

<b>Number:</b> MED 250	<b>Date:</b> October 1, 2021
<b>Subject:</b> Schedule of Medical Benefits Amendments effective October 1, 2021	<b>Reference:</b> <a href="#">Various Bulletins</a>

**To: All Physicians and billing staff,**

Effective October 1, 2021:

- Team conferences related to the care and treatment of a patient with other physician(s), allied health professional(s), educational, correctional, and other community agencies **may be** claimed if provided via **telephone or secure videoconference**;
  - Eligible Health Service Codes (HSC) include: 03.05JA, 03.05JD, 03.05JJ, 03.05JM, 03.05JN, 03.05T, 03.05U, 03.05V, 03.05W, 03.05Y, 03.05YM, 08.19F, 08.19H, 08.19J, and 08.19K.
- HSC 51.3B - Repair to peripheral vessels, traumatic injury **may not** be claimed in addition to HSCs 50.34DA, 50.34FA, 50.34GA, 50.34HA, 50.34JA, 50.34KA, 50.34KB and 50.34LA;
  - Related notes in the [Schedule of Medical Benefits Procedure List](#) are amended to provide clarity.
- Notes are amended for seven virtual care HSCs to reflect the permanent nature of these HSCs.

The revised SOMB will be posted online at: <https://www.alberta.ca/fees-health-professionals.aspx>

**See the following attachments for details:**

- Attachment A contains a new General Rule allowing team conferences via telephone and video-conference.
- Attachment B contains amended and deleted HSCs.

### Inquiries:

Any inquiries regarding this change can be sent to [health-pcsp.admin@gov.ab.ca](mailto:health-pcsp.admin@gov.ab.ca).

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## Attachment A – New General Rules (GRs)

New G.R. 2.8.1

2.8.1 Team conferences related to the care and treatment of a patient with other physician(s), allied health professionals, educational, correctional, and other community agencies may be claimed if provided via telephone or secure videoconference. Such services include 03.05JA, 03.05JD, 03.05JJ, 03.05JM, 03.05JN, 03.05T, 03.05U, 03.05V, 03.05W, 03.05Y, 03.05YM, 08.19F, 08.19H, 08.19J, and 08.19K

## Attachment B - Amended and deleted Health Service Codes (HSCs)

### Amended codes

03.01AD Telephone advice to a patient or their agent (agent as defined in the Personal Directives Act); ~~during a viral epidemic.~~

- NOTE: ~~1. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.~~  
1. May only be claimed if the service was initiated by the patient or their agent (agent as defined in the Personal Directives Act).  
2. May only be claimed once per patient, per physician, per day.  
3. Benefit includes providing a new prescription or prescription renewal if provided.  
~~4. May not be claimed for providing general information on the virus.~~  
~~5.~~ 4. May not be claimed for services provided through Health Link.  
~~6.~~ 5. Documentation of the request and advice given must be recorded.  
~~7.~~ 6. May only be claimed when communication is provided by the physician.

03.03CV Assessment of a patient's condition via telephone or secure videoconference.

- NOTE: 1. At a minimum 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. An assessment that does not meet the minimum requirements or is less than 10 minutes must be claimed using 03.01AD.  
2. May only be claimed if the service was initiated by the patient or their agent (agent as defined in the Personal Directives Act).  
3. May only be claimed if the service is personally rendered by the physician.  
4. Benefit includes the ordering of appropriate diagnostic tests and procedures as well as discussion with the patient.  
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 can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.  
7. May not be claimed on the same day as 03.01AD, 03.01S, 03.01T, 03.03FV, 03.05JR, 03.08CV, 08.19CV, 08.19CW, or 08.19CX by the same physician for the same patient.  
8. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.  
~~9. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.~~

03.03FV Repeat office visit or scheduled outpatient visit, referred cases only via telephone or secure videoconference

