

# Welcome to the AMA Billing Update Webinar - What's new in the Schedule?

**We will be starting the  
session promptly at 12:00 PM**

**Please type in your questions & watch for live responses.**

# AMA Billing Update Webinar What's new in the Schedule?

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**March 27, 2020**

**Presenter: Norma Shipley**  
AMA Fees Consultant

# Live Recording

- *Privacy Statement: Please note that the webinar you are participating in is being recorded. By participating, you understand and consent to the webinar being made publicly available via a link on the AMA website for an undetermined length of time.*
- *By participating in the Question & Answer function, your name entered into the Zoom sign-in may be visible to other participants during the webinar and/or in the recording.*

# Land Acknowledgment

We would like to recognize that we are webcasting from, and to, many different parts of Alberta today. The province of Alberta is located on Treaty 6, Treaty 7 and Treaty 8 territory and is a traditional meeting ground and home for many Indigenous Peoples.



## Participant Polling

- Which describes your practice location best?
- Which of the following roles best describes you?

# Learning Objectives

At the end of this session, participants will be able to:

- Outline the March Virtual Care codes and March 31, 2020 Schedule of Medical Benefits changes
- Use the new and revised billing codes appropriately to claim for their services



# Session Overview

## Virtual Care Billing

- New Codes
- Effective Dates
- Details

## March 31, 2020 Schedule Changes

- Rules
- Specific Fee Code Changes

## Resources

## Questions and Wrap-Up



# Participant Polling

- Which describes your practice location best?
- Which of the following roles best describes you?



# Disclosure of Financial Support

**This program has not received any financial  
or in-kind support.**

# Mitigating Potential Bias

- The planning committee has contributed to the consideration of learning needs, the determination of learning objectives, the development of program content, and the choice of speakers or presenters.
- No sponsorship funds have been received.
- The planning committee has reviewed the content of the presentations and ensured that content presented is evidence-based and free of undue influence.

# Presenter Disclosure

- **Norma Shipley**
- **Relationships with financial sponsors:**
  - Grants/research support: no
  - Speakers Bureau/Honoraria: no
  - Consulting Fees: no
  - Other: Alberta Medical Association, Health Economics Branch, employee



# Virtual Care Billing Codes

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# Virtual Care

- **7 new billing codes for virtual services during the pandemic**
  - Not subject to daily cap on office visit services
  - Must be initiated by patient
    - How? Request for appointment, call to discuss problem, referral for consultation, part of ongoing follow-up care/treatment for illness/condition, etc.
    - Physician may not solicit the visit by cold calling
  - Similar to existing codes, but some differences
  - For example...



# Virtual Care

- **Time/other requirements**
  - Physician:Patient contact time only; no other time may be included
  - 03.01AD <10 minutes
  - All other codes – at least 10 minutes, or other noted time requirement
  - Start/stop times must be part of detailed patient record
  - Must be patient driven (request, previous appointment or consultation request, part of ongoing course of care)



# Virtual Care

- **Premiums and modifiers**
  - No complexity modifiers (CMGP, CMX series)
  - Business Cost and Rural Remote Northern not available
- **Limitations**
  - May claim only one virtual care or in-person service on the same day; no add'l visit services
  - Not for general information about COVID-19



# Virtual Visits

- **03.01AD**
  - <10 minutes direct contact by phone, videoconference, or email
  - Includes prescription renewal or new prescription (no add'l 03.01NM)
- **03.03CV (virtual 03.03A)**
  - 10 + minutes direct contact, phone or video
  - Limited assessment of problem, advice to patient, record (including start/stop time)





# Virtual Visits

- **03.03FV (virtual 03.03F specialist follow-up)**
  - 10 + minutes direct contact by phone or videoconference
  - History of problem, detailed record and advice to patient
  - Record must include start/stop times
  - Specialties are the same as 03.03F
  - Not claimable on same day as another virtual or in-person visit



