

## FREQUENTLY ASKED QUESTIONS

### Temporary Changes for Telehealth & Telephone Services

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### WHAT CHANGED AND WHEN WAS IT EFFECTIVE?

In response to the COVID-19 pandemic, individuals present in BC who would otherwise not be eligible for coverage under MSP will be provided provincially insured health care coverage for services related to suspected or confirmed cases of infection with COVID-19. Services for unrelated conditions that are performed on MSP non-eligible patients will remain uninsured.

You as the provider will be responsible for determining whether your patient meets the criteria for this coverage for all services performed. Services related to COVID-19 for non-MSP eligible patients may be billed using the following generic Personal Health Number (PHN):

PHN: 9703740703

First Name: A

Surname: Coronavirus

Date of Birth: 08/01/1988

This generic PHN should not be used for beneficiaries who are eligible for MSP coverage for the date of service but who either do not yet have a PHN or whose coverage is not currently active. Those eligible patients should first establish their MSP coverage so that services can be billed under their own PHN.

Please note that an MSP beneficiary can access provincially insured health care benefits using the PHN that is printed on an expired BC Services Card with another form of identification. Providers may also notice an increase of patients presenting to them with confirmation of coverage letters. These letters have been issued in response to access to care during the COVID-19 pandemic.

Questions regarding billing using this generic PHN can be directed to Claims Billing Support at Health Insurance BC at:

Vancouver: (604) 456-6950

Elsewhere in BC: 1-866-456-6950

**Effective date: March 13, 2020:** The **bold** wording is new:

#### Preamble D.1 Telehealth Services

“Telehealth Service” is defined as a medical practitioner delivered health service provided to a patient through the use of video technology **or telephone**. “Video technology” means the recording, reproducing and broadcasting of live visual images utilizing a direct interactive video link with a patient. Services which are designated as Telehealth services are payable by MSP. **Consultations, office visits, and 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 services was provided via Telehealth.** Telehealth services do not include teleradiology or tele-ultrasound, which are regulated by their specific Sectional Preambles.

#### Application of the rule changes:

All physicians, including locums, may utilize the Telehealth (video or telephone) fee codes per their section fee guides and the additional information in Preamble clause D.1. Telehealth Services may be provided from any location where privacy can be ensured, even your home should you be in quarantine or self-isolation.

Most visits provided by telephone by a physician should be billed under the Telehealth codes in your individual Section Fee Guide. Bill Telehealth services using in-person fee codes only if there is no applicable existing Telehealth fee code. When using in-person fee codes for Telehealth (video or telephone) services, you must include a note record with the submission that the service was provided via Telehealth.

Specialist Telehealth (video or telephone) fee codes apply regardless of location. Family doctors have in and out of office Telehealth fees – be sure to read the Family Physician FAQs for the definitions.

Services directly related to COVID-19 should include the diagnostic code C19.

Physicians should continue to use their professional judgement to determine whether the use of Telehealth (video or telephone) is clinically appropriate based on the circumstances of each patient. This includes any discussions where COVID-19 is the topic and is not restricted to patients who are seeking testing or have been tested.

### A word about privacy and security:

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. Telehealth (video or telephone) care is one important way you can continue to care for patients while keeping your patients as well as 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.

**Q:** Can patients provide verbal consent for the Telehealth/virtual health visit (and have this be documented in the chart), or do they still need to sign a written consent?

**A:** You may obtain verbal consent and document in chart. Please also see: GMV PSP Module resources including the patient invitation and the confidentiality agreement that each patient must sign (and other important information and tools):

<https://www.pspexchangebc.ca/course/view.php?id=70&section=19>

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## TWO NEW FEE CODES FOR COVID-19 RELATED SERVICES BILLABLE BY ANY PHYSICIAN:

**Effective date: March 17, 2020:** These two new fees can be billed in addition to a Telehealth service (video or telephone) on the same day for the same patient.

