

Memorandum / Note de service

To: All Island Physicians
Mark Kickham, Manager Medicare

From: Dr. André Celliers
Executive Director Medical Affairs

Date : June 29, 2020

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Subject : **UPDATED: Virtual Care Billing Codes & Master Agreement Implementation**

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I'm pleased to confirm that the 2019-2024 Master Agreement was signed by Health PEI, the Medical Society of PEI, and the Government of Prince Edward Island on April 22, 2020. This is a huge accomplishment, and I'm extremely happy with the results of our efforts. I would encourage all of you to become familiar with the changes in the agreement that pertain to you and your practice. It is extremely important that a copy of the new agreement be shared and communicated to your billing staff.

The 2019-2024 Master Agreement is highlighted in yellow to identify changes/additions for your ease of reading. For your information, the latest version of the Master Agreement can be found here:

https://www.princeedwardisland.ca/sites/default/files/publications/master_agreement.pdf

As I'm sure you can appreciate, the COVID-19 pandemic has delayed our implementation plans for the new Master Agreement. We are currently in the process of developing an implementation plan, and will keep you up to date as developments arise. Details will be forthcoming in regards to retro payments and when the new fee codes will be activated. I would encourage you all to keep an inventory of your billings for any of the new fee codes that became effective April 1, 2020. You will be notified once these billings will be eligible to be entered into the billing claims system.

VIRTUAL CARE:

The new Master Agreement has been signed since our last communication on virtual care codes. Given the introduction of several new codes in the agreement, we have updated our temporarily billing codes eligible to be delivered via virtual care. As previously stated, virtual care is eligible for billing when using approved Health PEI technologies (telephone, secure videoconferencing, and secure email/text). The eligible fee codes are as follows:

- Limited Office Visit – fee code xx13 (including at a walk in clinic)
- Health Promotion Counseling – fee code 2505
- Psychotherapy – fee code 2501 or 2504
- Diagnostic and Therapeutic Interview – fee code 2588, 2586, 2886
- Consultation – fee code xx60
- Repeat consultation – fee code xx62
- Geriatric follow up visit – fee code 2863
- Postnatal visit – fee code 0705
- **FOR SPECIALIST USE ONLY:** Comprehensive Office Visit – fee code xx10 for patients who have been initially referred for consultation and a subsequent visit relates to the same diagnosis
- Family Physician Consultation – fee code 0160

With the signing of the 2019-2024 Master Agreement, the following codes are also eligible to be billed for services delivered via virtual care:

- Multi-Issue Office Visit – fee code 0122
- Complex Chronic Disease Management – fee code 0126
- New Patient Intake Visit – fee code 0011
- Addictions Care Consultation – fee code 0051
- Addictions Initial Assessment – fee code 0052

Billing Instructions:

- These services are only billable for medically necessary services that can be safely and competently delivered via virtual care.
- Physicians must continue to document as per the requirements as listed in the Master Agreement.
- Service must be direct patient care by a physician to a patient, in lieu of a face-to-face visit.
- Service can be initiated by either the physician or the patient.
- Physical examination not required when completed by virtual care for fee code xx13.
- Postnatal visit will not require pelvic exam when completed by virtual care. Pelvic exam can be delayed until non-pandemic times.
- For time based codes (2501, 2504, 2505, 2586, 2588, 2886, 0052) please make sure the time of day is on the claim. Also these codes are a minimum of 15 minutes.
- Patient chart must document that it was a telemedicine (telephone, secure email/text, and secure videoconferencing) in lieu of physical visit for COVID-19.
- Physicians must continue to document in patient chart as per Tariff of Fees Preamble requirements.
- For patients in self-isolation, the billing claim must include "COVID-19 self-isolation".
- ***For all other patient care delivered via virtual care, the billing claim must include a comment "COVID-19 virtual care"***

For the new codes added as a result of the 2019-2024 Master Agreement:

Physicians choosing to bill these codes must track their usage of these codes manually as the Claims billings systems are being updated to allow for these codes to be submitted to Medicare. Further direction on when and how to bill these codes once the Claims system has been updated will be forthcoming. Please be advised that payment for these codes will be delayed until the Claims system has been updated.

We will continue to monitor these temporary codes for virtual care and provide updates as necessary.

TELEPHONE PRESCRIPTION RENEWALS:

Physicians cannot bill for a telephone prescription renewal on the same day that they bill virtually for a Limited Office Visit – fee code xx13; Health Promotion Counseling – fee code 2505; Psychotherapy – fee code 2501 or 2504; or Diagnostic and Therapeutic Interview – fee code 2588, 2586, 2886; Comprehensive office visit - fee code xx10; Multi-issue Visit – fee code 0122; Complex Chronic Disease Management Visit – fee code 0126; or New Patient Intake Visit – fee code 0011.

Health PEI continues to temporarily suspend the restriction to bill telephone prescription renewal on Day 2 and Day 3 after a visit code is billed.

COVID-19 PLANNING MEETINGS:

For those physicians who are participating in COVID-19 planning meetings, you are eligible to bill fee code 0050 Administrative Meetings for time spent in these meetings. In the billing claim, please include in the comment "COVID-19 meeting".

ADMINISTRATIVE MEETINGS:

Given the unique situation that we find ourselves in with COVID-19, and as part of our temporary billing measures, we will temporarily allow billings for one staff meeting per week. This will continue to be reviewed on an ongoing basis.