

# Virtual Fee Code Update: Navigating the Updated Virtual Fee Codes

Speakers:

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January 26, 2022

Zoom technical support  
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# Live Recording

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- Participants may choose to ask questions anonymously in the Q&A.
  - Questions will be prioritized based on a combination of upvotes and balanced among different sections.
  - These details will not be saved during the recording.

# Land Acknowledgement

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The Alberta Medical Association acknowledges that we are located on Treaty 6, 7, and 8 territories; traditional lands of diverse Indigenous peoples including the Cree, Métis, Nakoda Sioux, Iroquois, Dene, Inuit, Blackfoot Confederacy, the Tsuut'ina First Nation, the Stoney Nakoda and many others whose histories, languages and cultures continue to influence our vibrant community.

We respect the histories, languages and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

# Message from the President



# Agenda

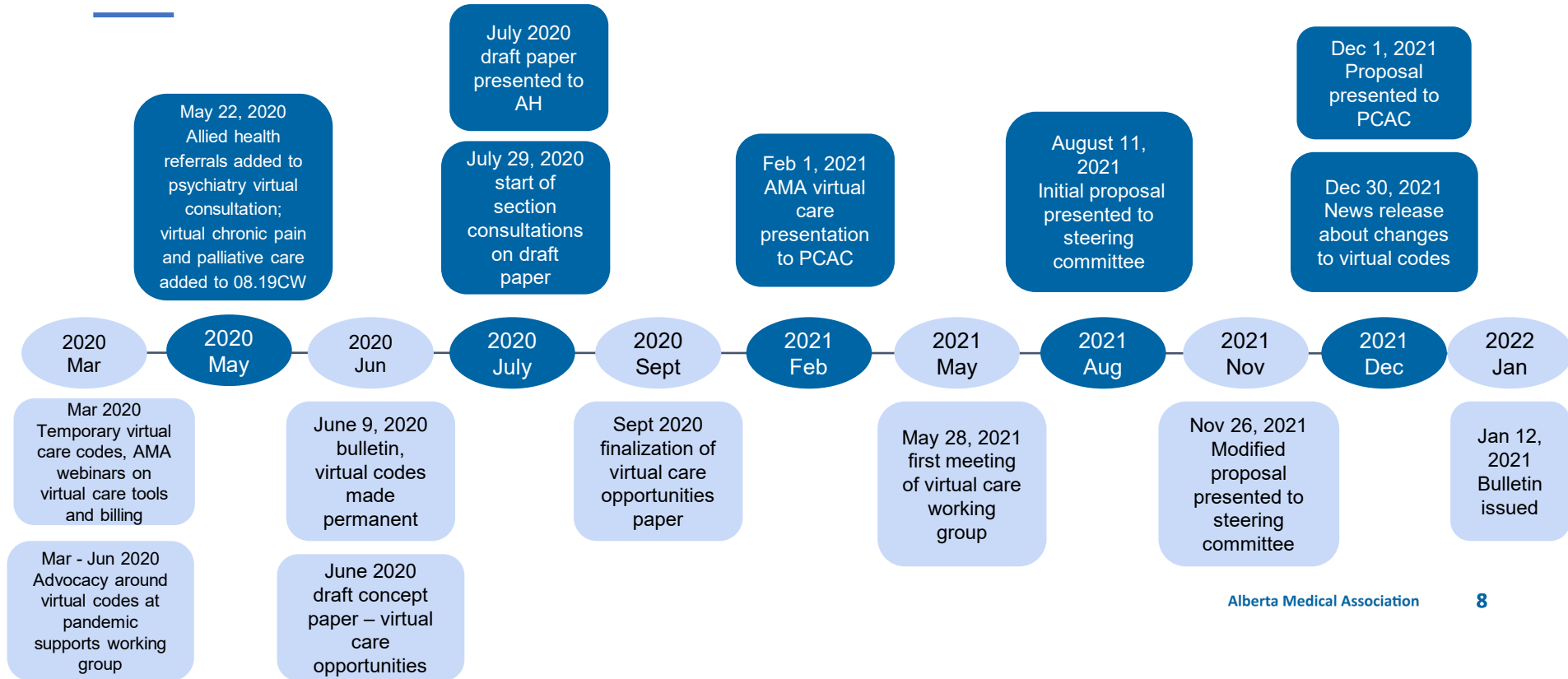
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1. Policy Background
2. Virtual Care Code Changes
3. Q and A Discussion

