AMA Billing Seminar
CWC Primary Care Net Work
Long-Term Care and DSL
Emergency Room
Inpatient Care

April 28, 2022

Presenter: Norma Shipley
AMA Fees Consultant

ALBERTA MEDICAL ASSOCIATION

Session Overview

- ❑ Long-Term Care and Assisted Living
- ❑ Emergency Room
  - ❑ Visits (ER rotation duty and on-call, AACC, UCC)
  - ❑ Common Procedures
- ❑ In-Patient Care

ALBERTA MEDICAL ASSOCIATION

Billing Specifics

Overarching Rules, etc.

ALBERTA MEDICAL ASSOCIATION

Stay up-to-date

- Read the AMA's Billing Corner and AH Bulletins
- Use the AMA Fee Navigator™
  www.albertadoctors.org/feenav
- Download and review the Schedule components:
  http://www.health.alberta.ca/professionals/SOMB.html
- Remember – Physicians decide what fee code, and how many, to bill!

ALBERTA MEDICAL ASSOCIATION

Need Help?

- Alberta Health Resources
  - Physician Resource Guide
  - Schedule of Medical Benefits Procedure List
- Alberta Health
  - 310-0000 780 422-1600
  - Email: Health.HCIPAProviderClaims@gov.ab.ca
- AMA – Physician Advocacy (AMA members)
  - 1-800-272-9680 780 482-2626
  - E-mail:
    billingadvice@albertadoctors.org
    norma.shipley@albertadoctors.org
    darcy.shade@albertadoctors.org
    marisa.bonuccelli@albertadoctors.org

ALBERTA MEDICAL ASSOCIATION

Verifying Coverage

- IVR 1-888-422-6257/Netcare
  - All new patients, those not seen recently, life change (young adult, change in marital status)
  - Check date of coverage; if not covered, you may bill directly
  - For patients seen in AHS facilities who don't have health insurance, there is support to register: https://www.albertahealthservices.ca/about/Page13445.aspx
- Opted out
  - A few Albertans have formally opted out of health care insurance
  - Bill directly – not limited to Schedule rates
- **Be aware: Alberta Health does not research patient health numbers**

Alberta Health no longer researches or assists with patient coverage questions – be sure you're checking patient coverage in office so you can bill patient directly if they don't have coverage. Encourage patients to go to the local registry office to sort out any problems; when they return with valid documentation, you can refund and bill AH (within 90 days).

ALBERTA MEDICAL ASSOCIATION

Verifying Coverage

- Reciprocal billing
  - Is the card in the current format?
    - https://www.alberta.ca/assets/documents/ahcip-valid-insured-health-services-plan-cards-reciprocal-billing.pdf
  - Copy all OOP cards
- Invalid registration number/no card from other province
  - Office
    - Check AB numbers in advance of service
    - Bill patient if no coverage (AB rates)
    - Refund if within 90 days, claim to AH(AB patient)
      - Outside 90 days, refer patient to AH for reimbursement
    - OOP Patient, bill directly (AB rates)

ALBERTA MEDICAL ASSOCIATION

Submission Deadlines (GR 2.7.4)

- Since March 31, 2020, claims must be submitted within:
  - 90 days of date of service, or
  - 90 days of date of last communication from AH (we believe, and will confirm with AH)

- The Minister may give special permission to submit after that, but it's rare:
  - Disasters (fire, flood, employee theft)
  - Infrequent, little/no flexibility

ALBERTA MEDICAL ASSOCIATION

Time-based Services (GR 2.3.6)

- Physicians must document time spent providing time-based services
- How?
  - Keep track of the start/end of your day each day – retain in chronological order
  - Use a notebook, Excel, app in your electronic device
  - Exclude any time for breaks
  - Include any time you spent before or after office/clinic hours on work related to patients seen that day
  - Retain for 6 years

ALBERTA MEDICAL ASSOCIATION

Delegated Services (GR 2.7.5)

