

FREQUENTLY ASKED QUESTIONS

Temporary Changes for Telehealth & Telephone Services

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WHAT CHANGED AND WHEN WAS IT EFFECTIVE?

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.

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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:

Until Further Notice: Family physicians providing medical services by phone to patients may use 13037 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.

Definition of In-Office and Out of Office when using FP Telehealth fee codes:

In-Office means the service is provided from a location other than a Health Authority site.

Out-of-Office means 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 13037 for the equivalent of an in-office visit (00100, 12100, 15300, 16100, 17100, 18100) if you are physically located in your clinic/home or other location (that is not a Health Authority facility) when calling your patient.
- Bill 13038 for a counselling visit (instead of 00120, 12120, 15320, 16120, 17120, 18120) if you are physically located in your clinic/home or other location (that is not a Health Authority facility) when calling your patient. Please note that the four (4) individual counselling visits per year is a total between the 120 series and 13038/13018.
- If you are physically located in a Health Authority facility when calling your patient, you can bill the GP Telehealth out-of-office fees 13016, 13017, 13018, 13021 and 13022. The name of the facility and the results of the Telehealth (video or telephone) service must be recorded in the patient chart.

If you are providing consultations by referral

- 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)
- Bill 13016 for an out-of-office consultation done when you are physically located in a Health Authority facility. The name of the facility and the results of the Telehealth (video or telephone) service must be recorded in the patient chart.

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

A: No, you must bill the Telehealth GP office visit codes 13037 or 13017.

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 13037 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: 13037 for the telephone discussion is billable by the first physician and the appropriate in-person fee for the service provided face-to-face by the other physician.

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: Does 13037 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 13037 Telehealth (video or telephone) office visit.

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

A: Yes, 13037 is billable for a faxed prescription.

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.

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.

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.

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 physicians initiate phone calls to their chronic/complex patients and bill the 13037 code?

A: Many doctors are booking proactive phone appointments with their patients. This is perfectly reasonable as we would do the same with booking in-person appointments. Now that doctors are able to bill the GPSC planning fees when delivering care via telephone, I would expect that even more doctors will be reaching out to their patients with chronic illness and complex care needs.

Q: We’ve delegated phone calls to patients to our office nurses in the past, using 14076. Since we’re now able to bill 13037 for phone calls, does that apply to nurses?

A: The 13037 cannot be delegated and billed to MSP. Continue to bill 14076 when delegating a phone visit to a College-certified allied care provider (e.g.: Nurse, Nurse Practitioner) employed by your practice.

Remember, the task of relaying physician advice to a patient may be delegated to any Allied Care Provider or MOA working within the physician practice and billed as 14078.

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.

CDM Incentives (14050, 14051, 14052, and 14053) 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.

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

There have been no changes to 14066 Personal Health Risk Assessment to allow for this to be provided via Telehealth (video or telephone). This may be reviewed in the future if the pandemic situation continues.

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

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 (similar to G14076)
- T13707 FP Email/Text/Telephone Medical Advice Relay or ReRX Fee (similar to G14078)
- T13708 FP COVID-19 communication with specialist and/or allied care provider is a new fee.

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.

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SPECIALIST SERVICES COMMITTEE INITIATIVES

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

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

Q: Will any Specialist Covid-19 specific fee items be implemented?

A: As of March 27, the Specialist Services Committee (SSC) has introduced two new codes:

- 10007 Specialist Email/Text/Telephone Medical Advice Relay or reRX Fee
- 10008 Urgent Specialist COVID-19 Advice
- Details on new fees can be found [here](#).
- FAQ available [here](#).

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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.

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](#)
- 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
- PPE Supplies: PHSA Supply Chain is currently helping with supply management and logistics. Melinda.Mui@hssbc.ca
- Doctors Technology Office: Main Line: 604-638-5841 | 1 800 665 2262
Email: dtinfo@doctorsofbc.ca | [Webpage](#)

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