

Number: MED 260	Date: December 1, 2022
Subject: Policy Update – Daily patient volume payment rules (daily cap)	Reference: This Bulletin supersedes MED 214 , 220 , 221 , 224 , 228 and 234

To: Physicians and their billing staff

Effective December 1, 2022, Alberta Health is rescinding the daily visit services cap policy, and its associated rule (General Rule 19.1) in the Schedule of Medical Benefits. The change will ensure physicians are fully compensated for all visit services provided in a day.

Currently, a discounted rate is applied when more than 50 visit services with a “V” category code are provided in a physician’s office. Rescinding the daily visit services cap policy is intended to improve patient access to health services. Under the terms of the agreement with the Alberta Medical Association, the policy change will be reviewed, and its impacts assessed before determining the future policy beyond the current fiscal year.

Billing System Updates:

Changes to the Claim Assessment System (CLASS) are complete. A revised Schedule of Medical Benefits has been posted at <https://www.alberta.ca/fees-health-professionals.aspx>.

Inquiries:

Any inquiries regarding this change can be sent to health-pcsp.admin@gov.ab.ca

Contact: Provider Compensation and Strategic Partnerships Branch	Approved by: Jonathan Koehli
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Attachment A – Deleted General Rule

The following change will be applied to the Schedule of Medical Benefits (SOMB) effective December 1, 2022.

19 DAILY PATIENT VOLUME PAYMENT RULES

19.1 Deleted

~~Daily patient volume payment rules will apply to visit services with a "V" category code (excluding HSC 03.01AD, 03.01N, 03.03CV, 03.03FV, 03.05LB, 03.08CV, 08.19CV, 08.19CW, 08.19CX, 08.44A, 08.44B, 08.44C, 08.44D, 13.59V, 13.59VA, 13.82A, 13.99AC, 13.99O and 13.99OA) that are provided in an office, home, or a non-registered facility.~~

~~Excluding Grande Prairie and Fort McMurray, the daily patient volume payment rules will not apply to services provided in communities that are eligible for variable fee payments under the Rural Remote Northern Program.~~

~~The total of all billings for eligible category "V" codes that are accepted for payment under the Alberta Health Care Insurance Plan will be calculated for each practitioner for each calendar day. When the daily total exceeds 50, the practitioner's payment on the category "V" codes that exceed 50 will be discounted by 50 percent. When the daily total exceeds 65, the practitioner's payment on the category "V" codes that exceed 65 will be discounted by 100 percent.~~

~~Services will be assessed and payment/discounts will be applied to services in the order in which they are accepted for payment by the Alberta Health Care Insurance Plan.~~