October 2014

Please share this document with your billing staff

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; there are changes to rates that are not stated in the Billing Corner. Please refer to the Schedule of Medical Benefits for complete details.

Electronic copy: https://www.albertadoctors.org/services/physicians/compensation-billing/billing-help

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.

CHANGES TO GENERAL RULES
(NOTE: Wording in bold indicates changes)

GR 4.4.8 Claims requiring referring practitioner number
Add HSCs 09.02E, 09.13G and 09.13H to this General Rule.

GR 6.5 Non-invasive diagnostic procedures in hospital, AACC or UCC
Delete HSCs 03.44A, 03.45A and 03.45B from this General Rule.

GR 6.9.7e) Delete HSC 61.63A from this General Rule.
GR 9.1.2 Three technical services and three interpretive services from the following examinations may be claimed in addition to HSCs 03.04A, 03.08A, 03.08H and 09.04:

09.01B Gonioscopy
09.01C Orthoptic analysis, interpretation
09.01E Orthoptic analysis, technical (may include Hess screen)
09.02B Anterior chamber depth measurement
09.02E Amblyopia evaluation for patients nine years of age or younger
09.05A **Visual fields** Full threshold perimetric examination, technical equipment, interpretation technical
09.05B Full threshold perimetric examination on automated equipment, interpretation
09.06A Color vision test, interpretation and technical
09.11A **Bilateral** specular microscopy for corneal graft patients only - technical
09.11B **Bilateral** specular microscopy for corneal graft patients only - interpretation
09.11C Potential acuity measurement (PAM) or laser interferometry
09.12A Intravenous fluorescein angiography (IVFA), interpretation
09.12B Intravenous fluorescein angiography (IVFA), technical
09.13E Optical coherence tomography (OCT), interpretation
09.13F Optical coherence tomography (OCT), technical
09.26A **Provocative tests** Diurnal tension curve
09.26D **Bilateral** corneal pachymetry
21.31A Diagnostic irrigation of nasolacrimal duct, office procedure, per eye
24.89B Diagnostic conjunctival scraping
25.81A Diagnostic corneal scraping
GR 9.1.3 Three technical services and three interpretive services from the following examinations may be claimed in addition to HSCs 03.02A, 03.03A, 03.07A and 03.07B:

03.12A Intraocular pressure measurement
09.01A Biomicroscopy (slit lamp examination)
09.01B Gonioscopy
09.01C Orthoptic analysis, interpretation
09.01E Orthoptic analysis, technical (may include Hess screen)
09.02B Anterior chamber depth measurement
09.02E Amblyopia evaluation for patients nine years of age or younger
09.05A **Visual fields Full threshold perimetric examination**, technical
09.05B Full threshold **perimetric examination on automated equipment**, interpretation
09.06A Color vision test, interpretation and technical
09.11A **Bilateral specular microscopy for corneal graft patients only** - technical
09.11B **Bilateral specular microscopy for corneal graft patients only** - interpretation
09.11C Potential acuity measurement (PAM) or laser interferometry
09.12A **Intravenous fluorescein angiography (IVFA)**, interpretation
09.12B Intravenous fluorescein angiography (IVFA), technical
09.13E Optical coherence tomography (OCT), interpretation
09.13F Optical coherence tomography (OCT), technical
09.26A **Provocative tests Diurnal tension curve**
09.26D **Bilateral corneal pachymetry**
21.31A Diagnostic irrigation of nasolacrimal duct, **office procedure, per eye**
24.89B Diagnostic conjunctival scraping
25.81A Diagnostic corneal scraping

GR 13.3 Remove HSC 47.02C from this General Rule.

GR 14.1 Major Tray Service
Add HSC 22.51A to this General Rule.

GR 14.2 Minor Tray Service
Remove HSC 22.51A from this General Rule.
HEALTH SERVICE CODE CHANGES
(NOTE: Wording in bold indicates changes)

03.05JA Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed
With para-medical personnel regarding the provision of health care where social and other issues are involved
NOTE: 1. A second call may not be claimed until a physician spends a minimum of 15 minutes discussing patient care.
2. May be claimed by more than one physician where circumstances warrant (text will be required).

03.12A Intraocular pressure measurement, unilateral or bilateral

03.19D Change category code from a test (T) to a minor procedure (M)

03.41C Continuous, with or without pulse oximetry, personal physician monitoring, with or without pulse oximetry
NOTE: 1. Utilizing bicycle ergometer or treadmill.
2. Benefit includes resting electrocardiograms before and after the procedure.

03.44A Physician personal and continuous monitoring during the provision of dobutamine infusion for the purposes of pharmacologic stress imaging
NOTE: Benefit does not include resting electrocardiograms before and after the procedure.

03.45A Amend note as indicated and remove HSC from GR 6.5.
Routine artificial pacemaker and ICD function check by a physician
NOTE: May only be claimed for remote interpretation

03.45B Amend note as indicated and remove HSC from GR 6.5.
Complex artificial pacemaker and ICD function check
NOTE: 1. May only be claimed for remote interpretation in cases where the physician spends at least 15 minutes interpreting data due to complex issues arising from implanted device i.e. syncope, shocks etc.
2. May not be claimed for time spent setting up transmission or for difficulties in transmitting or receiving information.

08.44B Second and subsequent physician attendance at group psychotherapy, 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. Group therapy services for patients 18 years of age or younger may be claimed using HSC 08.44C or 08.44D.
08.44D Second and subsequent physician attendance at complex group psychotherapy, 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 group therapy sessions for patients 18 years or younger.

