



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

March 20, 2020

Arrangements Reached on Fee-for-service Virtual Care during Pandemic Period

The NLMA has reached an agreement with the Department of Health and Community Services on compensation for fee-for-service virtual care services during the pandemic period. The specific arrangements can be summarized as follows:

1. Covers both telephone and video-conference patient interactions. The location of the provider and patient must be in the province.
2. Retroactive to include services starting on March 18, 2020 as long as billing requirements are met.
3. Fee - \$42 per visit, no add-ons or premiums.
4. Physicians are recommended to use the Cisco Jabber application for virtual care available through NLCHI, though physicians using any other video-conferencing platform can still bill this code.
5. One visit per patient, per physician, per day can be billed, though additional medically necessary visits per patient on the same day can be claimed IC.
6. The fee is not billable by physicians who are compensated by salary, independent contracts, APPs or sessional arrangements.
7. There is a daily limit of 40 units of virtual care (see below).
8. Record Requirements
 - a. documentation must meet the minimum requirements for a visit as stated in the MCP Medical Payment Schedule preamble section 4.2.2., with the exception of physical examination documentation.
 - b. the record of service must include the patient's telephone number if contact is made by phone.
 - c. the record of service must contain the start and stop times of the patient encounter.
 - d. patient consent for a Virtual Care Assessment must be obtained and documented on the medical record.
9. This service cannot be delegated by the physician. It must be direct physician to patient contact in real time.
10. This fee is not payable for prescription renewals, notification of normal test results, or notification of office, referral or other appointments or other administrative tasks.

An MCP Newsletter will be published addressing the points above. Physicians are asked to hold their billing until the Newsletter is published and the system made ready.

The NLMA is pleased that this arrangement is now moving forward, however we were reluctant to agree with a daily service cap of 40. We have advised the government that we will seek member feedback on the constraints imposed by this cap, especially access to care by patients, and continue to advocate for a change if necessary. The Department of Health and Community Services has committed to reviewing the issue of the cap as this uncertain period unfolds.

We are also concerned about the impact on medical education if there is no explicit mirroring of office-based billing arrangements related to learners in the virtual sphere. We have discussed this with government and they agree we will jointly and urgently continue to review this issue and, if necessary, make an amendment.

Further, we are concerned that the new fee is not conducive to Family Medicine psychotherapy and Psychiatry. This issue will also be jointly and urgently examined with government and, if necessary, amendments will be made.

For clarity, codes under the Family Practice Renewal Program, as well as facility-based telemedicine codes within the MCP fee schedule, continue to apply under existing rules and published rates.

In the coming days we will work with NLCHI and the Department to provide doctors with information and tools for accessing virtual care apps and learning best practices when conducting online visits.

Update on Income Replacement

The NLMA and Government will now turn their attention to separate arrangements for income protection due to workload disruption during the pandemic period. These arrangements will be an update of the policy used during the H1N1 event. We realize many members have questions already on these arrangements and we hope to be in a position within days to address these questions.

***Representing and supporting a united medical profession and providing leadership
in the provision of excellent health care in Newfoundland and Labrador***