.

**Allied Care Provider “Employed by” a Physician Practice** For the purposes of its incentives, GPSC defines Allied Care Providers (ACPs) “employed by” a physician practice as ACPs who are employed by a physician practice and paid out of practice earnings to work directly within the practice team, with no cost recovery either directly or indirectly from a third party (e.g.: Health Authority, Division of Family Practice, Ministry of Health, etc.), unless otherwise specified.

**Allied Care Provider “Working Within” a Physician Practice Team** For the purpose of its incentives, GPSC defines Allied Care Providers (ACPs) “working within” a physician practice team as ACPs who work as part of an FP practice’s team to support the ongoing care of its patients. The costs of an ACP “working within” the practice team may be paid either by the physician practice or by a third party (directly or indirectly). ACPs employed by a Health Authority are considered to be “working within” the practice team if they are assigned to work with an FP practice to support the longitudinal care of its patients. By contrast, ACPs not assigned to work with an FP practice and who provide episodic services to patients on a referral basis such as through Specialized Health Authority Programs or in stand-alone chronic disease clinics are not considered to be “working within” the physician practice team.