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The past few decades have seen a steady rise in the number of disasters occurring globally.¹³ BC will not remain immune to a large disaster in the future and will continue to experience smaller disasters affecting resource-challenged communities. The timing, magnitude, and impact of these events remain unpredictable, but the involve-

ment of health care resources and practitioners, including family physicians, will always be necessary.

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References

Available at bcmj.org.

billing tips

When to bill fee item 14033 (complex care)

Recent audits have revealed that physicians may be claiming fee item 14033 (complex care) when there is no confirmed diagnosis of a second chronic condition.

Fee item 14033 was developed to compensate GPs for the management of complex patients residing in the community who have documented confirmed diagnoses of two chronic conditions from at least two of the eight categories listed below.

Eligible complex care condition categories:

1. Diabetes mellitus (type 1 and 2).
2. Chronic kidney disease.
3. Heart failure.
4. Chronic respiratory condition (asthma, emphysema, chronic bronchitis, bronchiectasis, pulmonary fibrosis, fibrosing alveolitis, cystic fibrosis, etc.).
5. Cerebrovascular disease, excluding acute transient cerebrovascular

conditions (e.g., TIA, migraine).

6. Ischemic heart disease, excluding the acute phase of myocardial infarct.
7. Chronic neurodegenerative diseases (multiple sclerosis, amyotrophic lateral sclerosis, Parkinson disease, Alzheimer disease, brain injury with a permanent neurological deficit, paraplegia or quadriplegia, etc.).
8. Chronic liver disease with evidence of hepatic dysfunction.

There must be supporting documentation in the patient's medical record (i.e., a diagnostic test or consultation report) for both chronic conditions to meet the criteria to bill fee item 14033. Submitting a claim under 14033 when there is no confirmed diagnoses for both conditions could be considered deliberate misbilling. Deliberate misbilling can result in de-enrollment from the Medical Services Plan. Also, indicating a false diagnosis may have a negative impact on the patient, such as denied insurance or other benefits.

For more information on complex care, visit www.gpsc.bc.ca.

—Keith J. White, MD
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This article is the opinion of the Patterns of Practice Committee and has not been peer reviewed by the BCMJ Editorial Board. For further information contact Juanita Grant, audit and billing advisor, Physician and External Affairs, at 604 638-2829 or jgrant@doctorsofbc.ca.

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Print: The first of the month 1 month prior to the issue in which you want your notice to appear, e.g., 1 February for the March issue. The *BCMJ* is distributed by second-class mail in the second week of each month except January and August.

Send material by e-mail to journal@doctorsofbc.ca. Tel: 604 638-281. Please provide the billing address and your complete contact information.

Planning your CME listing:

Planning to advertise your CME event several months in advance can help improve attendance. Members need several weeks to plan to attend; we suggest that your ad be posted 2 to 4 months prior to the event itself.

