



BILLING QUESTIONS FAQ

MARCH 31, 2020

| TABLE OF CONTENTS | PAGE |
|---|-------------|
| <u>TEMPORARY CHANGES TO TELEHEALTH AND TELEPHONE SERVICES</u> | 2 |
| <u>TELEHEALTH SERVICES FOR PATIENTS IN LONG-TERM CARE (LTC)</u> | 7 |
| <u>MATERNITY/OBSTETRICAL BILLING</u> | 8 |
| <u>WORKSAFEBC/ ICBC/ ROAD SAFETY BC</u> | 8 |
| <u>GPSC INCENTIVES AND TELEHEALTH</u> | 9 |
| <u>NEW FEES FOR THE COVID-19 PANDEMIC</u> | 10 |
| <u>ADDITIONAL RESOURCES</u> | 11 |
| <u>APPENDIX A (DETAILS OF NEW FEES FOR THE COVID-19 PANDEMIC)</u> | 12 |

BCFAMILYDOCS.CA

TEMPORARY CHANGES TO TELEHEALTH AND TELEPHONE SERVICES

Effective March 13, 2020 the Preamble definition of a Telehealth Service has been changed to include telephone calls: ***“Telehealth Service” is defined as a medical practitioner delivered health service provided to a patient through the use of video technology or telephone.***

Use your professional medical judgement to determine what services can be provided by Telehealth, taking into account the expectations of regulated health professionals. These were outlined in the March 23, 2020 COVID-19 update from the Provincial Health Officer, sent to all physicians by the College of Physicians and Surgeons of BC.

In the Q+A below, references to Telehealth include services provided by video or phone.

Q: DOES THIS CHANGE IN DEFINITION OF “TELEHEALTH SERVICE” APPLY ONLY TO COVID-19 RELATED SERVICES?

A: No, the change applies to all services by family doctors that can be safely and appropriately provided by video or phone. If you provide a service related to COVID-19, please use diagnostic code **C19**.

Q: EACH TELEHEALTH FEE FOR FAMILY DOCTORS HAS AN IN-OFFICE AND OUT-OFFICE VERSION. WHAT IS THE DIFFERENCE?

A: Telehealth GP out-of-office services ([13017](#), [13018](#)) are only billable when the physician providing the service is physically located in a Health Authority approved facility.

Bill **Telehealth GP in-office services** ([13037](#), [13038](#)) when providing the service from any other location, whether that be home, office, or other non-health authority site. [13037](#) and [13038](#) are the Telehealth fees that apply for most situations. Think of [13037](#) as the equivalent for an office visit ([0100 series](#)), and [13038](#) as the equivalent for an office counselling visit ([0120 series](#)).

View the main Telehealth visit fees for family doctors on our [website](#). Members of BC Family Doctors can get further details in the Virtual Care section of our [Simplified Guide to Fees](#).

Q: WHY DO THE TELEHEALTH FEES FOR FAMILY DOCTORS HAVE TWO VERSIONS: IN-OFFICE AND OUT-OF-OFFICE?

A: When these fees were originally developed, the definition of a telehealth service included video only. At the time, available technology required community-based physicians to leave their office to go to a health authority site to access the Provincial Telehealth Network. With the advent of new video platforms (and now with expansion to telephone during the duration of the pandemic), this is rarely necessary except in some rural areas, where internet and cell service is sporadic.

Q: MY CLINICAL OFFICE IS LOCATED IN THE LOCAL HOSPITAL. IS THIS A “HEALTH AUTHORITY APPROVED FACILITY” FOR THE PURPOSE OF BILLING THE GP TELEHEALTH OUT OF OFFICE SERVICE FEE CODES?

A: Yes, a hospital is a health authority approved facility. However, the original intent of the fees (see question above) would suggest that you bill the in-office fees if your clinical office happens to be located in a hospital or health authority site. The current rules as written do allow you to bill either the in-office or out-of-office fees.

Q: WHAT IF THERE IS NO TELEHEALTH CODE THAT CORRESPONDS TO THE SERVICE I PROVIDE?

A: Non-procedural interventions provided by video or telephone where there is no Telehealth fee should be billed under the equivalent face-to-face fee with a claim note record stating the service was provided via Telehealth.