- The Schedule pays for physicians' direct, in person, services to patients
- There are a few exceptions
  - (AHC - MED 97)
    - Technical services (in office)
    - Delegated services (13.42A – allergy desensitization; 13.59A – flu, pneumovac) (nurse working in physician office)
    - Physician in training – physician must be directly supervising
  - Physician to physician and other health professional listed communications
  - Virtual care/other listed indirect physician:patient communication or physician:patient family communication

ALBERTA MEDICAL ASSOCIATION

Encounter – Definition (GR 1.14)

- Each separate and distinct time a physician provides services to a patient in a given day (defined as 0001 to 2400)
- Not continuation of an earlier service
- Examples:
  - Visit, sent for Dx (lab, imaging) returns same day = one encounter
  - Visit, treatment initiated, patient returns later same day, problem worse or new problem = 2nd visit is encounter two
  - Patient ER visit – all care is same encounter unless patient discharged from ER and returns
  - Virtual care
    - One virtual care service claimable per day
    - Not claimable same date as in-person service

ALBERTA MEDICAL ASSOCIATION

Encounter – Definition (GR 1.14)

Example	One Encounter	Two Encounters
Visit, sent for Dx (lab, imaging) returns same day	X	
Visit, treatment initiated, patient returns later same day, original problem worse or new problem		X
Hospital inpatient visit, physician returns later in the day to check on patient	X	
Hospital inpatient visit, hospital staff/another physician ask physician to return later in the day on urgent basis		X
Hospital inpatient visit followed by separate family conference or phone call (away from patient bedside)		X

ALBERTA MEDICAL ASSOCIATION

Questions?

ALBERTA MEDICAL ASSOCIATION

Assisted Living and Long-Term Care

ALBERTA MEDICAL ASSOCIATION

Long-Term Care

03.03E	Periodic chronic care visit	$28.53

- 1/week if no other visit precedes in same calendar week (Sun – Sat)
- 03.03KA, LA, MC & MD + 03.03EA may be claimed subsequent to 03.03E
- Palliative care or intercurrent illness:
  - Bill as 03.03D (daily hospital visits)
  - Use date for admission as the first day of intercurrent illness
  - Eligible for COINPT modifier when patient has multi-system disease and physician's work time that date, not otherwise claimed, is 20+ minutes

ALBERTA MEDICAL ASSOCIATION

Callbacks to LTC

Callbacks – LTC separated into callback & visit		
03.03KA	M-F 0700 – 1700	$76.07
03.03LA	M-F 1700 – 2200 W/E 0700 – 2200	$114.10
03.03MC	ANY DAY 2200 – 2400	$152.14
03.03MD	ANY DAY 2400 – 0700	$152.14
• Attend on a priority basis from outside the facility • Special call by staff or another physician • Second or subsequent patients at same callback not eligible		
LTC	Bill 03.03EA in addition for clinical service	$48.04

ALBERTA MEDICAL ASSOCIATION

Assisted Living Visits

03.03NA	Visit to patient residing in Assisted Living, Designated Assisted Living, group home, seniors' lodge, personal care home	$85.58
03.0NB	Assisted living, DAL, etc., visit, second and subsequent patients seen at same address	$76.15

- Maximum of one 03.03NA visit per day, per facility, unless special call for second
- Use 03.03NG for second/ subsequent patients seen at same address
- Use modifiers (OFEV, OFEVWK, OFNTAM, OFNTPM) only when special call for attendance and physician attends within 24 hours
- Use appropriate office visit if room provided to see patients
- Physician must complete limited assessment (history and examination, record, advice to patient)

ALBERTA MEDICAL ASSOCIATION

Home Visits

03.03N	Home visit, first patient seen	$85.58
03.03P	Home Visit, second and subsequent patients seen	$31.70

- Must complete a limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient to claim
- “Home" includes personal residence or temporary lodging, group home, seniors' lodge, personal care home and other residences as approved, but does not include auxiliary hospitals or nursing home
- CMGP eligible – include clinical time, charting, care coordination, etc., but not travel time

