

Tool Box – Substance Use Disorder

The Section of General Practice has put together a list of common codes that can be used for the management and treatment of patients with substance use disorders including opioid use disorder. There may be other codes that are relevant depending on the situation but this list will cover the majority of activities.

HSC	Description	GP Rate
<u>08.19G</u>	<p>Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof</p> <p>NOTE: 1. May be claimed: -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. - when a physician assessment has established (during the same or previous visit) that the patient is suffering from a psychiatric disorder</p> <p>2. For treatment of non-psychiatric disorders, the appropriate office visit health service code should be claimed.</p>	\$47.54/15 min or major portion thereof
<u>03.02A</u>	Brief assessment of a patient's condition requiring a minimal history with little or no physical examination	\$28.53
<u>03.03A</u>	<p>Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient</p> <p>NOTE: 1. Benefit includes the ordering of appropriate diagnostic tests and procedures as well as discussion with the patient.</p> <p>2. May not be claimed in addition to HSC 03.05JB at the same encounter</p>	\$38.03 +/- CMGP
<u>CMGP</u>	<p>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. 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, 03.03P, 03.03Q, 03.07A, 03.07B.</p>	\$18.48/unit
<u>03.05JR</u>	<p>Physician telephone call directly to patient, to discuss patient management/diagnostic test results</p> <p>NOTE: 1. A maximum of 14 telephone calls per physician, per calendar week may be claimed.</p> <p>2. May not be claimed for management of patient's anticoagulant therapy (billable under HSC 03.01N).</p> <p>3. May only be claimed when communication is provided by the physician.</p> <p>4. Documentation of the communication to be recorded in the patient record.</p> <p>5. May be claimed in addition to visits or other services provided on the same day, by the same physician.</p> <p>6. Neither HSCs 03.01S or 03.01T are payable if HSC 03.05JR is claimed in the same calendar week by the same physician for the same patient.</p>	\$20
<u>03.01S</u>	<p>Physician to patient secure electronic communication</p> <p>NOTE: 1. May only be claimed for medically necessary advice or follow up where the nature of the condition can safely be managed via secure email.</p> <p>2. May only be claimed when the service is provided using a secure email system that is in compliance with the CPSA guidelines on secure electronic communication</p>	\$20

	<p>and when the physician/clinic has submitted a Privacy Impact Assessment for this service acceptable to the Office of the Privacy Commissioner of Alberta.</p> <p>3. May only be claimed for those patients where an established physician-patient relationship exists and the physician has seen the patient in the previous 12 months</p> <p>4. Physicians and patients must have previously discussed and agreed to the limitations of health management using electronic means.</p> <p>5. Secure electronic communication must inform patients when the physician is unavailable.</p> <p>6. May only be claimed once per week per patient per physician.</p> <p>7. A maximum of fourteen 03.01S per calendar week per physician may be claimed.</p> <p>8. A visit service may not be claimed if provided within 24 hours following the electronic communication.</p> <p>9. HSC 03.01S is not payable in the same calendar week as 03.05JR or 03.01T by the same physician for the same patient.</p> <p>10. May not be claimed when the service is provided by a physician proxy.</p> <p>11. Documentation of the service must be recorded in the patients' record.</p> <p>12. May not be claimed for inpatients.</p>	
<u>03.01T</u>	<p>Physician to patient secure videoconference</p> <p>NOTE: 1. May only be claimed for medically necessary advice or follow up where the nature of the condition can safely be managed via secure videoconference.</p> <p>2. May only be claimed for those patients where an established physician-patient relationship exist and the physician has seen the patient in the previous 12 months.</p> <p>3. May only be claimed when the service is provided using a secure videoconference system that is 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.</p> <p>4. May only be claimed once per week per patient per physician.</p> <p>5. A maximum of fourteen 03.01T per calendar week per physician may be claimed.</p> <p>6. A visit service may not be claimed if provided within 24 hours following the electronic communication.</p> <p>7. HSC 03.01T is not payable in the same calendar week as 03.05JR or 03.01S by the same physician for the same patient.</p> <p>8. May not be claimed when the service is provided by a physician proxy.</p> <p>9. Documentation of the service must be recorded in the patients' record.</p> <p>10. May not be claimed for inpatients</p>	\$20
<u>03.05JH</u>	<p>Family conference via telephone, in regards to a community patient</p> <p>NOTE: 1. This service is to be claimed using the Personal Health Number of the patient.</p> <p>2. May be claimed in situations where:</p> <ul style="list-style-type: none"> a) location or mobility factors of family members at the time of the call preclude in person meetings. b) communication about a patient's condition or to gather collateral information that is relative to patient management and care activities. <p>3. May not be claimed for: a) relaying results for lab or diagnostics. b) arranging follow up care.</p> <p>4. Documentation of the communication to be maintained in the patient record.</p> <p>5. May be claimed in the pre and post-operative periods.</p>	\$18.92
<u>03.05JC</u>	<p>Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof</p> <p>NOTE: 1. Intended specifically for patients whose condition warrants periodic family conferences.</p> <p>2. May be claimed to a maximum of 12 calls or 3 hours per year (April 1 to March 31), per patient, per physician.</p>	\$42.47/15 minutes
<u>03.05JQ</u>	<p>Family conference with relative(s) via telephone in connection with the management of a patient with a psychiatric disorder</p> <p>NOTE: 1. This service is to be claimed using the Personal Health Number of the patient.</p> <p>2. May be claimed in situations where:</p>	\$51.71