Remember, any visit that you would have billed as a [0100 series](#) or [0120 series](#) when provided in-person should be billed as [13037](#) or [13038](#). Some examples of non-procedural interventions provided by FPs for which there is no Telehealth fee code include prenatal visits ([14091](#)); OAT assessment and management of induction and maintenance of OAT ([13013](#), [13014](#), [00039](#)). Submission must include a claim note record stating the service was provided via Telehealth.

Q: THE TELEHEALTH VISIT FEES DON'T HAVE AGE DIFFERENTIAL CODES. CAN I USE THE IN-PERSON AGE DIFFERENTIAL OFFICE VISIT CODES ([0100 SERIES](#) AND [0120 SERIES](#)) INSTEAD OF THE TELEHEALTH GP VISIT CODES?

A: No, you must use the Telehealth visit codes [13037/13038](#) or [13017/13018](#).

Q: WHEN USING THE SPECIFIC TELEHEALTH FEE CODES ([13037](#) AND [13038](#)), DO I HAVE TO INCLUDE A CLAIM NOTE RECORD THAT THE SERVICE WAS PROVIDED BY TELEHEALTH?

A: No, the fee code already tells MSP that the service was provided by Telehealth.

Q: CAN I PROVIDE AND BILL A COMPLETE EXAMINATION ([0101 SERIES](#)) BY TELEHEALTH?

A: No. This requires an in-person physical examination.

Q: DO I HAVE TO SUBMIT START AND END TIMES WITH THE TELEHEALTH FEE CODES ([13037](#) AND [13038](#))?

A: [13037](#) does not require start end times. [13038](#) is a counselling visit and must meet the same definition of counselling and time requirements as the [0120 series](#). For [13038](#), start and end times must be submitted with the billing and noted in the medical record.

Q: IF I DETERMINE, AS A RESULT OF A TELEHEALTH VISIT, THAT I NEED TO SEE THE PATIENT IN-PERSON THE SAME DAY FOR A PHYSICAL EXAM, WHAT DO I BILL?

A: You bill either the [13037](#) for the telephone visit **OR** the appropriate in-person fee for the face-to-face visit. Telehealth and an in-person service are not billable on the same patient/same day *by the same physician*. The exceptions to this are the two new COVID-19 fees [T13701](#) and [T13702](#) (see below for more info on these new fees.)

Q: MY MULTI-PHYSICIAN CLINIC IS DIVIDING THE WORK LOAD DURING THE COVID-19 PANDEMIC. IF I PROVIDE A TELEHEALTH VISIT WITH MY PATIENT AND DETERMINE THEY NEED TO BE SEEN IN-PERSON THAT DAY AT OUR CLINIC BY A *DIFFERENT* PHYSICIAN, HOW DO WE BILL?

A: [13037](#) for the telephone visit is billable by the first physician, and the appropriate in-person fee for the service provided in-person is billable by the other physician.

Q: IF A COLLEAGUE DETERMINES VIA A TELEHEALTH VISIT THAT THE PATIENT REQUIRES A PHYSICAL EXAMINATION, AND I AM THE PHYSICIAN PROVIDING THE IN-PERSON ASSESSMENT, CAN I BILL A GP CONSULTATION ([00110 SERIES](#))?

A: No. This does not meet the requirements for a GP Consultation ([00110 series](#)) as defined in the MSC Payment Schedule.

Q: I DELEGATE SOME PHONE CALLS TO MY OFFICE NURSE AND BILL [14076](#). CAN THESE NOW BE BILLED AS TELEHEALTH VISITS USING [13037](#)?

A: No, Telehealth visits may not be delegated and billed to MSP. Use the new [T13706](#) FP Delegated Patient Telehealth Management Fee in the amount of \$20. See below in [NEW FEES FOR THE COVID-19 PANDEMIC](#).

Q: WHAT ABOUT PRESCRIPTION RENEWALS BY PHONE?

A: If a Telehealth visit with the patient is necessary to determine if a prescription renewal is appropriate or a different prescription is necessary, then bill the [13037](#) (as you would do for seeing the patient in person and billing the [0100 series](#).) If you are doing a prescription renewal without seeing the patient (either virtually or in person), you may now bill [T13707](#) **FP Email/Text/Telephone Medical Advice Relay or ReRX Fee** in the amount of \$7.

