

# Billing Corner



ALBERTA  
MEDICAL  
ASSOCIATION

12230 106 Ave NE  
Edmonton AB T5N 3Z1  
T 780.482.2626 F 780.482.5445  
amamail@albertadoctors.org

Billing Corner is also available on the  
Alberta Medical Association website  
[albertadoctors.org/billing-corner](http://albertadoctors.org/billing-corner)

Patients First® *Patients First® is a registered trademark of the Alberta Medical Association.*

## Claims Submission Information for Virtual Care Code Enhancements Target Date: January 17<sup>th</sup>, 2024

**Physicians: Please share this information with your billing staff after reading it.**

*Please ensure that your billing software has been updated to reflect the changes that are described within this document. The Billing Corner is a summary document.*

Under the current AMA Agreement with Alberta Health, the AMA requested amendments to enhance virtual mental health service capabilities for physicians, including parity with in-person services, a new fee code for psychiatric treatment of a complex patient, and other changes for prolonged visits and consultations.

It is anticipated that Alberta Health will announce January 17, 2024, as the go-live date whereby eligible claims for virtual care services may be submitted to Alberta Health for payment. Please Note: Claims for virtual services listed in this Billing Corner MAY NOT be submitted until Alberta Health has officially announced the changes. Check the Alberta Health website for updates

<https://www.alberta.ca/bulletins-for-health-professionals>

- The full list of changes effective October 23, 2023, is attached in Appendix A
- These changes are retroactive to October 23, 2023 (reference *Alberta Health Bulletin* MED 266)
- The 90-day submission rule for eligible claims has been relaxed for the codes identified in Appendix A until March 31, 2024.
- Claims submission information is attached in Appendix B

### Alberta Health Care Insurance Plan Schedule of Medical Benefits (Anticipated) Effective January 17, 2024

**Disclaimer:** *While care has been taken to provide accurate information, the Alberta Medical Association does not warrant or guarantee the accuracy of the information contained herein. Please refer to the Schedule of Medical Benefits for complete details. If you provide services specific to more than one section, the AMA recommends that you refer to all those that are applicable to the services that you provide.*

**Table of Contents**

Appendix A	3
General Reminders	3
Governing Rule Changes	3
Health Service Code Changes	4
Appendix B	11
Submission and Resubmission Information	11
General claims submission information	11
Resubmissions	11
Claims for HSC 03.03FT, 03.08IV, or 03.08JV	11
Claims for Virtual Family Therapy or Psychotherapy of Complex Patients	11
Claims for Virtual Group Therapy	11

## **Appendix A**

*The Billing Corner is a summary document; there are changes to rates that are not stated in the Billing Corner. Please refer to the Schedule of Medical Benefits for complete details.*

### **General Reminders:**

- Virtual care is meant to optimize and complement in-person care and not replace it.
- Physicians, please ensure you comply with CPSA and OIPC standards and policies related to virtual care delivery.
- Other than patients with valid NWT coverage, virtual care services are not payable for patients with out-of-province registration.
- Other than temporary absences out of the provinces, physicians must be located in Alberta at the time of the service.

### **Governing Rule Changes**

**BOLD** indicates changes/NEW. ~~Strikethrough~~ indicates deletions.

- 4.3.3 Time Based Consultations: Notwithstanding GRs 4.3.1 and 4.3.2, claims for consultation services as defined under HSCs 03.08F, 03.08I, **03.08IV**, 03.08IZ, 03.08J, **03.08JV**, 03.08JZ, 03.08L, 03.08M, 08.19A, 08.19AZ, 08.19AA, 08.19B, 08.19BB, 08.19C, 08.19CC, and 08.19CX may be claimed on a time basis.
- 4.4.8 CLAIMS REQUIRING REFERRING PRACTITIONER NUMBER  
Add 03.03FT to the HSC table specified in the GR

**Health Service Code Changes**

**03.03FT** Prolonged repeat virtual visit or scheduled outpatient visit via telephone or secure videoconference, referred cases only, full 15 minutes or portion thereof for the first call when only one call is claimed

**NOTE:** 1. May only be claimed in addition to HSC 03.03FV when the service exceeds 30 minutes.

2. May only be claimed by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by cardiology, endocrinology/metabolism, gastroenterology, infectious diseases, internal medicine, hematology, medical genetics, medical oncology, neurology, physiatry, respiratory medicine, rheumatology, urology and vascular surgery (no age restriction).

3. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.

4. Time spent on administrative tasks cannot be claimed.

5. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.

**AMA NOTES:** This code is the virtual equivalent of HSC 03.03FA and may only be claimed by the specialties listed in the description.

HSC 03.03FT is claimed in addition to HSC 03.03FV when the total physician time spent exceeds 30 minutes.

- 03.08IV** Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation via telephone or secure videoconference, full 15 minutes or major portion thereof for the first call when only one call is claimed.
- NOTE:**
1. May only be claimed in addition to HSC 03.08CV when the service exceeds 30 minutes.
  2. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
  3. Time spent on administrative tasks cannot be claimed.
  4. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.

**AMA NOTES:** This code is the virtual equivalent of 03.08I and may only be claimed by the specialties listed in the description.

HSC 03.08IV is claimed in addition to HSC 03.08CV when the total physician time spent exceeds 30 minutes.

- 03.08JV** Prolonged consultation via telephone or secure videoconference by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed.
- NOTE:**
1. May only be claimed in addition to HSC 03.08CV when the service exceeds 30 minutes.
  2. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
  3. Time spent on administrative tasks cannot be claimed.
  4. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.

**AMA NOTES:** This code is the virtual equivalent of 03.08J and may only be claimed by the specialties listed in the description.

HSC 03.08JV is claimed in addition to HSC 03.08CV when the total physician time spent exceeds 30 minutes.

08.19CV Telephone or secure videoconference with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, ~~including group and family therapy~~, per 15 minutes or major portion thereof

- NOTE: 1. May only be claimed by a psychiatrist (PSYC), a generalist in Mental Health (GNMH) or by a specialist in Mental Health (SPMH).
2. May be claimed for both referred and non-referred patients with psychiatric disorders.
3. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
4. Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
- 5. May not be claimed on the same day as other virtual care services or other in-person visit or consultation services by the same physician for the same patient.**  
~~May not be claimed on the same day as HSC 03.01AD, 03.01S, 03.01T, 03.03CV, 03.03FV, 03.05JR, 03.08CV, 08.19CW, or 08.19CX by the same physician for the same patient.~~
- ~~6. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.~~
- ~~7. For group therapy sessions, claim the total time providing group therapy under only one patient's Personal Health Number (PHN).~~

08.19CW Telephone or secure videoconference with a patient for scheduled psychiatric treatment (including group therapy) by a general practitioner or pediatrician, or for a palliative care or a chronic pain visit by an eligible physician, per full 15 minutes **or major portion thereof**

NOTE: 1. ~~May only be claimed by General Practitioners or Pediatricians if the session is for scheduled psychiatric treatment.~~

- ~~1.~~ **1. When services other than psychiatric treatment, palliative care or chronic pain services are delivered, the most appropriate health service code (e.g., 03.03CV) should be claimed.** ~~For non-scheduled psychiatric treatment, the appropriate office visit health service code should be claimed (HSC 03.03CV).~~
- ~~2.~~ **2.** May be claimed by any physician for palliative care. Palliative care is defined as care given to a patient with a terminal disease such as cancer, AIDS or advanced neurologic disease. Palliative care involves active ongoing multi-disciplinary team care.
- ~~3.~~ **3.** May be claimed by any physician that is part of an interdisciplinary chronic pain program for a chronic pain visit. A chronic pain visit is defined as pain which persists past the normal time of healing, is associated with protracted illness or is a severe symptom of a recurring condition. A chronic pain visit must be part of a comprehensive, coordinated, interdisciplinary program as defined in General Rule 4.2.5. A physician must be able to demonstrate that they have appropriate chronic pain training and experience.
- ~~4.~~ **4.** The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
- ~~5.~~ **5.** Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
- ~~6.~~ **6. May not be claimed on the same day as other virtual care services or other in-person visit or consultation services by the same physician for the same patient.**
- ~~7.~~ ~~May not be claimed on the same day as HSC 03.01AD, 03.01S, 03.01T, 03.03CV, 03.03FV, 03.05JR, 03.08CV, 08.19CV, or 08.19CX by the same physician for the same patient.~~
- ~~8.~~ ~~May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.~~

**08.19GV** Telephone or secure videoconference with a complex patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof

- NOTE:**
1. May only be claimed by a psychiatrist or a generalist in mental health.
  2. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
  3. Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
  4. May not be claimed on the same day as a virtual visit or consultation by the same physician for the same patient.
  5. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.
  6. May only be claimed when the patient meets the criteria outlined in note 7 and the score is identified in the patient's chart at least once every six months.
  7. Complex patient is defined as:
    - a. An adult with a Global Assessment of Function (GAF) score of 40 or less.
    - b. A child with a Children's Global Assessment of Function (CGAS) score of 41 or less.

**08.44AV** Group psychotherapy via telephone or secure videoconference, where all members of the group are receiving therapy in the session, full 15 minutes or major portion thereof for the first call when only one call is claimed

- NOTE:**
1. May only be claimed by a physician other than a psychiatrist when a physician assessment has established (during the same or a previous visit) that the patient is suffering from a psychiatric disorder.
  2. For treatment of non-psychiatric disorders, the appropriate HSC should be claimed.
  3. Virtual group therapy services for patients 18 years of age or younger may be claimed using HSC 08.44CV or 08.44DV.
  4. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
  5. Only time spent communicating with the patients can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.



- 08.44BV** Second and subsequent physician attendance at group psychotherapy via telephone or secure videoconference, where all members of the group are receiving therapy in the session, full 15 minutes or major portion thereof for the first call when only one call is claimed
- NOTE:**
1. May only be claimed by general practice physicians, generalists in mental health and psychiatrists.
  2. Virtual group therapy services for patients 18 years of age or younger may be claimed using HSC 08.44CV or 08.44DV.
  3. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
  4. Only time spent communicating with the patients can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
- 08.44CV** Group psychotherapy via telephone or secure videoconference, complex group, where all members of the group are receiving therapy in the session, full 15 minutes or major portion thereof for the first call when only one call is claimed
- NOTE:**
1. May only be claimed by a psychiatrist.
  2. May only be claimed for groups where one or more of the members has a significant personality disorder.
  3. May be claimed for virtual group therapy sessions for patients 18 years of age or younger.
  4. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
  5. Only time spent communicating with the patients can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
- 08.44DV** Second and subsequent physician attendance at complex group psychotherapy via telephone or secure videoconference, where all members of the group are receiving therapy in the session, full 15 minutes or major portion thereof for the first call when only one call is claimed.
- NOTE:**
1. May only be claimed by a psychiatrist.
  2. May only be claimed for groups where one or more of the members has a significant personality disorder.
  3. May be claimed for virtual group therapy sessions for patients 18 years or younger.
  4. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
  5. Only time spent communicating with the patients can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

**08.45AV** Complex assessment or therapy of a family via telephone or secure videoconference, requiring comprehensive psychiatric or family systems evaluation, first full 45 minutes or major portion thereof for the first call when only one call is claimed.

