

Temporary Changes for Telehealth & Telephone Services for Specialist Physicians

New COVID-19 Specific Fees

New SSC Fees

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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

TELEHEALTH: WHAT CHANGED AND WHEN WAS IT EFFECTIVE?

1. As of March 13, 2020, the Preamble's description for what is included in the definition of telehealth has been amended to include telephone.
2. Services where there is no existing telehealth fee (i.e. consultations, office visits and non-procedural interventions), can now be claimed under the appropriate section-specific face-to-face fee with a claim note record that the service was provided via Telehealth.
3. A new ICD code has been created for COVID-19. If the service you are providing pertains to COVID-19, please use the diagnostic code C19.

NEW PREAMBLE EFFECTIVE: 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.

How should Specialists bill within these new rules?

- Most visits provided by telephone by a Specialist should be billed under the Telehealth codes in your individual Section Fee Guide. The full list of telehealth fees by Section can be found [here](#). Specialist Telehealth (video or telephone) fee codes apply regardless of location.
- 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.

- 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.

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TWO NEW FEE CODES FOR COVID-19 RELATED SERVICES

Effective March 17, 2020.

In addition to a Telehealth service (video or telephone) on the same day for the same patient, physicians can now bill for the following:

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

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NEW SPECIALIST SERVICES COMMITTEE INITIATED FEES:

Effective March 27, 2020, the SSC created two new fees to support COVID-19 related work. On April 15, 2020, an additional two new fees have also been implemented. All these fees are temporary.

The first new fee is similar to the existing Urgent Specialist Advice fee – 10001 with the following changes:

- the purpose of T10008 is for communication only about a patient regarding COVID-19. If you are providing advice about a patient regarding COVID-19, *please use T10008 rather than G10001.*
- instead of being limited to one claim per patient per physician per day, T10008 increases this limit to two (2)

T10008 Urgent Specialist COVID-19 Advice – 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.....\$60.00

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.

The second fee has some similarities to G10003 (Specialist Patient Management) and G10006 (Specialist Email Patient Management) but allows for delegation to any Allied Health Care Provider of an MOA. The fee can also be billed for Prescription Renewal without patient interaction this includes prescription renewal via fax.

T10007 Specialist Email/Text/Telephone Medical Advice Relay or ReRX

Fee.....\$10.10

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 notification of appointments or referrals.
- v) Limit of one claim 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.

The third fee also has similarities to G10001 but allows billing when the patient has had a previous visit/service with the Specialist.

T10000 Urgent Specialist Advice for patient with previous visit/service – 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.....\$60.00

Notes:

- i) Payable for telephone, video technology or face to face communication only about a patient. 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.

The fourth new fee is similar to G10002, non-urgent advice but allows billing when the patient has had a previous visit/service with the Specialist.

T10009 Non-Urgent Specialist Advice for patient with previous visit/service – 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.....\$40.00

Notes:

- i) Payable for telephone, video technology or face to face communication only about a patient. Not payable for written communication (i.e. fax, letter, email).
- ii) Include the practitioner number of the physician or Health Care Practitioner requesting the advice in the “referred by” field when submitting claim.
- iii) Not payable in addition to another service on the same day for the same patient by same practitioner.
- iv) Limited to one claim per patient per physician per day and two services per patient per week.

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FREQUENTLY ASKED QUESTIONS

TOPIC: TELEHEALTH

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.

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 thinks that 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 applicable telehealth code for the telephone discussion **or** the appropriate in-person fee for the service provided face-to-face (with a note indicating that the service was provided via telehealth). 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 applicable telehealth fee is billed by the first physician for the telephone discussion and the appropriate in-person fee for the service provided face-to-face by the other physician.

TOPIC: BUSINESS COST PREMIUM (BCP)

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.

GENERAL

Q: If I am providing Urgent Specialist Advice, how do I know which code is suitable?

A: If you are providing advice about a patient regarding COVID-19, use code T10008. Otherwise, continue to use T10001. If you have seen the patient in the last six months, use T10000.

Q: If I need to provide follow-up to a patient to provide some medical advice, how do I know which code is suitable?

A: If you think that you want to email the patient yourself and think that you might have to be emailing up to 3 times in a given day, continue to use G10006. If you want to phone the patient yourself, continue to use G10003.

Use T10007 if you want to do any of the following:

- text a patient some medical advice
- have any Allied Health Provider or MOA phone/text/email the patient with medical advice
- refill a prescription for a patient (via phone, fax or hard copy)

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: 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: 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.

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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](#)
- 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](#)

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](#)