



# DOCTORS TECHNOLOGY OFFICE VIRTUAL CARE QUICK START GUIDE

Providing virtual care can be as simple as a **phone call** but can also include text messaging, email, and video visits.

You can use tools that both you and your patients are already familiar with, such as SMS text messages, WhatsApp, and FaceTime. There are other easy-to-use tools that are free or low cost that you might want to consider.

**Doctors Technology Office (DTO)** is here to support you, please reach out with your questions:

☎ 604 638-5841 ✉ [DTOinfo@doctorsofbc.ca](mailto:DTOinfo@doctorsofbc.ca)  
🌐 [www.doctorsofbc.ca/doctors-technology-office](http://www.doctorsofbc.ca/doctors-technology-office)

**Peer Mentor Support** – If you would like support from a peer mentor, please reach out to DTO:

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During times of medical emergency, whether caring for an individual patient or a large scale public health crisis, physicians should always give priority to providing patient care to the best of their ability. In the current situation we recognize that physicians' office practices and delivery of care may be significantly impacted. Physicians should continue to act in the best interests of their patients and may need to adapt and be resourceful in a rapidly changing and challenging environment. Virtual care offers an alternative method to continue caring for patients while keeping them, yourself and your staff safe. Choose tools that work well for you and your patient regardless of whether they formally meet privacy and security requirements. That is secondary to delivering care.

## The Essentials To Getting Started With Virtual Care

### Obtain patient **email addresses** and/or **mobile numbers**

Email addresses can be used for communicating new virtual care services to groups of patients, and depending on the virtual care tool can be used for sending the virtual visit link/URL to a patient.

Mobile numbers are useful for communicating with a patient if there are any issues with the virtual visit, or to ensure they are ready for their visit.

### Obtain **patient consent**

Verbal consent documented in the patient's chart is fine as a minimum ([see below for Patient Consent Statements](#)). CMPA recommends the use of a signed informed consent form, [click here for the Word doc](#), and [click here for the PDF version](#).

## Virtual Care Tools

Common types of tools for consideration. For an overview of the different types of tools and questions to assist with selecting virtual care tools, please see the [Virtual Care Toolkit](#).

- Videoconferencing tools for provider to patient communication, and for group visits
- Secure email and secure text messaging tools
- Tools to communicate with groups of patients, and cloud-based phone tools
- e-Faxing tools

## Workflow

More information on patient suitability, schedule planning, booking visits, setting up the room, etiquette, documentation, follow up and other best practices and suggestions can be found in the [Virtual Care Toolkit](#).

## Billing Guide

**Note:** For up-to-date billing codes, current changes and removal of any constraints, please see the [DoBC website](#).

The following is effective immediately, with an end date to be determined by the Provincial Health Officer:

- The requirement that services provided and billed under telehealth fees must involve video technology has been changed to allow billing of telehealth fees for services provided by telephone. Therefore, if you conduct services via telephone you can bill the appropriate telehealth fee codes in your section's Fee Guide. This includes services for all patients including COVID-19 patients.
- Consultations, office visits, and non-procedural interventions where there is no applicable telehealth fee may be claimed using the appropriate face-to-face fee and including a **claim note record** that the service was provided via video technology or telephone.
- The fee items cannot be interpreted without reference to the [Preamble D.1. Telehealth Services](#) in the MSC Payment Schedule. Please read the individual fee rules in the [Doctors of BC Fee Guide](#) or [MSC Payment Schedule](#). If a telehealth service is interrupted for technical failure and not concluded, claim can be submitted under the appropriate miscellaneous code.

**Services directly related to COVID-19 should include diagnostic code C19.** Physicians should continue to use their professional judgement to determine whether use of virtual technology is clinically appropriate based on the circumstances of each patient. Details for billing purposes can be found [here](#).

Effective May 1, 2020, the **Business Cost Premium (BCP)** will be temporarily expanded to apply to telehealth fee items, including phone and video communication with patients. Click [here](#) for more information.

## Commonly Used Telehealth Fee Codes

### General Practitioner Telehealth Fees

**Note:** Effective June 1, 2020, Submission of fee codes **13037, 13017, 13038 and 13018** with dates of service on or after June 1 will be rejected.

**NEW:** Age-adjusted telehealth fee codes for visits, counselling and consultations done by phone or video will come into effect on June 1, 2020. These new fees have the same value as the in-person fee codes for similar patient encounters.

[Download a cheat sheet \(from the BC Family Doctors\) on the Telehealth Fee Codes effective June 1, 2020.](#)

- These fee codes are for services delivered by phone or video.
- These fee codes should be used regardless of the physician's location (home, office or Health Authority approved facility).
- Business Cost Premium (BCP) will apply to all of them.

