Q&A - Pandemic Virtual Care Assessment (PVAC) code

1) **Can I bill the *Family Practice Renewal* code 521 in addition to Pandemic Virtual Care Assessment (PVCA) on the same patient, same day?**

The Patient Care Telephone code (fee code 521) introduced under the codes initiative of the *Family Practice Renewal Program* is billable. There is no restriction on billing this fee code (521) in addition to the new Pandemic Virtual Care Assessment (PVCA fee code 50000). The claims must be separate billable events. The annual cap for fee code 521 has been temporarily removed.

2) **Regarding note #3 in the MCP Newsletter (20-02), who decides if a PVAC is billable/if that patient required a physical exam or not?**

The March 25, 2020 version of the MCP Newsletter states that, "Assessments requiring physical examination are not eligible for billing Pandemic Virtual Care Assessment." If a physician can make a diagnosis and/or address the patient's medical need during a PVCA without the need for an in-person physical exam, then a physical examination is not necessary to bill this code. The clinical note must still meet the documentation requirements of Preamble 4.2.2. It is recommended that physicians state in the record - "Physical exam not necessary." MCP would like to clarify that if the physician knows in advance that a physical exam is necessary, the PVCA should not occur and the patient should be booked to be seen in person.

The *College of Physicians and Surgeons of NL (CPSNL)* standard of practice for telemedicine can be found at https://www.cpsnl.ca/web/files/2017-Mar-11%20-%20Telemedicine.pdf and directs that "a physician must consider the patient's existing health status, health care needs and circumstances, and only recommend telemedicine if it is the patient's best interest.

3) **If I do a virtual visit with a parent regarding a child, do I submit the claim using the parent's MCP number or the child?**

Billing a PVCA on a pediatric patient in the presence of the parent/guardian is no different than the face-to-face encounter. While much of the virtual visit may be an interaction with the parent, the history, diagnosis, investigation and/or treatment pertains to child/patient. The child's MCP number should be used when submitting the claim to MCP.

4) **Why must I record the start and end time of the virtual encounter?**

We are uncertain why the Department required the start and end time; however, this data must be documented in order to submit a valid claim.

5) **Can locums bill PVCA code?**

Yes; locum physicians are an extension of fulltime practicing physicians, they provide an essential service to patients, and may bill the PVCA code.

6) Can I bill for learners in my practice?

NLMA has reached out to government to obtain clarification that Preamble section 5.6 which addresses billing related to learners in clinical settings is applicable to the new PVCA code. We believe this form of billing must be able to continue in a virtual environment in order to maintain continuity of medical education (and not to jeopardize graduation or exit dates for learners), and to maintain patient access already established in clinics. We believe that physicians can maintain appropriate supervision of learners virtually and meet the requirements of section 5.6 except for physical presence.

However, as yet the Department does not support a clarification as we have proposed. Therefore, we advise against billing the PVCA for learners, but please track the instances until the issue is fully clarified.

7) How do I bill for virtual care provided in Long Term Care (LTC) facilities?

Virtual visits with long term care patients can be billed using the new code. Physicians have considerable interaction with nurses when arranging visits and interacting face-to-face with patients while nurses are present. This will continue under virtual care where a nurse will enable a two-way (physician to patient) and three-way (physician to patient + nurse) interaction during a virtual visit. These interactions also include physician/nurse interactions associated with patients who do not have independent capacity.

8) Why is the number of virtual visits capped at 40?

NLMA argued to have this cap removed; however, the department felt it was necessary to have a daily cap.

9) Is the PVCA code billable for prescription refills?

No. As per Section 4. 1(b) of the *Medical Care Insurance Insured Services Regulations*, the writing of medical prescriptions is a noninsured service.

10) If I contact my patients who had upcoming, scheduled appointments is that solicitation?

No. If a physician rebooks a patient who was initially booked for a scheduled appointment and uses virtual care (telephone or video) to deliver care, it is not solicitation and the PVCA (fee code 50000) is billable.

11) Do I need to obtain patient consent for virtual visits?

Yes. Please follow the guidance in the MCP newsletter at Note 1(d):
https://www.health.gov.nl.ca/health/mcp/providers/mcp_newsletters/Newsletter_20-02.pdf

Consent should be obtained for all virtual care assessments (both telephone and video) and documented on the medical record. Consent does not need to be collected at every session with a patient. Verbal consent is fine.

The NLMA Toolkit has more information on patient consent at page 2, including a short statement to initiate a virtual visit/obtain consent and a note you may use to document verbal consent in the medical record. The Toolkit is available here:
http://www.nlma.nl.ca/FileManager/VirtualCare/docs/2020.03.22_NLMA_Virtual_Care_Toolkit.pdf