ALBERTA MEDICAL ASSOCIATION

Team Conferences LTC

03.05JD	Formal, scheduled, multiple health discipline conference/5 min	$14.26

- Patient in continuing care facility
  - Facility or program as outlined in Continuing Care Health Service Standards is responsible for patient care
- Includes: care planning, care plan review, annual integrated care conference, patient management

ALBERTA MEDICAL ASSOCIATION

Medication Review

03.05JE	Formal, scheduled review of patient medication (multiple patients)	$18.25

- Patient in continuing care facility
  - Facility or program as outlined in Continuing Care Health Service Standards is responsible for patient care
- Most responsible physician
- Max of 6 patients/30 min
- Must identify other health professionals involved
- Claimable with other services on SDOS

ALBERTA MEDICAL ASSOCIATION

Capacity Determination

03.04N	Comprehensive evaluation including completion of forms to determine capacity as defined by the *Personal Directives Act (PDA) (RSA 2007 s9(2)(a)*	$193.34

NOTE:

1. Benefit includes witnessing the agents' or service providers' assessment.
2. May be claimed to determine lack of capacity or to determine that capacity has been regained.

See this link for Guide: https://open.alberta.ca/dataset/a86649cc-b0d4-44bb-ab0a-eef8609f29f4/resource/9ff4213f-84b6-4f08-bbcf-05497b5a6017/download/opg-guardianship-publication-opg5630.pdf

ALBERTA MEDICAL ASSOCIATION

Family Conferences

03.05JB	Formal, scheduled, family conference relating to a specific patient(per 15 minutes or major portion thereof)	$51.98

- Max 3 hrs/year/patient/physician
- Intended for patients whose condition warrants periodic family conferences
- Not intended for visits where patient is accompanied by family member(s)
- Must be scheduled in advance
- Claim under the patient's health insurance number
- Maintain record of names and family relationships of attendees

ALBERTA MEDICAL ASSOCIATION

Family Conference

03.05JC	Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof	$42.47

- Per 15 min
- Patient's family requires additional information regarding, e.g. condition/ prognosis, OR
- Physician needs to gather additional history from family members
- Physician meets with family away from patient bedside
- Not for interpretive services
- Claim using patient PHN

ALBERTA MEDICAL ASSOCIATION

Billing Example

1. Callback to LTC patient weekend (30 minutes):
   - 03.05LA + 03.03EA + 03.01AA TWK02
2. Regular LTC visits 5 patients after 5PM weekdays (45 minutes):
   - 03.03E x 5
   - 03.01AA TEV01 for 3 of the 5 patients
   - Why? Only 45 minutes of TEV time claimable, even though 5 patients were seen.
3. Visit to Assisted Living patient, weekday evening, specially called, 25 minutes:
   - 03.05NA + OFEV + CMGP02

ALBERTA MEDICAL ASSOCIATION

Rotation Duty Visits ER/AACC/UC

Emergency Rooms with >25,000 Visits per year

ALBERTA MEDICAL ASSOCIATION

Rotation Duty Definition

- ER has more than 25,000 visits per year, and is a designated on-site coverage facility, OR
- AACC/UCC has scheduled shifts during which physicians are required to remain on site
- Physicians are required to stay on site, whether there are patients to see or not
- Physicians may claim corresponding visits and procedures
- 03.01AA time premium is claimable
- No surcharges
- Special callbacks claimable (first patient only) if physician is working 2nd call for the specific facility

The following slides deal with visits and after-hours time premiums in rotation duty ER and in AACCs and UCCs. Procedural claims and claims for resuscitation and detention time are contained in the non-rotation duty section of this slide deck.