Q: I PROVIDE CONSULTATIONS BY REFERRAL FOR MY COLLEAGUES' PATIENTS - CAN I NOW DO THIS USING TELEHEALTH (VIDEO OR TELEPHONE) INSTEAD?

A: If you feel you could have provided an in-person consultation without a physical examination, then you may use Telehealth for the consultation without an examination and bill the **Telehealth GP consultation fee** ([13036](#) or [13016](#)). Continue to use your professional judgement to determine whether use of virtual technology is clinically appropriate, considering the circumstances of each patient.

Q: WHAT IS THE DIFFERENCE BETWEEN A TELEHEALTH VISIT [13037](#) AND A TELEHEALTH CONSULTATION [13036](#)?

A: Telehealth consultation fees are for consultation services provided by referral only and must meet the Preamble definition of a [GP in-person consultation](#), excepting the requirement for physical examination. The Telehealth visit fees are the telehealth equivalent of office visits.

Q: CAN I PROVIDE GROUP MEDICAL VISITS BY TELEHEALTH?

A: Yes, if you are able to use a video platform or teleconference line that allows all patients to attend, bill the visit under the applicable [Group Medical Visit code](#) with a claim note record “service provided via Telehealth.”

Group counselling has its own specific Telehealth fee codes: [13041](#) and [13042](#).

Q: WHAT ABOUT THE CARE OF PATIENTS WHO NEED OPIOID AGONIST TREATMENT (OAT)? THESE PATIENTS STILL NEED CARE.

A: Bill [13013](#) for Assessment for Induction with claim note record “service provided by Telehealth.” [13014](#) already allows service by Telehealth. The requirement for a once every 90 day in-person visit for [00039](#) can now be met by providing a Telehealth visit under [13037](#).

Q: I’VE HEARD THAT I HAVE TO INCLUDE A CLAIM NOTE RECORD WHEN SUBMITTING CLAIMS FOR SERVICES PROVIDED BY TELEHEALTH? WHAT DOES THAT MEAN?

A: When using the specific Telehealth fees ([13037](#), [13038](#) etc.), no claim note record is required because the fee code alerts MSP that the service was provided by Telehealth. However, if you are billing an in-person fee code because there is no specific Telehealth code for the service, you must include a claim note record that the service was provided via Telehealth. You must also note this in the medical record.

Q: WILL TELEHEALTH BILLINGS BE INCLUDED IN THE BUSINESS COST PREMIUM CALCULATION?

A: Doctors of BC is working with MSP on this. No decision has been made.

Q: ARE TELEHEALTH FEES COVERED UNDER RECIPROCAL BILLING (WITH OTHER PROVINCES)?

A: Yes. If your patient has recently moved from another province and is not yet enrolled with MSP, bill Telehealth fees in the same way that you would bill in-person fees, using their previous out of province address and health number.

Note for physicians practicing in a border community:

From the [CPSBC Practice Standard on Telemedicine](#): The requirements for treating patients via telemedicine vary by jurisdiction. Physicians must be aware of and comply with the licensing requirements in British Columbia, and in the province/territory where the patient is located. Some jurisdictions require physicians to hold a licence in order to treat a patient located in that jurisdiction.

TELEHEALTH SERVICES FOR PATIENTS IN LONG-TERM CARE (LTC) OR PALLIATIVE CARE FACILITIES

Q: CAN I PROVIDE TELEHEALTH SERVICES TO MY PATIENTS IN LTC FACILITIES? WHAT ABOUT PALLIATIVE CARE?

A: Yes. Effective March 20th, if the patient **is able to independently use a phone** and you feel the encounter could be appropriately provided by Telehealth (video or telephone), bill Long Term Care facility visit fee [00114](#) or Palliative Care Patient facility visit fee [00127](#) and include the claim note record “service provided via Telehealth.”

If the patient **cannot independently use a phone** (e.g. due to debility, dementia, hearing loss etc.) or does not have their own phone, you may **review** the patient’s medical status and any problems by telephone **with an RN/LPN** at the facility, and bill the visit using [00114](#) or [00127](#) and include the claim note record “Service provided via Telehealth with RN/LPN.”