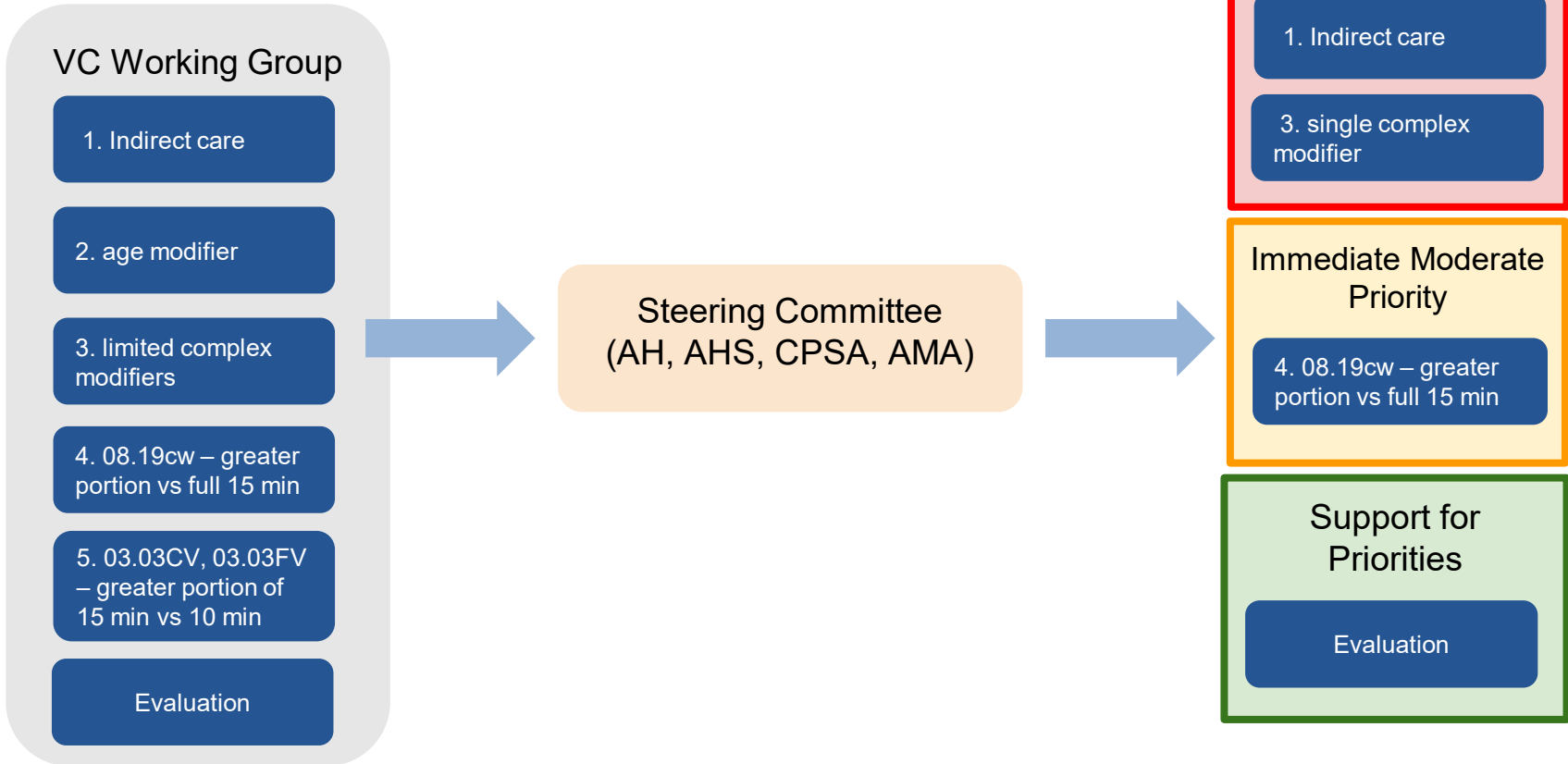
# Policy Background

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# Abbreviated Virtual Care Timeline



# VC Priorities





# Virtual Care Code Changes

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## Virtual Care Changes January 1, 2022

This is a first step in having longer virtual visits and consultations recognized in the Schedule.

