

Hi Dr,

1) You will find below the RAMQ news concerning the following infoletters:

- A) Infoletter 359 – Extension of billing and bill modification delays
- B) Infoletter 008 – Modification to coverage by Quebec (Expired NAM/Health card not presented/uninsured patient)
- C) Infoletter 014 – Correction to infoletter 354 – Consultation register
- D) Infoletter 015 – Delay – LE 321 “Grande Inscription”

To stay updated about the RAMQ changes, please check the news regularly:
<https://www.ramq.gouv.qc.ca/fr/professionnels/medecins-omnipraticiens/Pages/actualites-covid-19.aspx>

2) In addition, we give you pertinent information published by the FMOQ and some expected changes:

- A) FMOQ Q&A tool
- B) Expected changes/Wording adaptation
 - a. Clarification about tele-consultation or remote services
 - b. Intensive care
 - c. Stand-by availability (Garde en disponibilité)
 - d. Coordination activities related to COVID-19.

To stay updated about the expected changes, please check the FMOQ news regularly: <https://www.fmoq.org/pratique/coronavirus/communications-aux-membres/>

1) A) RAMQ – Infoletter 359 – Billing/Modification delays

Please be informed that the billing delays have been extended from 90 to 120 days, for all compensation modes.

The RAMQ has also extended the bill modification delay from 135 to 165 days, as long as the initial 120-day delay has been met.

For more details, please read the following infoletter:

<https://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/infolettres/2020/info359-9.pdf>

1) B) RAMQ – Infoletter 008 – Coverage for expired cards/Health card not presented/Uninsured patient

Modifications to the coverage offered by Quebec and temporary instructions for services rendered to a person who did not present a health card, did not have one, or had an expired card, have been announced.

For services rendered in the context of COVID-19, here are the guidelines (for all locations):

Service	Quebec health card not presented or absent	Expired Quebec health card
Screening test or other service rendered in the presence of the patient in connection with COVID-19	<ul style="list-style-type: none"> • Select the “Patient requérant des soins urgents” situation; • If the information is available, specify the last name, first name, birthdate, sex, and address; • Use the “Service rendu en présence du patient dans le cadre de la COVID-19” context element. 	<ul style="list-style-type: none"> • Enter the health card number (NAM), even if it is expired; • Use the “Service rendu en présence du patient dans le cadre de la COVID-19” context element.

Context element for “Service rendu en présence du patient dans le cadre de la COVID-19” = #C19

Billing instructions for services rendered REMOTELY when the health card (NAM) is expired (for all locations)

In connection with COVID-19:

1. Enter the person's NAM even if it is expired;
2. Use the “Service rendu à distance dans le cadre de la COVID-19” #DC19 context element.

In any other situation, enter the person's NAM, even if it is expired.

Click the following [link](#) to access the table showing all the situations.

To find all the details, please read the following infoletter:

<https://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/infolettres/2020/info008-20.pdf>

1) C) RAMQ – Infoletter 014 – CDÉ (designated assessment clinic) or screening clinic consultation register

Contrary to what was announced in the infoletter 354 (designated of LE 269), physicians in a clinic dedicated to COVID (designated LE 269) who choose the method of remuneration with hourly packages (forfait horaire, codes 19680) or who maintains his/her method of remuneration at an hourly rate or fixed fee does not have to record any visit made to the Consultation Register.

However, physicians paid by an hourly rate or fixed fees must continue to record any visit made to a patient in the Consultation Register if it is carried out as part of their regular activities.

To find all the details, please read the following infoletter:

<https://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/infolettres/2020/info014-20.pdf>

1) D) RAMQ – Infoletter 015 – GAMF (family physician access desk) enrollment – The “Grande Inscription” LE 321

Retroactive to February 28, 2020 the RAMQ discontinues the 60-day delay for the enrollment of a patient assigned by the GAMF, whether it be of the “no visit” or the “family medicine” type, in the context of the “Grande Inscription” (LE 321). Physicians that are not in a position to see these assigned patients within those delays will therefore not be penalized.

To find all the details, please read the following infoletter:

<https://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/infolettres/2020/info015-20.pdf>

2) A) FMOQ – Q&A for CDÉ (designated assessment clinic) or COVID units

You will find the answers to various questions concerning billing in a CDÉ (designated assessment clinic) or in a COVID unit on a Q&A tool published by the FMOQ.

Here are the topics covered:

1. General information
2. CDÉ recruiting
3. CDÉ / “hot corridor” in a small emergency where a low CDÉ volume is expected
4. COVID unit in a CHSLD / Hospital COVID unit / SNT (non-traditional care) COVID Hospitalization
5. “Hot corridor” in an emergency that is not a CDÉ
6. CDÉ in an office

To find all the details, please read the following communication:

https://fmoq.s3.amazonaws.com/pratique/coronavirus/documentation/CDE-Unite-Covid-Facturation_2020-04-08.pdf

2) B) FMOQ – B) Expected changes/Wording adaptation

We are sharing with you a very interesting article by Dr Michel Desrosiers of the FMOQ, which specifies situations in teleconsultations and adaptations that have been made. We have dissected as best as we could the information that we consider relevant for doctors:

a) Teleconsultations or remote services

- EXCHANGES: Discussions with a patient's natural caregiver would meet the patient contact requirement for procedures that require contact with the patient.
- ANNUAL VISITS: The first-time visit, the pediatric periodic visit or the vulnerable periodic visit is appropriate only if an examination is not necessary to assess the patient.
- LOSS OF AUTONOMY VISITS: The visit for a patient with severe loss of autonomy requires an examination. It is therefore impossible to bill it.
- COMMUNICATION WITH PROFESSIONALS: The quarterly quota on calls to other professionals will be lifted and the arrangement will not be subject to a threshold of registered patients. You will have to wait for the RAMQ's instructions.
- HOME CARE (MIXED): For the CLSC Mixed Mode Home Care Program, since all visits require an examination, the doctor must use the interprofessional exchange code (15909), the minimum of 15 minutes of which will not apply. If the consultation lasts more than 25 minutes, it will be possible to charge for the clinical intervention instead of the exchange. However, negotiations are underway. You will have to wait for the RAMQ's instructions.
- CHSLD/REHAB: You can bill a VSE (follow-up visit requiring an examination) when the doctor meets the requirements for a minor ad hoc visit (One problem concerning one system).
- ER UNIT/OUTPATIENT: You can bill phone consultations (CMI, COR or CMA; minor, ordinary or major). To be able to bill the COR, it is necessary to meet the requirements of the minor ad hoc visit, and, for the CMA, to meet the requirements of the complex ad hoc visit.
- ER UNIT:
 - 1 - The physician may take advantage of the ordinary examination in the absence of an examination as long as he/she complies with the requirements of the minor ad hoc visit. For the main examination, it must correspond to the requirements of the complex ad hoc visit.
 - 2 - A physician providing on-call duty reserved for the call-back of emergency patients to assess the response to treatment or because of erroneous readings of x-rays in teleconsultation, can bill his/her hours as duty on site, even if he/she is remote.

b) Intensive care

- DAILY "FORFAIT": For a patient requiring intensive care admitted to another unit, it will be possible to charge the daily package fee (9997 and 8896) even if it is normally restricted to the intensive care unit.

- VENTILATION: Ventilation in the prone position is often useful in the context of patients with COVID-19. There is a billable code once per stay, in addition to the daily intensive care package for the installation of a patient which requires ventilation in the prone position and for check-ups during the first 12 hours after installation (code 20019).

c) Duty

- PHYSICIAN ON DUTY FOR THE INTUBATION OF PATIENTS WITH COVID-19: A fixed fee has been negotiated for this duty, to which will be added the fee for the services offered (intubation). Since the rate for intubation alone is modest, it is likely that these physicians will avail themselves of the clinical intervention. These minutes will not count towards the daily maximum of 180 minutes. The physician billing for this call will not be able to take advantage of another on-call duty for the period in question.

- ON CALL DUTY: On-call duty in connection with COVID-19 will be paid. It is the directors of professional services (DSP) of the institutions, who are responsible for communicating with the MSSS-FMOQ joint committee so that participating physicians are paid. The financial terms will be included in an upcoming RAMQ newsletter. When the duty is associated with the opening of a hot or warm unit in an institution or in a non-traditional non-ambulatory site, it is preferable to make both requests at the same time.

d) Medico-administrative activities / meetings

- HOURLY RATE: Doctors with an hourly rate or fixed fee may bill their remote activities (see P.3, paragraph 1 under the subheading “Médecin rémunéré à Tarif horaire et à honoraires fixes”).

- COVID COORDINATION ACTIVITIES: The chief physicians will have the possibility of invoicing 2 more package fee per hour of coordination of COVID-19 (chief of DRMG, chief of MFG, chief of super-clinic / chief of emergency service, chief of the department of general medicine, coordinating doctor of DRMG and the doctors who assist them). **We suggest that you write down all the information relevant to these meetings** (hours, dates, locations, vouchers) and wait for the billing instructions from the RAMQ, because a new element of context for exceeding the usual package bank is to be expected. For other doctors participating in these activities, please see pages 7 and 8 of the link below to find out what will affect you. These activities could be done remotely.

PLEASE NOTE THAT A RAMQ INFOLETTER WITH ALL THE BILLING TERMS SHOULD BE PROVIDED SOON. YOU CAN NOW ADJUST YOUR BILLING FOR THE VISITS, BUT YOU MUST WAIT FOR THE INSTRUCTIONS FOR THE OTHER POINTS.

To find all the details, please read the following communication:

<https://fmoq-mdq.s3.amazonaws.com/2020/COVID/MQ-hors-seriesB.pdf>

Do you have any comments or suggestions? Do not hesitate to contact your advisor or reach us from Monday to Friday between 8:30 a.m. and 4:30 p.m. at 1 866 332-2638, extension 5990.

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