Q: WHAT IF THE REVIEW OF MY PATIENT IN LTC OR PALLIATIVE CARE TAKES LONGER THAN 8 MINUTES. CAN I BILL G14077 FP ALLIED CARE PROVIDER CONFERENCE FEE?

A: Telehealth fees, the [00114](#) LTC facility visit fee and the [00127](#) Palliative Care Patient facility visit fee are not time-based fees, so regardless of the time spent delivering a [00114](#) or [00127](#) visit by telephone, you will bill it as a [00114](#) or [00127](#) (not a [14077](#).) You are providing the visit by telephone in lieu of attending the patient in-person.

The rules for [14077](#) have not changed. [14077](#) may not be used for conversations with patients. Further, [14077](#) can not be used for conversations that are part of "routine rounds" simply because they take 8 or more minutes.

Q: CAN I BILL [00114](#) LTC FACILITY VISITS DONE BY TELEHEALTH MORE FREQUENTLY THAN EVERY 2 WEEKS?

A: The fee rules remain the same: billable up to once every 2 weeks for planned proactive care. Medically necessary visits more frequently require an electronic note outlining the reason for the extra visit.

Q: ARE THE [13334](#) AND [13338](#) FIRST VISIT OF THE DAY BONUSES BILLABLE WHEN [00114](#) OR [00127](#) SERVICES ARE PROVIDED BY TELEHEALTH? WHAT IF THE REVIEW OF MY PATIENT IN LTC OR PALLIATIVE CARE TAKES LONGER THAN 8 MINUTES?

A: No. The first visit of the day bonuses only apply to in-person visits. They recognize the travel time necessary for attending the facility.

Q: CAN I BILL A TELEHEALTH VISIT [13037](#) WHEN I SPEAK TO A PATIENT'S FAMILY MEMBER/MEDICAL REPRESENTATIVE TO UPDATE THEIR MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST) FORM?

A: No, MSP has advised that in this case [14076](#) is the appropriate fee. If you delegate this telephone visit to a College Certified ACP employed by your practice, use [T13706](#) instead.

MATERNITY/OBSTETRICAL BILLING

Q: MY HOSPITAL IS RESTRICTING THE NUMBER OF PEOPLE IN THE OR BECAUSE OF THE COVID-19 PANDEMIC. CAN I STILL BILL 14109 FOR MANAGEMENT OF LABOUR AND POSTNATAL CARE ASSOCIATED WITH EMERGENCY CESARIAN SECTION IF THIS RESTRICTION PREVENTS ME FROM ATTENDING THE C-SECTION?

A: Yes

WORKSAFEBC/ ICBC/ ROAD SAFETY BC

Q: WHAT ABOUT WORKSAFEBC SERVICES? CAN THEY BE PROVIDED BY TELEHEALTH?

A: Yes, effective March 20th, WorkSafeBC will allow Telehealth for any service **not requiring physical examination**. Use the appropriate Telehealth visit code ([13037](#), [13038](#)) identifying WorkSafeBC as the insurer. If there is no applicable Telehealth fee, then bill under the equivalent face-to-face fee with a claim note record stating the service was provided via Telehealth. Also document this on the Form 8/11 and bill the appropriate Form fee.

Q: WHAT ABOUT ICBC SERVICES? CAN THEY BE PROVIDED BY TELEHEALTH?

A: Yes, effective March 20th, use the appropriate Telehealth fee code ([13037](#), [13038](#)) and make a notation in the patient record that the service was provided by Telehealth.

As with MSP/WorkSafeBC, use the in-person fee code only if there is no equivalent Telehealth fee. Identify ICBC as the insurer when submitting through Teleplan.

In-person visits for the evaluation of new or recent injuries sustained by your patients may be scheduled in-clinic on an as-needed basis. However, in-person visits for the preparation of requested reports should be rescheduled in support of reducing non-essential in-person visits.

Q: I DON'T WANT MY VULNERABLE ELDERLY PATIENTS COMING TO THE OFFICE FOR DRIVER MEDICALS AT THIS TIME. WHAT CAN I DO?

A: RoadSafetyBC has suspended requesting Driver Medical Examination Reports (DMER), including any outstanding DMERs and other required medical exams, in response to the pressure on the medical community during the COVID-19 pandemic.

