

Information Bulletin

May 7, 2020

Attention: Physiotherapy Providers

Subject: Reference Manual Update, Contract Renewal, Summary of Temporary Telehealth Services, and Reporting

First off, we would like to thank you for your ongoing efforts to provide care to injured workers during this unprecedented time. As we continue to receive questions regarding Physiotherapy Services during this time we would like to provide an updated summary of service guidelines related to Temporary Telehealth Services. Please note, the current restrictions on in-person services remain in place until mid-May. Once the CPTBC has provided guidelines on what the next phase involves for in-person treatment, we will provide an update with any changes to the current service guidelines as appropriate.

Reference Manual Update

Effective March 15, 2020, the Physiotherapy Reference Manual has been amended, including adding guidelines for Temporary Telehealth (as defined in the Reference Manual) Services during COVID-19 (Appendix E).

Contract Renewal

The Physiotherapy Services Agreement is up for renewal on May 31, 2020. Purchasing Services is currently working on these renewals and will be emailing the documents to you over the coming weeks.

Summary of Temporary Telehealth Services

If you are, or will be providing, services via Telehealth, you are required to comply at all times with the Reference Manual and with WorkSafeBC's Telehealth Treatment Guidelines (attached separately). Please also ensure you have reviewed the CPTBC guidelines in relation to Telehealth: <https://cptbc.org/physical-therapists/practice-resources/advice-to-consider/tele-rehabilitation/>.

Please note, the current CPTBC and Provincial Health Officer guidelines regarding in-person services must be followed at all times.

If your clinic is closed during this time and you are not providing Telehealth Services, please ensure that you have informed any injured workers under your care, as well as their claim owners.

Initial Visit via Telehealth

For injured workers who require an assessment via Telehealth, this may proceed under the Secondary Assessment (Fee Code 19319) for the initial Telehealth visit. It is expected that all virtual initial assessments will occur via video platform. The initial assessment should not be performed via telephone. Once the initial Telehealth assessment has been completed the [Secondary Assessment Report](#) should be submitted.

For a Telehealth assessment to occur without prior approval from the claim owner, the injured worker must have an **accepted** claim and the assessment must occur within 60 days of the date of injury. If it is greater than 60 days from the date of injury, you must contact the claim owner for approval prior to proceeding. The Standard and Post-Surgical Initial Assessment Blocks cannot be invoiced for Telehealth assessments.

Once the virtual Secondary Assessment has been completed, if treatment via Telehealth is clinically indicated you may proceed with:

- a. 1x/week Telehealth follow-up sessions with the injured worker
 - Invoiced using the Telephone Consult Fee code 19204 for actual Telehealth consultation time (up to 2 units): 1 unit = 15 minutes, or 2 units = 30 minutes
 - Fee Code 19204 is applicable for both Telehealth delivery as well as Telephone consultation. Virtual services should be 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@worksafebc.com) to discuss.
 - **Reporting:** 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 can be submitted every 4 weeks when the injured worker is receiving 1x weekly Telehealth follow up visits; it is not required to be requested by the claim owner during this time.
- b. If there is clinical indication for the Telehealth follow-up sessions to occur more than 1x/week, please contact the Physiotherapy Quality Assurance Supervisor (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.

Initial Visit In-Person

If the injured worker has an in-person assessment (either prior to the COVID-19 pandemic, or in a new assessment in compliance with all the Provincial Health Officer and CPTBC guidelines) then the Initial Assessment should be invoiced as per the Physiotherapy Services Agreement.

The following guidelines should be followed for treatment services following an in-person assessment:

- a. If 1x weekly Telehealth follow-ups are indicated during this time, these should be invoiced using the Telephone Consult Fee code 19204 for actual Telehealth consultation time (up to 2 units): 1 unit = 15 minutes, or 2 units = 30 minutes
 - Fee Code 19204 is applicable for both Telehealth delivery as well as Telephone consultation. Virtual services should be 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 Health Care Services to discuss.
 - These 1x weekly follow-up sessions do not count as Treatment or Extension Block services. If there is a need to transition to more frequent care, please contact the Physiotherapy Quality Assurance Supervisor to discuss.
 - **Reporting:** 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 can be submitted every 4 weeks when the Injured Worker is receiving 1x weekly Telehealth follow up visits, it is not required to be requested by the claim owner.
- b. If ongoing treatment services via Telehealth are indicated and treatment will be substantively similar to in-person treatment, you may proceed with the appropriate treatment block as per the Physiotherapy Services Agreement. Please note that while there are no extra approvals required when proceeding into a Treatment block after an in person assessment, the requirement for a minimum of 2 visits per week remains in place for Treatment and Extension Blocks provided via Telehealth.
 - **Reporting:** All reports are still required as per the Physiotherapy Services Agreement. If the Injured Worker no longer requires care then a Discharge Report should be submitted for the date of the last visit that was provided (virtual or in-person).

Workers on Program Interrupt

If a worker was placed on a program interrupt from their Treatment or Extension Block and you have been providing 1x/week Telehealth follow-up visits, please consider the following:

1. If the worker is progressing and no longer requires treatment please contact the claim owner to discuss discharge.
 - If the worker will be discharged, or is approaching discharge, and was on a program interrupt, please contact the Physiotherapy Quality Assurance Supervisor, Nu Lu, to discuss invoicing.
 - **Reporting:** If you have been providing 1x/week Telehealth follow-up visits, please submit a [Physiotherapy Requested Report](#) after 4 weeks of program interrupt 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. If more than 4 weeks have past and you have not submitted a report, please submit a Requested Report now.

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

With regards to submitting reports during this time – please submit reports as appropriate for each individual injured worker (see below for guidance):

- If the injured worker is being treated under a Treatment or Extension Block and an Extension Request Report is due and further treatment is clinically indicated, please submit the Extension Request Report as required.
- If the injured worker is receiving 1x weekly Telehealth follow-up sessions, please submit a [Physiotherapy Requested Report](#) after 4 weeks to provide details of the worker's status.
- If the injured worker will likely not require any ongoing treatment going forward, you should contact the claim owner to discuss discharge and then submit a Discharge Report for the last visit attended in clinic or via Telehealth.

For more information about other health care programs at WorkSafeBC, visit us online at <https://www.worksafebc.com/en/health-care-providers>