

A GP for Me Fee Code Quick Reference Guide

Fee Code	Fee Name	Description
A GP for Me		
G14070	Attachment Participation	<ul style="list-style-type: none"> • Zero-Sum MSP code • One per physician per calendar year • Required for all following Attachment fees
G14076	Telephone Visits/Management	<ul style="list-style-type: none"> • To use to avert need for a visit; in practice, WI, ER • Not for simple notification of appointments, referrals, etc. • 500 per physician per calendar year • Billed in addition to G14079 (Telephone/Email Follow-up); not same day
G14075	Complex Care	<ul style="list-style-type: none"> • Expansion of the current GPSC complex care fee • Includes diagnosis of 'Frailty' (use diagnosis code V15) • FPs retain access to original complex care fee (G14033) regardless of participation • Non-participants do not have access to G14075
G14077	Attachment Patient Conference	<ul style="list-style-type: none"> • Less restrictive; replaces G14015, G14016, and G14017 • Removes requirement for onsite attendance • Removes need to conference with 2+ other healthcare professionals • Initiation by facility not required; either side can trigger
G14074	Unattached Complex/High Needs Patient Attachment	<ul style="list-style-type: none"> • Providing care for new patients who do not have a FP • Must commit to provided ongoing, longitudinal FSP care • Target complex/high needs populations • Mother/Baby dyad is counted as one • Patient must be referred (cannot self-identify)
In-Patient Care		
G14086	Assigned In-patient Care Network	<ul style="list-style-type: none"> • Support in-hospital care by FPs • Includes cost of group/network activities • FP must accept MRP status and have privileges at facility where patient has been admitted
N/A	Unassigned In-patient Care Network	<ul style="list-style-type: none"> • Where FP does not have privileges at facility where patient has been admitted • Quarterly incentive based on annual volume of unassigned in-patients admitted to facility • Not available for hospitals which have a Hospitalist model • Payments made to participating Divisions of Family Practice, or, where no Divisions exist, to the Network group
G14088	Unassigned In-patient Care Fee	<ul style="list-style-type: none"> • Flat fee (\$150) per patient for MRP care for duration of hospital stay • Must be member of Unassigned In-patient Care Network and/or Maternity Network • In addition to hospital visits for care
13008, 00127	Clinical Service Fee Bonus	<ul style="list-style-type: none"> • 25% lift to FP MRP visit fees • Payable to all FPs performing this service