

Number: MED 222	Date: March 23, 2020
Subject: Additional Virtual Care Codes for physicians during COVID-19 epidemic	Reference: MED 221-Amended

To: All Physicians and billing staff

Retroactive to March 17, 2020, and as long as the Chief Medical Officer of Health determines, the Ministry of Health is making temporary further amendments to the Schedule of Medical Benefits (SOMB) to facilitate service delivery through virtual means.

While these temporary amendments will help to ensure continuation of essential medical services, physicians are advised to follow College of Physicians and Surgeons of Alberta’s (CPSA) standards to ensure patients receive the most appropriate care.

What is changing?

Alberta Health is creating virtual Health Service Codes (HSCs) for the following three services:

1. Visit Services – HSCs: 03.03CV and 03.03FV
2. Consultation Services – HSCs: 03.08CV and 08.19CX
3. Mental Health Services – HSCs: 08.19CV and 08.19CW

The following rules will apply to these new virtual HSCs:

- The services provided under virtual care codes must be initiated by a patient or their agent and performed by a physician.
- To be eligible for payment, the patient's record must include a detailed summary of all services provided including the start and stop time.
- Only time spent communicating with the patient can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
- Each physician may only claim one of these virtual HSCs per patient in a single day.
- No in person services can be claimed on the same day for the same patient if a virtual HSC is used.
- Premiums, including age modifiers, complex modifiers, after hours time premium, Business Cost Program (BCP) and Rural Remote Northern Program (RRNP) will not apply to virtual HSCs.
- Daily cap rules will not apply.
- A service that does not meet the minimum requirements of these new virtual HSCs, or is less than 10 minutes must be claimed using HSC 03.01AD.

Health Information Protection:

A service can only be provided using videoconference if it is provided using a secure videoconference system that is in compliance with the:

- CPSA’s 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 (OIPC) of Alberta.
- Both the CPSA and OIPC have recently released guidelines about how to meet the above requirements during the pandemic. These guidelines are available at [CPSA Advice](#) and [OIPC Notice](#).

Otherwise, the physician must complete the service via telephone.

Visit Services:

HSC 03.03CV Assessments provided by General Practitioners (GP) and Specialists via telephone or secure videoconference.

Minimum Requirement In order to claim for HSC 03.03CV, a physician must complete a limited assessment of a patient's condition requiring a history related to the presenting problems, appropriate records, and advice to the patient. The assessment must last a minimum of 10 minutes.

Eligible Skills and Rates The rates for HSC 03.03CV will be equal to an in-person limited assessment (HSC 03.03A – rate varies by skill, see pages 9-10 in the [Schedule of Medical Benefits](#)).

Example Claims

A GP provides patient care advice via telephone related to a cough (total duration 5 minutes).
Claim 03.01AD - \$20

A GP provides patient care advice via videoconference related to anxiety (total duration 20 minutes).
Claim 03.03CV - \$38.03

An Internal Medicine Specialist completes a visit via telephone to discuss medication management (total duration 20 minutes).
Claim 03.03CV - \$55.64

HSC 03.03FV **Follow up assessments (visits), for referred patients only, provided by specialists via telephone or secure videoconference.**

Minimum Requirement In order to claim for HSC 03.03FV, a physician must complete a limited assessment of a patient's condition requiring a history related to the presenting problems, appropriate records, and advice to the patient.

Eligible Skills and Rates The rates for HSC 03.03FV will be equal to an in-person follow-up assessment (visit) (HSC 03.03F – rate varies by skill, see pages 12 in the [Schedule of Medical Benefits](#)).

Restrictions

- HSC 03.03FA cannot be billed in addition to 03.03FV.
- All existing requirements for in-person 03.03F will also apply to 03.03FV.
- May only be claimed by specialists that are eligible to claim 03.03F.

Example Claims

A Pediatrician completes a follow-up visit via telephone for a child with complex needs (total duration 25 minutes).
Claim 03.03FV - \$100.20

A Cardiologist completes a follow-up visit via telephone regarding complex coronary artery disease (total duration 20 minutes)
Claim 03.03FV - \$103.25

Consultations Services

HSC 03.08CV Comprehensive consultations provided via telephone or secure videoconference.