**NOTE:** 1. May only be claimed by psychiatrists.

2. May only be claimed for family therapy where one or more members of the family has a significant personality disorder.
3. May only be claimed when the purpose of the virtual visit is to provide psychiatric assessment or therapy to deal with systemic issues in the family unit.
4. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List after the first full 45 minutes has elapsed.
5. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
6. Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

**08.45V** Assessment or therapy of a family via telephone or secure videoconference, requiring comprehensive psychiatric or family systems evaluation, first full 45 minutes or major portion thereof for the first call when only one call is claimed.

**NOTE:** 1. May only be claimed:

when the purpose of the visit is to provide psychiatric assessment or therapy to deal with systemic issues in the family unit;  
by general practice physicians, generalists in Mental Health, pediatricians (including subspecialties) and psychiatrists.

2. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List after the first full 45 minutes has elapsed.
3. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
4. Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

## **Appendix B**

### **Submission and Resubmission Information**

#### ***General claims submission information:***

- Ensure that your billing software has been updated to reflect the changes described in Appendix A before submitting or resubmitting claims.
- DO NOT add text to any claims unless instructed by Alberta Health; adding unnecessary text will force the claim into a manual review queue, causing delays in payment.
- For more information about the claims submission process, please refer to Section 3.0, Claims Submission, of the [Physicians Resource Guide](#).

#### ***Resubmissions:***

- Be sure to use action code “C” as it signals a change to the claim. The payment system will then process ONLY the changes.
- USE THE ORIGINAL VALID CLAIM NUMBER; DO NOT generate a new claim number. If you use a new claim number or generate a new claim, AH’s payment system will deem the second claim to be a duplicate and the new claim will reject.

**REMINDER: These claims MAY NOT be submitted for payment until AH has announced the official go-live date.**

#### ***Claims for HSC 03.03FT, 03.08IV, or 03.08JV:***

- Claims for HSCs 03.03FV or 03.08CV for dates of service October 23, 2023, onwards that exceed 30 minutes of physician time may be eligible for a prolonged visit (HSC 03.03FT) or a prolonged consult codes (HSC 03.08IV or 03.08JV).
- The original claim for 03.03FV or 03.08CV does NOT need to be adjusted.
- A new claim for the prolonged portion of the service must be generated using the same date of service as the claim for 03.03FV or 03.08CV.

#### ***Claims for Virtual Family Therapy or Psychotherapy of Complex Patients***

- Claims for virtual family assessments or psychotherapy of a complex patient for dates of service October 23, 2023, and onwards can be submitted using the appropriate HSC.
- Claims are submitted using the PHN of each participant in the family session.
- To change previously submitted claims for family therapy or psychotherapy of a complex patient, please follow these instructions:
  1. Retrieve the original claim in your billing software (assuming the claim was paid as submitted without any explanatory codes on the Statement of Assessment from AH);
  2. Change the HSC to the appropriate new HSC;
  3. Resubmit the claim using action code “C.”

#### ***Claims for Virtual Group Therapy***

- Claims for virtual group therapy for dates of service October 23, 2023, and onward can be submitted using the new group therapy codes.

- Claims are submitted using the PHN of each participant in the group session. The NBPG modifier must indicate the number of patients in the session. NBPG modifier is followed by two number characters to indicate the number of patients in the session e.g., 6 patients NBPG06. The same NBPG modifier will be used for each patient claim in a session.
- To be reimbursed at the group therapy rates, previously submitted claims must be changed to reflect the new group therapy codes. Follow the instructions below to change your claims:
  1. Retrieve the original claim in your billing software (assuming the claim was paid as submitted without any explanatory codes on the Statement of Assessment from AH).
  2. Retrieve your notes and patient PHNs for the session.
  3. Change the HSC on the original claim to the appropriate virtual group therapy code and include the NPBG modifier with the appropriate number of patients in the session.
  4. Resubmit the claim using action code "C."
  5. For each patient in the session, generate a new claim using the date of service of the session (only claims October 23<sup>rd</sup> and onwards can be submitted using the new virtual codes); indicate the number of patients in the sessions by using the NBPG modifier and submit the claim.