

<b>Number:</b> MED 268	<b>Date:</b> January 24, 2024
<b>Subject:</b> System Update - Enhanced Virtual Mental Health Services	<b>Reference:</b> MED <a href="#">266</a>

**To: All Physicians and Billing Staff**

**Effective October 23, 2023**, the following enhancements were made to virtual mental health services in the Schedule of Medical Benefits (SOMB):

- The description for HSC 08.19CW has been changed from the current “per full 15 minutes” to “per 15 minutes or major portion thereof” for all physicians.
- New fee codes have been created for virtual group therapy (HSCs 08.44AV, 08.44BV, 08.44CV, 08.44DV) and family therapy services (HSCs 08.45V, 08.45AV).
- A new fee code (HSC 08.19GV) has been created for virtual psychiatric treatment of a complex patient.
- New fee codes have been created for prolonged virtual consultations (HSCs 03.08IV, 03.08JV) and prolonged virtual repeat office visit or scheduled outpatient visit (HSC 03.03FT) for physician skill codes that are currently eligible for select prolonged services.

A complete description of new virtual health codes, applicable notes, changes to governing rules and rates is in the technical supplement (Attachment-A).

Physicians are 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 must 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 now complete. Due to the retroactive effective date of October 23, 2023, there may be instances when physicians/submitters cannot meet the 90-day claims submission timeframe. For such claims on hold, and only for the HSCs mentioned above, this timeframe is relaxed till March 31, 2024. To avoid delays in payment, Alberta Health encourages submission of such claims as soon as possible.

**Inquiries:**

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## Attachment A - Technical Supplement

The following changes will be applied to the Schedule of Medical Benefits effective October 23, 2023.

### **Amended Procedure List**

(For existing health service code changes: strikethrough deletions, additions in **green bold**)

**08.19CW** Telephone or secure videoconference with a patient for scheduled psychiatric treatment ~~(including group therapy) by a general practitioner or pediatrician, or for a palliative care or a chronic pain visit by an eligible physician, per full 15 minutes~~ **or major portion thereof**

NOTE:

- ~~1. May only be claimed by General Practitioners or Pediatricians if the session is for scheduled psychiatric treatment.~~
- ~~2.~~ **1. When services other than psychiatric treatment, palliative care or chronic pain services are delivered, the most appropriate health service code (e.g., 03.03CV) should be claimed.** ~~For non-scheduled psychiatric treatment, the appropriate office visit health service code should be claimed (HSC 03.03CV).~~
- ~~3.~~ **2.** May be claimed by any physician for palliative care. Palliative care is defined as care given to a patient with a terminal disease such as cancer, AIDS or advanced neurologic disease. Palliative care involves active ongoing multi-disciplinary team care.
- ~~4.~~ **3.** May be claimed by any physician that is part of an interdisciplinary chronic pain program for a chronic pain visit. A chronic pain visit is defined as pain which persists past the normal time of healing, is associated with protracted illness or is a severe symptom of a recurring condition. A chronic pain visit must be part of a comprehensive, coordinated, interdisciplinary program as defined in General Rule 4.2.5. A physician must be able to demonstrate that they have appropriate chronic pain training and experience.
- ~~5.~~ **4.** The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
- ~~6.~~ **5.** Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
- ~~7.~~ **6. May not be claimed on the same day as other virtual care services or other in-person visit or consultation services by the same physician for the same patient.**
- ~~8. May not be claimed on the same day as HSC 03.01AD, 03.01S, 03.01T, 03.03CV, 03.03FV, 03.05JR, 03.08CV, 08.19CV, or 08.19CX by the same physician for the same patient.~~
- ~~9. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.~~

**08.19CV** Telephone or secure videoconference with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, ~~including group and family therapy,~~ per 15 minutes or major portion thereof

NOTE:

1. May only be claimed by a psychiatrist (PSYC), a generalist in Mental Health (GNMH) or by a specialist in Mental Health (SPMH).
2. May be claimed for both referred and non-referred patients with psychiatric disorders.

3. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
4. Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
5. **May not be claimed on the same day as other virtual care services or other in-person visit or consultation services by the same physician for the same patient.**  
~~May not be claimed on the same day as HSC 03.01AD, 03.01S, 03.01T, 03.03CV, 03.03FV, 03.05JR, 03.08CV, 08.19CW, or 08.19CX by the same physician for the same patient.~~
6. ~~May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.~~
7. ~~For group therapy sessions, claim the total time providing group therapy under only one patient's Personal Health Number (PHN).~~

*[new health service codes below]*

**08.44AV** Group psychotherapy via telephone or secure videoconference, where all members of the group are receiving therapy in the session, full 15 minutes or major portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed by a physician other than a psychiatrist when a physician assessment has established (during the same or a previous visit) that the patient is suffering from a psychiatric disorder.
2. For treatment of non-psychiatric disorders, the appropriate HSC should be claimed.
3. Virtual group therapy services for patients 18 years of age or younger may be claimed using HSC 08.44CV or 08.44DV.
4. The record must include a detailed summary of all services provided including time spent and start and stop times.
5. Only time spent communicating with the patients can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

**08.44BV** Second and subsequent physician attendance at group psychotherapy via telephone or secure videoconference, where all members of the group are receiving therapy in the session, full 15 minutes or major portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed by general practice physicians, generalists in mental health and psychiatrists.
2. Virtual group therapy services for patients 18 years of age or younger may be claimed using HSC 08.44CV or 08.44DV.
3. The record must include a detailed summary of all services provided including time spent and start and stop times.
4. Only time spent communicating with the patients can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

**08.44CV** Group psychotherapy via telephone or secure videoconference, complex group, where all members of the group are receiving therapy in the session, full 15 minutes or major portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed by a psychiatrist.
2. May only be claimed for groups where one or more of the members has a significant personality disorder.
3. May be claimed for virtual group therapy sessions for patients 18 years of age or younger.
4. The record must include a detailed summary of all services provided including time spent and start and stop times.
5. Only time spent communicating with the patients can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

**08.44DV** Second and subsequent physician attendance at complex group psychotherapy via telephone or secure videoconference, where all members of the group are receiving therapy in the session, full 15 minutes or major portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed by a psychiatrist.
2. May only be claimed for groups where one or more of the members has a significant personality disorder.
3. May be claimed for virtual group therapy sessions for patients 18 years or younger.
4. The record must include a detailed summary of all services provided including time spent and start and stop times.
5. Only time spent communicating with the patients can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

**08.45V** Assessment or therapy of a family via telephone or secure videoconference, requiring comprehensive psychiatric or family systems evaluation, first full 45 minutes or major portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed:
  - when the purpose of the visit is to provide psychiatric assessment or therapy to deal with systemic issues in the family unit;
  - by general practice physicians, generalists in Mental Health, pediatricians (including subspecialties) and psychiatrists.
2. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List after the first full 45 minutes has elapsed.
3. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.

4. Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

**08.45AV** Complex assessment or therapy of a family via telephone or secure videoconference, requiring comprehensive psychiatric or family systems evaluation, first full 45 minutes or major portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed by psychiatrists.
2. May only be claimed for family therapy where one or more members of the family has a significant personality disorder.
3. May only be claimed when the purpose of the virtual visit is to provide psychiatric assessment or therapy to deal with systemic issues in the family unit.
4. Each subsequent 15 minutes, or major portion thereof, may be claimed at the rate specified on the Price List after the first full 45 minutes has elapsed.
5. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
6. Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

**08.19GV** Telephone or secure videoconference with a complex patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof

NOTE:

1. May only be claimed by a psychiatrist or a generalist in mental health.
2. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
3. Only time spent communicating with the patient and/or the parent/guardian of a patient child can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
4. May not be claimed on the same day as a virtual visit or consultation by the same physician for the same patient.
5. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.
6. May only be claimed when the patient meets the criteria outlined in note 7 and the score is identified in the patient's chart at least once every six months.
7. Complex patient is defined as:
  - a. An adult with a Global Assessment of Function (GAF) score of 40 or less.
  - b. A child with a Children's Global Assessment of Function (CGAS) score of 41 or less.