ALBERTA MEDICAL ASSOCIATION

Comprehensive visit in Rotation Duty ER

Comprehensive visit in Rotation Duty ER		
03.04F	M-F 0700 – 1700	$99.19
03.04G	M-F 1700 – 2200 W/E 0700 – 2200	$99.19
03.04H	ANY DAY 2200 – 0700	$99.19

- Eligible for CMXC30 modifier when work related to patient on the date seen is 30 minutes or more – complete history and physical examination (all systems) required, OR
- For patients whose illness/injury requires (03.04F, G, H)
  - Prolonged observation or continuous therapy
  - Multiple reassessments

    OR
  - Female patients requiring internal exam due to obstetrical or gyne bleeding

ALBERTA MEDICAL ASSOCIATION

Comprehensive visit in AACC/UCC

Comprehensive visit in AACC/UCC		
03.04FA	M-F 0700 – 1700	$99.19
03.04GA	M-F 1700 – 2200 W/E 0700 – 2200	$99.19
03.04HA	ANY DAY 2200 – 0700	$99.19

- Eligible for CMXC30 modifier when work related to patient on the date seen is 30 minutes or more – complete history and physical examination (all systems) required, OR
- For patients whose illness/injury requires (03.04F, G, H)
  - Prolonged observation or continuous therapy
  - Multiple reassessments

    OR
  - Female patients requiring internal exam due to obstetrical or gyne bleeding

ALBERTA MEDICAL ASSOCIATION

Complex Care Modifier - Comprehensive Visits

CMXC30 (All)	Complex patient consultation / visit requiring that physician spend 30 minutes or more on management of patient care (only one claimable)	$31.43

- Claimable with 03.04F/FA, 03.04G/GA, 03.04H/HA

ALBERTA MEDICAL ASSOCIATION

On-Site Coverage in Emergency Room (Rotation Duty)

Rotation duty visits in Emergency Room Rotation duty means that situation where a physician is working a scheduled on-site shift in an Emergency Room with 24-hour on-site coverage		
03.05CR	M-F 0700 – 1700	$29.18
03.05DR	M-F 1700 – 2200 W/E 0700 – 2200	$29.18
03.05ER	ANY DAY 2200 – 0700	$29.18

- Claimable when physicians are on-site and working scheduled rotation duty shift, or when providing first call coverage in ER with >25,000 visits/year
- Eligible for CMXV20 or CMXV35 complexity modifiers
- Only one claimable per patient per day, unless the patient was discharged and returns to the ER

ALBERTA MEDICAL ASSOCIATION

On-Site Coverage in Emergency Room (Rotation Duty)

Rotation duty visits in AACC or UCC Rotation duty means that situation where the physician who is on-site and working in an AACC or UCC		
03.05FR	M-F 0700 – 1700	$29.18
03.05GR	M-F 1700 – 2200 W/E 0700 – 2200	$29.18
03.05HR	ANY DAY 2200 – 0700	$29.18

- Eligible for CMXV20 or CMXV35 complexity modifiers
- Only one claimable per patient per day, unless the patient was discharged and returns to the ER

ALBERTA MEDICAL ASSOCIATION

Follow-up Care in ER

Follow-up care of a patient remaining in emergency room, awaiting further evaluation, treatment, and/or transfer to another facility, or requiring extended care by a physician		
03.05F	M-F 0700 – 1700	$29.36
03.05FA	M-F 1700 – 2200 W/E & STATS 0700 – 2200	$29.36
03.05FB	ANY DAY 2200 – 0700	$29.36

- May only be claimed by physicians working rotation duty in an ER or providing first-call coverage in an ER with >25,000 visits per year
- Claimable once per patient per shift
- Not claimable on same shift by physician who did initial assessment
- Not for patients who have been admitted and are awaiting a bed
- Eligible for CMXV20 or CMXV35 modifier

ALBERTA MEDICAL ASSOCIATION

Follow-up Care in AACC or UCC

Follow-up care of a patient remaining in AACC/UCC, awaiting further evaluation, treatment, transfer to another facility, or requiring extended care by a physician		
03.05FC	M-F 0700 – 1700	$29.36
03.05FD	M-F 1700 – 2200 W/E & STATS 0700 – 2200	$29.36
03.05FE	ANY DAY 2200 – 0700	$29.36

- Claimable once per patient per shift for patients requiring further evaluation, treatment, transfer to another facility, or extended care by a physician
- Not claimable on same shift by physician who did initial assessment
- Not for patients who have been admitted and are awaiting a bed
- Eligible for CMXV20 or CMXV35 modifier

ALBERTA MEDICAL ASSOCIATION

Complex Care Modifiers

CMXV20	Complex patient consultation / visit requiring that physician spend 20minutes or more on management of patient care (only one claimable)	$15.70
CMXV35	Complex patient consultation / visit requiring that physician spend 20minutes or more on management of patient care (only one claimable)	$31,43

- Claimable with 03.05CR, 03.05DR, 03.03ER, 03.03FR, 03.05GR, 03.05HR and 03.05F, 03.05FA, 03.05FB, 03.05FC,

ALBERTA MEDICAL ASSOCIATION

Callbacks to ER, LTC, AACC, UCC

Callbacks – LTC separated into callback & visit		
03.03KA	M-F 0700 – 1700	$76.07
03.03LA	M-F 1700 – 2200 W/E 0700 – 2200	$114.10
03.03MC	ANY DAY 2200 – 2400	$152.14
03.03MD	ANY DAY 2400 – 0700	$152.14
• Attend on a priority basis from outside the hospital • Special call by staff or another physician • Second or subsequent patients at same callback not eligible		
ER, AACC, UCC	Bill in addition to: — 03.03AZ — 03.04AZ	 $38.03 $104.60

Special callbacks may be claimed for the first patient seen if you are working 2nd call for a particular facility and are called in because of patient volumes or other requirements. For subsequent patients seen, follow rotation duty billing rules.

ALBERTA MEDICAL ASSOCIATION

After Hours Premium Payments

03.01AA	After hours time premium/15 min

- Compensation for time
  - No fee associated
  - Payable for scheduled & unscheduled services
  - May be physician initiated
  - Direct patient care time related to the provision of an insured service
  - Starts when you start patient care activity not from time of callback

Although the after-hours time modifier may be claimed in rotation duty environments, surcharges and special callbacks may not be claimed

ALBERTA MEDICAL ASSOCIATION

After Hours Premium Payments cont'd

03.01AA	After hours time premium /15 min (hospital only)	
Use with modifiers:		
TEV	W/D 1700 – 2200	$22.79/15 min
TNTA	Midnight – 0700	$45.55/15 min
TNTP	2200 – Midnight	$45.55/15 min
TST	Stat 0700 – 2200	$45.55/15 min
TWK	W/E 0700 – 2200	$22.79/15 min
TDES	Designated holiday 0700 – 2200	$22.79/15 min

- Maximum of four time units /hour/physician
- Bill according to time 15 min period where majority of time spent
- If time covers two time periods, bill each modifier
- If time covers two dates of service (2200 – 0400), claim 03.01AA units on each date

ALBERTA MEDICAL ASSOCIATION

Time Premium Maximums

- Maximum per day/physician

20	**TEV**	M-F 1700 – 2200
8	**TNTP**	2200 – Midnight
28	**TNTA**	Midnight – 0700
60	**TWK**	W/E 0700 – 2200
60	**TST**	STATS 0700 – 2200
60	**TDES**	Designated holiday 0700 – 2200

ALBERTA MEDICAL ASSOCIATION

Non-Rotation Duty ER

Emergency Rooms with
<25,000 Visits per year

ALBERTA
MEDICAL
ASSOCIATION

Callbacks to ER, LTC, AACC, UCC

Callbacks – LTC separated into callback & visit		
03.03KA	M-F 0700 – 1700	$76.07
03.03LA	M-F 1700 – 2200 W/E 0700 – 2200	$114.10
03.03MC	ANY DAY 2200 – 2400	$152.14
03.03MD	ANY DAY 2400 – 0700	$152.14
• Attend on a priority basis from outside the hospital • Special call by staff or another physician • Second or subsequent patients at same callback not eligible		
ER, AACC, UCC	Bill in addition to: — 03.03AZ — 03.04AZ	 $38.03 $104.60
• Subsequent patients at same call – claim 03.02A, 03.03AZ, 03.04AZ		

ALBERTA MEDICAL ASSOCIATION

Admitting a patient after evaluation?

