

Active Panel Management During the Pandemic: Principles to Guide Physicians' Billings

Along with introduction of virtual care codes, Alberta Health reminded physicians that all virtual care visits must be patient initiated. There have been questions about what patient initiated means. At the same time, during the pandemic, regular and ongoing patient care has been interrupted. This highlights an increased need for active panel management to maintain continuity of care to avoid or mitigate future morbidity, emergency room utilization, and hospital admissions.

The following principles are provided for physicians seeking to actively manage their patient panels during the pandemic using virtual care codes:

- Billing rules haven't changed and the new virtual care codes follow the established rules for face-to-face patient visits.
- The virtual care codes are intended for patient-initiated visits, which can mean a variety of things in the context of medical care:
 - A patient initiated appointment to address a new problem; this may result from a notice from the physician's clinic that they are open and virtual care is available
 - Consultation services and clinically-necessary follow-ups by the physician of a condition or treatment plan that was previously patient initiated.
 - A physician-patient visit that was a result of panel management activities in either primary (medical home model) or specialty care practices (e.g., internal medicine, pediatrics, psychiatry) to ensure that patients with chronic diseases as well as medically and socially complex high-needs patients receive appropriate, ongoing care. PCN/clinic staff can initiate the call, however, virtual codes apply only to direct physician time spent with the patient.
 - Physician: patient direct contact following referral by an AHS screening program including Covid-19.
- Physicians may not claim for services that do not follow the above principles, or services provided by members of their office or PCN teams unless specifically allowed by the individual health service code.

Appendix A includes examples of services that are and are not billable to provide context.

Contact AMA Health Economics staff if you have questions

Attachment
April 22, 2020

Appendix A: Examples of Activities & Use of Virtual Codes

The following activities are typically associated with panel management, and reflect the AMA's understanding of how the virtual codes may be used:

Activities that are billable:

- Physician virtual care of high risk/high needs patients in their panel, including socially isolated or frail elderly, patients in long-term care, patients with chronic diseases including significant mental health issues, complex high needs pediatric patients, etc., following identification through panel management activities. Services may be claimed as:
 - 03.01AD for contact of less than 10 minutes or email, or
 - 03.03CV or 03.03FV for contact of greater than 10 minutes, or
 - The appropriate 08.19xx code for mental health services
- Physicians' contact with their elderly/high risk patients at request of hospital teams or zone medical leaders to discuss goals of care should the patient contract COVID-19 in future, or should the patient currently have COVID-19. PCN/clinic staff can initiate the call, however, virtual fee codes apply only to actual physician time spent with the patient.

Activities that are not billable:

- Time spent on analytics to identify and flag patients for follow-up from an EMR/record system.
- Advising patients that the physician's office is open, and that virtual and (where required) in-person appointments are available. This is typically undertaken by medical office staff and is not considered a billable activity regardless of whether or not the physician provides it.
- Services delivered by PCN or office team members unless using a code that specifically permits

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Health Economics, Alberta Medical Association