

Physician FAQs

Last Updated: 1500 hrs March 19, 2020

The following FAQs have been developed by Medical Affairs to help inform physicians as we respond to the COVID-19 pandemic.

These FAQs will be updated over time. New versions will be sent to all physicians as more questions are identified or additional information is available.

1. I am a salaried or contract for services physician, and am concerned that I will not make my Blended Payment due to patient volumes this week, and in the coming weeks. What is Health PEI's plan in regards to this?

At this time, physicians should continue to shadow bill as they normally do.

Health PEI will be looking at what modifications to the blended payment thresholds for January to March 2020 will be needed, given these unprecedented times in responding to this pandemic.

2. Can I bill for patients I see virtually via telephone?

Effective March 16, 2020, physicians will be eligible to bill for following fee codes for services delivered via telephone during the COVID-19 pandemic:

- Limited Office Visit – fee code xx13
- Health Promotion Counseling – fee code 2505
- Psychotherapy – fee code 2501 or 2504
- Diagnostic and Therapeutic Interview – fee code 2588 or 2586

Billing Instructions:

- 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.
- These services are only billable for medically necessary services that can be safely and competently delivered via telephone.
- Physical examination not required when completed by telephone for fee code xx13.
- For time based codes (2501, 2505, 2586, and 2588) 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 telephone call 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 telephone, the billing claim must include a comment “COVID-19 telemedicine”

Please note that this is a temporary measure and will be reviewed again in 30 days.

3. Do the codes indicated above in Question #2 for telephone apply to videoconferencing, secure email/text as well?

Yes, the codes listed above in Question #2 will apply for secure videoconferencing. The codes will also apply to email correspondence with patients through secure email platforms only such as Groupwise.

Please be advised that Gmail, Yahoo mail, etc is not considered secure email, and that FaceTime is not considered secure videoconferencing at this time.

4. Can I bill for a Telephone Prescription Renewal in addition to the visit codes listed in Question #2?

No, 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 or 2586.

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

5. Can the telephone consultations include email correspondence? I have patients emailing me from Florida/international locations with questions on their health, how to safely travel home, notes to be emailed for airports in terms of chronic respiratory/cough conditions?

You can certainly answer questions from patients and bill for these questions and advice provided they are medically necessary. Please make sure a copy of the patient email and advice provided are in the patient’s chart.

6. I am planning to work a walk in clinic. Can I call patients on the telephone if they cannot walk in because of COVID-19? If so, what would I bill?

Yes, telephone calls will be permitted to patients who cannot attend a walk in clinic in person due to COVID-19. As a temporary measure, the physician should bill fee code

0113 Limited Office visit, and a comment must be added to the billing claim. For patients in self-isolation, include “COVID-19 self-isolation” and for all other patient care delivered via telephone include “COVID-19 telemedicine”.

7. How do I account for my time that I spend in COVID-19 planning?

For those physicians who are participating in COVID-19 planning meetings organized by Health PEI as part of our pandemic planning, 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”.

8. Can I claim for more staff meetings than the max 2 per month that is currently permitted as per Preamble 32 for 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 also be reviewed again in mid April.

9. I am a fee for service physician, and moving to essential services has a major effect on both my clinic, OR time and ambulatory care time. What is being done to help me?

Health PEI recognizes that individuals who are fee for services are independent and are impacted when essential services are in place and/or when patients cancel appointments since they cannot bill for services that were not rendered.

To that end, Health PEI is working with Government officials to provide financial support to those significantly impacted by the move to essential services. Conversations are currently underway to identify what these supports may be.

More information will be forthcoming on this as developments arise, but please be assured that we are committed to getting a solution in place as soon as possible.

10. I am a locum physician here, and there is a major effect on what I thought I was going to be paid for my services. What is being done to help me?

Health PEI foresees that the financial support as outlined in Question #9 would also apply to locum physicians. More information will be forthcoming on this as solutions are developed.

11. I have just come back from out of country and am required to self-isolate. Will I be paid for my two weeks in isolation?