**03.03FT** Prolonged repeat virtual visit or scheduled outpatient visit via telephone or secure videoconference, referred cases only, full 15 minutes or portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed in addition to HSC 03.03FV when the service exceeds 30 minutes.
2. May only be claimed by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by cardiology, endocrinology/metabolism, gastroenterology, infectious diseases, internal medicine, hematology, medical genetics, medical oncology, neurology, physiatry, respiratory medicine, rheumatology, urology and vascular surgery (no age restriction).
3. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
4. Time spent on administrative tasks cannot be claimed.
5. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.

**03.08IV** Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation via telephone or secure videoconference, full 15 minutes or major portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed in addition to HSC 03.08CV when service exceeds 30 minutes.
2. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
3. Time spent on administrative tasks cannot be claimed.
4. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.

**03.08JV** Prolonged consultation via telephone or secure videoconference by pediatricians (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed

NOTE:

1. May only be claimed in addition to HSC 03.08CV when the service exceeds 30 minutes.
2. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
3. Time spent on administrative tasks cannot be claimed.
4. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.

### Amended General Rules

4.3.3 Time Based Consultations: Notwithstanding GRs 4.3.1 and 4.3.2, claims for consultation services as defined under HSCs 03.08F, 03.08I, **03.08IV**, 03.08IZ, 03.08J, **03.08JV**, 03.08JZ, 03.08L, 03.08M, 08.19A, 08.19AZ, 08.19AA, 08.19B, 08.19BB, 08.19C, 08.19CC, and 08.19CX may be claimed on a time basis.

#### 4.4.8 CLAIMS REQUIRING REFERRING PRACTITIONER NUMBER

new HSC addition to the table: **\*03.03FT**

### Rate Changes

Rates set out in the Schedule of Medical Benefits may be further changed pursuant to the agreement between the Minister of Health and the Alberta Medical Association. For latest rates, please refer to [www.alberta.ca/fees-healthprofessionals.aspx](http://www.alberta.ca/fees-healthprofessionals.aspx).

New HSCs and existing HSCs with changes shown below – Rates as on date of publication (effective October 23, 2023)

HSC	BASE RATE	TYPE	CODE	EXPLT	ACTION	AMOUNT	CAT	
03.03FT	14.27	SKLL	CARD		Replace Base	61.25	V	
		SKLL	CLIM		Replace Base	48.21		
		SKLL	E/M		Replace Base	29.21		
		SKLL	GAST		Replace Base	25.98		
		SKLL	HEM		Replace Base	48.21		
		SKLL	IDIS		Replace Base	60.72		
		SKLL	INMD		Replace Base	48.21		
		SKLL	MDGN		Replace Base	60.77		
		SKLL	MDON		Replace Base	48.21		
		SKLL	NEUR		Replace Base	14.77		
		SKLL	NPM		Replace Base	60.77		
		SKLL	PDGE		Replace Base	60.77		
		SKLL	PDNR		Replace Base	60.77		
		SKLL	PED		Replace Base	60.77		
		SKLL	PEDC		Replace Base	61.25		
		SKLL	PEDN		Replace Base	60.77		
		SKLL	PHMD		Replace Base	76.18		
		SKLL	RHEU		Replace Base	35.43		
		SKLL	RSMD		Replace Base	54.95		
		SKLL	UROL		Replace Base	60.30		
		SKLL	VSSG		Replace Base	25.09		
		CALL		M15				
					1-4		For Each Call Pay Base At	100%



