

Virtual Care for Specialists

Quick Reference Guide

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

Challenge

What are the virtual care codes for specialists?

DoctorCare Best Practices and Recommendations

Specialist Telephone and Assessments

Fee Code	Description	Value
510A	Pandemic Telephone Assessment	\$35
515A	Pandemic Video Assessment	\$35

Notes:

- The physicians are responsible to ensure appropriate documentation for both assessments including:
 - Date and time of service;
 - Patient name;
 - Patient HSN;
 - Relevant clinical detail including symptoms, diagnosis, treatment, and follow-up.
- Specialist physicians can be paid for medically required telephone assessments not restricted to diagnosis specific to COVID-19.
- Service is eligible by all Saskatchewan specialist physicians providing medically required assessment services to SK beneficiaries. It is not billable to out-of-province residents or reciprocally by out-of-province physicians.
- Service can be initiated by specialist physician or patient.
- Service is not restricted by SK location i.e., patient and physician may be located anywhere in SK.
- Service is not eligible for any premiums or surcharges.
- A maximum of two telephone (510A) or two video assessments (515A) are billable per patient per day by any specialist physician. (in total; not two each)
- Cannot be billed with any additional service codes.

Challenge

DoctorCare Best Practices and Recommendations

What are the virtual care codes for specialists?
(continued)

Specialists Consultation or Visit via Telephone or Video

Fee Code	Description	Value
350A	Pandemic Virtual Care: Specialist consultation provided via telephone — first 30 minutes of direct physician–patient care or major part thereof	\$120
351A	Pandemic Virtual Care: Specialist consultation provided via secure video conference — first 30 minutes of direct physician–patient care or major part thereof	\$120
353A	Pandemic Virtual Care: Specialist visit provided via telephone — first 15 minutes of direct physician–patient care or major part thereof	\$52
354A	Pandemic Virtual Care: Specialist visit provided via secure video conference — first 15 minutes of direct physician–patient care or major part thereof	\$52
355A	Pandemic Virtual Care: Specialist consultation or visit provided via telephone or secure video conference — each subsequent 15 minutes of direct physician–patient care or major part thereof, bill units (to a maximum of 2 additional units)	\$56.10

Notes:

- Pandemic virtual care specialist consultation or visit must be medically required, direct patient interaction in real-time with the billing specialist and includes:
 - Comprehensive assessment of patient’s condition including complete history, symptoms, diagnosis, treatment and follow-up;
 - Review of laboratory and/or other data;
 - Written submission of the consultant’s opinion;
 - Recommendations to the referring doctor(when patient is referred); and
 - Advice to the patient.
- All time requirements/calculations are for direct physician-patient interaction only.
- Billings for virtual care services performed by medical learners must include the comment: “supervision of medical learner”.
- Physicians are responsible to ensure appropriate documentation.

Challenge

DoctorCare Best Practices and Recommendations

What are the virtual care codes for specialists?
(continued)

Psychotherapy and Other Psychiatric Services via Telephone or Video

Fee code	Description	Value
356A	Pandemic Virtual Care: Psychotherapy and other psychiatric services provided via telephone — first 15 minutes of direct physician-patient care	\$56.10
357A	Pandemic Virtual Care: Psychotherapy and other psychiatric services provided via secure video conference — first 15 minutes of direct physician-patient care	\$56.10
358A	Pandemic Virtual Care: Psychotherapy and other psychiatric services provided via telephone or secure video conference — each subsequent 15 minutes of direct physician-patient care or major portion thereof, bill units (to a maximum of 7 additional units per patient/per day)	\$56.10

Notes:

- Virtual psychotherapy or psychiatric services must be a minimum of 15 minutes of medically required direct patient interaction via telephone or secure videoconference to a maximum of 8 units (2 hours) per patient, per day, and may include:
 - Psychotherapy (as defined in the Payment Schedule), including family or group psychotherapy;
 - Psychiatric care (as defined in the Payment Schedule);
 - Psychiatric counselling; and,
 - Advanced Primary Health Care for Pediatric Patients – Psychiatric Care.
- Billable by physicians with entitlement to bill 33E-39E, 100E, 101E, 110E, 111E or 163B/164B.
- All time requirements/calculations are for direct physician-patient interaction only.
- Billings for virtual care services performed by medical learners must include the comment: “supervision of medical learner”.
- Physicians are responsible to ensure appropriate documentation (that must include start and stop time) according to the “Documentation Requirements for the Purposes of Billing”.

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca