

# VIRTUAL CARE BILLING & INCENTIVES GUIDE FOR GENERAL PRACTITIONERS

## Summary

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 where the actual amount provided might not be accurate (the online Schedule is published only twice a year). The [Doctors of BC Fees Guide](#) is updated frequently throughout the year with fee values and 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.

Physician or medical practitioner can claim only one telehealth service per day for the same patient which is similar to office visits. In case when an in-person examination is required, the subsequent visit can be submitted as a limited consultation. If a telehealth service is interrupted for technical failure and not concluded, claim can be submitted under the appropriate miscellaneous code.

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.

### 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.

## IN-OFFICE SCENARIO

A physician **conducts an in-office telehealth service** with a patient or group of patients in offices or clinics.

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

Billing Code	Service	MSP Fee (\$)	Non-MSP Fee (\$)
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

### OUT-OF-OFFICE SCENARIO

A physician **provides an out-of-office telehealth service** with a patient or a group of patients in a 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

### IN-PERSON TELEHEALTH ASSISTANCE 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

## Patient Medical Management via Telephone

The GP Patient Telephone Management fee (G14076) is payment for a clinical conversation between the patient (or medical representative) and the physician. 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). For more information on how to bill the GPSC Portal Code, please see the [GPSC Portal Billing Guide](#).

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

G14076 is also billable when the telephone call is made by a College-certified Allied Care Provider employed within the eligible FP practice. This excludes the medical office assistant. For information on who qualifies as a College-certified Allied Care Provider, please see the [GPSC Preamble](#).

G14076 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.

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.

### TELEPHONE 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

G14078 GP Email/Text/Telephone Relay Medical Advice fee is payable for two-way communication between the patient (or patient’s medical representative) and physician. To access G14078, family physicians must submit the GPSC Portal Code (G14070) (G14071 for locum) once per calendar year. Each physician can claim maximum of 200 G14078 claims per year.

G14078 is also billable when the task of medical advice relay has been delegated to an MOA or allied care provider working within the FP practice. In any case, chart entry must record the name of the person who communicated with the patient or patient’s medical representative, as well as the advice provided, modality of communication and confirmation the advice has been received.

This fee does not include notifications for appointments and referrals, prescription renewals, or anti-coagulation therapy. It is not payable if another service was claimed on the same calendar day. Some exceptions may apply (G14077, G14018 G14050, G14051, G14052, G14053, G14250, G14251, G14252, G14253).

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

**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). For more information on how to bill the GPSC Portal Code, please see the [GPSC Portal Billing Guide](#).

**EMAIL / TEXT MESSAGE 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	

**Tools and Resources**

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

Online user-friendly resource for 34 specialties 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.

## DISCLAIMER

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](mailto:economics@doctorsofbc.ca).

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