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 for same patient, same day.

T13072 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.

**Q:** Are the two new temporary fee codes for COVID-19 eligible for the Business Cost Premium (BCP)?

**A:** Yes, fee codes T13701 (Office Visit for COVID-19 with test) and T13702 (Office Visit for COVID-19 without test) are both eligible for the BCP, as Visits are considered an eligible service under the BCP criteria.

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## FAMILY PHYSICIANS BILLING QUERIES:

### **Effective March 27, 2020 (until further notice)**

Three new, time-limited fees have been created for family physicians. There are two new fees that are similar to existing GPSC fees but expand accessibility and increase capacity to provide virtual care. There is one new fee to better enable communication between providers during the COVID pandemic.

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, anticoagulation 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 video conference 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 cannot 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 G14018 or G14077 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.

**Q:** Can 13707 be billed when faxing a repeat prescription authorization? Not everyone has access to e-prescribing.

**A:** Yes, 13707 is billable for a faxed prescription.

**Until Further Notice:**

- Family physicians providing medical services by phone to patients may use the new temporary age-based [telehealth fee codes](#) rather than 14076.
- Telehealth (video or telephone) 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 provided by video or telephone 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: Long Term Care Facility visits, Palliative Care Facility visits, Group Medical Visits.

**Q:** Can I bill the age-based 0100 and 0120 series when service is provided by Telehealth (video or telephone)?

**A: New age-adjusted telehealth fee codes for family doctor visits, counselling, and consultations done by phone or video will come into effect June 1, 2020.**

The codes are based on the date the service was rendered, not claim submission date.

**For all services rendered on May 31 and prior, use the old codes:**

- From your home or office: Bill 13036 for a consultation, 13037 for an in-office visit, 13038 for a counselling visit
- From a Health Authority Facility: Bill 13016, 13017, 13018, 13021 and 13022 if you are located in a Health Authority Facility.

**For all services rendered June 1 and beyond, use the new codes.**

- Incorrect codes will trigger a rejection.
- These new fees have the same value as the in-person fee codes for visits (00100 series equivalents), counselling (00120 series equivalents), and consultations (00110 series equivalents).
- These fee codes are to be used regardless of the physician’s location (home, office, or Health Authority approved facility).
- Business Cost Premium (BCP) will apply to the new fee codes.

**Telehealth Service with Direct Interactive Video Link with the Patient:**

These items cannot be interpreted without reference to the Preamble D. 1.

T13236 Telehealth GP Consultation (age 0-1)	\$84.87
T13436 Telehealth GP Consultation (age 2-49)	\$77.15

T13536 Telehealth GP Consultation (age 50-59)	\$84.87
T13636 Telehealth GP Consultation (age 60-69)	\$88.73
T13736 Telehealth GP Consultation (age 70-79)	\$100.29
T13836 Telehealth GP Consultation (age 80+)	\$115.75
T13237 Telehealth GP Visit (age 0-1)	\$34.79
T13437 Telehealth GP Visit (age 2-49)	\$31.62
T13537 Telehealth GP Visit (age 50-59)	\$34.79
T13637 Telehealth GP Visit (age 60-69)	\$36.36
T13737 Telehealth GP Visit (age 70-79)	\$41.10
T13837 Telehealth GP Visit (age 80+)	\$47.44

Telehealth GP Individual counselling:

T13238 - for a prolonged visit for counselling (age 0-1)	\$62.05
T13438 - for a prolonged visit for counselling (age 2-49)	\$56.41
T13538 - for a prolonged visit for counselling (age 50-59)	\$62.05
T13638 - for a prolonged visit for counselling (age 60-69)	\$64.86
T13738 - for a prolonged visit for counselling (age 70-79)	\$73.32
T13838 - for a prolonged visit for counselling (age 80+)	\$84.60

NOTES:

- i) MSP will pay for up to four (4) individual counselling visits (any combination of age appropriate in office, out of office and telehealth) 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.

