

Changes in Medicare Canada due to Covid-19 outbreak and Medicare Benefits Schedule codes

A statement issued by the Canadian Medical Protective Association (CMPA) ¹:

The CMPA supports the appropriate use of virtual care tools that enable physicians to more efficiently and safely provide care to their patients during these extenuating circumstances. Virtual care may be as basic as a telephone call or may involve video conferencing and other internet-based tools.

Many Colleges are encouraging physicians to use virtual care as an alternative to interact with patients, especially those who are exhibiting symptoms of COVID-19 or may be at higher risk if they were to be inadvertently exposed to COVID-19 (e.g. pre-existing medical conditions). Virtual care can be an effective means of providing treatment to patients. Physicians will want to use their professional judgment in assessing their ability to use virtual care, with regard to guidance from Colleges on how to provide care in the current context.

Physicians will want to be mindful of the limitations of virtual care and ensure patients are provided the opportunity for in person care where appropriate and available. It continues to be important to document all virtual care encounters with reference to the technology that was used.

A physician's duty of confidentiality and privacy obligations continue despite the COVID-19 outbreak. Physicians will want to use best efforts to protect their patients' privacy in the provision of virtual care. Physicians should obtain consent from their patient to use virtual care. Such consent should be obtained following an informed consent discussion regarding the increased privacy risks associated with electronic communications and documented in the patient chart, even if it is not possible to obtain a signed consent form from the patient. Patients should also be encouraged to take steps to participate in virtual care encounters in a private setting and through the use of their own personal electronic device/computer.

- Virtual care can be an effective alternative means to interact with patients during the COVID-19 crisis.
- The duty of confidentiality and privacy obligations continue despite the COVID-19 outbreak.
- Physicians should obtain consent from their patients to use virtual care.

Please consider the nature of the services you are providing to the patient and obtain informed consent stating the benefits and risks associated with the provision of virtual care.

Alberta ²:

- Effective March 12, 2020, to minimize the risk of exposure to the COVID-19 virus and to ensure continuation of care if a patient or physician self-isolates, the Ministry of Health has activated Health Service Code (HSC) 03.01AD. 03.01AD can be used to bill for providing advice via telephone, email, and videoconference including virtual care.
- Email and videoconference systems must be in compliance with the CPSA guidelines on secure electronic communication and when the physician/clinic has submitted a Privacy Impact Assessment for this service acceptable to the Office of the Privacy Commissioner of Alberta.
- HSC 03.01AD is NOT limited to patients with diagnosed or suspected COVID-19.
- There is no cap on the number of claims a physician can submit. However, 03.01AD may only be claimed once per patient, per physician, per day.

British Columbia^{3,4}:

Doctors of BC and the BC government have agreed on temporary billing changes to enable physicians to better utilize virtual care, reducing the need for people to attend physician offices in person. New, temporary fee codes have also been introduced to address added costs of treating patients with COVID-19 in physician offices.

Dermatology⁵:

20210 Telehealth Consultation (\$74.92)

20214 Telehealth repeat or limited consultation (\$50.18)

20207 Telehealth subsequent office visit (\$30.11)

20208 Telehealth subsequent hospital visit (\$30.11)

Manitoba:

New guidelines were issued on March 15, 2020 by provincial authorities that recommend the use of virtual care as part of the “protective self-separation” measures to help slow the spread of COVID-19⁶.

This includes the use of telephone and video consultation for patients, including for care unrelated to coronavirus.

To facilitate these offerings, Manitoba Health and Doctors Manitoba have agreed to the following new tariffs: Virtual Visit Tariff (8321 Virtual Visit by telephone or video). This is paid equal to the regional history and examination rate for the physician’s bloc of practice, or subsequent visit rate if no regional visit is listed⁷.

Newfoundland and Labrador:

Doctors advised to provide telemedicine and virtual care if possible. Billing codes are in development⁸.

Nova Scotia⁹:

Doctors are advised to provide telemedicine and virtual care when possible (until the end of June 2020).

Ontario:

Doctors are advised to provide virtual care when possible.

Billing codes for telemedicine and virtual care¹⁰:

K080: Minor assessment: \$23.75

K081: Intermediate assessment: \$36.85

K083: Specialist consultation or visit by telephone or video payable in increments of - \$5.00

Prince Edward Island:

Doctors have been advised to provide telemedicine services when possible ¹¹.

Quebec:

Doctors have been advised to provide telemedicine services when possible ¹².

Saskatchewan:

Physicians can be paid for medically required video assessments not restricted to diagnosis specific to COVID-19 ^{13,14}. The following billing code is effective March 18, 2020 – until further notice. Service can be initiated by a physician or patient. A maximum of two video assessments per patient per day by any physician. Video assessment cannot be billed with any additional service codes. The College of Physicians and Surgeons of Saskatchewan (CPSS) does not specify which method/application is used to deliver virtual care during a Pandemic ¹⁵.

515A Pandemic Video Assessment: \$35.0 ¹⁶.

Sources:

1. <https://www.cmpa-acpm.ca/en/covid19>
2. <https://www.alberta.ca/assets/documents/health-ahcip-bulletin-med-221.pdf>
3. <https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf>
4. https://www.doctorsofbc.ca/sites/default/files/faq_telehealth-telephone_services_covid-19.pdf
5. https://www.doctorsofbc.ca/sites/default/files/telehealth_fees_-_by_section_id_322013.pdf
6. <https://sharedhealthmb.ca/files/covid-19-guidance-for-outpatient-care-delivery.pdf>
7. <https://doctorsmanitoba.ca/wp-content/uploads/2020/03/Virtual-Visit-Tariffs.pdf>
8. http://www.nlma.nl.ca/FileManager/Presidents-Letter/docs/2020/2020.03.12_Presidents_Letter_-_COVID-19_Update.pdf
9. <https://cpsns.ns.ca/covid-19-telemedicine-services/>
10. <http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4745.aspx>
11. <https://cpspei.ca/wp-content/uploads/2017/03/Telemedicine-Policy-January-16-2017.pdf>
12. <https://infolettre.fmoq.org/t/ViewEmailArchive/y/CCD52E37DBEC9CA0/C67FD2F38AC4859C/>
13. https://www.cps.sk.ca/imis/CPSS/Legislation_ByLaws_Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/The_Practice_of_Telemedicine.aspx
14. <https://www.sma.sk.ca/resources/68/covid-19-information-for-physicians.html#Compensation>
15. [https://www.sma.sk.ca/kaizen/content/files/Billing%20Information%20Sheet%20-%20515A%20Pandemic%20Video%20Assessment%20March%2018%2c%202020_\(1\).pdf](https://www.sma.sk.ca/kaizen/content/files/Billing%20Information%20Sheet%20-%20515A%20Pandemic%20Video%20Assessment%20March%2018%2c%202020_(1).pdf)
16. https://www.cps.sk.ca/imis/CPSS/CPSS/PANDEMIC/COVID-19/CPSS_expectations_of_Physicians_during_COVID19.aspx