- NOTE:
1. At a minimum 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. An assessment that does not meet the minimum requirements or is less than 10 minutes must be claimed using 03.01AD.
  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, critical care medicine, endocrinology/metabolism, gastroenterology, infectious diseases, internal medicine, hematology, medical genetics, medical oncology, nephrology, neurology, psychiatry, respiratory medicine, rheumatology, urology and vascular surgery (no age restriction).
  3. May only be claimed if the service is personally rendered by the physician.
  4. The patient's 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 patient can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
  6. May not be claimed on the same day as 03.01AD, 03.01S, 03.01T, 03.03CV, 03.05JR, 03.08CV, 08.19CV, 08.19CW, or 08.19CX by the same physician for the same patient.
  7. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.
  8. ~~May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.~~

03.08CV Comprehensive consultation via telephone or secure videoconference

- NOTE:
1. May only be claimed if the service is personally rendered by the physician.
  2. The patient's record must include a detailed summary of all services provided including time spent and start and stop times.
  3. May not be claimed on the same day as 03.01AD, 03.01S, 03.01T, 03.03CV, 03.03FV, 03.05JR, 08.19CV, 08.19CW, or 08.19CX by the same physician for the same patient.
  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.
  5. ~~May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared~~

08.19CX Formal major psychiatric consultation via telephone or secure videoconference, first full 30 minutes or major portion thereof for the first call when only one call is claimed

- NOTE:
1. Each subsequent 15 minutes, or major portion thereof, of direct patient time may be claimed at the rate specified on the Price List after the first full 30 minutes has elapsed.
  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 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 03.01AD, 03.01S, 03.01T, 03.03CV, 03.03FV, 03.05JR, 03.08CV, 08.19CV or 08.19CW 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 a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.~~

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 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 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. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared. For group therapy sessions, claim the total time providing group therapy under only one patient's Personal Health Number (PHN).~~

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

- NOTE: 1. May only be claimed by General Practitioners or Pediatricians if the session is for scheduled psychiatric treatment.
2. For treatment of non-scheduled psychiatric treatment, the appropriate office visit health service code should be claimed (03.03CV).
  3. 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. 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. 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 can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.
  7. May not be claimed on the same day as 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.

8. May not be claimed on the same day as an in-person visit or consultation service by the same physician for the same patient.
- ~~9. May only be claimed when a declaration of a public health emergency is made pursuant to 52.1(1), of the Public Health Act; or when the Chief Medical Officer of Health determines, in their discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.~~

51.3B Repair to peripheral vessels, traumatic injury

**NOTE: May not be claimed in addition to HSCs 50.34DA, 50.34FA, 50.34GA, 50.34HA, 50.34JA, 50.34KA, 50.34KB and 50.34LA**

50.34DA Endovascular repair of thoracic aneurysm

**NOTE: May not be claimed in addition to HSC 51.3 B.**

50.34FA Endovascular repair of abdominal aortic aneurysm (Tube graft)

**NOTE: May not be claimed in addition to HSC 51.3 B.**

50.34GA Endovascular abdominal aortic aneurysm repair (Bifurcated iliac)

**NOTE: May not be claimed in addition to HSC 51.3 B.**

50.34HA Endovascular repair of ruptured abdominal aortic aneurysm (Tube graft)

**NOTE: May not be claimed in addition to HSC 51.3 B.**

50.34JA Endovascular repair of ruptured abdominal aortic aneurysm (Bifurcated graft)

**NOTE: May not be claimed in addition to HSC 51.3 B.**

50.34KA Endovascular repair of aortic arch for aneurysm

**NOTE: May not be claimed in addition to HSC 51.3 B.**

50.34KB Endovascular repair of aortic arch for ruptured aneurysm, dissection or traumatic injury

**NOTE: May not be claimed in addition to HSC 51.3 B.**

50.34LA Endovascular repair of thoracic aneurysm for rupture, dissection or traumatic injury

**NOTE: May not be claimed in addition to HSC 51.3 B.**