# Virtual Consultations

- **03.08CV (virtual 03.08A)**
  - 10 + minutes direct contact, phone or video
  - Comprehensive assessment, history, and detailed record with start/stop times
  - Not claimable on same day as another virtual or in-person visit
  - Initiated by consultation request, not patient
  - Consultation requirements continue: of
    - referral from physician or other defined health professional
    - Return of consultation letter



# Virtual Consultations

- **08.19CX (Virtual 08.19A)**
  - First 30 direct phys:pt min = 1 call, 15 min or >portion thereafter = additional call
  - Comprehensive psychiatric assessment, history, detailed record including start/stop time
  - Not claimable on same day as other virtual or in-person visit or psychotherapy
  - **Only direct phys:pt contact time included**



# Mental Health

Scheduled telephone/secure videoconference for psychiatric treatment

- **08.19CW:** Family Med and Pediatrics (/full 15 minutes)
- **08.19CV:** Psychiatry and Generalists in MH (/15 minutes or portion thereof)
- Includes medical psychotherapy, medication prescription, reassessment, patient education and/or counseling, including group therapy
- **Direct physician:patient time only;**
- Detailed record, including start/stop times
- Not claimable with other virtual/in-person visits same day
- Patient must have established hx requiring service



# Effective Dates and Billing

- All codes are now active in the claims system and may be claimed
- 03.01AD may be claimed for services March 12 forward
- The other virtual codes may be claimed for services provided March 17 forward



# Schedule Changes

March 31, 2020



- Alberta Health imposed the following changes  
**March 31, 2020**
- AMA has not been involved in their development;  
and does not support
- Any errors, inconsistencies in these changes or  
application of rules are Alberta Health's



# Good Faith Claims

- No good faith claims may be made March 31 forward
- Physicians responsible for verifying patient eligibility
- Physicians may direct patient to AB registry office to sign up/renew
- Coverage may be retroactive
- Physician may bill patient, and later make a pay to patient claim when covered
- See Physician's Resource Guide for how or contact AMA





# Claims Submission Timeline

- **Claims for services must now be submitted:**
  - within 90 days of the service, or
  - 90 days of discharge from hospital, or
  - 90 days of last statement of assessment re the claim
- AH will only consider exceptions in case of disaster (fire, flood, theft of records)
- No other exceptions are made



# New Rule – Comprehensive Visit

- **Comprehensive Visit (Rule 4.2.3) additional requirement; now must include:**
- “discussion of a care plan related to the patient's condition(s). Patient care advice, including the discussed care plan, must be documented in the patient's record. The care plan does not have to be formally signed by the patient.”
- This new wording impacts requirements for 03.04A



# New Rule – Daily Cap

0 – 50 Visits	Paid at	100%
51 – 65 Visits	Paid at	50%
>65 Visits	Paid at	0

- Applies to all V category services
- Includes phone calls to patients, team and family conferences, communication by phone/telehealth with other physicians, health professionals, community agencies (PUVA excluded)
- Also includes home and non-regulated facility visits (e.g., assisted living, designated assisted living) – NEW Information
- Does not apply to rural communities, hospitals and emergency room services
- What communities are affected?



# New Rule – Daily Cap

## Affected Communities

Edmonton	Sherwood Park	St. Albert
Devon	Stony Plain	Leduc
Ft. McMurray	Grande Prairie	Airdrie
Red Deer	Calgary	Medicine Hat
Lethbridge		



# Deleted Codes

- **03.04J (Comprehensive care plan)**
  - Delisted, becomes part of 03.04A requirements
  - Rule change for comprehensive visit adds care plan to required activities.
- **03.05H (Driver's Medical, 74.5 and older)**
  - Uninsured
  - Physicians must not claim either the visit or form completion to Alberta Health
  - The AMA Guide to Billing Uninsured Services can help with setting appropriate rates