Code	Rate	Modifier/Special Callback Code	Modifier/Callback Payment	Total Payment
Monday-Friday 0700-1700				
03.04C	$ 129.95	n/a	$0	$ 129.95
03.04AZ	$ 104.60	03.03KA*	$ 76.07	$ 180.67
Weekdays 1700-2200 or Weekends 0700-2200				
03.04C	$ 129.95	HAEV	$ 43.17	$ 173.12
03.04AZ	$ 104.60	03.03LA*	$ 114.10	$ 218.70
Any Day 2200-2400				
03.04C	$ 129.95	HANTPM	$ 147.88	$ 277.83
03.04AZ	$ 104.60	03.03MC*	$ 152.14	$ 256.74
Any Day 2400-0700				
03.04C	$ 129.95	HANTAM	$ 147.88	$ 277.83
03.04AZ	$ 104.60	03.03MD*	$ 152.14	$ 256.74

If admitting a patient after evaluation and treatment, you may claim EITHER the admission (03.04C) or comprehensive visit (03.04AZ, when available)

- Choose the higher-paying code, subject to fulfillment of requirements.

ALBERTA MEDICAL ASSOCIATION

Follow-up Care in ER

For non-rotation duty emergency rooms:
Follow-up care of a patient remaining in a non-rotation duty emergency department after awaiting further evaluation, treatment, and/or waiting for a bed, transfer to another facility, or requiring extended care by a physician

03.05FF	M-F 0700 – 1700	$35.18
03.05FG	M-F 1700 – 2200 W/E & STATS 0700 – 2200	$35.18
03.05FH	ANY DAY 2200 – 0700	$35.18

- Claim when:
  - Second call for attendance by staff or another physician
    OR
  - A different physician is taking over the patient's care
- Not claimable for reassessing patient at own decision
- Eligible for CMXV20 or CMXV35 modifiers

ALBERTA MEDICAL ASSOCIATION

Family Conference

03.05JC	Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof	$42.47

- Per 15 min
- Patient's family requires additional information regarding, e.g. condition/ prognosis
- Physician meets with family away from patient bedside
- Not for interpretive services
- Claim using patient PHN

ALBERTA MEDICAL ASSOCIATION

Emergency Services

13.99E	Resuscitation, per 15 minutes	$96.52
• Defined as the emergency Rx of an unstable patient whose condition may result in imminent mortality without such intervention		
13.99EC	Resuscitation, per 15 minutes or major portion thereof for the second and subsequent physician actively participating and providing assistance to the primary physician at a resuscitation	$87.66

- Both:
  - Claimable for the time spent directly involved in resuscitating the patient (13.99E) or assisting the primary physician in a resuscitation (13.99EC).
  - When patient is stabilized, but ongoing direct physician care required, use 13.99J
  - Not claimable with other procedures or visits at the same encounter by the same physician.

ALBERTA MEDICAL ASSOCIATION

Emergency Services

13.99J	Medical Emergency Detention Time, per 15 minutes or greater portion	$60.22

- Personally & continuously attend and treat an illness or injury of an emergency nature
- Text required
- Time based / 15 minutes / cumulative
- Not for standby or spending a long time with a patient
- Maximum of 8 per day, per physician in office
- Maximum of 16 per day, per physician other than office

ALBERTA MEDICAL ASSOCIATION

Visits with Procedures

- Minor procedure (M) and visit
  - Both payable if unrelated Dx code
  - Local infiltration included in the benefit

ALBERTA MEDICAL ASSOCIATION

Visit & Procedure Exceptions
Bill on same day as visit

10.16A	Pessary fitting
10.16B	Pessary removal, adjustment and/or reinsertion (not claimable with 10.16A)
81.8	IUD insertion
11.71A	Removal of intrauterine contraceptive device (IUD)
13.59A	IM or subcutaneous injections
13.59O	Injections for Botulinum A Toxin for the prophylaxis of chronic migraine headaches
13.99BA	Periodic Papanicolaou smear
13.99BE	Pelvic examination using a speculum requiring swab(s) and/or sample(s) collection
13.99BD	Anal Papanicolaou smear