- Retro payments will not be made for dates of service prior to June 1, 2020.
- From March 16 – May 31, 2020, the same telehealth fee codes for visits, counselling and consultations done by phone or video are to be used for patients, regardless of age. (13037 and 13038 in most circumstances). From June 1 onwards, use the new fee codes for phone and video services.

## GPSC - Initiated Virtual Care Fees

Billing Code	MSP Fee	Service
<b>G14076</b>	\$20.00	<b>GP Patient Telephone Management Fee.</b> <sup>3</sup>
<b>G14078</b>	\$7.00	<b>GP Email/Text/Telephone Advice Relay.</b>

<sup>3</sup> *Until further notice: As of March 16, 2020, physicians providing medical services to patients by phone may use P13037 instead of G14076.*

## General Practitioners - new time limited fees

Billing Code	MSP Fee	Service
<b>T13706</b>	\$20.00	<b>GP Delegated Patient Telehealth Management Fee (similar to G14076).</b> <sup>4</sup>
<b>T13707</b>	\$7.00	<b>GP Email/Text/Telephone Medical Advice Relay or ReRX Fee (similar to G14078).</b> <sup>4</sup>
<b>T13708</b>	\$40.00	<b>GP COVID-19 communication with specialist and/or allied care provider is a new fee.</b> <sup>4</sup>

<sup>4</sup> *Effective March 27, 2020. Further information on these new time limited fees is available [here](#) on the Doctors of BC website.*

## Specialists Telehealth Fees

Please refer to the [MSC Payment Schedule](#) or the [Doctors of BC Fee Guide](#) for the appropriate telehealth fees for your section. Where there is no existing telehealth fee, the face-to-face fee may be claimed with a claim note record that the service was provided via video technology or telephone.

## Specialists - new time limited fees

Billing Code	MSP Fee	Service
<b>T10000</b>	\$60.00	<b>Urgent Specialist Advice on patient with previous visit/service Fee (similar to G10001).</b> <sup>5</sup>
<b>T10009</b>	\$40.00	<b>Non-urgent Specialist Advice on patient with previous visit/service Fee (similar to G10002).</b> <sup>5</sup>
<b>T10007</b>	\$10.10	<b>Specialist Email/Text/Telephone Medical Advice Relay or ReRX Fee is a new fee.</b> <sup>6</sup>
<b>T10008</b>	\$60.00	<b>Urgent Specialist COVID-19 Advice Fee (similar to G10001).</b> <sup>6</sup>

<sup>5</sup> *Effective April 15, 2020. Further information on these new time limited fees is available [here](#) on the Doctors of BC website.*

<sup>6</sup> *Effective March 27, 2020. Further information on these new time limited fees is available [here](#) on the Doctors of BC website.*

## Patient Consent Statements

Short statement to initiate a Virtual Care patient encounter, which has been approved by the CMPA:

“Just like online shopping or email, Virtual Care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed. In order to improve privacy and confidentiality, you should also take steps to participate in this virtual care encounter in a private setting and should not use an employer’s or someone else’s computer/device as they may be able to access your information.

If you want more information, please check the link on our [*website/confirmation email/etc.*]. If it is determined you require a physical exam you may still need to be assessed in person. You should also understand that virtual care is not a substitute for attending the Emergency Department if urgent care is needed. Are you ok to continue?”

Recording verbal consent in a patient’s chart. Copy and paste the following into the patient’s 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.

## DTO Virtual Care Enablement Program

Supporting the implementation of virtual care across the province with:

- **Virtual Care Peer Support Network:** a network of Physician and MOA Peer Mentors to support their colleagues, and/or help facilitate webinars and learning sessions.
- **Webinar Series:** regular webinars will be offered to support you with getting started and optimizing use of virtual care. A list of available webinars can be found [here](#).
- **Virtual Care Learning Series:** a set of video tutorials and real-life physician and MOA case studies on how to optimize the use of common virtual care tools. Check out the [DTO Youtube Channel](#).

DTO is looking for Virtual Care Physician and MOA peers who have experience using virtual care tools or workflows. Please reach out to DTO if you are interested in supporting peers with implementing virtual care.

✉ [DTOinfo@doctorsofbc.ca](mailto:DTOinfo@doctorsofbc.ca)

## Virtual Care Toolkit

For a deeper dive on implementing Virtual Care in your practice we also have a Virtual Care Toolkit, which can be accessed [here](#).

**Note:** Updates to this guide will be made on an as-needed basis, please check back [here](#) for the most recent version.

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