

1. GPSC Portals (PG14070, PG14071)

The fees listed in this guide cannot be appropriately interpreted without the GPSC Preamble.

GPSC Portal PG14070

Effective April 1, 2020, PG14070 will continue to provide access to the following fee codes:

- PG14075 FP Frailty Complex Care Planning and Management Fee
- PG14076 FP-Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or physician - per 15 minutes or greater portion thereof
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG14029 FP Allied Care Provider Practice Code

In addition to the fees below:

- PG1G4050, PG14051, PG14052, PG14053 Chronic Disease Management Fees (Behind portal as of April 1, 2020)
- PG14033, Complex Care Planning & Management (Behind portal as of April 1, 2020)
- PG14043, Mental Health Planning fee (Behind portal as of April 1, 2020)
- PG14044, PG14045, PG14046, PG14047 and PG14048 Mental Health Management fees (Behind portal as of April 1, 2020)
- PG14063 Palliative Care Planning (Behind portal as of April 1, 2020)
- PG14066 Prevention/Personal Health Risk Assessment (Behind portal as of April 1, 2020)

Submitting PG14070 signifies that:

- You are providing full-service 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'.

Family Physician-Patient 'Compact'

The standardized wording of the Family Physician-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	GPSC Portal Code	\$0.00
	<p>The GPSC Portal should be submitted once at the beginning of each calendar year by MRP FSFPs who maintain a comprehensive longitudinal practice OR at any time during the year when the MRP FSFP 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 GPSC 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"> • PG14075 FP Frailty Complex Care Planning and Management Fee • PG14076 FP-Patient Telephone Management Fee • PG14077 FP Conference with Allied Care Provider and/or physician - per 15 minutes or greater portion thereof • PG14078 FP Email/Text/Telephone Medical Advice Relay Fee • PG14029 FP Allied Care Provider Practice Code (\$0.00 fee) • PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Incentive Fees • PG14033, PG14075 Complex Care Planning & Management Fees • PG14043, Mental Health Planning fee • PG14044, PG14045, PG14046, PG14047 and PG14048 Mental Health Management fees • PG14063 Palliative Care Planning Fee; and • PG14066 Personal Health Risk Assessment (Prevention) Fee. iii) Not payable to any physician who has billed and been paid for any specialist consultation in the previous 12 months. 	

GPSC Locum Portal PG14071

Effective April 1, 2020, the GPSC Locum Portal Code provides access to the following incentive fee codes:

- PG14075 FP Frailty Complex Care Planning and Management Fee
- PG14076 FP-Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or physician - per 15 minutes or greater portion thereof
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG14029 FP Allied Care Provider Practice Code (\$0.00 fee)
- PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Incentive Fees (Behind portal as of April 1, 2020)
- PG14033, Complex Care Planning & Management Fee – 2 Diagnoses (Behind portal as of April 1, 2020)
- PG14043, PG14044, PG14045, PG14046, PG14047, PG14048 Mental Health Planning & Management fees (Behind portal as of April 1, 2020)
- PG14063 Palliative Care Planning (Behind portal as of April 1, 2020)
- PG14066 Personal Health Risk Assessment/Prevention (Behind portal as of April 1, 2020)

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 MRP FP 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 GPSC Portal may be provided and billed by the locum. However, locums have their own annual allotment of PG14076 (FP Patient Telephone Management Fee) and PG14078 (FP Patient Email/Text/Telephone Medical Advice Relay Fee).

Submitting PG14071 signifies that:

- You are providing full service 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 Portal Code	\$0.00										
	<p>The Locum 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> <p>Submit fee item PG14071 Locum Portal Code using the following "Patient" demographic information:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">PHN:</td> <td>9753035697</td> </tr> <tr> <td>Patient Surname:</td> <td>Portal</td> </tr> <tr> <td>First name:</td> <td>GPSC</td> </tr> <tr> <td>Date of Birth:</td> <td>January 1, 2013</td> </tr> <tr> <td>ICD9 code:</td> <td>780</td> </tr> </table> <p>Submission of this code signifies that:</p>	PHN:	9753035697	Patient Surname:	Portal	First name:	GPSC	Date of Birth:	January 1, 2013	ICD9 code:	780	
PHN:	9753035697											
Patient Surname:	Portal											
First name:	GPSC											
Date of Birth:	January 1, 2013											
ICD9 code:	780											

	<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> <ul style="list-style-type: none"> <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. <i>ii)</i> Submission provides access to the following incentive fee codes: <ul style="list-style-type: none"> • PG14075 FP Frailty Complex Care Planning and Management Fee • PG14076 FP-Patient Telephone Management Fee • PG14077 FP Conference with Allied Care Provider and/or physician - per 15 minutes or greater portion thereof • PG14078 FP Email/Text/Telephone Medical Advice Relay Fee • PG14029 FP Allied Care Provider Practice Code (\$0.00 fee) • PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Incentive Fees • PG14033, PG14075 Complex Care Planning & Management Fees • PG14043, PG14044, PG14045, PG14046, PG14047, PG14048 Mental Health Planning & Management fees • PG14063 Palliative Care Planning Fee; and • PG14066 Personal Health Risk Assessment (Prevention). <i>iii)</i> Not payable to any physician who has billed and been paid for any specialist consultation in the previous 12 months. 	
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Frequently Asked Questions

GPSC Portal Code PG14070

1. How do I submit the GPSC 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 GPSC Portal code should be submitted once at the beginning of each calendar year by MRP FSFPs who maintain a comprehensive longitudinal practice OR at any time during the year when the MRP FSFP begins their comprehensive longitudinal practice.

