

MSP Billing: CDM Incentives

Quick Reference Guide

This short guide will provide you with key information about the Chronic Disease Management Incentives in British Columbia.

Challenge

DoctorCare Best Practices and Recommendations

What are the CDM fee codes?

Fee Code	Description	Value
PG14050	Diabetes	\$125
PG14051	Heart Failure	\$125
PG14052	Hypertension	\$50
PG14053	COPD	\$125

What are the requirements to bill the CDM codes?

Requirements:

- Payable only to Family Physicians who have successfully submitted PG14070/PG14072 or on behalf of Locum Family Physicians who have successfully submitted PG14071 on the same or a prior date in the same calendar year.
- Applicable only for patients with documentation of a confirmed diagnosis of heart failure and the documented provision of a clinically appropriate level of guideline-informed care for heart failure in the preceding year.
- This item may only be billed after one year of care has been provided including at least two visits. Office, prenatal, home, long term care visits qualify. One of the two visits may be:
 1. a telephone (PG14076); or
 1. a group medical visit (13763 – 13781); or
 2. a telehealth visit (13017, 13018, 13037, 13038); or
 3. an in-person visit with a college-certified allied care provider working within the family physician’s practice team (PG14029). (See Preamble definition of “working within and “college certified ACP”).
- Not payable if the required two visits were provided while working under an alternate payment/ funding model as described in the GPSC Preamble.
- Claim must include the ICD-9 code for congestive heart failure (428).
- Payable once per patient in a consecutive 12 month period.
- Payable in addition to items PG14050 or PG14053 for the same patient if eligible.
- Not payable once PG14063 has been billed and paid.
- If a visit is provided on the same date the incentive is billed both services will be paid at the full fee.

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What are the CDM Allowable Combinations in a Single Patient?

CDM Allowable Combinations in a Single Patient

	14050	14051	14052	14053
14050		Yes	No	Yes
14051	Yes		No	Yes
14052	No	No		Yes
14053	Yes	Yes	Yes	

What communication codes count towards CDM fees?

Communication Codes Included & Excluded From CDM Billing During COVID-19

Fee Code	Description	Note
14076	FP Patient Telephone Management	Counts towards CDM fees
14078	FP Email/Text/Telephone Medical Advice Relay	Does not count toward CDM fees
13237 – 13837	Telehealth FP Visit (age differentials); replaces 14076 for FP communications with patient (cannot be delegated)	Counts towards CDM fees
13706	FP Delegated Patient Telehealth management – replaced 14076 for delegated communications to college-certified ACP employed within the physician practice with patient. For delegated phone visits to CDM patients, continue to use 14076.	Does not count towards CDM fees
13707	FP Email/Text/Telephone Medical Advice Relay or ReRX – replaced 14078 for relay of medical advice from the FP to patient	Does not count towards CDM fees

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca