

Billing Corner



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Billing Corner is also available on the
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Virtual Care Codes

April 2020

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.

**Alberta Health Care Insurance Plan
Schedule of Medical Benefits
Effective March 12 and 17, 2020**

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.*

Virtual care codes

New codes have been introduced on a temporary basis and will remain in place as long as the Chief Medical Officer of Health determines appropriate. **The codes are retroactive to March 17, 2020.**

These codes are a good step in terms of introducing virtual care codes into practice during this time. The AMA and Alberta Health will continue to monitor and adjust these codes on a regular basis, as appropriate.

The codes are as follows:

Visit Services – HSCs: 03.03CV and 03.03FV

Consultation Services – HSCs: 03.08CV and 08.19CX

Mental Health Services – HSCs: 08.19CV and 08.19CW

Health Service Code 03.01AD remains as amended March 18, 2018

The following rules will apply to the virtual care codes listed above:

- VISITS: Must be initiated by the patient or their agent (i.e. family, spouse, guardian) meaning that the patient or their agent has either booked the appointment or requested to see the physician virtually. Any arrangements the physician or their staff make in order to accommodate a virtual visit is at the request of the patient.
- CONSULTATIONS: are considered initiated on the patients behalf by virtue of the consultation request.
- Physician must provide the service
- Location of the service is the location of the physician at the time of the service.
- Patient record must reflect a detailed summary of the service. Be sure to include all elements and differentiate records between patients. In the event of an audit, if the documentation doesn't support the service provided, AH will reduce the service to the lowest visit service possible.
- Record start and stop time of the virtual visit in the patient record, this is not to be reported on the claim that you submit to AH.
- Unlike other visit and consult services, AH has stated that only physician to patient time can be claimed, meaning that if you choose to do the charting/referral letters after the patient visit/consult appointment has concluded, that time cannot be claimed.
- One virtual visit per patient, per physician per day may be claimed.
- Cannot be billed with other virtual services or in-person services provided on the same day by the same physician for the same patient.
- Additional premiums such as age modifiers, complex modifiers, after hours time premium, prolonged codes, Business Cost Program (BCP) and Rural Remote Northern Program (RRNP) will not apply to virtual codes.
- These codes will NOT count towards the daily cap as introduced March 31. See GR 19 for additional information.
- Virtual services that are 10 minutes or less MUST be claimed using 03.01AD regardless if the service was regarding COVID-19.
- If the patient consults the physician about COVID-19 or discusses the virus at the same time as other medical services, please add the Dx 079.8(2) to the claim for tracking purposes.

- For virtual care, consent is only required from the patient if videoconference is used. If by telephone, consent is not required. Consent information can be found on the AMA website: <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>
- Reminder that when using email and videoconference systems, they **MUST** be in compliance with the CPSA guidelines on secure electronic communication and when the physician/ clinic has submitted a Privacy Impact Assessment for this service acceptable to the Office of the Privacy Commissioner of Alberta. Please contact Caroline Garland, EMR Advisor, at the AMA to discuss requirements if needed: caroline.garland@albertadoctors.org, cell # 587-987-5258.
- Additional information regarding virtual care may be found on the AMA's virtual care page: <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>
- The **telehealth modifier (TELES) does NOT apply to these codes.**
- Please continue to use the [Fee Navigator](#)® for all details on codes.
- Further information on the following Alberta Health Bulletins can be found here:
- https://www.alberta.ca/bulletins-for-health-professionals.aspx?utm_source=redirector

VISIT SERVICES:**03.03CV Assessment of a patient's condition via telephone or secure videoconference**

NOTES

1. At a minimum a physician must complete a limited assessment of a patient's condition requiring a history related to the presenting problems, appropriate records, and advice to the patient. The assessment must last a minimum of 10 minutes. An assessment that does not meet the minimum requirements or is less than
2. 10 minutes must be claimed using 03.01AD.
3. May only be claimed if the service was initiated by the patient or their agent (agent as defined in the Personal Directives Act).
4. May only be claimed if the service is personally rendered by the physician.
5. Benefit includes the ordering of appropriate diagnostic tests and procedures as well as discussion with the patient.
6. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
7. Only time spent communicating with the patient can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
8. May not be claimed on the same day as 03.01AD, 03.01S, 03.01T, 03.03FV, 03.05JR, 03.08CV, 08.19CV, 08.19CW, or 08.19CX by the same physician for the same patient.
9. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.
10. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.

AMA Billing Tips:

03.03CV is for visit services that are 10 minutes or more of physician: patient time.

Examples:

1. Physician has a virtual visit with a patient regarding diabetes management, the visit lasts 5 minutes.
Claim: 03.01AD Dx code 079.8(2) (the Dx code as stated from AH) and 250 (diabetes)
2. The same physician has a virtual visit with a patient regarding hypertension management, the visit last 17 minutes
Claim: 03.03CV Dx code 410

In both instances the start and stop time for the service must be recorded in the patient record AND the details of the discussion, history and examination must be recorded in the patient record.

03.03FV Repeat office visit or scheduled outpatient visit, referred cases only via telephone or secure videoconference.