Salaried Physicians:

If you are a salaried physician, who is asymptomatic (not experiencing symptoms) be required to self-isolate, you will be placed on paid administrative leave. If you have the option/ability to do some virtual care from home, please discuss this with your Medical Director.

Should a salaried physician develop any symptoms of COVID-19, such as fatigue, aches, fever, cough and difficulty breathing, you should call 811 for screening to determine whether a test is appropriate.

Once symptomatic, paid administrative leave ends and standard sick leave begins as outlined in the respective collective agreement.

If a salaried physician tests positive for COVID-19, you will be required to continue to self-isolate and follow medical advice. This may extend past the 14 day self-isolation period.

Contract for Services Physicians:

If you are a contract for services physician, and you were scheduled to work during your timeframe in isolation, please continue to submit your regularly scheduled hours on your timesheet and submit to Medicare. If you are able to work virtually from home, you are encouraged to do so. include the comment "Physician Self Isolation".

Sessional Physicians:

If you are a sessional physician, and you were scheduled to work during your timeframe in isolation, please continue to bill your sessional rates for the hours/days that you were scheduled to work, and include the comment "Physician Self Isolation" on your billing claim.

Fee-For-Service Physicians:

If you are a fee-for-service physician, it is anticipated that this will fall under the financial support that we are hoping to develop as outlined in Question #9. More information will be forthcoming on this as solutions are developed.

Please note:

Physicians who choose to travel outside of Canada following the March 13, 2020, travel restriction recommendations and the 14 day required self-isolation notification are not eligible for paid leave during the 14 day self-isolation period.

It is important to notify your Medical Director as to changes in your status regardless of your payment modality.

12. Will the new Master Agreement be implemented if ratified for April 1, 2020?

The date the new Master Agreement will be implemented will be determined through discussions with the Medical Society of PEI. The effective date of any new fee codes or changes will be honored if implementation does not occur until after their effective date.

13. I am a physician and many of my clinical services have been cancelled; I have capacity to assist where I am needed. Who do I contact to discuss where I can be of value?

Thank you for your cooperation in being re-deployed where you are needed most. At this time, please contact your medical director/program medical director/department head to discuss this option.

Here is a listing of current medical directors/program medical directors/department heads:

Acute Care Medical Directors	
QEH	Dr Hussam Azzam
PCH	Dr Wassim Salamoun
Network Medical Directors	
West	Dr Wassim Salamoun
Queen	Dr Ed White
Kings	Dr Laura Neumann
Program Medical Directors	
Chief Medical Information Officer	Dr Spencer Brown
Diabetes	Dr Lenley Adams
Diagnostic Imaging	Dr Melanie McQuaid
Geriatrics	Dr Martha Carmichael
Laboratory Services	Dr Marvin Tesh (acting for Dr Kristen Mead)
Long Term Care	Dr Jan Rogerson
Medical Education	Dr Shannon Curtis
Palliative Care	Dr Mireille Lecours (Dr. Janet Baker acting until March 23)
Physical Medicine	Dr Edmund Harrison
Department Heads- Queen Elizabeth Hospital	
Anaesthesia	Dr Jean-Yves Dubois
Cardio-Respiratory	Dr Ayodeji Harris-Eze
Emergency Medicine	Dr Ron Whalen
Family Medicine	Dr Laura O'Connor (acting for Dr Andrew Wohlgemut)
Hospitalist	Dr Jill Cunniffe Dr Lori Cheverie

Health PEI

One Island Health System

Medical Affairs

16 Garfield St, Charlottetown

ICU/CCU	Dr Patrick McCrea
Internal Medicine	Dr Lenley Adams
Oncology	Dr Philip Champion
OBGYN	Dr Shaun Ferguson
Pediatrics	Dr Peggy Bethune
Surgery	Dr Kristian MacDonald
Department Heads –Prince County Hospital	
Anaesthesia	Dr Brenda Keeping
Emergency Medicine	Dr Ryan Lieph
Family Medicine	Dr John Morash
Internal Medicine	Dr Michael Irvine
OBGYN	Dr Hani Farag
Pediatrics	Dr April MacPhee
Surgery	Dr David Bannon

14. If I have additional questions, who do I contact?

General Questions:

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