



Billing & Incentives for GP's e-Communication with Patients

Document Purpose

This guide provides an overview of the virtual care fees and incentive payments available to BC family physicians for patient videoconference visits and patient clinical discussions conducted over the phone, through email or instant messaging.

Service fees listed in this overview are based on the [MSC Payment Schedule](#) available online. The actual amount provided here might not be accurate as the online Schedule is published only twice a year. The [Doctors of BC Fees Guide](#) is updated frequently throughout the year with fee values as well as with new, amended or deleted fee items.

Please refer to the Online Resources section at the end of this document to access information sources.

Videoconferencing with Patients

For the fees below, “telehealth service” is defined as a direct interactive video with a patient through the use of video technology.

Similarly to face-to-face visits, physicians (or clinical practitioners) can claim one telehealth service on the same day for the same patient. MSP will pay up to 4 such services for one patient per calendar year. Compensation for physician's travel, scheduling and other logistics is the responsibility of the Regional Health Authority (RHA). Rural Retention fee-for-service premiums are applicable to telehealth services and are payable based on the location of the receiving medical practitioner in eligible RHA communities.

Please Note: We highly recommend referring to **Preamble D.1. Telehealth Services** in the [MSC Payment Schedule](#) (pages 1-19) for a full description of notes and restrictions related to providing telehealth services.

Scenario: A physician **conducts an in-office telehealth service** with a patient or group of patients while physically present in their own office.

Billing Code	Service	MSP Fee (\$)	Non-MSP Fee (\$)*
P13036	Telehealth GP in-office Consultation	82.43	203.00
P13037	Telehealth GP in-office Visit	34.44	84.90
P13038	Telehealth GP in-office Individual counselling for a prolonged visit for counselling (minimum time per visit – 20 minutes)	58.46	146.00
P13041	Telehealth GP in-office Group Counselling For groups of two or more patients (First Full Hour)	86.94	214.00
P13042	Telehealth GP in-office Group Counselling For groups of two or more patients (Second Hour, per ½ Hour or Major Portion Thereof)	43.50	107.00

*Non-MSP fees apply to services delivered to patients with no MSP coverage and to be charged directly.

Scenario: A physician provides an out-of-office telehealth service with a patient or a group of patients while physically present in an health-authority approved telehealth facility. The name of the facility and the results of the telehealth service must be recorded in the patient chart.

Billing Code	Service	MSP Fee (\$)	Non-MSP Fee (\$)
P13016	Telehealth GP out-of-office Consultation	109.02	266.00
P13017	Telehealth GP out-of-office Visit	41.10	102.00
P13018	Telehealth GP out-of-office Individual counselling for a prolonged visit for counselling (minimum time per visit – 20 minutes)	75.32	185.00
P13021	Telehealth GP out-of-office Group Counselling For groups of two or more patients (First Full Hour)	87.46	214.00
P13022	Telehealth GP out-of-office Group Counselling For groups of two or more patients (Second Hour, per ½ Hour or Major Portion Thereof)	43.76	107.00

Scenario: A physician assists with an in-person physical assessment of a patient who is receiving telehealth services from a specialist. Applicable only if GP is required at the referring end to assist with essential physical assessment, without which the specialist service would be ineffective. Applies only to period spent during consultation with specialist.

Billing Code	Service	MSP Fee (\$)	Non-MSP Fee (\$)
P13020	Telehealth General Practitioner Assistant – Physical Assessment as requested by receiving specialist (for each 15 minutes of portion)	31.46	74.80

Medical Management of Patients via Telephone

The GP Patient Telephone Management fee (G14076) is payment for a clinical conversation between the patient (or medical representative) and the physician or a College-certified allied care provider employed within the eligible GP practice. It is not payment for notifications for appointments and referrals, prescription renewals, or anti-coagulation therapy. It is not payable to physicians working under salary, service contract or sessional arrangements that include provision of this care.

Physicians can claim maximum of 1500 patient telephone management services per calendar year (EMR billing feature can help to monitor number of services provided).

To access the patient telephone management fee (G14076), family physicians must submit the GPSC Portal Code (G14070) once per calendar year. Similarly, locum physicians must submit GPSC Locum Portal Code (G14071).

The patient telephone management fee (G14076) cannot be claimed if the physician has already claimed a visit or another service for this patient on the same calendar day. If the physician has a telephone clinical discussion following an in-person visit earlier the same day, G14076 cannot be claimed in addition. Some exceptions may apply (such as G14077, G14018 G14050, G14051, G14052, G14053, G14250, G14251, G14252, G14253). See the [Conferencing & Telephone Management Billing Guide](#) for more details including chart entry requirements.

Scenario: A physician or College-certified allied care provider employed within the eligible GP practice has a clinical discussion with a patient by telephone.

Billing Code	Service	MSP Fee (\$)	Non-MSP Fee (\$)
G14076	GP Patient Telephone Management Fee	20.00	33.00

Emailing or Text Messaging Medical Advice to Patients

This fee is payable for two-way communication between the patient (or patient's medical representative) and physician. It is also possible to delegate this task to an MOA or allied care provider and claim this fee. In any case, chart entry must record contacted person name, conversation modality (phone, email, or text message) and describe the advice provided.

This fee does not include notifications for appointments and referrals, prescription renewals, or anti-coagulation therapy. Typically, it is not payable if other service was claimed on the same calendar year with the exception of the GP Attachment patient conference fee (G14077).

Each physician can claim maximum of 200 G14078 claims per year.

There is no billing code for physician receiving a text message or email from a patient requesting medical advice.

Scenario: A physician **uses email or text messaging to provide medical advice to a patient** or delegates this task to an MOA or allied care provider working at physician's practice.

Billing Code	Service	MSP Fee (\$)	Non-MSP Fee (\$)
G14078	GP Email/Text/Telephone Medical Advice Relay Fee	7.00	

Note: To access this fee, family physicians must submit the GPSC Portal Code (G14070) for the patient once per calendar year. Similarly, locum physicians must submit GPSC Locum Portal Code (G14071).

Online Resources

[Society of General Practitioners – Simplified Guide to Fees](#)

Online user-friendly resource for 34 specialities and general practice. Website provides sample scenarios. SGP is a registered Society in BC. Requires an account and login.

[GP Services Committee – Conferencing and Telephone Management Billing Guide](#)

A 25-page guide on incentive payments available to B.C.'s eligible family physicians.

[Doctors of BC Fees Guide](#)

Published on the Doctors of BC website. Mirrors the MSC Payment Schedule and also provides the Non-MSP Insured fees for services delivered to patients who are not beneficiaries of MSP. Requires an account and login.

[MSC Payment Schedule](#)

Online list of fees approved by the Medical Services Commission payable to enrolled physicians for insured medical services provided to beneficiaries enrolled with MSP. Information current only at the time of publication and updated two times a year. No special login is required.

This document is intended to provide initial information to physicians exploring virtual care options. For the most current information, please see Online Resources section of this document.

For questions around eligibility, definitions, or interpretation of service fees, contact Doctors of BC Economics Department at economics@doctorsofbc.ca.

For more information regarding virtual care contact Doctors Technology Office:

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