# New Codes – Out of Office Visits

- **New visit and consultation codes – the Z codes**
- **Specific visits and consultations**
- **Provided outside physician’ offices, in publicly funded facilities**
- **What are they?**
  - Active Treatment Center/Hospital
  - Ambulatory Care Centre
  - Auxiliary Hospital
  - Health Canada Nursing Station
  - Community Ambulatory Care Centre
  - Community Mental Health Clinic
  - Nursing Home
  - Regional Contracted Practitioner Office
  - Subacute Auxiliary Hospital



# Out of Office Visits

New Code	Description
<b>03.03AZ</b>	Limited visit, out of office
<b>03.03BZ</b>	Prenatal visit, out of office
<b>03.03FZ</b>	Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only, out of office
<b>03.04AZ</b>	Comprehensive Visit, out of office
<b>03.05IZ</b>	Palliative care visit, out of office
<b>03.07AZ</b>	Minor consultation, out of office
<b>03.08AZ</b>	Comprehensive consultation, out of office
<b>03.08BZ</b>	Obstetrical Consultation, out of office



# Out of Office Visits

New Code	Description
<b>03.08IZ</b>	Prolonged consultation (internal medicine and subspecialties), per 15 minutes or major portion, out of office
<b>03.08JZ</b>	Prolonged consultation (pediatrics and subspecialties), per 15 minutes or major portion, out of office
<b>08.19AZ</b>	Major psychiatric consultation, out of office
<b>08.19GZ</b>	Direct contact, psychiatric treatment, out of office (Includes both 08.19G and 08.19GA)
<b>08.45Z</b>	Family therapy, out of office





# Out of Office Visits

Must use Z codes when providing services in any of the listed facilities unless:

- Service is provided in an office within the facility with a separate facility number, and
- The physician pays an overhead amount to AHS for operations (staff, equipment, operating costs), and
- AHS and the physician have jointly agreed and applied to Alberta Health for a separate facility number, and
- Alberta Health has granted the facility a separate number



# Out of Office Visits

## REMEMBER:

- Any services provided in the ER or on the inpatient ward would still be claimed using the appropriate Z code if one exists
- If the code used before March 31 does not have a Z code equivalent, continue using the pre-March 31 code (E.g., 08.19GB does not have an equivalent Z code)



# Out of Office Visits

## Things to think about:

- Any service provided outside the office facility within an AHS facility would still be subject to the Z codes
- This means services in the following areas would be continue to be claimed using the hospital facility number and functional centre:
  - Emergency room
  - Inpatient ward
  - ICU
  - Outpatient clinic other than the office facility
- This means they must be claimed using the Z codes



# DI Referrals

- Imaging services referred by a chiropractor, physiotherapist or audiologist
  - No longer insured
- Chiropractors, physiotherapists and audiologists continue to be able to refer these services to DI
- Patients now responsible for cost of these services



# DI Service Combinations

## Focus on limiting imaging claims in particular anatomical areas

- **X301** (Ultrasound, thyroid or parathyroid) not claimable with:
  - X302 (Ultrasound, salivary gland(s))
  - X303 (Ultrasound, head and/or neck, soft tissue)
  - X338 (Ultrasound, limited soft-tissue study, site unspecified, any single site, not organ related)



# DI Service Combinations

- **X303** (Ultrasound, head and/or neck, soft tissue)
  - Only one call may be claimed (NEW)
  - Includes any/all soft tissue of neck, including salivary glands, thyroid or parathyroid

Not claimable in addition to:

- X301 (Ultrasound, thyroid, parathyroid)
- X302 (Ultrasound, salivary gland(s))
- Includes bilateral neck masse



# DI Service Combinations

- **X311** (Ultrasound, KUB) now not claimable with:
  - X312 (Ultrasound, abdominal, single organ study, limited or follow up)
  - X314 (Ultrasound, pelvis, female, including endo-vaginal (EV) scan )
  - X315 (Ultrasound, pelvis, female, transvesical scan)
- **X315** (Ultrasound, pelvis, female, transvesical scan) not claimable with:
  - X311 (Ultrasound, KUB)
  - X324 (Ultrasound, pelvis, female, translabial or endo-vaginal (EV), additional benefit)



