

SPECIALIST SERVICES (SSC) INITIATED LISTINGS

SSC INITIATED LISTINGS

	BCMA Fee (\$)	MSP Fee (\$)
REFERRED CASES		
COUNSELING – GROUP (FOR GROUPS OF THREE OR MORE PATIENTS)		
G78763 Three patients.....	67.79	30.81
G78764 Four patients.....	54.78	24.90
G78765 Five patients	47.06	21.39
G78766 Six patients	41.87	19.03
G78767 Seven patients	38.19	17.36
G78768 Eight patients	35.44	16.11
G78769 Nine patients.....	33.26	15.12
G78770 Ten patients	31.48	14.31
G78771 Eleven patients	27.57	12.53
G78772 Twelve patients.....	25.94	11.79
G78773 Thirteen patients	24.02	10.92
G78774 Fourteen patients.....	23.58	10.72
G78775 Fifteen patients	22.64	10.29
G78776 Sixteen patients	21.96	9.98
G78777 Seventeen patients	21.03	9.56
G78778 Eighteen patients	20.57	9.35
G78779 Nineteen patients.....	19.84	9.02
G78780 Twenty patients.....	19.36	8.80
G78781 Greater than 20 patients (per patient).....	18.68	8.49

Notes:

- i) A separate claim must be submitted for each patient.
- ii) An active referral is required by a medical practitioner or a health care practitioner for each patient.
- iii) Payable only to Specialist Physicians who have completed, or are currently enrolled in, the Specialist Services Committee Practice Support Program on Advanced Access and Group Medical Visits or a recognized equivalent.
- iv) Claim must state start and end times for the service.
- v) Service is not payable with other services, for the same patient, on the same day.

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- vi) The SSC reserves the right to reduce, suspend or cancel these fee items.
- vii) Not payable to physicians who are employed by, or who are under contract to a facility, who would otherwise have provided the service as a requirement of their employment or contract with the facility; or physicians working under salary, service contract or sessional arrangement.

TELEPHONE ADVICE

G10001 Specialist Telephone Advice – Initiated by a Specialist or General Practitioner, Urgent.....	132.00	60.00
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NOTES

- i) Payable to Specialist Physicians for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient.
- ii) Conversation must take place within two hours of the initiating physician’s request. Not payable for written communication (i.e. fax, letter, e-mail).
- iii) Includes discussion of pertinent family/patient history, history of presenting complaint, and discussion of the patient’s condition and management after reviewing laboratory and other data where indicated.
- iv) A chart entry, including advice given and to whom, is required.
- v) Include start and end times in time fields when submitting claim.
- vi) Not payable for situations where the purpose of the call is to:
 - a) book an appointment
 - b) arrange for transfer of care that occurs within 24 hours
 - c) arrange for an expedited consultation or procedure within 24 hours
 - d) arrange for laboratory or diagnostic investigations
 - e) inform the referring physician of results of diagnostic investigations

(notes continued on next page)

SPECIALIST SERVICES (SSC) INITIATED LISTINGS - Continued

	BCMA Fee (\$)	MSP Fee (\$)
f) arrange a hospital bed for the patient		
vii) Limited to one claim per patient per physician per day.		
viii) Out-of-Office Hours Premiums and Rural Retention Premiums may not be claimed in addition.		
ix) Not payable to physician initiating call.		
x) Not payable in addition to another service on the same day for the same patient by same practitioner.		
xi) No claim may be made where communication is with a proxy for either physician (e.g. nurse or assistant).		
xii) Cannot be billed simultaneously with salary, sessional, or service contract arrangements.		

G10002 Specialist telephone patient management – initiated by a Specialist or General Practitioner, one week	88.00	40.00
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NOTES

- i) Payable to Specialist Physicians for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient.
- ii) Conversation must take place within 7 days of initiating physician's request. Initiation may be by phone or referral letter.
- iii) Includes discussion of pertinent family/patient history, history of presenting complaint, and discussion of the patient's condition and management after reviewing laboratory and other data where indicated.
- iv) A chart entry, including advice given and to whom, is required.
- v) Include start and end times in time fields when submitting claim.
- vi) Not payable for situations where the purpose of the call is to:

- a) book an appointment

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SPECIALIST SERVICES (SSC) INITIATED LISTINGS - Continued

**BCMA
Fee (\$)** **MSP
Fee (\$)**

- b) arrange for transfer of care that occurs within 24 hours
- c) arrange for an expedited consultation or procedure within 24 hours
- d) arrange for laboratory or diagnostic investigations
- e) inform the referring physician of results of diagnostic investigations
- f) arrange a hospital bed for the patient
- vii) Limited to one claim per patient per physician per week.
- viii) Out-of-Office Hours Premiums and Rural Retention Premiums may not be claimed in addition.
- ix) Not payable to physician initiating call.
- x) Not payable in addition to another service on the same day for the same patient by same practitioner.
- xi) No claim may be made where communication is with a proxy for either physician (e.g. nurse or assistant).
- xii) Cannot be billed simultaneously with salary, sessional, or service contract arrangements.

G10003	Specialist telephone patient management / follow-up.....	44.00	20.00
	NOTES		

- i) This fee applies to two-way direct telephone communication (including other forms of electronic verbal communication) between the specialist physician and patient, or a patient's representative. Not payable for written communication (i.e. fax, letter, e-mail).
- ii) This fee is only payable for scheduled telephone appointments with the patient.
- iii) Access to this fee is restricted to patients having received a prior consultation, office visit, hospital visit, diagnostic procedure or surgical procedure from the same physician, within the 18 months preceding this service.
- iv) Each physician may bill this service four (4) times per calendar year for each patient.

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SPECIALIST SERVICES (SSC) INITIATED LISTINGS - Continued

	BCMA Fee (\$)	MSP Fee (\$)
v) Not payable in addition to another service on the same day, for the same patient by the same practitioner.		
vi) Telephone management requires two-way communication between the patient and physician on a clinical level; the fee is not billable for administrative tasks such as appointment notification.		
vii) No claim may be made where communication is with a proxy for the physician (e.g. nurse or assistant).		
viii) This fee requires chart entry as well as ensuring that patient understands and acknowledges the information provided.		
ix) Include start and end times in time fields when submitting claim.		
x) Cannot be billed simultaneously with salary, sessional, or service contract arrangements.		
xi) Out-of-Office Hours Premiums and Rural Retention Premiums may not be claimed in addition.		