Once processed by MSP, this will allow access to the fees outlined in question 2 below for the balance of that calendar year.

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

Effective April 1, the fees that are available to most responsible provider (MRP) Family Physicians who have submitted PG14070 include:

- PG14029 FP Allied Care Provider Practice Code
- PG14033 Complex Care Planning & Management Fee – 2 Diagnoses (as of April 1, 2020)
- PG14043 Mental Health Planning fee (as of April 1, 2020)
- PG14044, PG14045, PG14046, PG14047, PG14048 Mental Health Management Fees (as of April 1, 2020)
- PG14050, PG14051, PG14052, PG14053 Chronic Disease Management Incentive Fees (as of April 1, 2020)
- PG14063 Palliative Care Planning (as of April 1, 2020)
- PG14066 Personal Health Risk Assessment/Prevention (as of April 1, 2020)
- PG14075 FP Frailty Complex Care Planning and Management Fee
- PG14076 FP-Patient Telephone Management Fee
- PG14077 FP Conference with Allied Care Provider and/or physician - per 15 minutes or greater portion thereof
- PG14078 FP Email/Text/Telephone Medical Advice Relay Fee
- PG14004, PG14005, PG14008, PG14009 GPSC Obstetrical Delivery incentives (which are also billable by FP maternity providers registered in a maternity network, as of April 1, 2020)

3. Do FPs participating in a Long Term Care Network but who do not have a separate community practice qualify to submit 14070 and access the additional codes available through the GPSC portal?

Yes, FPs who do not have a community practice but who are participating in a Long Term Care Network are considered to have a community "practice" in the Long Term Care facility. As such, they are eligible to submit 14070 in order to access codes some GPSC fees behind the portal. It is important to note that the 14033 Complex Care Planning fee and 14075 FP Frailty Complex Care fee are not billable for patients in long term care.

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

The standardized wording of the Family Physician-Patient 'Compact' was developed in consultation with family physicians and members of the Patient Voices Network. The GPSC believes this compact appropriately describes the relationship between a full service 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 Family Physicians 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 14070?

No.

6. I work at two different clinics. Do I submit 14070 at each one?

No that is not necessary. However, remember that submitting 14070 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 MRP?

GPSC defines Most Responsible Physician as the physician who takes responsibility for directing and coordinating the ongoing longitudinal care and management of a patient.

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

14070 must be submitted under the practitioner # of an individual physician who has confirmed their commitment to act as MRP for the longitudinal care of a known panel of patients. 14070 may not be submitted by one physician on behalf of a clinic. If you are providing episodic care at the walk in clinic then 14070/14071 may not be submitted.

If you have made the commitment to act as MRP for the longitudinal care of a group of patients, and confirmed your doctor patient relationship with them, then you may submit 14070 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 #3 in the following section on the PG14071 GPSC Locum Portal Code

9. Do I have to submit both 14070 to access the portal fees for my own panel of patients and 14071 to access portal 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 14070 then you may bill portal fees when caring for their patients.

10. Do members of maternity networks and in-patient networks need to submit 14070?

FPs who are registered in a maternity network are able to bill the GPSC obstetrical delivery incentives and Portal fees 14076, 14077 and 14078. If you also have a community family practice (or locum in such practices) you must submit 14070/71 to gain access to the other Portal fees. FPs who are registered in an in-patient network are able to bill Portal fees 14076, 14077, and 14078. To access other Portal fee codes, FPs or locums must submit 14070 or 14071.

GPSC Locum Portal Code PG14071

1. What is the difference between PG 14070 and PG 14071?

PG14070 is for Family Physicians who have committed to be the MRP FP for the longitudinal care of a panel of patients as outlined in the compact included in #3 above under GPSC Portal.

PG14071 should be submitted by locum tenens, defined as an FP "who substitutes on a temporary basis for another physician who is away from practice." This allows access to the GPSC Portal fees when the locum is working for a host MRP physician who has submitted 14070.

2. Which of the GPSC fees, if any, can a locum tenens bill when working in a practice where the host MRP physician has submitted PG14070?

There should be a discussion between the host MRP FP 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 FP 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.

See the BC Family Doctors website for a Locum Contract Template.

3. 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 full service family practice services 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 # 3 above under GPSC Portal, you should submit 14070. This will also mean you will be eligible for the Community Longitudinal Family Physician payment assuming all other criteria are met.