03.08IV	31.36	SKLL	CARD	Replace Base	31.36	
		SKLL	CLIM	Replace Base	48.21	
		SKLL	E/M	Replace Base	54.63	
		SKLL	GAST	Replace Base	42.75	
		SKLL	HEM	Replace Base	48.21	
		SKLL	IDIS	Replace Base	50.60	
		SKLL	INMD	Replace Base	48.21	
		SKLL	MDON	Replace Base	48.21	
		SKLL	NEPH	Replace Base	49.78	
		SKLL	NEUR	Replace Base	45.51	
		SKLL	PHMD	Replace Base	50.12	
		SKLL	RHEU	Replace Base	40.24	
		SKLL	RSMD	Replace Base	50.06	
		CALL	M15			
			1-6	For Each Call Pay Base At	100%	
03.08JV	60.77	CALL	M15			V
			1-10	For Each Call Pay Base At	100%	
08.19GV	47.02	SKLL	GNMH	Replace Base	47.02	V
		SKLL	PSYC	Replace Base	64.80	
		SESU	SESU			
			1-32	For Each Call Pay Base At	100%	
		CALL	M15			
			1-12	For Each Call Pay Base At	100%	
08.44AV	43.29	SKLL	GNMH	Replace Base	58.78	V
		SKLL	GP	Replace Base	43.29	
		SKLL	PSYC	Replace Base	72.90	
		SESU	SESU			
			1-32	For Each Call Pay Base At	100%	
			NBPG	NBPG	Y	Reduce Base To
		CALL	M15			
			1-32	For Each Call Pay Base At	100%	
08.44BV	71.41	SKLL	GNMH	Replace Base	58.78	V
		SKLL	GP	Replace Base	43.29	

		SKLL	PSYC		Replace Base	72.90	
		NBPG	NBPG	Y	Reduce Base To		
		CALL	M15				
			1-32		For Each Call Pay Base At	100%	
08.44CV	81.58	NBPG	NBPG	Y	Reduce Base To		V
		CALL	M15				
			1-32		For Each Call Pay Base At	100%	
08.44DV	81.58	NBPG	NBPG	Y	Reduce Base To		V
		CALL	M15				
			1-32		For Each Call Pay Base At	100%	
08.45AV	205.24	CALL	M45M15				V
			1		For Each Call Pay Base At	100%	
			2-10		For Each Call Increase By	68.41	
08.45V	58.78	SKLL	GNMH		Replace Base	58.78	V
		SKLL	GP		Replace Base	155.06	
		SKLL	NPM		Replace Base	172.18	
		SKLL	PDGE		Replace Base	172.18	
		SKLL	PDNR		Replace Base	172.18	
		SKLL	PDSG		Replace Base	172.18	
		SKLL	PED		Replace Base	172.18	
		SKLL	PEDC		Replace Base	172.18	
		SKLL	PEDN		Replace Base	172.18	
		SKLL	PSYC		Replace Base	213.07	
		SESU	SESU				
			1-32		For Each Call Pay Base At	100%	
		CALL	M15NPM				
			1		Replace	172.18	
			2-10		For Each Call Increase By	46.37	
		CALL	M15PDC				
			1		Replace	172.18	
			2-10		For Each Call Increase By	46.37	
		CALL	M15PDG				
			1		Replace	172.18	
			2-10		For Each Call Increase By	46.37	

CALL	M15PDN		
	1	Replace	172.18
	2-10	For Each Call Increase By	46.37
CALL	M15PDS		
	1	Replace	172.18
	2-10	For Each Call Increase By	46.37
CALL	M15PED		
	1	Replace	172.18
	2-10	For Each Call Increase By	46.37
CALL	M15PSY		
	1	Replace	213.07
	2-10	For Each Call Increase By	69.75
CALL	M45M15		
	1	For Each Call Pay Base At	100%
	2-10	For Each Call Increase By	47.36