**More information and a downloadable billing cheat sheet can be found on the [BC Family Doctors](#) website.**

**Q:** If a physician is in quarantine (self-isolation), can they provide Telehealth (video or telephone) services?

**A:** Yes. Using the appropriate Telehealth fee codes per their fee guide.

**Q:** Can I still provide and bill for consultations via Telehealth (video or telephone) without providing the face-to-face components of the consultations?

**A:** This is being left to physician discretion. If the physician feels they could have performed the in-person consultation without an examination, then they can bill the Telehealth (video or telephone) consultation without an examination. 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.

**Q:** If I speak to my patient on the phone and determine they need to come in what do I bill?

**A:** You can bill either the [telehealth fee codes](#) for the telephone discussion **or** the appropriate in-person fee for the service provided face-to-face. Telehealth (video or telephone) and a face-to-face service are not billable on the same patient/same day by the same physician with the exception of the two new COVID fees T13701 and T13702.

**Q:** If I speak to my patient on the phone and determine they need to come in what is billed if they are seen by a different physician in our multi-physician clinic than the one they spoke with on the phone?

**A:** The [telehealth fee codes](#) for the telephone discussion are billable by the first physician and the appropriate in-person fee for the service provided face-to-face by the other physician. To avoid claim rejection, please indicate the service times on the claims.

**Q:** Are the fee code changes permanent?

**A:** No, these are temporary changes under the COVID-19 pandemic environment and will be discontinued at the call of the Provincial Health Officer.

**Q:** Do the [telehealth fee codes](#) apply to visits that are not COVID related?

**A:** Yes, this fee code and the Telehealth changes are not restricted to COVID related services. However, please be sure to use diagnostic code C19 for COVID related services.

**Q:** Can I swab my symptomatic or presumptive patients outside my office, such as in their cars in the parking lot?

**A:** Yes. You can also schedule these patients for the end of day or a separate day to minimize exposure risks.

**Q:** My patients want to have their prescriptions renewed by phone visit. Should I bill this phone call to the patient as an uninsured service or as a telehealth service ?

**A:** If you speak to the patient on the telephone about the health care issue and determine that the patient needs a new prescription or a prescription refill, you may bill this as a Telehealth (video or telephone) office visit.

**Q:** How do these changes apply to physicians providing care to patients in Long Term Care facilities and Palliative Care facilities?

**A:** 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 or Palliative care patient facility visit 00127 and include the claim note record “service provided via Telehealth”.



If the patient cannot independently use a phone (e.g. 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 or Palliative care facility, and bill the visit using 00114 or 00127 and include the claim note record "Service provided via Telehealth with RN/LPN."

00114 and 00127 are not time-based fees. When providing services via video technology or telephone in lieu of attending the patient in-person, regardless of the time spent delivering the visit by telephone or video, you bill it as 00114 or 00127.

**Q:** Are hospital in-patient visits billable via Telehealth in the same way LTC visits can?

**A:** As long as there is direct patient interaction, then yes this can be billed as the hospital visit with a note that it was performed via telehealth.

*Reminder that the patient must be able to use a device on their own to have the conversation and interact with the physician. If assisted by a nurse, it is still billable with notation "Service provided via Telehealth with RN/LPN."*

**Q:** Can Group Medical Visits be provided by Telehealth (video or telephone)?

**A:** Yes, this would be considered a non-procedural intervention and if they can arrange for the group to be held via Telehealth (video or telephone), then they can claim under the face-to-face fee and enter "service provided via Telehealth" in the claim note record. You may get verbal consent from your patients, ensuring they understand they are consenting to a group call. Document this in the consent in the patient's medical record.

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## GENERAL PRACTICE SERVICES COMMITTEE INITIATIVES

**Q:** Can GPSC incentives be billed together with the Telehealth billing codes?

**A:** 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 via Telehealth (video or telephone).

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.

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

**Q:** I am a locum and have only billed under the doc for whom I work. I have been asked to take on the role of house doctor for one of the residential nursing homes as well as consult with the doc and team about palliative care in other residential nursing homes. I will not be working in a locum capacity. How do I bill for this?

**A:** Once 14070 is submitted, probably the most important code in this setting to consider is 14077 for conferencing. Conferencing does not have to be provided only in person. 14077 is billable for conferences that are undertaken virtually, whether by video-link or telephone.

14077 GP Allied Care Provider Conference Fee - per 15 minutes or greater portion thereof; is for a two-way case conference with at least one other physician or allied care provider.

The billing rules have not changed, 14077 cannot be billed for conversations with patients. Conversations to provide brief advice or update about a patient between GP and ACP is considered part of the normal work flow as is a conversation that would be part of "routine rounds".

When speaking with a patient's family member/medical representative, 14076 GP Patient Telephone Management Fee is to be billed.

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### **Updated information for Chronic Disease Management Fees – Fee For Service (14050, 14051, 14052, 14053), Chronic Disease Management Fees – Alternate Payment/ Funding Model (14250, 14251, 14252, 14253)**

**Effective June 1, 2020 on a temporary basis until further notice and will be reviewed by GPSC in December 2020:**

Billing note iii) under **Chronic Disease Management Fees – Fee For Service (14050, 14051, 14052, 14053)** has been amended, the new wording is in bold face.

iii) This item may only be billed after one year of care has been provided including at least two visits: **Both of the two required visits may be a physician visit.** Office, prenatal, home, long term care **or physician telehealth** visits qualify. **Alternatively, one of the two required visits must be a physician visit, while the second visit** may be:

1. a telephone visit (PG14076) or
2. a group medical visit (13763-13781) or
3. an in-person visit with a college certified allied health provider (PG14029) working within the family physician's practice.

Billing note iii) under **Chronic Disease Management Fees – Alternate Payment/ Funding Model (14250, 14251, 14252, 14253)** has been amended, the new wording is in bold face.

iii) This item may only be billed after one year of care has been provided including at least two visits: **Both of the two required visits may be a physician visit.** Office, prenatal, home, long term care **or physician telehealth** visits qualify. **Alternatively, one of the two required visits must be a physician visit, while the second visit** may be:

1. a telephone visit (PG14276) or
2. a group medical visit (13763-13781) or
3. an in-person visit with a college certified allied health provider (PG14029) working within the family physician's practice.

**Updated information for Prevention (Personal Health Risk Assessment) fee – 14066, effective June 1, 2020; informed by the Provincial Health Officer, the cancellation date will be determined by the GPSC at a later date.**

#### **Personal Health Risk Assessment fee - 14066**

The required face-to-face visit with the physician and patient to provide a personal health risk assessment can now be provided via telehealth. Physicians should include a note record when billing 14066 if the visit was provided to the patient via telehealth.

Updates and changes to GPSC fees effective March 20 and 23 can be found [here](#).

Updates and changes to GPSC (General Practice Services Committee) fees effective March 27 can be found [here](#).

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## SPECIALIST PHYSICIANS BILLING QUERIES

**Q:** What about the face-to-face requirements of the consultations?

**A:** This is being left to physician discretion. If the physician feels they could have performed the in-person consultation without an examination then they can bill the Telehealth (video or telephone) consultation without an examination. If the Telehealth (video or telephone) consultation results in an examination being required the physician should bill the first encounter as a consultation and when the patient comes into the office then bill the subsequent office visit code.

**Q:** If a physician is in quarantine, can they provide Telehealth (video or telephone) services?

**A:** Yes. Using the appropriate Telehealth fee codes per their fee guide.

**Q:** I am an emergency physician. My emergency physician group would like clarification of the ability to bill virtual health visits. We most commonly use the 18xx series e.g. 1811, 1812 etc.

**A:** Yes, bill the appropriate 18xxx series fee codes with the note that the service was via telehealth.

**Q:** Are there or will there be any in-patient COVID-19 specific fee codes?

**A:** MSP Payment Schedule Advisors have not been advised as yet about in-patient covid fees. Physicians should continue billing their usual fees.

**Q:** Will the rules be relaxed for the Specialist Services Committee fee items?

**A:** This is currently being discussed with the Ministry of Health.

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### **Specialist Services Committee (SSC) has introduced four new codes:**

T10000 Urgent Specialist Advice for patient with previous visit/service \$60.00  
 – Initiated by a Specialist, General Practitioner or Health Care Practitioner. Verbal, real-time response within 2 hours of the initiating physician’s or practitioner’s request

NOTES:

- i) Payable for telephone, video technology or face to face communication only. Not payable for written communication (i.e. fax, letter, email).
- ii) Document time of initiating request, time of response as well as advice given and to whom.
- iii) Include the practitioner number of the physician or Health Care Practitioner requesting the advice in the “referred by” field when submitting claim.
- iv) Not payable in addition to another service on the same day for the same patient by same practitioner.
- v) Limited to one claim per patient per physician per day.

T10007 Specialist Email/Text/Telephone Medical Advice Relay or ReRX Fee \$10.10  
*(this includes prescription renewal via fax)*

NOTES:

- i) For verbal, real-time telephone and video technology communication (including other forms of electronic verbal communication) only. Not payable for written communication (i.e. fax, letter, e-mail).
- ii) Documentation in the medical record to show that the patient understood and acknowledged the information provided.
- iii) Include start and end times in the medical record, and in time fields when submitting claim.
- iv) Face-to-face service must have been billed for the same patient by the same physician within the preceding 18 months.

T10008 Urgent Specialist COVID-19 Advice \$60.00  
 – Initiated by a Specialist, General Practitioner or Health Care Practitioner. Verbal, real-time response within 2 hours of the initiating physician’s or practitioner’s request

NOTES:

- i) Payable for telephone, video technology or face-to-face communication only about a patient regarding COVID-19. Not payable for written communication (i.e. fax, letter, email).
- ii) Document time of initiating request , time of response, as well as advice given and to whom.
- iii) Include the practitioner number of the physician or Health Care Practitioner requesting the advice in the "referred by" field when submitting claim.
- iv) Not payable in addition to another service on the same day for the same patient by same practitioner.
- v) Limited to two claims per patient per physician per day.
- vi) Not payable in addition to G10001 on the same day for the same patient.

T10009 Non-Urgent Specialist Advice for patient with previous visit/service \$40.00  
 – Initiated by a Specialist, General Practitioner or Allied Care Provider, or coordinator of the patient’s care. Verbal, real-time response within 7 days of initiating request

NOTES:

- i) Payable for telephone, video technology or face to face communication only. Not payable for written communication (i.e. fax, letter, email).
- ii) Document date of initiating request, date of the response, as well as advice given and to whom.
- iii) Include the practitioner number of the physician or Allied care Provider requesting advice in the “referred by” field when submitting claim. (For Allied Care Providers not registered with MSP use practitioner number 99987).
- iv) Not payable in addition to another service on the same day for the same patient by the same practitioner.
- v) Limited to one claim per patient per physician per day and two services per patient per physician per week.

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## WORKSAFEBC AND ICBC SERVICES

Effective immediately WorksafeBC and ICBC will permit Telehealth (video and telephone) for anything that does not require a physical exam/assessment. Details are below, but if physicians encounter problems they should contact the regular ICBC/WorkSafeBC contacts listed below. If that fails then contact Doctors of BC. These changes will be in effect until an end date can safely be determined.

ICBC will be pausing all Driver's Medical Examinations. An announcement from the Superintendent of Motor Vehicles is expected today.

### From WorkSafeBC:

- The requirement that telehealth fees must involve video technology has been expanded to include telephone. Therefore, if you conduct services via telephone you can bill the appropriate telehealth fee codes in your Fee Guide. This includes services for all patients including COVID-19 patients.
- Consultations, office visits, and non-procedural interventions where there is no telehealth fee may be claimed under the face-to-face fee with a **claim note record and document on the consult report or physician's report (Form 8/11)** that the service was provided via video technology or telephone are payable by WorkSafeBC.

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.

If you have any questions please contact Health Care Services at [HCSINQU@worksafebc.com](mailto:HCSINQU@worksafebc.com).

### From ICBC:

- Physicians are encouraged to deliver necessary care to ICBC patients by accessing available telehealth (video or telephone) services and billing the telehealth or applicable non-procedural fee code and making a notation in the patient record. Additionally, 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. When in-person visits can be resumed, these visits that require a physician exam to complete a report can be rescheduled.

Physicians should continue to use their professional judgement to determine whether use of telehealth is clinically appropriate based on the circumstances of each patient.

ICBC's Health Care Inquiry Unit is available to support most general and claim-specific questions, by calling 1-888-717-7150. MSP-Teleplan and Doctors of BC are also available to support specific billing questions.

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## USEFUL LINKS:

- [Telehealth Fee Codes by Section](#)
- Doctors of BC website: [Coronavirus-Covid-19-updates](#)
- BC Family Doctors website: <https://bcfamilydocs.ca/>
  - [COVID-19 Resources for Doctors](#)
  - [BC Family Docs FAQ](#)
- Details on new SSC fees can be found [here](#) and the FAQ available [here](#).
- BCCDC COVID-19 Care [For Health Professionals](#)
- Information for your patients [For the public](#)
- COVID-19 and CMPA Protection – [What you need to know](#)
- DTO Virtual Care Resources: To help clinics quickly ramp up with virtual care, Doctors Technology Office has created a variety of resources including the [DTO Virtual Care Quick Start Guide](#), [DTO Virtual Care Toolkit](#) and [Privacy & Security Guide](#). Please check back as [DTO's virtual care resource list](#) will be updated as more information become available
- Pharmacists can [refill prescriptions](#)
- College of Physicians and Surgeons of BC [COVID-19-updates](#)

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## CONTACTS:

- If you have questions about billing, please e-mail [economics@doctorsofbc.ca](mailto:economics@doctorsofbc.ca)
- PPE Supplies: Physicians are advised to contact their Health Authority
  - Northern Health Contact: Mark De Cross, CFO for Northern Health  
Email: [ppe.request@northernhealth.ca](mailto:ppe.request@northernhealth.ca)
  - Fraser Health Contact: Fraser Health PPE Community Support Desk  
Phone: 604-561-2037 // Email: [PPECommunitysupport@fraserhealth.ca](mailto:PPECommunitysupport@fraserhealth.ca)
  - Vancouver Coastal & Providence Health Care  
Contact: Fill out form (VCH Community Services Form)  
Email completed orders to: [VCHCOVID-19CentralSupply@vch.ca](mailto:VCHCOVID-19CentralSupply@vch.ca)
  - Interior Health Contact: Logistics Section Chief for IH EOC  
Email: [IHEOCLogistics@interiorhealth.ca](mailto:IHEOCLogistics@interiorhealth.ca)
  - Island Health No specific contact provided. We recommend physicians contact the Emergency Operations Committee via Medical Affairs by email  
Email: [MedStaffEngagement@viha.ca](mailto:MedStaffEngagement@viha.ca)
  - PHSA will supply anyone on their medical staff with PPE for their Community Practices. Otherwise physicians should contact the respective Health Authority in which they work.
- Doctors Technology Office: Main Line: 604-638-5841 | 1 800 665 2262  
Email: [dtinfo@doctorsofbc.ca](mailto:dtinfo@doctorsofbc.ca) | [Webpage](#)

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