08.45A Amend rate as indicated – backdated to April 1, 2014.

<table>
<thead>
<tr>
<th>V</th>
<th>196.29 Call M45M15</th>
<th>CALL M45M15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Each Call Pay Base At</td>
<td>100%</td>
</tr>
<tr>
<td>2-10</td>
<td>For Each Call Increase By</td>
<td>23-76 65.43</td>
</tr>
<tr>
<td>TELE TELES Y</td>
<td>Increase Base To</td>
<td>120%</td>
</tr>
</tbody>
</table>

09.13E Optical coherence tomography (OCT) or equivalent, interpretation

09.13F Optical coherence tomography (OCT) or equivalent, technical

10.16B Pessary removal, adjustment and/or reinsertion
NOTE: 1. May not be claimed in addition to HSC 10.16A.
2. May be claimed in addition to a visit or consultation.

10.23 Dilation of anal sphincter
NOTE: 1. May only be claimed when performed under anaesthesia.
2. HSC 61.63A may not be claimed in addition.

11.71A Removal of intrauterine contraceptive device (IUD)
NOTE: May be claimed in addition to a visit or consultation.

13.99H Remove Note 5.
Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes
5. A surcharge benefit may not be claimed for HSC 13.99H by a second physician who, due to a shift change, has taken over care of a patient.

13.99HA Remove Note 5.
Critical care of severely ill or injured patient in an AACC or UCC department, or requiring major treatment intervention, per 15 minutes
5. A surcharge benefit may not be claimed for HSC 13.99HA by a second physician who, due to a shift change, has taken over care of a patient.
13.99V Examination and crisis counselling for sexual/physical abuse, full 15 minutes or major portion thereof for the first call when only one call is claimed

NOTE: 1. A maximum of 16 calls may be claimed.
2. Time taken for forensic evidence is not to be included in total time.

21.31A Remove SURC modifiers.

24.1A Remove LVP75 modifier.

24.91 Remove LVP75 modifier.

28.1 A Magnetic removal of foreign body from posterior eye

28.1 A Intraocular foreign body

Delete heading 28.1 and HSC 28.1A from the SOMB.

28.2 D Remove LVP75 modifier.

29.0 B

Add note and add calls to Price List.

Orbitotomy for decompression

NOTE: A second or third call may be claimed at the rate specified on the Price List.

CALL NBRSER

<table>
<thead>
<tr>
<th></th>
<th>For Each Call Pay Base At</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3</td>
<td></td>
<td>25%</td>
</tr>
</tbody>
</table>

29.99A Other operations on eye, unspecified structure or type

29.99A Removal of intraocular foreign body

(HSC 29.99A replaces HSC 28.1 A)

$502.31

49.95A Right cardiac catheterization with fluoroscopy

NOTE: May not be claimed in addition to HSCs 50.94D and 50.95A.

50.95A Insertion of flow directed (Swan Ganz) catheter, and all monitoring thereof

NOTE: May not be claimed in addition to HSC 49.95A.

57.42A Small bowel resection

NOTE: 1. May only be claimed with HSC 57.59A when two anastomoses are performed. Text to support both claims is required.
2. May only be claimed with HSC 60.52B when two discontinuous areas are resected and two anastomoses are performed. Text indicating the areas that were resected is required.

*Alberta Medical Association*
57.59A Partial or segmental colectomy
NOTE: 1. Benefit includes right hemicolectomy, left hemicolectomy, sigmoid colectomy or extended right hemicolectomy.
2. More than one call may be claimed if two or more anastomoses are performed. Text indicating the areas that were resected is required.
3. May only be claimed with HSC 60.52B when two discontinuous areas are resected and two anastomoses are performed. Text indicating the areas that were resected is required.
4. May not be claimed with HSC 60.52A.

989.80 ROLE ANE Y Replace Base 398.00 732.30

61.63A Anal fistulotomy and other procedures for anal fistula
NOTE: 1. Benefit includes insertion of seton, fibrin glue injection, anal fistula plug insertion, ligation of intersphincteric fistula tract.
2. Maximum of three calls may be claimed per encounter.
3. Second and third calls may not be claimed unless treatment is performed on documented separate internal openings for each call at the same encounter.
4. HSC 10.23 may not be claimed in addition.

82.69E Excision of mesh or graft material (vaginal or abdominal approach) per full 15 minutes
NOTE: Each subsequent 15 minutes, or major portion thereof, is payable at the rate specified on the Price List after the first full 15 minutes has elapsed.

196.82 BMI BMISRG Y Increase By 25%
ROLE SA Y Replace Base 143.95
SAU SAU
1 For Each Call Pay Base At 100%
2-33 For Each Call Increase By 36.02
CALL M15
1 For Each Call Pay Base At 100%
2-24 For Each Call Increase By 65.61

87.98E Attendance at delivery
NOTE: 1. May only be claimed when a physician is specifically requested by the physician intending to perform a delivery and no other service may be claimed for that attendance.
2. Care of healthy newborn (HSC 03.05G) may be claimed in addition.
3. This service is billable when physician attendance on behalf of the baby is required.
DIAGNOSTIC RADIOLOGY CHANGES
(NOTE: Wording in bold indicates changes)

X 27 D  Screening mammography (age 50 to 69 74 years inclusive)
         NOTE: Refer to notes following X27E for further information.

X 27 E  Screening mammography (age 70 75 years and over)