

Virtual Care for Family Physicians

Quick Reference Guide

This short guide will provide you with key information on how to bill for virtual care codes for family physicians in Saskatchewan.

Challenge

What are the virtual codes to bill for family physicians?

DoctorCare Best Practices and Recommendations

General Services

Virtual Care Visit

Fee code	Description	Value
875A	Limited virtual care visit (patient to physician) provided via secure videoconference	\$24.50

Notes:

- 875A includes:
 - a) History review;
 - b) History of presenting complaint;
 - c) Functional enquiry;
 - d) Assessment;
 - e) Diagnosis;
 - f) Necessary treatment;
 - g) Advice to the patient; and,
 - h) Record of service provided.
- Maximum one per patient, per day.
- Cannot be billed with any additional service codes, virtual or in-person, by the same physician on the same day.
- This service must be initiated by the patient.
- Limited virtual care visit service code is payable to physicians (General Practitioner or Specialist) providing episodic care initiated by a patient via a virtual care clinic that does not provide in-person physician services.
- Not payable for services performed by a medical learner under the supervision of a physician.
- Not payable for virtual care services provided via telephone.

Challenge

DoctorCare Best Practices and Recommendations

What are the virtual codes to bill for family physicians?
(continued)

General Practice

Virtual Partial Assessments

Fee code	Description	Value
805B	Virtual partial assessment or subsequent virtual visit provided via telephone or secure videoconference	\$35
855B	Virtual partial assessment or subsequent virtual visit provided via telephone or secure videoconference, involving a specialist referral	\$35

Notes:

- 805B and 855B includes:
 - a. History review;
 - b. History of presenting complaint;
 - c. Functional enquiry;
 - d. Assessment;
 - e. Diagnosis;
 - f. Necessary treatment;
 - g. Advice to the patient; and,
 - h. Record of service provided.
- Use 855B instead of 805B for a virtual visit where a specialist referral is made and continue using 805B for virtual visits where a specialist referral is not made.

Virtual Consultations

Fee code	Description	Value
809B	Virtual consultation provided via telephone or secure videoconference	\$67.50
811B	Repeat virtual consultation provided via telephone or secure videoconference	\$32.75

Notes:

- 809B includes:
 - a) All visits necessary;
 - b) History;
 - c) Review of laboratory and/or other data; and
 - d) Written submission of the consultant's opinion and recommendations to the referring doctor.
- 811B includes a formal virtual consultation for the same or related condition repeated within 90 days by the same physician. Repeat virtual consultation is only to be billed when it is generated by a new formal request by the referring physician. It should not be used for routine virtual follow-up of the patient for which service code '805B' "Virtual partial assessment or subsequent virtual visit" is appropriate.

Challenge

DoctorCare Best Practices and Recommendations

What are the virtual codes to bill for family physicians?
(continued)

Virtual Counselling

Fee code	Description	Value
840B	Virtual counselling provided via telephone or secure videoconference – first 15 minutes	\$33.75
841B	Virtual counselling provided via telephone or secure videoconference – next 15 minutes or major portion thereof.	\$33.75

Notes:

- 840B includes:
 - a. History review;
 - b. Counselling;
 - c. Educational dialogue;
 - d. Intervention;
 - e. Record of service provided, and;
 - f. Time spent counselling.
- 841B is payable to a maximum of 7 additional units (105 minutes), unless stipulated otherwise i.e., third party counselling is payable to a maximum of 1 additional unit (15 minutes).

Virtual Chronic Disease Management

Fee code	Description	Value
864B	Virtual Chronic Disease Management provided via telephone or secure videoconference	\$41.30

Notes:

- Maximum of two virtual CDM services per patient per year and must be preceded by at least one in-person CDM visit.
- Not billable with any additional service codes by the same physician on the same day.
- Service must involve at least 15 minutes of direct physician to patient interaction in real-time consistent with approved guidelines, but does not require a CDM flowsheet.
- For further clarity, when medically required, virtual CDM service includes, but is not limited to (i.e., this is not an exhaustive list):
 - a. Review of medications and discussions about any side effects/adherence issues;
 - b. Contraception or preconception planning in women with diabetes;
 - c. Lifestyle, nutrition, diet and physical activity review;
 - d. Discussion of any significant changes to medications or other management;
 - e. Therapy adherence/comment;
 - f. Patient goals/self-management; advanced care planning/health care directive.