- Virtual Care changes effective January 1, 2022
- What's new?
  - Physicians can include their same-day patient care management time, e.g.:
    - Review of chart/diagnostics before seeing patient
    - Care coordination (e.g., confirming referral with MOA, writing referral letter, organizing follow-up care)
    - Charting
    - Writing consultation letter (for 03.08CV only)
  - Limited availability of modifiers
    - CMGP01
    - CMXV15 or CMXV20 (according to specialty)
    - CMXC30 (03.08CV)



## Virtual Care Changes January 2, 2022

- **Time/other requirements**

- Physician:Patient direct contact time **plus same-day** patient management time only
- 03.01AD <10 minutes
- 03.03CV and 03.03FV – at least 10 minutes
- Start/stop times of direct patient contact **must** be part of detailed patient record (existing)
- Keep track of indirect time; record in patient chart (new)

Patient management time can be included in your determination of virtual visit time as of January 1, 2022. Modifiers CMGP01 and CMXV15/ V20 (03.03CV and FV) and CMXC30 (03.08CV) are now available.



# Virtual Care

- **Premiums and modifiers**

- NEW – January 1, 2022
  - CMGP01 available on 03.03CV
  - CMXV15 and CMXV20 available on 03.03CV and 03.03FV
  - CMXC30 available on 03.08CV
- No Business Cost or Rural Remote Northern payments

- **Limitations**

- May claim only one virtual care or in-person service on the same day
- Have a virtual visit followed by in-person on same date?
  - Consider claiming the in-person visit with additional time modifiers to include the earlier virtual encounter.

NOTE: Visit and consultation modifier time requirements are the same as those for in-person visits:

- Work must occur on the same day as the patient is seen
- May not include other services for which a claim will be submitted.
- May include time for patient care management activities; no administrative tasks (e.g., clinic management, submitting/reviewing claims)

## Virtual Visits

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- **03.01AD**
  - <10 minutes direct and patient care management time on date patient is seen
  - May be used to respond to patient-initiated email/electronic communication
    - Note CPSA security requirements
  - Includes prescription renewal or new prescription (no add'l 03.01NM unless pharmacy initiates contact)

Patient care management time can be included in your determination of virtual visit time as of January 1, 2022. Modifiers CMGP01 (03.03A) and CMXV15/V20 (03.03CV and FV) and CMXC30 (03.08CV) are now available.

## Using 03.01AD

5 mins	Physician visit with a patient re monitoring their well-controlled chronic disease.
2 mins	Time spent charting after the visit.
Direct time: 5 mins   Patient care management time: 2 mins Claim 03.01AD	

7 mins	Physician visit with a patient re monitoring their well-controlled but complex chronic disease.
5 mins	Time spent charting and discussing a schedule of follow-up appointments with their MOA.
Direct time: 7 mins   Patient care management time: 5 mins For services after January 1, 2022, claim 03.03CV or 03.03FV (limited specialties)	

## Virtual Visits

- **03.03CV (virtual 03.03A)**
  - 10 + minutes: direct patient contact **plus** same-day patient care management time
  - Limited assessment of problem, advice to patient, record (including start/stop time of call + patient care management time)
  - Modifiers
    - CMGP01
    - CMXV15
    - CMXV20

Patient management time can be included in your determination of virtual visit time as of January 1, 2022. Modifiers CMGP01 and CMXV15/ V20 are now available.

## 03.03CV Modifiers/Specialties

Modifier	Eligible Specialties
CMGP01	<ul style="list-style-type: none"><li>· Family Medicine – (skill code GP) limited at this time to one unit, CMPGP01</li><li>· Same-day total physician time for patient care is at least 15 minutes</li></ul>
CMXV15	<ul style="list-style-type: none"><li>· Community medicine, geriatric medicine, occupational medicine, radiation oncology, cardiology, endocrinology/metabolism, hematology, infectious diseases, internal medicine, medical oncology, nephrology, pediatric cardiology, pediatrics, rheumatology</li><li>· Same-day total physician time for patient care is at least 15 minutes</li></ul>
CMXV20	<ul style="list-style-type: none"><li>· All other specialties not listed in CMXV15 or CMGP when the same-day total physician time spent providing patient care is at least 20 minutes</li></ul>



## Virtual Care Example – 03.03CV

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5 mins	Time spent earlier in the day reviewing the patient chart and recent diagnostics.
8 mins	Physician sees a patient for ongoing care.
8 mins	After the visit, time spent arranging for referral to an allied health practitioner, charting, and giving instructions to office staff about booking a follow-up visit.
<p>Direct time: 8 minutes   Patient care management time: 13 minutes Total patient care time: 21 minutes Family Medicine – <b>claim 03.03CV plus CMGP01</b> CMXV15 specialties – <b>claim 03.03CV plus CMXV15</b> CMXV20 specialties – <b>claim 03.03CV plus CMXV20</b></p>	

## Follow-up Virtual Visits – Select Specialties

- **03.03FV (virtual 03.03F -- specialist follow-up of referred patient – limited specialties)**
  - 10 + minutes direct contact by phone or videoconference **plus same-day** patient management time
  - History of problem, detailed record and advice to patient
  - Record must include direct patient contact start/stop times **and** patient care management time
  - Not claimable on same day as another virtual or in-person visit
  - Modifiers ...

