

Number: MED 242	Date: March 22, 2021
Subject: COVID-19 Vaccine Codes	

To: All Physicians and billing staff,

Effective March 15, 2021, **two COVID-19 vaccination codes** are added to the Schedule of Medical Benefits (SOMB).

- HSC 13.59V (\$25) – Immunization and administration of COVID-19 vaccine
 - May be claimed when provided by an eligible health care provider (e.g. nurse) under direct physician supervision or when the physician is onsite and immediately available.
 - May be claimed for vaccine appointments that last 10 minutes or less.
 - Physicians must review Alberta Netcare or another appropriate patient record system to ensure that the vaccine dose being provided is appropriately sequenced (e.g. patients do not receive multiple doses unless medically required).
- HSC 13.59VA (\$20) – Prolonged COVID-19 vaccination
 - May be claimed in addition to 13.59V for vaccine appointments that require more than 10 minutes of physician time with the patient.

Both codes are exempt from the daily cap. Details regarding amendments to the SOMB can be found in Appendix I - Technical Supplement.

Billing System Updates:

Changes to the Claim Assessment System (CLASS) are underway but will take time. Please hold all 13.59V and 13.59VA claims until further notice. A new Medical Bulletin providing information about the completion of CLASS changes will be issued.

Once the CLASS is updated a revised SOMB will be posted online 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	Approval:	Umer Sheraz
Email:	health-pcsp.admin@gov.ab.ca	Position:	Acting Executive Director Provider Compensation and Strategic Partnerships Branch

Appendix I – Technical Supplement

The following changes will be applied to the Schedule of Medical Benefits.

New Health Service Codes (HSCs):

13.59V Immunization and administration of COVID-19 vaccine **\$25**

NOTE 1. May only be claimed if the initial purpose of the visit is to administer the COVID-19 vaccine. May not be claimed on the same day as a visit service (except 13.59VA). If the COVID-19 vaccine is administered as part of a scheduled visit or any other service that was unrelated to the vaccine, the physician may bill the appropriate service and 13.59A with diagnostic code 079.82 or 079.8.

2. Benefit includes:
 - a. Determination of appropriate candidacy of the patient for the vaccination. This includes but not limited to reviewing patient records in Alberta Netcare or another appropriate patient record system to ensure that vaccine dose being provided is appropriately sequenced.
 - b. General discussion with the patient, parent, guardian and or agent as defined by the *Personal Directives Act* regarding the benefits and risks associated with the vaccine
 - c. Obtaining consent.
 - d. Administration of a single dose of the vaccine.
 - e. Monitoring the patient for any immediate post-vaccination adverse effects.
 - f. Updating the patient's immunization record on the Immunization Direct Submission Mechanism.
 - g. Appropriate record and scheduling the second/subsequent vaccine date as appropriate in the patient's record and reasonably follow-up with the patient to ensure the second dose is administered.
3. May be claimed by the physician when provided by a nurse or other qualified health provider under direct physician supervision or when the physician is on site and immediately available.
4. The patient's record must provide a detailed description of the service and must include the vaccine administered and the name of the provider who administered the vaccine.

13.59VA Prolonged COVID-19 vaccination – physician time only, greater than 10 minutes **\$20**

1. May only be claimed in addition to HSC 13.59V when the physician spends greater than 10 minutes directly with the patient. Does not include time spent on indirect patient care such as charting.
2. The patient's record must provide a detailed description of the service and must include:
 - a. Documentation of any counselling provided.
 - b. Documentation of any adverse reactions to the vaccine.
 - c. Start and stop times for all services personally rendered by the physician.
3. May not be claimed for post-vaccination-monitoring.
4. Concurrent time for overlapping services may not be claimed.
5. May not be claimed in addition to any other service except HSC 13.59V during the same encounter for the same patient.

Amend General Rule 19.1 to read:

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.