NOTES

1. At a minimum a physician must complete a limited assessment of a patient's condition requiring a history related to the presenting problems, appropriate records, and advice to the patient. The assessment must last a minimum of 10 minutes.
2. An assessment that does not meet the minimum requirements or is less than 10 minutes must be claimed using 03.01AD.
3. May only be claimed by pediatrics (including subspecialties) and clinical immunology and allergy
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 patient can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
6. May not be claimed on the same day as 03.01AD, 03.01S, 03.01T, 03.03CV, 03.05JR, 03.08CV, 08.19CV, 08.19CW, or 08.19CX by the same physician for the same patient.
7. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.
8. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.

AMA Billing Tips:

The 03.03FV is the equivalent to the 03.03F and is only billable by those specialties that are listed in the code. Sections via their Fees Reps can make application to be added to this code in the future.

Example: A pediatrician completes an assessment of a child; the service lasts 35 minutes.

Claim: 03.03FV - remember prolonged visit codes are NOT applicable nor can they be billed in addition to the 03.03FV.

03.08CV Comprehensive consultation via telephone or secure

NOTES

1. May only be claimed if the service is personally rendered by the physician.
2. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
3. May not be claimed on the same day as 03.01AD, 03.01S, 03.01T, 03.03CV, 03.03FV, 03.05JR, 08.19CV, 08.19CW, or 08.19CX by the same physician for the same patient.
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.
5. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.

AMA Billing Tips:

- Prolonged codes are not billable in addition to 03.08CV
- Unlike other consultations, only direct patient care time can be claimed.
- The 365 day rule applies to this code.
- Surcharge modifiers and time premiums are not billable for the service

Example: Physician completes a virtual consult with the patient, the consult lasts 35 minutes.

Claim: 03.08CV

08.19CX Formal major psychiatric consultation via telephone or secure videoconference, first full 30 minutes or major portion thereof for the first call when only one call is claimed

NOTES

1. Each subsequent 15 minutes, or major portion thereof, of direct patient time may be claimed at the rate specified on the Price List after the first full 30 minutes has elapsed.
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 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 03.01AD, 03.01S, 03.01T, 03.03CV, 03.03FV, 03.05JR, 03.08CV, or 08.19CW 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 a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.

AMA Billing Tips:

- Only billable by PSYC and GNMH
- Unlike other consultations, only direct patient care time can be claimed.
- Surcharge modifiers and time premiums are not billable for the service
- The 365 day rule applies to this code.

Example: A psychiatrist has a virtual comprehensive consult with a patient, the service lasts 53 minutes.

Claim: 08.19CX 3 calls

The AMA will continue to advocate for physicians in regards to accepting referrals from psychologists and other agencies equivalent to 08.19AA

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 therapy, per 15 minutes or major portion thereof

NOTES

1. May only be claimed by a psychiatrist (PSYC), a generalist in Mental Health (GNMH) or by a specialist in Mental Health (SPMH) if the intent of the session is the therapy of one individual patient, whether or not more than one person is involved in the session.
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 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 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. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.

AMA Billing Tips:

- Maybe claimed for group therapy by submitting a single claim using the PHN of one patient and claiming the total time by using the calls field.

Examples:

- 1) A psychiatrist has a virtual group psychotherapy session with 6 patients, the service lasts 48 minutes

Using only one patients PHN, claim 08.19CV 3 calls

- 2) A psychiatrist has a virtual psychotherapy session with a patient, the service lasts 38 minutes.

Claim: 08.19CV 2 calls

08.19CW Telephone or secure videoconference with a patient for scheduled psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, including group therapy by general practitioners or pediatricians, per full 15 minutes.

NOTES

1. May only be claimed by General Practitioners or Pediatricians if the session is for scheduled psychiatric treatment.
2. For treatment of non-scheduled psychiatric treatment, the appropriate office visit health service code should be claimed (03.03CV).
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 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 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.
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. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.

AMA Billing Tips:

- Maybe claimed for group therapy by submitting a single claim using the PHN of one patient and claiming the total time by using the calls field.

Examples:

- 1) A pediatrician has a virtual group psychotherapy session with 6 patients, the service lasts 48 minutes
Using only one patients PHN, claim 08.19CV 3 calls
- 2) A GP has a virtual psychotherapy session with a patient, the service lasts 38 minutes.
Claim: 08.19CW 2 calls

03.01AD Telephone advice to a patient or their agent (agent as defined in the Personal Directives Act), during a viral epidemic

NOTES

1. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.
2. May only be claimed once per patient, per physician, per day.
3. Benefit includes providing a new prescription or prescription renewal if provided.
4. May not be claimed for providing general information on the virus.
5. May not be claimed for services provided through Health Link.
6. Documentation of the request and advice given must be recorded.
7. May only be claimed when communication is provided by the physician

AMA Billing Tips:

- To be claimed if the visit is less than 10 full minutes in duration
- Only direct patient care time can be claimed.
- Complex modifiers, time premium etc. cannot be billed in addition to 03.01AD
- The Dx code 079.8(2) for COVID-19 should be recorded on the claim when there is discussion about COVID-19 or the patient has mentioned or is symptomatic.