	<ul style="list-style-type: none"> a) the patient's family is to be notified of a mental health crisis. b) location or mobility factors of family members at the time of the call preclude in person meetings. c) timely communication with family members is essential to patient care and/or management. d) communication about a patient's condition is required to gather collateral information that is relative to the patient management and care activities. <p>3. May not be claimed for:</p> <ul style="list-style-type: none"> a) relaying results for lab or diagnostics. b) gathering information that is in relation to the development of a Community Treatment Order (CTO). c) arranging for follow-up care. <p>4. Documentation of the communication and relationship of family member to the patient must be recorded in the patient record.</p> <p>5. May be claimed in addition to visits or other services provided on the same day, by the same physician.</p>	
<p><u>03.01NM</u></p>	<p>Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient</p> <p>NOTE: 1. It is expected that the purpose of the communication will be to seek the advice/opinion or to inform a physician when changes such as but not limited to prescription adaptations, pharmacist initiated prescriptions, care plans or medication reviews have occurred.</p> <p>2. May only be claimed when the pharmacist has initiated the communication and the physician has provided an opinion or recommendation for patient treatment.</p> <p>3. May not be claimed where the primary purpose of the communication is to clarify, decipher or interpret the physician's handwriting and/or written instructions.</p> <p>4. May not be claimed for the authorization of repeat prescriptions for which long-term repeats would more properly have been authorized at the time of writing the initial prescription.</p> <p>5. May not be claimed for instances where a physician directs a patient to request the pharmacist to contact the physician.</p> <p>6. May not be claimed for patients in an active treatment, auxiliary, or nursing home facility.</p> <p>7. May not be claimed when a physician proxy, e.g. nurse or clerk, provides advice to the pharmacist.</p> <p>8. A maximum of one (1) communication per patient per day may be claimed, regardless of the number of issues or concerns discussed with the pharmacist.</p> <p>9. Where more than one patient is discussed in a single communication, a claim may be submitted with respect to each patient discussed.</p> <p>10. May be claimed in addition to visits or other services provided on the same day, by the same physician.</p> <p>11. To be claimed using the Personal Health Number of the patient.</p> <p>12. Documentation of the communication must be recorded in their respective records.</p>	<p>\$17.43</p>

If you have any questions about billing please contact billingadvice@albertadoctors.org