

Notice to Physicians

IMPORTANT INFORMATION ON NON FACE TO FACE SERVICES PROVIDED DURING PANDEMIC

Last week the new health service code 03.03X was announced to facilitate the provision of synchronous clinical care by physicians to their patients using technology that supports non face to face encounters; Telephone, Telehealth, and PHIA compliant virtual care platforms. This was provided at the same rate as is afforded to physicians who provided comprehensive primary care to their patients (ME=CARE) and is meant to encourage provision of non face to face care wherever possible and appropriate.

This new health service code will be available to load into your vendor software on Friday, March 27th. Once your vendor software has been updated, you may submit claims for any services rendered since March 13th.

In view of the extenuating circumstances and recommendations for social distancing, and in order to promote continued delivery of patient care as seamlessly as possible, **effective March 13th, 2020 all office based non-procedural services that are normally rendered in a face to face setting will be permitted to be reported whether they are provided in person, by telephone, via telehealth network, or via a PHIA compliant virtual care platform.** Such services would include limited visits, consultations, psychotherapy, and counselling where appropriate to be delivered in a synchronous non face to face encounter. Long Term Care, Residential Care, and Hospice services normally rendered face to face due to medical necessity could be reported using this format. During this interim measure these services will be paid at the same rate as they would be if delivered face to face.

Please submit your claims for encounters as you usually would, using your normal practice location. For all services not rendered face to face at that location, include the following text on the claim to denote the mode of synchronous care delivery:

- If service was provided via phone call: **Pandemic telephone**
- If service was provided over the telehealth network: **Pandemic telehealth**
- If service was provided over a virtual care platform: **Pandemic virtual care**

If the service is rendered to a patient with suspected or confirmed diagnosis of Covid-19, include diagnostic code **487.8** in the appropriate diagnostic field. For the duration of the pandemic, diagnostic code 487.8 should only be used in confirmed or suspected cases of Covid-19. For other influenza strains please use a separate applicable diagnostic code.

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Please note:

We recognize that due to the extenuating circumstances of these difficult times, the ability to perform a comprehensive physical examination using these platforms may be limited, otherwise the usual preamble requirements apply to all services.

- The HSC is not reportable for administrative tasks
- The service is not reportable when the purpose of the communication is to:
 - Arrange a face to face appointment
 - Notify the patient of an appointment
 - Renew prescription
 - Arranging to provide a sick note
 - Arrange a laboratory, other diagnostic test or procedure
 - Inform the patient of the results of diagnostic investigations with no change in management plan

The service is not reportable for other forms of communication such as:

- Written email or fax communication
- Electronic verbal forms of communication that are not PHIA compliant.

The service is reportable only when the communication is rendered personally by the physician reporting the service and is not reportable if the service is delegated to another professional such as:

- Nurse practitioner
- Resident in training
- Clinical fellow
- Medical student

The service is not reportable if the decision is to see the patient at the next available appointment in the office or outpatient clinic and is not available for walk-in clinics. The HSC is reportable for Health Authority supported clinics.

All encounters must be recorded in the patient's health record. It is recognized that the health record may not be available at the time of the call, but a note should be made and placed in health record as soon as feasible. This should include the location of the provider (if other than office) and the technology used to render the service.

Physicians should offer and book their telephone, telehealth and virtual appointments during the same time periods in the same manner as they would for face to face encounters.