

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-01-01 TARGET TYPE: AI
CANCEL DATE (CCYYMMDD): 2025-01-15 TARGET KEY: MD
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BROADCAST TITLE (50 char): Amendment to CSBC Section Preamble

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective January 1, 2025, the section preamble for the Consultant Specialists of BC (CSBC) listings has been amended as follows to accommodate new fee item 78711 (Specialist Initiation of Conference with a Physician and/or Allied Care Provider):

1. Preamble

The following Consultant Specialist of BC (CSBC) Fees items are billable only by Specialists certified by the Royal College of Physicians and Surgeons of Canada.

The objectives of CSBC fees are to reduce unnecessary face-to-face encounters, to reduce care gaps, and to provide more timely care from the most appropriate physician, thereby improving patient care.

1. For the purposes of this section, face-to-face services include consultation; office, home or hospital visit; and any diagnostic, therapeutic, anesthetic or surgical procedure with both physician and patient in the same room.
2. CSBC fees are not payable for situations where the sole purpose of the communication is to:
 - a) book an appointment
 - b) arrange for routine admission or transfer of care that occurs within 24 hours, except for coordination for patients under the Patient Transfer Network (PTN)
 - 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
 - g) renew prescriptions with a pharmacist.
3. For fee items G10001, G10002, G10003, G10004, and 78711, refer to section D.1. Telehealth Services of the General Preamble.

4. G10002, G10004, G10005, 78710, and 78711: All registered and regulated health care providers can serve as referral sources. When advice is requested by an Allied Care Provider who does not have an MSP practitioner number, or conferencing is initiated with one, use the generic practitioner number 99987: Allied Care Provider not registered with MSP.
5. At minimum, the following is required, and the practitioner is responsible for keeping their practice consistent with any new guidelines which may be published by the Canadian Medical Protective Association (CMPA) and/or the College of Physicians and Surgeons of British Columbia (CPSBC).

Electronic communication as part of patient care must ensure that security and patient confidentiality are maintained and guarded in the same way that paper records are protected.

- The CMPA and the CPSBC recommendations regarding the use of electronic communications indicate three major areas of potential liability:
 - Confidentiality/privacy/security
 - Timeliness of Response
 - Clarity of Communication
 - Document consent. Obtain express and informed consent before transmitting patient information. Refer to the CMPA Template for consent to use electronic communications:
 - Document discussion & advice for all communications.
 - The email or text message record should be included in the patient record.
 - Develop clear, written policies around use of email and/or text messaging.
 - Communication between providers should clearly identify the most responsible physician (MRP).
 - Information should be encrypted as an attachment, or, at a minimum, password protected. Send password or cryptographic key separately.
 - Use secure communication modalities (i.e. Health authority email addresses) if possible.
 - Email addresses, and phone numbers for text messaging, need to be double-checked.
6. CSBC fees are payable for face-to-face, telephone, video conference, email, and text messaging communication. Review the individual fee notes which identify their respective eligible communication modality.

7. CSBC fees are not payable to physicians for services provided within time periods when working on salary, service contract or sessional arrangement.
8. No claim may be made where communication or service is with a proxy for the billing physician.
9. Out-of-Office Hours Premiums may not be claimed in addition.
10. G10001, G10002, G10004, G10005, 78710, and 78711 are not payable for the same patient on the same date of service if adult or pediatric critical care team fees have been paid to the same practitioner or a practitioner who belongs to the same critical care team.

Copy to DoBC: **Yes**

INITIATED BY: **MoH**

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IF TARGET TYPE IS

THEN TARGET KEY IS

PY-PAYEES -----	PAYEE NO.
PR- PRACTITIONER -----	PRACTITIONER NO.
SP-SPECIALTY -----	SPECIALTY CODE
AI-ASSOCIATION IDENTIFIER -----	MD – BC MEDICAL ASSOCIATION
A -ALL -----	LEAVE TARGET KEY BLANK
PS-PAYEE STATUS -----	C - VESTED INTEREST LAB
	F - PRIMARY CARE
	H - HOSPITAL
	I - INACTIVE PAYEE
	L - LABORATORY
	M - ACTIVE PAYEE
	V - 3RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM