

Number: MED 252	Date: January 12, 2022
Subject: Enhanced Virtual Care Codes	Reference: MED 231 , MED 222 , MED 221 Amended

To: All Physicians and Billing Staff,

Retroactive to January 1, 2022, the following changes are made to virtual care Health Service Codes (HSC).

Indirect Care - Physician provided indirect care/patient management services that are related to the provision of an insured service may be included in the time calculations for virtual services. This means the time spent reviewing patient charts, completing referrals, etc. may count toward the time requirements. In order to be eligible to claim for patient management time, all services must have been completed on the same date of service as the patient virtual visit; only physician time can be claimed.

Complex Modifiers - Physicians can also bill a single complex modifier for eligible virtual visits and consultations.

The following table provides further details regarding these changes.

Topic	Virtual Care HSC(s)	Eligible Specialties	Change
Indirect Care /Patient management services	03.01AD 03.03CV 03.03FV 03.08CV	All physicians who provide both in-person and virtual care as a part of their practice.	Time spent on patient management services can be counted towards the time requirements for relevant virtual care HSCs.
Complex Modifier	03.03CV	[1] Family physicians meeting criteria.	May bill CMGP01 for a virtual limited assessment when the total time spent providing patient care is at least 15 minutes (No additional calls of CMGP are allowed).
	03.03CV	[2] Specialists meeting criteria from the following specialty groups: <ul style="list-style-type: none"> • Community medicine • Geriatric medicine • Occupational medicine • Radiation oncology • Cardiology • Endocrinology/metabolism • Hematology • Infectious diseases • Internal medicine • Medical oncology • Nephrology • Pediatrics • Pediatric cardiology • Rheumatology 	May bill CMXV15 for a virtual limited assessment when the total time spent providing patient care is at least 15 minutes.

Topic	Virtual Care HSC(s)	Eligible Specialties	Change
	03.03CV	All remaining specialties not listed above i.e. [1] & [2].	May bill CMXV20 for a virtual limited assessment when the total time spent providing patient care is at least 20 minutes.
	03.03FV	Specialists meeting criteria from the following specialty groups: <ul style="list-style-type: none"> • Cardiology • Endocrinology/metabolism • Hematology • Infectious diseases • Internal medicine • Medical oncology • Nephrology • Pediatric cardiology • Pediatrics • Rheumatology 	May bill CMXV15 for a virtual follow-up assessment when the total time spent providing patient care is at least 15 minutes (referred cases only).
	03.03FV	Specialists meeting criteria from the following specialty groups: <ul style="list-style-type: none"> • Clinical immunology • Critical care medicine • Gastroenterology • Medical genetics • Neurology • Neonatal perinatal medicine • Pediatric gastroenterology • Pediatric neurology • Pediatric nephrology • Physical medicine • Respiratory medicine • Urology • Vascular surgery 	May bill CMXV20 for a virtual follow-up assessment when the total time spent providing patient care is at least 20 minutes (referred cases only).
	03.08CV	All physicians meeting criteria for referred cases only.	May bill CMXC30 for a virtual consultations when the total time spent providing patient care is at least 30 minutes.

All other applicable requirements mentioned in the Schedule of Medical Benefits (SOMB) continue and must be complied with.

Physicians are also reminded that:

- Virtual care is meant to complement and optimize in-person care.
- Virtual care services are not covered under the medical reciprocal agreement therefore claims for virtual services are not payable for services provided to patients with out-of-province health care coverage.
- They are obligated to adhere to the Standards of Practice from the College of Physicians and Surgeons of Alberta.

Billing System Updates:

Changes to the Claim Assessment System (CLASS) are underway. Physicians are requested to **hold complex modifier eligible claims with dates of service effective January 1, 2022 and after until further notice.** A new Medical Bulletin providing information about the completion of CLASS changes will be issued as soon as possible.

Inquiries:

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

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