GPSC INCENTIVES AND TELEHEALTH

Q: I WANT TO KEEP PROVIDING GPSC PLANNING VISITS TO MY PATIENTS. CAN I DO THIS BY TELEHEALTH?

A: Effective March 23rd, all **face to face planning** required under the GPSC planning fees [14033 Complex Care](#), [14075 Frailty](#), [14043 Mental Health](#), and [14063 Palliative Care](#) may now be provided by Telehealth: video or phone. Think of it as physician: patient planning.

All existing time requirements remain the same: total planning time (30 minutes) and physician: patient planning time (minimum 16 minutes).

Q: CAN I PROVIDE MENTAL HEALTH MANAGEMENT ([14044](#), [14045](#), [14046](#), [14047](#), [14048](#)) BY TELEHEALTH?

A: Mental Health Management fees currently allow videoconferencing. This has been expanded to include telephone counselling.

Q: CAN I PROVIDE A TELEHEALTH VISIT AS ONE OF THE VISITS REQUIRED IN THE 12 MONTHS PRIOR TO BILLING A CDM INCENTIVE ([14050](#), [14051](#), [14052](#), AND [14053](#))?

A: Yes, the rules already allow one of the two required visits in the previous 12 months to be provided by Telehealth. One visit must be in-person with a physician. This latter rule is under review by GPSC.

Q: CAN I BILL A TELEHEALTH SERVICE ON THE SAME DAY AS A GPSC INCENTIVE?

A: If a GPSC incentive already allows same-day billing of a visit service, then you may bill a same-day Telehealth fee.

Q: CAN I PROVIDE A [14066](#) PERSONAL HEALTH RISK ASSESSMENT INCENTIVE IF PROVIDED BY TELEHEALTH?

A: No. However, this rule is under review by GPSC.

NEW FEES FOR THE COVID-19 PANDEMIC

For full details of the new fee codes, please see [APPENDIX A](#).

FEES FOR CARE OF PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19

Q: ARE THERE NEW FEES FOR IN-PERSON ASSESSMENT OF A PATIENT WITH SUSPECTED OR PROVEN COVID-19?

A: Yes, there are two new fees. Use diagnostic code **C19**.

- [T13701](#) Office Visit for COVID-19 with test: \$50
- [T13702](#) Office Visit for COVID-19 without test: \$40

Q: WHAT IF I, OR ANOTHER PHYSICIAN, HAVE ALREADY PROVIDED A TELEHEALTH VISIT TO THE PATIENT ON THE SAME DAY THEY HAVE THEIR IN-PERSON ASSESSMENT FOR COVID-19?

A: The [T13701](#) or [T13702](#) may be billed on the same day as a Telehealth fee whether the services are provided by the same physician or two different physicians.

Q: CAN I BILL [T13702](#) FOR A TELEHEALTH VISIT WITH A PATIENT ABOUT COVID-19?

A: No, both [T13701](#) and [T13702](#) are payable only for in-person assessment. Use [13037](#) for a Telehealth visit for COVID-19 using diagnostic code **C19**.

Q: WHAT IF I NEED TO SPEAK WITH A SPECIALIST OR ALLIED CARE PROVIDER ABOUT THE CARE OF A PATIENT WITH SUSPECTED OR CONFIRMED COVID-19? CAN I BILL FOR THAT?

A: Yes. You may use new fee [T13708](#) **FP COVID-19 communication with specialist and/or allied care provider**. This fee replaces [14018](#) and [14077](#) for communication about care of patients with suspected or confirmed COVID-19. Use diagnostic code **C19**.

Q: CAN I BILL T13708 WHEN I CALL TO NOTIFY THE ER OR LOCAL COVID-19 ASSESSMENT CENTRE THAT A PATIENT NEEDS TO BE SEEN IN-PERSON BECAUSE OF COVID-19 SYMPTOMS?

A: No, this would be considered a communication that is part of regular work flow. See fee notes below in [APPENDIX A](#).

FEEES TO EXPAND CAPACITY DURING THE COVID-19 PANDEMIC

Q: BOTH [14076](#) AND [14078](#) HAVE LIMITS ON THE NUMBER BILLABLE PER CALENDAR YEAR. I AM GOING TO HAVE USED MY ALLOTTED NUMBER VERY SOON. IS THERE ANYTHING ELSE I CAN BILL?

