

mcp newsletter

August 12, 2020

20-09

TO: ALL FEE-FOR-SERVICE CONSULTANTS

RE: PANDEMIC VIRTUAL CARE FEE CODES FOR CONSULTANTS

In consultation with the Newfoundland and Labrador Medical Association, the Department of Health and Community Services is introducing a suite of temporary new Pandemic Virtual Care Codes for Consultants (PVCCC). These codes for consultants are temporary fee codes for virtual care provided by consultants during the coronavirus pandemic. This suite of new fee codes is retroactive to July 7, 2020 and in effect until October 1, 2020. Use of any of the pandemic virtual care codes is not restricted to diagnoses specific to COVID-19. This suite of new fee codes replaces the Pandemic Virtual Care Assessment code (fee code 50000) for consultants. **Effective August 17, 2020, fee code 50000 will be restricted to use by family physicians and consultants who use Med Access.** Med Access users can refer to the section on “Claim Submission Requirements” below for further information.

PVCCC apply to services delivered by telephone or video conferencing. These services provide an alternative to an in-person visit when such alternatives are appropriate. As such, an in-person service may not be claimed within 24 hours following a claimed virtual care visit. However, when an in-person service is deemed medically necessary by the consultant within 24 hours of a virtual care assessment, the consultant should submit a claim to MCP for independent consideration with appropriate substantiating information as per section 4.3.1 of the Medical Payment Schedule.

Although it is recommended that consultants wishing to provide patient video conferencing use an application approved by the Newfoundland and Labrador Centre for Health Information (NLCHI), consultants using other video conferencing applications can also bill MCP for virtual care using the appropriate codes. Currently approved solutions include Cisco Jabber and Zoom for Healthcare. Telus Med Access users have two options for patient video conferencing that are integrated and supported by Telus: Virtual Visit and Health Myself. Please visit <https://virtualcarenl.ca> for more information. Visit <https://virtualcarenl.ca/health-care-providers/support-and-faqs/> for service, information, and technical support provided by NLCHI and Telus. Med Access users should contact Telus directly for technical support with virtual care.

PVCCC may only be claimed when the service is provided directly to the patient and cannot be claimed for communications between health care providers. Both provider and patient may meet virtually in a physical location of their choosing as long as both the provider and patient are located within Newfoundland and Labrador. In-person visits are required when physical examination is necessary and cannot be adequately conducted using virtual means. Assessments requiring an in-person physical examination are not eligible for billing PVCCC.

Consultants who are approved for use of Telemedicine fee codes 501 through 515 of the MCP Medical Payment Schedule and adhere to the Telemedicine Preamble of the Payment Schedule may continue to use those fee codes should they choose to do so. PVCCC does not replace the Telemedicine section of the MCP Payment Schedule, although it offers consultants greater flexibility in physical location and technology during the pandemic.

Patients cannot be charged for any aspect of a publicly funded PVCCC.

PVCCC Record Requirements:

- 1) PVCCC must meet all the requirements, including documentation requirements, for comparable consultation and visit codes listed in the MCP Medical Payment Schedule except that the requirement for physical examination does not apply. Consultations must be documented with a written request from the referring physician, a record of the history, and a letter back to the referring physician. The record of a PVCCC reassessment must include the reason for the encounter, findings through history, working diagnoses, and/or plan of investigation or treatment.
- 2) The record of service must include the patient's telephone number if contact is made by phone.
- 3) The record of service must contain the start and end time of the patient encounter.
- 4) Patient consent for a PVCCC is not required for MCP payment. However, physicians should familiarize themselves with direction provided by the Canadian Medical Protective Association (<https://www.cmpa-acpm.ca/en/covid19> and <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2018/thinking-of-working-with-virtual-clinics---consider-these-medical-legal-issues>) and the College of Physicians and Surgeons of Newfoundland and Labrador (<https://www.cpsnl.ca/web/files/2017-Mar-11%20-%20Telemedicine.pdf>).

PVCCC Claim Submission Requirements:

- 1) When submitting a claim for PVCCC fee codes 253 to 264 below, a remarks code is required. Please enter remarks code 48 when using a telephone for the patient encounter. Please enter remarks code 49 when a video conferencing application is used.
- 2) There is a daily limit of 40 total combined units (telephone + video conferencing) for PVCCC fee codes 253 to 264 billable per consultant per day. In other words, the billings of any combination of units billed for fee codes 253 through 264 must be forty or less. Consultants submitting for greater than 40 units of services billed for fee codes 253 to 264 per day will have the billings recovered.
- 3) There is a maximum of one PVCCC per patient per day. If more than one virtual assessment is medically necessary, physicians should submit records for independent consideration as per section 4.3.1 of the Medical Payment Schedule.
- 4) PVCCC cannot be billed with any other service codes. No add-ons or premiums are billable with these fee codes. There can be no overlapping services for this fee code or any other service billed by the physician.
- 5) These fees are not payable for prescription renewals, notification of normal test results, notification of office, referral or other appointments, or other administrative tasks.
- 6) Consultants may bill for services provided by undergraduate and postgraduate medical learners provided that the Preamble criteria in Section 5.6 of the MCP Medical Payment Schedule are met. In consultation with the NLMA, the Department of Health and Community Services is considering changes to the Preamble supporting the remote supervision of learners.
- 7) Billing retroactively: held claims and claims requiring adjustment
 - **Consultants who have held claims for virtual care visits** may now submit claims to MCP for services retroactive to July 7, 2020 using fee codes 253-264 below as long as all billing requirements are met.
 - **Consultants who have billed the Pandemic Virtual Care Assessment code (fee code 50000) from July 7, 2020 to August 17, 2020 and wish to have the claim(s) readjusted to one of the new fee codes below** should request the adjustment in writing stating the following information:

- ✓ name and MCP provider number,
- ✓ date,
- ✓ claim and item numbers already billed that require adjustment,
- ✓ the exact fee code (253-264) and rate that best represents the service provided.

Please send this document to the MCP Claims Processing Department at the address below or fax 709-292-4053 by October 7, 2020. If further information is required, please call MCP at 1-800-440-4405.

Consultants who have already billed fee code 50000 should **not** re-submit the claims using the new fee codes. Rather, they should request the adjustment in writing as indicated above.

- **Consultants using Med Access** may choose to hold all billings for fee codes 253 through 264 until implementation of the billing code into Med Access is complete. Med Access users also have the choice of billing fee code 50000 until Med Access implementation is complete. If Med Access users choose the latter option, these consultants will be required to request an adjustment(s) in writing if desired using the process outlined above once the billing codes are available in Med Access. Once MCP is notified that the new suite of virtual codes for consultants is available in Med Access, fee code 50000 will no longer be available for billing for consultants using Med Access.

Notes:

For fee-for-service Psychiatrists: any billings associated with consultations provided by Psychiatrists using fee code 253 either by telephone or video conferencing application are treated as in-person consultations for the purpose of calculating the bonus amount for eligible Psychiatrists participating in fee-for-service bonus programs.

For fee-for-service Interventional Radiologists: billings associated with fee code 253 are not limited to the procedures listed in the Interventional Radiology Section of this Payment Schedule but extended to any procedures requiring consultation with a Royal College certified Interventional Radiologist requiring extensive discussion with a patient.

Questions relating to the content of this Newsletter should be directed Dr. Colleen Crowther, Assistant Medical Director at (709) 758-1557 or by email at colleencrowther@gov.nl.ca.

PANDEMIC VIRTUAL CARE CODES FOR CONSULTANTS

ANAESTHESIOLOGY

253 Consultation	114.49
254 Reassessment	45.31
255 Pre-anaesthetic clinic assessment	92.20

DERMATOLOGY

253 Consultation	95.20
254 Reassessment	44.05

GENERAL, CARDIAC, VASCULAR, OR THORACIC SURGERY

253 Consultation	95.94
254 Reassessment	45.34

INTERNAL MEDICINE

253 Consultation	153.51
254 Reassessment	66.91

INTERVENTIONAL RADIOLOGY

253 Consultation	127.17
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NUCLEAR MEDICINE

253 Consultation	111.14
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NEUROLOGY/DEVELOPMENTAL NEUROLOGY

253 Consultation	145.00
254 Reassessment	56.32

NEUROSURGERY

253 Consultation	122.97
254 Reassessment	55.99

OBSTETRICS AND GYNECOLOGY/GYNECOLOGICAL ONCOLOGY

253 Consultation 92.17

254 Reassessment 44.09

OPHTHALMOLOGY

253 Consultation 91.58

254 Reassessment 52.78

ORTHOPAEDIC SURGERY

253 Consultation 95.00

254 Reassessment 44.03

OTOLARYNGOLOGY

253 Consultation 83.38

254 Reassessment 40.08

PAEDIATRICS/DEVELOPMENTAL PAEDIATRICS

253 Consultation 195.84

254 Reassessment 94.97

PHYSICAL MEDICINE

253 Consultation 94.42

254 Reassessment 42.16

PLASTIC SURGERY

253 Consultation 84.93

254 Reassessment 38.10

PSYCHIATRY

253 Consultation	250.00
254 Reassessment	67.45
256 Psychiatric care, per ½ hour or major part thereof	90.35

Psychotherapy:

257	Individual, per ½ hour or major part thereof	90.35
258	Group of 4 people, per member, per hour or major part thereof	34.37
259	Group of 5 people, per member, per hour or major part thereof	27.50
260	Group of 6-12 people, per member, per hour or major part thereof ...	22.91
261	Family therapy, 2 or more family members, per ½ hour, per family	91.10
262	Case consultation with a Child Protection Services or correctional worker, teacher, community health nurse, or other allied professional on behalf of a child or adolescent – per ½ hour or major part thereof	91.00
263	Interview with child or adolescent – per ½ hour or major part thereof	53.36
264	Diagnostic or therapeutic interview with a parent, guardian, foster parent, or group home parent of a child or adolescent – per ½ hour or major part thereof	62.75

UROLOGY

253 Consultation	84.86
254 Reassessment	45.59

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