## 03.03FV Modifiers/Specialties

Modifier	Eligible Specialties
CMXV15	<ul style="list-style-type: none"><li>· cardiology, endocrinology/metabolism, hematology, infectious diseases, internal medicine, medical oncology, nephrology, pediatric cardiology, pediatrics, pediatric nephrology, rheumatology</li><li>· Same-day total physician time for patient care is at least 15 minutes</li></ul>
CMXV20	<ul style="list-style-type: none"><li>· clinical immunology, critical care medicine, gastroenterology, medical genetics, neurology, neonatal perinatal medicine, pediatric neurology, pediatric gastroenterology, physical medicine, respiratory medicine, urology, vascular surgery</li><li>· Same-day total physician time for patient care is at least 20 minutes</li></ul>

## Virtual Care Examples – 03.03FV – Medical Specialties

5 mins	Time spent earlier in the day reviewing previous diagnostics and the patient's lengthy chart.
15 mins	Physician sees a patient in follow-up to a previous consultation to evaluate their progress.
8 mins	After the visit, time spent <b>later the same day</b> charting and writing a re-referral letter to a subspecialist who had previously seen the patient.

Direct time: 15 minutes | Patient care management time: 13 mins  
Total patient care time: 28 minutes

CMXV15 specialties, **claim 03.03FV plus CMXV15 modifier**

CMXV20 specialties, **claim 03.03CF plus CMXV20 modifier**

## Virtual Consultation – all specialties

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- **03.08CV (virtual 03.08A) Virtual Consultation**
  - Consultation requirements for referral and return of consultation letter remain
  - CMXC30 available at 30 minute threshold
  - Time includes both direct patient contact time and same-day patient care management time

## Virtual Care Examples – 03.08CV

### All Specialties

Patient is referred to a specialist by their family physician. The specialist sees the patient virtually to assess.

5 mins

On the day the patient is seen, time spent reviewing the referral letter and looking up diagnostics on NetCare.

20 mins

Physician has a virtual visit with the patient and their legal guardian.

12 mins

Later that evening, time spent charting and writing the consultation letter back to the referring physician.

Direct time: 20 minutes | Patient care management time: 17 mins

Total patient care time: 37 minutes

Claim 03.08CV **plus CMXC30**

## Submitting Claims

- Alberta Health is working to program the claims system
  - They will advise when modifiers can be submitted
  - No exact timeline for changes as yet
  - In the interim?
    - Physicians can submit claims for the base code (03.03CV, 03.03FV, 03.08CV)
- OR
- HOLD claims until claims system changes are complete, then submit



# Questions / Comments

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Questions about payment policies?

- Email Allan Florizone, Senior Advisor, Policy and Economics  
[allan.florizone@albertadoctors.org](mailto:allan.florizone@albertadoctors.org)

Questions about billing?

- Email [billing\\_advice@albertadoctors.org](mailto:billing_advice@albertadoctors.org)

About AMA Strategic Direction:

- Email Dr. Michelle Warren [president@albertadoctors.org](mailto:president@albertadoctors.org)

About integrating Virtual Care into your Practice

- Email [actt@albertadoctors.org](mailto:actt@albertadoctors.org)



# Poll Questions

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1. Aside from financial considerations in your practice, what are the top two barriers to virtual care that exist for you?
2. Would you be interested in a peer-to-peer session to work through these issues?

# Questions and Answers

## Panel Members

Dr. Heidi Fell

Dr. Duncan McCubbin

Dr. Ewan Affleck

Dr. Craig Hodgson

Alan Florizone, AMA Health Economics



# Upcoming Webinars

- Peer Learnings in Virtual Care Delivery (TBD)
- COVID Corner: Bringing clarity to omicron challenges. University of Calgary. Tonight at 7pm  
[https://cumming.ucalgary.ca/cme/courses/calendar/calendar#!view/event/event\\_id/397449](https://cumming.ucalgary.ca/cme/courses/calendar/calendar#!view/event/event_id/397449)
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# Thank You