

Billing Corner



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Billing Corner is also available on the
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Please read this document and then share 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.

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.*

**Alberta Health Care Insurance Plan
Schedule of Medical Benefits
Changes for October 1, 2019**

Please note: Wording in **bold**
indicates changes.

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SECTION OF GASTROENTEROLOGY

- 01.16B Balloon (single or double) enteroscopy, rectal route
NOTE: May be claimed in addition to HSCs 01.16C, 56.34A, 57.13A, **57.13B**, 57.21A and 58.99C.
- 01.16C Balloon (single or double) enteroscopy, oral route
NOTE: May be claimed in addition to HSCs 01.16B, 56.34A, 57.13A, **57.13B**, 57.21A and 58.99C.
- 01.22 Other nonoperative colonoscopy
NOTE: 1. HSCs 13.99AE, 57.13A, **57.13B**, 57.21A, 57.21B, 57.21C and 58.99C may be claimed in addition.
2. Benefit includes biopsies.
3. Benefit includes the removal of diminutive polyps that are 5mm or less in size.
4. Refer to HSCs 01.22A, 01.22B and 01.22C for screening.
- 01.24B Flexible proctosigmoidoscopy, diagnostic only
NOTE: 1. HSCs 13.99AE, 57.13A, **57.13B**, 57.21A, 57.21B, 57.21C, 58.99C and 58.99D may be claimed in addition.
2. Benefit includes biopsies.
3. Benefit includes the removal of diminutive polyps that are 5mm or less in size.
- 03.03AO Transfer of care of hospital in-patient.....\$186.95
NOTE: 1. May only be claimed by endocrinology/metabolism, general internal medicine, **gastroenterology, infectious disease**, general surgery, cardiology, hematology, clinical immunology, medical oncology, and respiratory medicine.
2. May be claimed on the date of transfer by the receiving physician when assuming responsibility for care of a hospital in-patient.
3. Only one transfer may be claimed per patient, per calendar week, regardless of whether the same or different physician provides the service.
4. The physician from whom the care is being transferred may claim a hospital visit or intensive care visit on the day of transfer.
5. May not be claimed for weekend coverage or within 24 hours of admission to hospital.
6. May not be claimed during post-operative time periods unless complications occur.
- 57.13B Hemostasis of the colon via bipolar electrocoagulation/heater probe hemostasis, injection or endoclip placement or argon plasma coagulation for bleeding lesions of the colon that are not related to post polypectomy bleeds including but not limited to diverticulum bleeds, radiation enteritis, ulceration of the colon, additional benefit.**
NOTE: 1. May only be claimed in addition to HSCs 01.16B, 01.16C, 01.22, and 01.24B.
2. May not be claimed for prophylactic clip placement.

SECTION OF GENERAL PRACTICE

CMGP COMPLEX PATIENT VISIT - (Explicit) - This modifier is used to indicate a complex patient visit requiring that the physician spend 15 minutes or more on management of the patient's care. EACH ADDITIONAL UNIT REPRESENTS 10 MINUTES. ADDITIONAL UNITS MAY NOT BE CLAIMED UNLESS A FULL 10 MINUTES HAS ELAPSED. (Example: CMGP03 indicates a general practice physician has spent a minimum of 35 minutes with the patient **and on patient management activities**. The first unit represents 15 minutes and each subsequent unit represents 10 minutes.) A maximum of 10 calls may be claimed. May only be claimed by general practitioners for HSCs 03.01J, 03.03A, 03.03B, 03.03C, 03.03N, **03.03NA, 03.03NB**, 03.03P, 03.03Q, 03.07A, 03.07B.

AMA NOTES: This clarifies that the CMGP modifier can be used to claim for the total time spent providing both in person and other “non-whites of the eyes” activities on the same date of service as the visit.

Time spent providing patient management activities on days other than when the patient is seen may not be included in the calculation for CMGP.

SECTION OF INFECTIOUS DISEASES

03.03AO Transfer of care of hospital in-patient.....\$166.37

NOTE: 1. May only be claimed by endocrinology/metabolism, general internal medicine, **gastroenterology, infectious disease**, general surgery, cardiology, hematology, clinical immunology, medical oncology, and respiratory medicine.

2. May be claimed on the date of transfer by the receiving physician when assuming responsibility for care of a hospital in-patient.
3. Only one transfer may be claimed per patient, per calendar week, regardless of whether the same or different physician provides the service.
4. The physician from whom the care is being transferred may claim a hospital visit or intensive care visit on the day of transfer.
5. May not be claimed for weekend coverage or within 24 hours of admission to hospital.
6. May not be claimed during post-operative time periods unless complications occur.

SECTION OF OTOLARYNGOLOGY

GR 4.4.8 Add new HSC 01.01B (sinus endoscopy, technical)**CLAIMS REQUIRING REFERRING PRACTITIONER NUMBER**

When a claim is submitted for the following HSCs, the referring practitioner field must be completed with a valid referring practitioner number.

HSCs in the following list marked with an asterisk(*) cannot be self-referred. Self-referred means the physician is providing the diagnostic service and treating the patient.

HSCs in Section E (Lab and Pathology) and X (Diagnostic Radiology) require a valid referring practitioner number with the following exceptions: HSC X27D does not require a referral and HSC X27F may be self-referred. HSC 03.03D requires a valid referring physician, chiropractor, midwife, podiatrist, dentist, optometrist, physical therapist or nurse practitioner number when it is a visit to a referred patient.

**GR 6.8.4 e) GR 6.8.4 applies to the following HSCs:
Add new HSC 01.01B (sinus endoscopy, technical)****GR 13.3 ADD new HSC 01.01B (sinus endoscopy, technical)**

Benefits may not be claimed for procedures that do not routinely require the services of a surgical assistant or a 2nd surgeon for a 2nd surgical team, unless supporting information detailing unusual circumstances satisfactory to the Minister is provided. Such procedures include but are not limited to the following list:

01.01A Sinus endoscopy, professional component.
NOTE: May not be claimed with HSC 01.03.

01.01B Sinus endoscopy, technical.
NOTE: May not be claimed with HSC 01.03.