ALBERTA MEDICAL ASSOCIATION

Visit & Procedure Exceptions – Bill on same day as visit

16.81A	Spinal tap
51.92A	Varicose vein injection
58.99F	Manual disimpaction of stool
79.22	Cautery of cervix
79.23A	Cryotherapy of cervix
93.91A	Joint injection, hip
93.91B	Joint injection other joints
98.03A	I&D of abscess or hematoma, subcutaneous or submucous
98.12L	Rx of warts
98.12C	Removal of sebaceous cyst
98.12J	Removal or excision (warts, keratoses)

ALBERTA MEDICAL ASSOCIATION

Procedure Codes

- Appropriate accompanying ICD-9
- Some procedures may be billed in addition to visit (list upcoming)
- Generally speaking, procedure pays more than visit
- Multiple Procedures
  - Greater @ 100%
  - Second & subsequent @ 75% (the “lesser value” procedures)

ALBERTA MEDICAL ASSOCIATION

Laceration Repair 98.22A / B

98.22A	Up to 2.5 cm on face, 5 cm on body	$ 57.05
98.22B	2 or more calls (i.e. > 5 cm on body)	$ 60.22

- 3 Ls: Length, Location and Layers
- Any method of skin closure excluding tape / bandage
- Suture removal included
  - Same physician
  - Same practice group
- Local anesthetic included

ALBERTA MEDICAL ASSOCIATION

BMI Modifier

- BMIPRO / BMIANE – add 25%
  - BMI > 40
  - Pediatrics > 97 percentile (for weight)
  - For certain procedures (not laceration repair)
  - Document height / weight on chart

ALBERTA MEDICAL ASSOCIATION

Procedures – Incision and Drainage Abscess

98.03A	I&D Abscess, hematoma, subcutaneous/ submucous	$22.87
• Plus visit/consult		
98.03D	Abscess – req. procedural sedation and extensive packing	$100.49
• Procedural sedation required • Only in ER, AACC, UCC		

ALBERTA MEDICAL ASSOCIATION

Procedures – Fracture

- Can only bill once per injury – inclusive benefit
- Undisplaced – UNDP – reduce by 50%
- Compound – CMPD – increase by 50%
- Clavicle / Ribs / Sternum = visit
- Lesser Value Procedure (LVP)
- Separate Code for cast only (but not in association with fx code)
  - 07.53B
  - 07.53D

ALBERTA MEDICAL ASSOCIATION

Procedures – Dislocation

- Shoulder
  - Primary 91.70A $ 82.00
  - Recurrent 91.70B $ 82.00
- Elbow
  - Radial Head Subluxation bill as visit
- Others

ALBERTA MEDICAL ASSOCIATION

Procedures – Hernia Reduction

13.99DD	Abdominal/inguinal	$63.08
• Claim in addition to a visit • Only claimable in ER		

ALBERTA MEDICAL ASSOCIATION

Procedures – Foreign Body

98.04A	Skin – local anesthesia	$39.36
98.04B	Skin – general or procedural sedation	$23.45
25.1A	Cornea	$40.58
12.01	Nose	$47.54
12.23	Vagina	$86.82
12.24	Urethra	$121.11
12.21	Ear (not for cerumen impaction)	$47.54

ALBERTA MEDICAL ASSOCIATION

Procedures – ENT

33.01A	Epistaxis – pack	$125.00
33.03A	Epistaxis – cautery	$57.05
40.0	Peritonsillar abscess I&D	$132.35
33.61A	Nasal fracture reduction	$128.56

ALBERTA MEDICAL ASSOCIATION

Procedures – Surgery

61.37A	Hemorrhoid	$57.05
83.19A	Bartholin's gland	$138.83
66.91A	Paracentesis	$55.11
46.04A	Chest tube	$90.34
46.91	Thoracentesis	$65.51
98.11D/E/F	Debridement	$138.34 - $668.93
98.96A	Nail excision – wedge	$60.22
98.96B	Nail excision – radical	$79.24