# DI Service Combinations

- **X316** (Ultrasound, urinary bladder, female) not claimable with:
  - X311 (Ultrasound, KUB) (NEW)
  - X312 (Ultrasound, abdominal, single organ study, limited or follow up )
  - X314 (Ultrasound, pelvis, female, including endo-vaginal (EV) scan )
  - X315 (Ultrasound, pelvis, female, transvesical scan )
  - X324 (Ultrasound, pelvis, female, translabial or endo-vaginal (EV), additional benefit) (NEW)





# DI Service Combinations

- **X317** (Ultrasound, obstetrical, first trimester, excluding detailed fetal assessment or nuchal translucency measurement) not claimable with:
  - X318 (Ultrasound, obstetrical, first trimester, excluding detailed fetal assessment or nuchal translucency measurement)
  - X319 (Ultrasound, obstetrical, first trimester/early fetal screening)
  - X320 (Ultrasound, obstetrical, second or third trimester, general fetal assessment)
  - X321 (Ultrasound, obstetrical, second or third trimester, high risk - for example, significant maternal disease fetal anomaly, other risk factors, etc.) See SOMB for detail
  - X322 (Ultrasound, obstetrical, biophysical profile, third trimester only)
  - X324 (Ultrasound, pelvis, female, translabial or endo-vaginal (EV), additional benefit) (NEW)



# DI Service Combinations

- **X318** (Ultrasound, obstetrical, first trimester, excluding detailed fetal assessment or nuchal translucency measurement – including EV scan) not claimable with:
  - X314 (Ultrasound, pelvis, female, including endo-vaginal (EV) scan) (NEW)
  - X317 (Ultrasound, obstetrical, first trimester, excluding detailed fetal assessment or nuchal translucency measurement)
  - X319 (Ultrasound, obstetrical, first trimester/early fetal screening)
  - X320 (Ultrasound, obstetrical, second or third trimester, general fetal assessment)
  - X321 (Ultrasound, obstetrical, second or third trimester, high risk - for example, significant maternal disease fetal anomaly, other risk factors, etc.) See SOMB for detail
  - X322 (Ultrasound, obstetrical, biophysical profile, third trimester only)
  - X324 (Ultrasound, pelvis, female, translabial or endo-vaginal (EV), additional benefit)



# DI Service Combinations

- **X319** (Ultrasound, obstetrical, first trimester/early fetal screening) not claimable with:
  - X314 (Ultrasound, pelvis, female, including endo-vaginal (EV) scan) (NEW)
  - X317 (Ultrasound, obstetrical, first trimester, excluding detailed fetal assessment or nuchal translucency measurement)
  - X318 (Ultrasound, obstetrical, first trimester, excluding detailed fetal assessment or nuchal translucency measurement)
  - X320 (Ultrasound, obstetrical, second or third trimester, general fetal assessment)
  - X321 (Ultrasound, obstetrical, second or third trimester, high risk - for example, significant maternal disease fetal anomaly, other risk factors, etc.) See SOMB for detail
  - X322 (Ultrasound, obstetrical, biophysical profile, third trimester only)
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# Resources

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# Resources

- **AMA Fee Navigator<sup>®</sup>**
  - [www.albertadoctors.org/fee-navigator](http://www.albertadoctors.org/fee-navigator)
- **AMA Billing Advice**
  - [billingadvice@albertadoctors.org](mailto:billingadvice@albertadoctors.org)
- **Alberta Health Bulletins**
  - [www.alberta.ca/bulletins-for-health-professionals.aspx](http://www.alberta.ca/bulletins-for-health-professionals.aspx)
- **Alberta Health Schedule of Medical Benefits**
  - <https://www.alberta.ca/fees-health-professionals.aspx>



# Conclusion



# Questions & Wrap-up

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## Participant Polling

Which topics are of interest for future webinar presentations?

- Specific Billing Topics
- Broader Themes or Topics



# Thank you!