

Virtual Telehealth Reference Guide - Billing

New fees for family physicians, effective March 27 can be found [here](#) and include:

- [13706](#)-- New Family Practice Delegated Patient Telehealth Management Fee **as of March 30**
- [13707](#) -- New Family Practice Email/Text/Telephone Medical Advice Relay or ReRX Fee **as of March 30**
- [13708](#) -- New Family Practice COVID-19 communication with specialist and/or allied care provider **as of March 30**

For MSP Fee information please click link below

https://www.doctorsofbc.ca/sites/default/files/vc_guide_fee_codes_gp_patient.docx.pdf

How to bill for virtual care visits and phone calls (telehealth services) – as of March 13, 2020

“Telehealth Service” is defined as a medical practitioner delivered health service provided to a patient through the use of **video technology or telephone**. [See details here](#).

Telehealth visits, counselling and consultations (done by phone or video) can be billed with the fee codes listed below.

- **Until Further Notice:** As of March 16, 2020, **family physicians** providing medical services by phone to patients may use [13037](#) rather than [14076](#).
- Telehealth fees may not be delegated and billed to MSP. Continue to use [14076](#) when delegating a phone visit to a college certified allied care provider (ACP) who is employed by your practice.

Non-procedural interventions where there is no telehealth fee may be claimed under the face-to-face fee with a claim note record that the service was provided via telehealth.

- Examples include Palliative Care Facility visits ([00127](#)), Management of Maintenance Opioid Agonist Treatment ([00039](#)), and Group Medical Visits.
- You can read more information about how to bill for LTC Facility visits ([00114](#)) [here](#).

Things are changing rapidly so please check Pathwaysbc.ca, GPSC, Doctors of BC, and BC Family Doctors.

April 1, 2020

These fees cannot be correctly interpreted without reference to the [Preamble D.1.](#) in the MSC Payment Schedule.

If you are physically located in your clinic/home or other location (that is not a Health Authority facility) when calling your patient:

Bill [13037](#) for the equivalent of an in-office visit ([00100](#), [12100](#), [15300](#), [16100](#), [17100](#), [18100](#)):

[P13037](#) Telehealth GP in-office Visit\$34.44

Bill [13038](#) for a counselling visit (instead of [00120](#), [12120](#), [15320](#), [16120](#), [17120](#), [18120](#)):

[P13038](#) Telehealth GP in-office Individual counselling for a prolonged visit for counselling (minimum time per visit – 20 minutes).....\$58.90

i) MSP will pay for up to four (4) individual counselling visits (any combination of age appropriate in office, out of office, and telehealth [13018](#) and [13038](#)) per patient per year (see [Preamble D. 3. 3.](#))

ii) Start and end time must be entered into both the billing claims and patient's chart.

iii) Documentation of the effect(s) of the condition on the patient and what advice or service was provided is required.

If you are physically located in a Health Authority facility when calling your patient:

For the billing of the GP Telehealth out-of-office fees [13016](#), [13017](#), [13018](#), [13021](#) and [13022](#), **out-of-office shall mean that the physician providing the service is physically present in a Health Authority approved facility.** The name of the facility and the results of the Telehealth service must be recorded in the patient chart.

Bill [13017](#) for an out-of-office visit:

[P13017](#) Telehealth GP out-of-office Visit.....\$41.10

Bill [13018](#) for an out-of-office counselling visit:

[P13018](#) Telehealth GP out-of-office Individual counselling for a prolonged visit for counselling (minimum time per visit – 20 minutes).....\$75.32

i) MSP will pay for up to four (4) individual counselling visits (any combination of age appropriate in office, out of office, and telehealth [13018](#) and [13038](#)) per patient per year (see [Preamble D. 3. 3.](#))

ii) Start and end time must be entered into both the billing claims and patient's chart.

iii) Documentation of the effect(s) of the condition on the patient and what advice or service was provided is required.

If you are doing consultations by referral, the following fee codes apply:

Bill [13036](#) for a consultation done when you are physically located in your clinic/home or other location (that is not a Health Authority facility) :

[P13036](#) Telehealth GP in-office Consultation.....\$82.43

Bill [13016](#) for an out-of-office consultation done when you are physically located in a Health Authority facility:

[P13016](#) Telehealth GP out-of-office Consultation
.....\$109.02

What is a consultation?

GP Consultations apply when a medical practitioner (GP or Specialist), or a health care practitioner (midwife, for obstetrical or neonatal related consultations; nurse practitioner; oral/dental surgeon, for diseases of mastication), in the light of his/her professional knowledge of the patient and because of the complexity, obscurity or seriousness of the case, requests the opinion of a general practitioner competent to give advice in this field. **A consultation must not be claimed unless it was specifically requested by the attending practitioner.** The service consists of the initial services of GP consultant, including a history and physical examination, review of x-rays and laboratory findings, necessary to enable him/her to prepare and render a written report, including his/her findings, opinions and recommendations, to the referring practitioner. Consultations will not apply if the referred patient has been attended by the consulting general practitioner or another general practitioner in the same group during the preceding six months."

