

# Work Exemption Requests

## Navigating Work Exemption Requests During COVID-19

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Doctors Nova Scotia | July 2020

**D**octors Nova Scotia (DNS) has created this guide to help family physicians respond to work exemption requests.

During the COVID-19 pandemic, family physicians may experience higher volumes of patients requesting documentation and/or health assessments required by their employers exempting them from work. While it's not new for family physicians to provide this service, the scrutiny of these requests may increase during this time.

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## Work exemption requests

There are two ways physicians may be asked to provide this service:

- 1. Physician initiated:** Through regular treatment of your patient, you become concerned about their well-being and believe continuing to work presents a significant risk to their physical and/or mental health, or the health of their dependents.
- 2. Patient initiated:** Your patient presents specifically for the purpose of acquiring documentation to support a work exemption request. This is usually triggered by the employer's internal human resource policy and/or eligibility for federal disability programs.

It is important to note that physicians are not required to provide work exemption assessments. If they choose to offer the service, DNS advises enhanced documentation and an approach that meets the increased scrutiny. Ultimately, the decision comes down to what is in the best interest of the health, well-being and safety of your patient.

Doctors Nova Scotia encourages physicians to refer to the following guidelines:

*Scenario 1:*

## Patient health status puts them in the "at-risk" category of contracting COVID-19.

All requests for work exemption should be approached as a comprehensive health assessment and chart review, with physicians billing appropriately rather than merely providing a sick note. See page 3 for advice on billing rules.

Assessing "fitness" for work is particularly challenging without having intimate knowledge of your patient's workplace. In such instances, DNS advises that physicians:

- **Keep documentation factual**
- **Confirm what health information to share with the employer.** Discuss with your patient what details may be shared with their employer and tailor the documentation appropriately
- **List at-risk conditions.** List all pre-existing conditions that contribute to your patient being at risk of contracting COVID-19. (i.e. being over age 65, having multiple pre-existing health conditions, etc.)
- **List other relevant factors.** List any social/familial associations that may be relevant. (i.e. being a single parent or a caregiver of a dependent who is particularly vulnerable.)
- **Provide your clinical opinion of your patient's risk.** Based on the advice of public health and your own health assessment of your patient, you may choose to offer your clinical opinion about whether the individual is at increased risk for contracting COVID-19 and/or your clinical opinion about their ability to fight the virus should they contract it
- **Refrain from assessing the workplace if you are not privy to relevant details.** Reserve judgement on the safety of the work environment if you don't have enough information. Simply outline the health status of your patient, highlighting the relevant risk factors. The onus is on the employer to mitigate the risk to their employee. Your job is to make sure the employer has the information they need to do the right thing for your patient (their employee)

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## Putting a patient off on sick leave

There may be times when a physician thinks the risk to their patient is so great that they are clinically obligated to write a note "putting their patient off on sick leave." In this case, provide the same documentation outlined above to support the decision. This will help protect your patient if their claim for leave is disputed or they suffer repercussions or dismissal from their employer.

Scenario 2:

# Chief complaint of acute anxiety with no other COVID-19 risk factors present.

Some physicians are experiencing high volumes of patients presenting with symptoms of acute anxiety related to the COVID-19 pandemic and their work environment. Patients may experience varying degrees of anxiety with varying impacts on their ability to cope.

It can be challenging to assess not only a person's anxiety level but also their ability to perform activities of daily living and to work in a professional environment. Given the stigma around anxiety in the workplace and the increased scrutiny on work leave requests, DNS recommends that physicians:

- **Approach the encounter as a comprehensive health assessment and bill it accordingly**
- **Consider using clinical assessment tools.** Implement a robust anxiety assessment protocol. Several credible clinical assessment tools can assess anxiety and/or depression, such as the [General Anxiety Assessment tool \(GAD-7\)](#) and the [Patient Health Questionnaire \(PHQ-9\)](#). Physicians can find an assessment tool to suit their practice style and patient needs
- **Confirm what health information to share with the employer.** Based on the clinical assessment, your patient may be unable to continue working in their current environment. Discuss with your patient what documentation you may share with their employer and tailor it appropriately. At a minimum, provide your clinical advice and direction, date of the exam, and invite the employer to contact you for further information. Depending on your patient's wishes about sharing details about their mental and/or physical health, you may share more detailed information. For example: their diagnosis, their score on a standardized assessment tool used for the assessment and what that score means (i.e. reduced ability to perform activities of daily living, reduced clarity of thought and decision-making, and sleep disturbances that may impact safety in the workplace.)

## Inconclusive clinical opinion

Sometimes your clinical assessment results will be inconclusive and/or you don't have enough information about the workplace to warrant a clinical opinion on a patient's fitness for work. Your patient may not agree based on their own self-assessment and requests documentation from you supporting that assessment to provide to their employer.

**Physicians are not required to provide this documentation.** If you decide to provide it, DNS advises that you follow the guidelines outlined here, but reserve judgement on your patient's fitness. Simply provide the facts, including the date of the comprehensive exam, the results of any standardized assessment tools used in the exam, your patient's self-assessment results (including their lack of confidence in their own ability to perform their work duties) and any other relevant factual information the employer may find helpful when considering work accommodations and exemptions.

# Billing rules for work exemption requests

Physicians cannot submit a claim for a visit where the sole action is writing a sick/work exemption note. However, they can claim for a medically necessary patient visit that may lead to writing one. Physicians can claim much of this work through regular office visit codes, such as the HSC 03.03 (office visit) or 03.04 (comprehensive visit), provided they perform and document the actions required by the billing rules associated with the claim. Counselling fees may be considered, depending on the nature of the discussion with your patient. When submitting a claim for this work, physicians must:

- Choose the correct code for the services provided. Follow all preamble requirements associated with the claim
- Perform a physical exam as required to determine your patient's current health status. If the visit was provided virtually due to public health directives, document this in the medical record
- Include all modifiers and/or text entries required to support the claim to ensure you receive the maximum eligible value for the services provided
- Record all findings and management changes required by those findings in your patient's chart and communicate this to the patient

## For help with work exemption requests, contact the DNS Physician Advisory Team:

### Jennifer Girard Physician advisor

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## PHQ-9 Depression

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

*(Use "✓" to indicate your answer"*

	Not all	at Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.....	0	1	2	3
2. Feeling down, depressed, or hopeless.....	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.....	0	1	2	3
4. Feeling tired or having little energy.....	0	1	2	3
5. Poor appetite or overeating.....	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.....	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.....	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.....	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.....	0	1	2	3

**Column totals**    \_\_\_ + \_\_\_ + \_\_\_ + \_\_\_

**= Total Score** \_\_\_\_\_

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

## Scoring notes.

- **PHQ-9 Depression Severity**

Scores represent: **0-5 = mild**   **6-10 = moderate**   **11-15 = moderately severe**  
**16-20 = severe depression**

- **GAD-7 Anxiety Severity.**

This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of “not at all,” “several days,” “more than half the days,” and “nearly every day,” respectively. GAD-7 total score for the seven items ranges from 0 to 21.

Scores represent: **0-5 mild**   **6-10 moderate**   **11-15 moderately severe anxiety**  
**15-21 severe anxiety.**