Minimum Requirement In order to claim for HSC 03.08CV, a physician must complete a comprehensive assessment of a patient's condition requiring a complete history, appropriate records, advice to the patient, and a written report to the referring physician or eligible practitioner.

Eligible Skills and Rates The rates for HSC 03.08CV will be equal to an in-person comprehensive consultation (HSC 03.08A – rate varies by skill, see pages 22-23 in the [Schedule of Medical Benefits](#)).

Example Claims
 A Neurologist completes a comprehensive consultation via videoconference for a referred patient (total duration 40 minutes).
Claim 03.08CV - \$197.86
 A GP completes a comprehensive consultation via videoconference for a referred patient (total duration 40 minutes).
Claim 03.08CV - \$124.25

HSC 08.19CX **Comprehensive psychiatric consultation provided via telephone or secure videoconference.**

Minimum Requirement In order to claim for HSC 08.19CX, a physician (Psychiatrists and Generalists of Mental Health) must complete a comprehensive assessment of a patient's condition requiring a complete history, appropriate records, advice to the patient, and a written report to the referring physician or eligible practitioner.

Eligible Skills and Rates The rates for HSC 08.19CX will be equal to an in-person psychiatric consultation including time based increments (HSC 08.19A – rate varies by skill, see pages 32 in the [Schedule of Medical Benefits](#)).

Restrictions No after-hour premiums will be paid.

Example Claim A Psychiatrist provides a consultation service (duration 50 minutes).
08.19CX = \$242.53

Mental Health Services

HSC 08.19CV Psychotherapy and other psychiatric services (such as group therapy) provided via telephone or secure videoconference by a Psychiatrist or a Generalist of Mental Health.

Minimum Requirement In order to claim for HSC 08.19CV, a physician (Psychiatrists and Generalists of Mental Health) must provide psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counselling.

Eligible Skills and Rates The rates for HSC 08.19CV will be equal to an in-person psychiatric assessment including time based increments (HSC 08.19GA – rate varies by skill, see pages 33 in the [Schedule of Medical Benefits](#)).

Restrictions All in-person rules and requirements continue to apply.

Example Claims A Generalist of Mental Health provides 30 minutes of counselling via telephone to a patient.
Claim 2 calls of 08.19CV - \$88.02

HSC 08.19CW Psychotherapy and other psychiatric services (such as group therapy) provided via telephone or secure videoconference by a GP and Pediatrician.

Minimum Requirement In order to claim for HSC 08.19CW, a physician (GP and Pediatrician) must provide scheduled psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counselling.

Eligible Skills and Rates The rates for HSC 08.19CW will be equal to an in-person psychiatric assessment (HSC 08.19G – rate varies by skill, see pages 33 in the [Schedule of Medical Benefits](#)).

Restrictions

- HSC 08.19CW will only pay based on full 15-minute units.
- HSC 08.19CW can only be claimed for scheduled appointments and for patients with an established history requiring this service.

Example Claims A GP provides a scheduled 38 minutes of psychotherapy via videoconference to a patient.
Claim 2 calls of 08.19CW – \$95.08

Existing Services:

Physicians should continue to use the existing HSCs for both in-person services (e.g. 03.03A in person) and any other services currently permitted via telecommunication as appropriate (e.g. 03.01NG). The current rules and requirements for the existing services will continue to apply.

Submitting Claims

These changes are effective March 17, 2020. However, the changes to the Claim Assessment System (CLASS) may take some time. Please hold (do not submit) claims for these new codes until notified through a separate Bulletin.

Diagnostic Codes

To help with monitoring, please use **ICD Code 079.82 or 079.8** (if restricted by claim submitter software) on all SOMB claims related to COVID-19 even if the patient is not diagnosed with COVID-19 but consulted a physician for symptoms.

Inquiries:

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

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