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LTC Facility visits ([00114](#)) – *as of March 20, 2020*

- If the patient **is able to independently use a phone** and the physician feels that the encounter could be appropriately provided by Telehealth (video or telephone), then physicians will bill their face to face Long Term Care facility fee [00114](#) and include the claim note record “service provided via Telehealth”.
- If the patient **cannot independently use a phone** (eg. due to dementia, hearing loss etc.) or does not have their own phone, the physician may review the patient’s medical status and any problems by telephone with an RN/LPN at the LTC facility, and bill the visit using [00114](#) and include the claim note record “Service provided via Telehealth with RN/LPN.”

2. WorkSafeBC and ICBC – *as of March 20, 2020*

WorkSafeBC and ICBC will permit Telehealth services (video and telephone) for anything that does not require a physical exam/assessment.

From WorkSafeBC:

- The requirement that telehealth fees must involve video technology has been expanded to include telephone.
- Use the below telehealth fee codes as appropriate
- document on the physician’s report (Form 8/11) that the service was provided via video technology or telephone

From ICBC:

- Physicians are encouraged to deliver necessary care to ICBC patients via telehealth (video or telephone)
- Use the below telehealth fee codes as appropriate and make a notation in the patient record.
- The Physician Telephone Management Fee code can also be leveraged in appropriate cases, invoiced directly to ICBC as outlined in the ICBC Fee Guide.
- Initial visits for the evaluation of recent injuries sustained by your patients may be scheduled in-clinic on an as-needed basis.
- Initial and Reassessment visits for the preparation of requested reports should be rescheduled in support of reducing non-essential in-person visits.

More information is available in the [Q&A](#) created by Doctors of BC.

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April 1, 2020

Suspension of the Driver Medical Examination Reports:

- RoadSafetyBC is temporarily suspending the issuance of Driver Medical Examination Reports (DMER), along with any outstanding DMERs and other medical requirements, in response to the pressure on the medical community during the COVID-19 pandemic.
- Physicians are still asked to report the highest-risk medically compromised drivers to RoadSafetyBC through Section 230 of the Motor Vehicle Act, and are asked to do so with as much information as possible to enable swift action by the Superintendent.

In-person care for COVID-19 – *as of March 17, 2020*

BC Family Doctors has been advocating since mid-February for appropriate fees for physicians delivering **in-person care** for patients with suspected or active COVID-19 symptoms only. We are pleased to announce that these temporary fees are now in effect.

These two new fees can be billed in addition to a telehealth service (video or telephone) on the same day for the same patient. This applies whether the in-person visit is done by the same physician or another physician.

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

Notes:

- Payable for patients with suspected or active COVID-19 symptoms only.*
- COVID-19 testing must be performed.*
- Not intended for providing general information on a viral infection, including COVID-19.*
- 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:

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

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April 1, 2020

Telehealth services (virtual care) – *as of March 13, 2020*

- Billing changes have been made that allow telehealth fee codes to be used when the service is rendered over the **telephone or by using video technology**.
- These fee codes can be utilized for ***all patients for all medical concerns***, including but not limited to COVID-19. (i.e. if you are discussing diabetes care, you can use ICD-9 code 250.)
- There are no daily volume limits for the telehealth fee codes.

We have summarized the main fee codes that apply to telehealth services [here](#).

Daily Volume Limits – *as of March 13, 2020*

- The usual **daily volume limits** for family medicine office visits, office counselling and office complete examinations are suspended.
- [See details here. \(Minute of the Commission\)](#)

Diagnostic code: C19 – *as of March 13, 2020*

- Services directly related to COVID-19 should include diagnostic code **C19**.
- Recording verbal consent in a patient's chart. Copy and paste the following into the patient's chart:

Updates to GPSC Planning Fees and Mental Health Management Fees – *as of March 23, 2020*

- All **face to face planning** required under the GPSC planning fees ([14033](#) Complex Care, [14075](#) Frailty, [14043](#) Mental Health, [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)
- Mental Health Management fees ([14044](#), [14045](#), [14046](#), [14047](#), [14048](#)) 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](#), [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 may be reviewed in the future if the pandemic situation continues.

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 bill a 14066 Personal Health Risk Assessment incentive if provided by Telehealth?

A: No. This may be reviewed in the future if the pandemic situation continues.

Consent (can copy and paste for pts chart)

- Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.