A: Remember, phone visits **by physicians** should be billed under Telehealth codes (usually [13037](#) and [13038](#)). If you are delegating the work (as below), there are two new fees now available that should be used instead of [14076](#) and [14078](#).

- Use [T13706](#) **FP Delegated Patient Telehealth Management Fee** in the amount of \$20 when delegating phone calls to a College-certified allied care provider employed within your office.
- Use [T13707](#) **FP Email/Text/Telephone Medical Advice Relay or ReRX Fee** in the amount of \$7 when delegating relay of your medical advice to the patient by any allied care provider or MOA working in your office. [T13707](#) may also be used to renew prescriptions when no patient visit (either by phone/video or in-person) is required.

Q: CAN I BILL T13707 WHEN FAXING A REPEAT PRESCRIPTION TO THE PHARMACY?

A: Yes, MSP has confirmed that this is acceptable.

ADDITIONAL RESOURCES

1. Doctors Technology Office

The Doctors Technology Office has created a number of resources to help physicians and clinics quickly get started with virtual care. You can find their materials [here](#).

2. Pathways

Pathways has curated a number of resources to help physicians respond to the COVID-19 pandemic. You can find their materials [here](#).

APPENDIX A

T13701 Office Visit for COVID-19 with test..... \$50.00

Notes:

- i) Payable for patients with suspected or active COVID-19 symptoms only.*
- ii) COVID-19 testing must be performed.*
- iii) Not intended for providing general information on a viral infection, including COVID-19.*
- iv) Not payable in addition to any other office visits to the same physician to the same patient, same day.*

T13702 Office Visit for COVID-19 without test \$40.00

Notes:

- i) Payable for patients with suspected or active COVID-19 symptoms only.*
- ii) Not intended for providing general information on a viral infection, including COVID-19.*
- iii) Not payable in addition to any other office visits to the same physician for same patient, same day.*

T13706 FP Delegated Patient Telehealth Management Fee\$20.00

Notes:

- i) For verbal, real-time telephone or video technology communication discussion between the patient or the patient’s medical representative and a College-certified allied care provider (e.g.: Nurse, Nurse Practitioner) employed within a physician’s practice. Not payable when the delegated representative is paid or funded by alternate means by a health authority or the Ministry of Health.*
- ii) Chart entry must record the name of the person who communicated with the patient or patient’s medical representative, as well as capture the elements of care discussed.*
- iii) Not payable for prescription renewals, anti-coagulation therapy by telephone (00043) or notification of appointments or referrals.*
- iv) Only one service payable per patient per day.*
- v) Not payable on the same calendar day as a visit or service fee by same physician for same patient.*
- vi) Not payable to physicians working under salary, service contract or sessional arrangements whose duties would otherwise include provision of this care*

T13707 FP Email/Text/Telephone Medical Advice Relay or ReRX Fee..... \$7.00

Notes:

- i) Email/Text/Telephone Relay Medical Advice requires two-way relay/communication of medical advice from the physician to eligible patients, or the patient's medical representative, via email/text or telephone. The task of relaying the physician advice may be delegated to any Allied Care Provider or MOA working within the physician practice.*
- ii) 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.*
- iii) Payable for prescription renewals without patient interaction.*
- iv) Not payable for anti-coagulation therapy by telephone (00043) or notification of appointments or referrals.*
- v) Only one service payable per patient per day.*
- vi) Not payable on the same calendar day as a visit or service fee by same physician for same patient.*
- vii) Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.*

T13708 FP COVID-19 communication with specialist and/or allied care provider..... \$40.00

Notes:

- i) Payable to the Family Physician who participates in a 2 way telephone or videoconference communication with a specialist and/or allied care provider about a patient regarding COVID-19.*
- ii) T13708 FP COVID-19 communication with specialist and/or allied care provider can not be delegated. No claim may be made where communication is with a proxy for either provider.*
- iii) Payable in addition to any visit fee on the same day.*
- iv) Not payable for communications which occur as a part of the performance of routine rounds on the patient if located in a facility, or communications which occur as part of regular work flow within a physician's community practice.*
- v) Not payable in addition to PG14018 or PG14077 on the same day for the same patient.*
- vi) Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.*