

# Virtual Care

## Quick Reference Guide

The following guide will help you bill for your virtual care tariffs when caring for patients via video platforms and/or telephone calls in Manitoba.

### Challenge

### DoctorCare Best Practices and Recommendations

When can I bill for virtual care?

- You can bill for virtual care when providing assessments, consultations, counselling, psychotherapy etc. to your patients via video or telephone.
- Requirements
  - The physician must be the one providing the service.
  - After hours premiums may not be claimed in addition, except for urgent or emergent communications.
  - Medical services provided must be documented in the patient chart and such documentation is required upon request by Manitoba, to support the claim submitted.
  - Start and stop times must be documented in the patient's chart and included on the claim.
  - Rural/Northern/Brandon Fee differentials apply.

What codes can I use?

#### Virtual Visits:

| Tariff | Description   | Value  |
|--------|---|--|
| 8284   | Virtual visit by telephone or video – patient aged 65-69 years      | \$40.10  |
| 8285   | Virtual Visit by telephone or video – patient aged 70 years or over | \$44.30  |
| 8321   | Virtual Visit by telephone or video                                 | Paid equivalent to bloc's regional history or exam |

- A virtual visit by telephone or video is a service provided to a patient which shall be comprised of:
  - A history of the presenting complaint(s);
  - An assessment of the parts or systems related to the presenting complaint(s);
  - A review of pertinent investigations;
  - A complete written record and advice to the patient
- May include advice and information to a patient or a patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis, new prescription and prescription renewal.
- A maximum of one virtual visit per patient per day may be claimed.

**Challenge**

**DoctorCare Best Practices and Recommendations**

What codes can I use? (continued)

**Comprehensive Virtual Assessments**

| Tariff | Description  | Value  |
|--------|--|--|
| 8442   | Comprehensive virtual assessment by general practitioner | Rate equivalent to 8540, 8424, 8500  |
| 8447   | Comprehensive virtual assessment by a specialist         | Paid equal to tariff 8540, 8503, 8504, 8543, or 8544 for the physician's bloc of practice. |

**General Practitioner Requirements**

- This is a service provided to a patient which will usually comprise of
  - A full patient history;
  - An inquiry into all relevant parts and systems required to made a diagnosis or differential diagnosis;
  - A review of results of investigations ordered by the physician;
  - A complete written or electronic record; and
  - Advice to the patient during the visit, and/or later, if appropriate.
  - Where medically indicated, a subsequent visit to advise the patient may be claimed. Abnormal test results generally require a follow-up visit.

**Specialist Requirements**

- This is a service provided to a patient which will usually comprise of
  - A full history of the presenting complaint(s);
  - Inquiry concerning the affected part, region or system;
  - An assessment of the parts or systems related to the presenting complaint(s), as needed to make a diagnosis, exclude disease and /or assess function;
  - A review of pertinent investigations;
  - A complete written record and advice to the patient.

**Payment Rules for Both General Practitioners and Specialists**

- May not be claimed within 60 days of a previous claim for tariff 8442/8447 or an in person Complete examination except in the case of certain illnesses, for example the continuing management of a chronic illness, when the physician deems it necessary to do a more extensive examination, in which case tariff 8442/8447 may be allowed by Special Report.
- May include advice and information to a patient or a patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis, new prescription and prescription renewal.
- Payable only where an in person visit is not clinically indicated. Where during the course of the assessment it is determined that an in person visit is clinically indicated the physician shall bill a regional virtual visit (e.g. tariff 8321) and an in person complete examination may be scheduled and claimed.
- A maximum of one virtual visit per patient per day may be claimed.

