

# Information Bulletin

November 19, 2020

## Attention: Physiotherapy Providers

### Subject: New Temporary Telehealth Fee Codes and an Updated Invoicing Guidelines and Reference Manual

WorkSafeBC would like to thank you for your ongoing efforts to provide care to injured workers during the past 7 months under unprecedented circumstances. As we approach the winter months and the possibility of increased COVID-19 exposures, we would like to introduce two temporary fee codes for Telehealth Services and provide updated guidelines for physiotherapy services and billings for Telehealth, In-Person and Hybrid Services. Please disregard previous bulletin communications regarding PT services during COVID-19 pandemic. **This information is effective Monday November 23, 2020.**

The information below is also summarized in a decision key flowchart which has been attached separately. Some Providers may find this helpful navigating the various situations that have occurred during COVID restrictions. Please start at the top, answer the questions which will lead you an outcome/directions of how to proceed.

Please also find attached the Physiotherapy Services Reference Manual with an updated Appendix E.

### New Temporary Telehealth Fee Codes:

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	
19705	<b>Telehealth Assessment</b>	<ul style="list-style-type: none"><li>• Fee includes all Services required to complete the Telehealth Assessment and Secondary Assessment Report.</li><li>• Eligible to be invoiced when the Secondary Assessment Report is received by WorkSafeBC.</li></ul>	<b>\$125.00</b>

Fee Code	Description	Rules Applicable to Eligibility to Invoice Fee Code and Fee Code Included Items	
		<ul style="list-style-type: none"> <li>• DOS on the invoice must match the Initial Visit date in the Secondary Assessment Report.</li> <li>• Eligible on accepted claims</li> <li>• Assessment must occur by Video</li> </ul>	
19706	<b>Telehealth Treatment</b>	<ul style="list-style-type: none"> <li>• May only be invoiced once per week</li> <li>• Telehealth Treatment visits must be provided by video</li> <li>• Cannot be invoiced at the same time as:</li> <li>• Standard Treatment Assessment Block, Standard Treatment Secondary Assessment Report, Standard Treatment Block or Standard Treatment Extension Block (first or any subsequent).</li> <li>• Post-Surgical Treatment Assessment Block, Post-Surgical Treatment Secondary Assessment Report, Post-Surgical Treatment Block or Post-Surgical Treatment Extension Block (first or any subsequent).</li> <li>• Telehealth Assessment</li> <li>• DOS on invoice must match Injured Worker visit date.</li> </ul>	<b>\$70.00/ visit</b>

### Hybrid Services:

In order to promote ongoing social distancing measures and to follow Provincial Health Office directives, WorkSafeBC continues to support ongoing Telehealth Services or Hybrid Services where clinically appropriate (Hybrid Services are a combination of In-Person and Telehealth services). If providing Hybrid Services, all sessions, regardless if In-Person or via Telehealth, are considered as part of the Treatment or Extension block. Please ensure a minimum of 2 sessions per week are being provided, unless there is clinical rationale for less.

## New Assessment via Telehealth:

WorkSafeBC recognizes that during this time of crisis, workers will continue to require valuable physiotherapy care. In order to provide this care, WorkSafeBC will be allowing assessment and treatment of these workers via Telehealth.

For a virtual video assessment, please complete and submit the Secondary Assessment Report (form 83D363). Please indicate on the Secondary Report the assessment was completed via Telehealth.

Please bill using the new, temporary Telehealth Assessment fee code 19705. Calls to the employer to confirm job demands and discuss available modified duties may be invoiced using Fee Code 19204, Telephone Consult.

Please note, new assessments via Telehealth are permitted for accepted claims when the assessment is within 60 days of the date of injury. Virtual assessments on pending claims are not permitted at this time. Both the Standard and Post-Surgical Initial Assessment Blocks may only be invoiced if the assessment occurs in person.

## Treatment via Telehealth:

Once the Telehealth Assessment has been completed, you may provide 1x/week video Telehealth follow-up sessions for the worker if clinically indicated without prior approval; however, the treatment plan must be documented on the Secondary Assessment Report. Please bill using the new, temporary Telehealth Treatment fee code 19706. This fee code can only be invoiced 1x/week.

We recognize that there may be situations where more frequent follow-up is required. In these circumstances, please contact the Physiotherapy Quality Assurance Supervisor ([Nu.Lu@worksafebc.com](mailto:Nu.Lu@worksafebc.com)) to discuss treatment options. These will be considered on a case by case basis and invoicing guidance will be provided upon approval.

Fee Code 19706 is applicable for virtual services delivered via Telehealth. If this is not possible, and telephone is the only alternative option for follow-up sessions, and there is a need for time sensitive physiotherapy intervention, please contact the Physiotherapy Quality Assurance Supervisor ([Nu.Lu@worksifebc.com](mailto:Nu.Lu@worksifebc.com)) to discuss.

## Switching from In-Person to Telehealth only:

If the worker has been receiving physiotherapy services In-Person or Hybrid and switching to Telehealth only, please continue treating through video Telehealth and complete the current Treatment or Extension block.

Please notify the claim owner whenever there is a change in delivery method (In-Person, Telehealth or Hybrid services).

## Reporting:

If you are providing 1x/week Telehealth follow-up visits, please submit a Physiotherapy Requested Report (Fee Code 19303) after 4 weeks to provide details of the Injured Worker's status. During the COVID-19 pandemic, the Physiotherapy Requested Report should be submitted every 4 weeks when the worker is receiving 1x weekly Telehealth follow up visits, it is not required to be requested by the claim owner during this time.

## Reporting Content and Guidelines:

We understand that there may be some limitations to what information can be provided in reports during this time, however the following details should be included in all reports:

- Subjective and objective findings (please ensure that all objective findings are documented in the report and include details of any modified tests performed)
- Treatment Goals
- Measurable Progress
- RTW considerations
- Details regarding participation and level of engagement in the program
- A notation that services were provided via Telehealth
- Document any assessments or treatments that were not able to be performed due to Telehealth delivery of services
- Document "self-report" for any objective measures that were not confirmed via assessment

A kind reminder, for further information Bulletins and an updated Reference Manual can be found on the WorkSafeBC website (<https://www.worksafebc.com/en/health-care-providers/provider-types/physiotherapists>).

For the most recent Provincial Health Office guidelines, please visit [http://www.bccdc.ca/health-info/diseases-conditions/covid-19?utm\\_campaign=20200311\\_GCPE\\_AM\\_COVID\\_2\\_NOTIFICATION\\_BCGOV\\_BCGOV\\_EN\\_BC\\_NO\\_TIFICATION](http://www.bccdc.ca/health-info/diseases-conditions/covid-19?utm_campaign=20200311_GCPE_AM_COVID_2_NOTIFICATION_BCGOV_BCGOV_EN_BC_NO_TIFICATION)