

VIRTUAL CARE: COVID-19 GUIDE

WHAT CAN I USE VIRTUAL CARE FOR?

SCREENING of patients who are worried or ill

CARE FOR PATIENTS with suspected COVID-19

CARE FOR REGULAR PATIENTS in your practice to decrease exposure to those who may be ill



WHICH VIRTUAL CARE PLATFORMS CAN I USE?

Any direct-to-patient telephone, telemedicine and video calling platforms can now be used as the work is remunerated with the new fee codes, rather than the platform you choose.

MEDICAL CARE VIRTUAL CARE PLATFORMS

- OTN Direct-to-Patient Video Visits through OTNinvite*
- Think Research VirtualCare
- Doxy.me
- Novari eVisit
- Oncall Health
- Reacts
- InputHealth Collaborative Care Record
- Medeo (Integrated with Accuro EMR)
- Insig (Integrated with EMR Advantage)

PATIENT CONSENT – consent for use is collected by these virtual care tools on patient sign-up.

* Direct-to-patient video visits via OTNinvite are currently only available to family physicians in Patient Enrollment Models (PEM) providing care to rostered patients, GP focused practice designated physicians providing care within scope of designation, and all specialists. Details on using and billing for OTNinvite can be found [here](#).



OTHER VIDEO-CONFERENCEING PLATFORMS

- Skype and Teams by Microsoft
- Facetime by Apple
- Zoom.us
- Google Hangouts, and others

PATIENT CONSENT explicit verbal consent must be obtained from the patient.

A sample verbal consent paragraph, detailed script, and documentation note for EMR are available [here](#).

HOW WILL I GET PAID?

If you are providing video visits via OTNinvite, you will continue to be paid through OTN.

If you are using telephone or other video visit platform, you can use the following temporary K codes:

TEMPORARY TELEPHONE/VIDEO FEE CODES

All General & Family Practitioners for any patient:

K080 (virtual minor assessment or equivalent; \$23.75)*

K081 (virtual intermediate assessment or equivalent; \$36.85)*

K082 (mental health and counselling or equivalent; \$67.75)*

Specialists

K083 (specialist consultation or visits; \$5 increments)

*These codes will not contribute to outside use.

* For some primary care enrollment models, these codes are in-basket and globally funded for enrolled patients. These codes can also be billed with the applicable after-hours premium, as per after-hours rules and requirements. For more information, please see [Ministry INFOBulletin #11229](#)

While these codes are effective March 14, 2020, physicians should wait to submit claims for these codes until further notice. System changes will be implemented over the coming weeks to process payment.

ADDITIONAL RESOURCES

- [OMA COVID-19 webpage](#)
- [OMA Virtual Care webpage](#)
- [OntarioMD Virtual Care and COVID-19 webpage](#)
- [Ontario Health \(Quality\) draft guidebook on best practices for bringing virtual care into your clinic](#)

BILLING RESOURCES

- [Detailed fee code information and Fee Code FAQs](#)
- [Ministry INFOBulletin #4745](#)
- [Ministry INFOBulletin #11229](#)