**Challenge**

**DoctorCare Best Practices and Recommendations**

What codes can I use? (continued)

**Virtual Consultations**

| Tariff | Description   | Value  |
|--------|---|--|
| 8521   | Virtual consultation telephone or video, involving child or geriatric patients, by a psychiatrist | Paid equal to the consultation tariffs (8622, 8554)          |
| 8535   | Virtual consultation by telephone or video  | Paid equivalent to blocs' 8550, 8553, 8556, 8516, 8617, 8557 |

- With the exception of the requirement for an in-person physical exam, the Physician's Manual Rules of Application 7-10 apply.
- Where a subsequent in-person service is provided to the patient for the same condition by the physician, the physician shall be entitled to claim a regional or subsequent examination fee for the in-person service, notwithstanding that the in person service, has been provided within sixty (60) days of the virtual consultative assessment service. After 60 days from the consultation, a complete examination may be claimed where rendered in person.
- When claiming 8521:
  - Patient must be under eighteen (18) years of age; or,
  - The patient must be at least seventy (70) years of age, and, for the purposes of geriatric patients, Tariff 8521 may be claimed only by a physician holding certification as a geriatric psychiatrist with the Royal College of Physicians and Surgeons of Canada or as designated by the WRHA Mental Health Program.

**Chronic Care – Virtual Visit**

| Tariff | Description                                      | Value   |
|--------|--|---------|
| 8527   | Chronic care virtual visit by telephone or video | \$33.45 |

- With the exception of the requirement for an in-person physical exam, the Manitoba Physician's Manual, Rule of Application 16 is deemed to apply to this Chronic Care – Virtual Visit tariff. When chronic care visits are provided virtually, tariff 8527 may be claimed for these services. Tariff 8321, "Virtual visit by telephone or video," may be claimed for virtual visits provided to patients for acute illnesses in acute phases.

**Virtual Psychotherapy**

| Tariff | Description                                 | Value   |
|--------|---|---------|
| 8533   | Virtual psychotherapy by telephone or video | \$49.40 |

- May only be claimed by a specialist in Psychiatry.
- Tariff rate is payable for each of the first two full fifteen (15) minute periods and for each additional fifteen (15) minute period or major portion thereof.
- A minimum of a full thirty (30) minute period and a maximum of ninety (90) minutes of psychotherapy (in person and virtual) may be claimed per patient per day.
- Where psychotherapy sessions with a patient extend beyond the two and one-half (2 ½) hours in any seven (7) day period, a written report is required.

**Challenge**

**DoctorCare Best Practices and Recommendations**

What codes can I use? (continued)

**Virtual Psychotherapy – non-Psychiatrist**

| Tariff | Description                                 | Value |
|--------|---|-------|
| 8655   | Virtual psychotherapy by telephone or video | \$40  |

- These benefits apply to services of physicians who are not certified specialists in Psychiatry and apply only when it has been determined during a regular office visit or virtual visit that a course of psychiatric treatment is necessary and the patient has an established relationship with the physician.
- New patients seeking treatment for anxiety symptoms related to the COVID-19 Pandemic will be referred to online cognitive behavior therapy services and other resources.
- Tariff rate is payable for each of the first two full fifteen (15) minute periods and for each additional fifteen (15) minute period or major portion thereof.
- A minimum of a full thirty (30) minute period and a maximum of ninety (90) minutes of psychotherapy (in person and virtual) may be claimed per patient per day.
- Where psychotherapy sessions with a patient extend beyond the two and one-half (2 ½) hours in any seven (7) day period, a written report is required.

**Virtual Psychiatric Care by Psychiatrists**

| Tariff | Description                                    | Value   |
|--------|--|---------|
| 8786   | Virtual psychiatric care by telephone or video | \$62.40 |

- A minimum of a full fifteen (15) minute period and a maximum of thirty (30) minutes (of 8786 and 8584 combined) may be claimed per patient per day.
- Tariff rate is payable for the first full fifteen (15) minute period and for the second fifteen (15) minutes or major portion thereof.

What are the special circumstance indicator values for virtual care?

**Special Circumstance Indicators**

| Valid Value | Description  |
|-------------|--|
| U           | Virtual Chronic Pain Management Services billing benefit 78321 in place of 78570 only  |
| V           | Virtual Chronic Pain Management Services billing benefit 78321 in place of 78571<br><br>OR<br>Child Development Assessment Services billing benefit 78321 in place of 78404, 78552, 78555, 78558 |
| W           | Virtual Geriatric Consultation billing benefit 78535 in place of 78617 only  |
| X           | Virtual Anesthetic Consultation billing benefit 78535 in place of 78516 only   |

**QUESTIONS?**

Call our special Billing Hotline at 1-844-224-6244 or email [support@doctorcare.ca](mailto:support@doctorcare.ca)