

Virtual Care Telephone and Video Codes Frequently Asked Questions

Last updated: March 13, 2020

1. When are these codes effective?

March 14, 2020

While the codes are effective immediately, it will take approximately one month for the necessary computer programming to occur. Physicians will be instructed to hold their claims until the system is ready.

InfoBulletins are available at:

<http://health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4745.aspx>

2. Which physicians are eligible to bill these fee codes and which are not? Can a PEM physician provide them to non-rostered patients? Can a FFS physician provide them to any patient?

All General and Family Practitioners are eligible to bill K080, K081 and K082 to any patient.

3. Will these codes impact Access Bonus?

The ministry has agreed that K080, K081 and K082 will not contribute to outside use. Options to implement this complex system change are being investigated. If the ministry is unable to prevent these codes from attributing to outside use in the short term, the ministry will; undertake a review of services provided during the period that these temporary K codes are in effect; remove the financial impact of outside use; and recalculate any Access Bonus payments for this period.

4. Can after hour codes be billed in conjunction with these?

Yes, after hours premiums can be applied to these codes as appropriate

5. K023 - Palliative care support (Palliative care support is a time-based service payable for providing pain and symptom management, emotional support and counselling to patients receiving palliative care.) \$62.75 per unit. This is similar to the psychotherapy/ counselling code in money and time requirements. Can K082 be used? What about K022, K037, etc?

Yes, these services could be captured by the K080 – K082 code closest to the level of service provided.

6. What about other fee codes in the Consults and Visits in the Family Practice & Practice in General (00) section?

The K080-K082 have been described broadly enough to capture the types of services that we would expect physicians to be providing to meet patient need during this pandemic. As agreed to in discussions yesterday, the use of K083 is solely for specialists

7. Is there specific technology for phone or video that needs to be used to bill these codes?

There are no specific technologies required. You should note that there are regulated virtual care products that have passed PHIPA rules, where consent from the patient is handled at sign-up. There are also non-regulated products that have not undergone PHIPA testing. If you choose a non-regulated product, then you should ask patients for their consent and record that verbal express consent was obtained.

8. Is there anything I should do with respect to patient authorizations to provide these services by phone or video?

OMA Legal has prepared a short paragraph statement to initiate a Virtual Care patient encounter which has also been vetted by the CMPA:

“Just like online shopping or email, Virtual Care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed. In order to improve privacy and confidentiality, you should also take steps to participate in this virtual care encounter in a private setting and should not use an employer’s or someone else’s computer/device as they may be able to access your information.

If you want more information, please check the link on our [website/confirmation email/etc.]. If it is determined you require a physical exam you may still need to be assessed in person. You should also understand that virtual care is not a substitute for attending the Emergency Department if urgent care is needed. Are you ok to continue?”

The more detailed information is included for your use and must be made available to patients.

Detailed Script: Information for Patient for Virtual Care

COVID-19 is placing stress on Canada’s public health system. Our clinic is starting to offer virtual care to make sure that we can continue to care for our patients safely and effectively. This means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office. Some of these technologies are provided by the Province. Others have been provided by vendors like Google, or Apple to help make discussions with your care provider as easy as possible during these difficult times. Some health concerns

can be addressed with virtual care alone, but in some cases your doctor may ask you to visit a hospital or other health care facility if necessary, for a physical examination.

We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communications tools. To help us keep your information safe and secure, you can:

- Understand that this method of communication is not secure in the same way as a private appointment in an exam room.
- Use a private computer/device (i.e., not an employer's or third party's computer/device) and a secure internet connection. For example, using a personal computer or tablet is more secure than at a library, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.

You should also understand that virtual care is not a substitute for in-person communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed (including for any urgent care that may be required).

If you are concerned about using video or audio tools for virtual care, you can ask our office to arrange for you to visit a different healthcare provider or other health care center where you can be seen in person. However, please note that visiting a health care provider in person comes with a higher risk of coming into contact with COVID-19 and the possibility of spreading the virus.

By providing your information, you agree to let us collect, use, or disclose your personal health information through video or audio communications (while following applicable privacy laws) in order to provide you with care. In particular, the following means of electronic communication may be used (identify all that apply): videoconferencing (including Skype, Facetime, etc.).

Sentence for physician to use to make a note in EMR

Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.