ALBERTA MEDICAL ASSOCIATION

Anesthesia – Procedural Sedation

- **ANE –** $ 110.53 per procedure
- **ANEU –** $ 18.39 per 5 min
  - Use for procedure > 30 min
- These are billed as modifier – need procedural code
- Not claimable by physician doing procedure
- Document both procedure and anesthetic

ALBERTA MEDICAL ASSOCIATION

Anesthesia

16.91A	Femoral nerve block	$59.14
• Plus visit or consult		
17.71A	Local block	$25.88
• Included with procedure (Lac, I&D, etc.) • May be claimed if provided by another physician		

ALBERTA MEDICAL ASSOCIATION

Psychiatry

08.19GZ	Psychiatric treatment per 15 mins	$47.54
• Major portion thereof • Psychiatric ICD code • Time only for direct patient contact		
08.19D	Interview of relative	$43.51 per 15 mins
• Must detail interviewee (name, relation)		
08.12A	Mental Health Certificate	$57.03
• In addition to visit – 08.19G • After-hours surcharge (EV/WK/NTPM/NTAM/ST) — Based on start of encounter with patient		

ALBERTA MEDICAL ASSOCIATION

Inpatient Care

ALBERTA MEDICAL ASSOCIATION

Hospital – Daily Visits

03.03D	Daily hospital visit (Day 1 – 7)	$44.37
	Day 8 & subsequent (from admission)	$32.03

- Eligible for COINPT (20 minutes or more; multisystem disease)
- Once/day/physician: Exception (GR 2.7.3)
  - Admission between midnight and 7AM?
  - 03.03D billable after 7AM SDOS
- When 2 physicians are claiming hospital days for care for different illnesses:
  - Claim 03.03D each; use text to indicate that concurrent care is being provided.
- Not claimable in post-operative inclusive care period by physician or call partner

ALBERTA MEDICAL ASSOCIATION

Complex Care – Hospital Inpatient

- Complex Modifier for Hospital Inpatients (03.03D) (03.03AR)

COINPT	Complex patient care	$40.41

  - Management of inpatients with multi-system disease whose co-morbidities complicate or increase care required
  - LTC patients with intercurrent illness (03.03D)
  - Minimum of 20 minutes management of care
  - Not claimable transfer of care
  - One /day/physician
  - Active treatment hospital/LTC
    - More than one physician caring for patient each may claim if conditions met

ALBERTA MEDICAL ASSOCIATION

Emergency Services

13.99J	Medical emergency detention time, per 15 minutes or major portion thereof	$60.22

- Personally & continuously attend and treat an illness or injury of an emergency nature – that could result in imminent morbidity
- Text required
- Time based / 15 minutes / cumulative
- Not for standby or spending a long time with a patient
- Maximum of 8 per day, per physician in office
- Maximum of 16 per day, per physician other than office

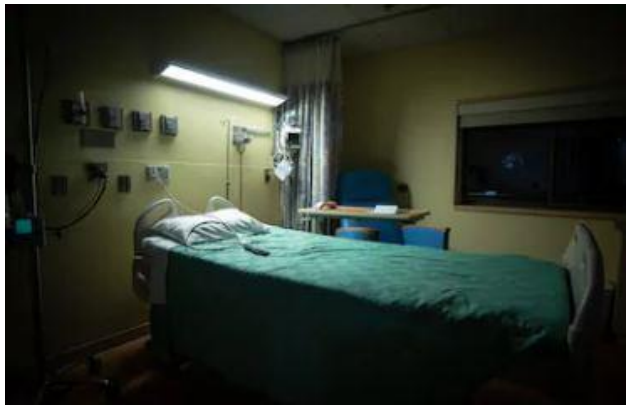
ALBERTA MEDICAL ASSOCIATION

Pronouncement of Death (GR 4.15)

- Specifically called and attended on a priority basis – bill as appropriate visit
- No benefit for a certificate of death

ALBERTA MEDICAL ASSOCIATION

After Hours Hospital/ Long-Term Care



ALBERTA MEDICAL ASSOCIATION

After Hours Premium Payments

- Three parts to payment for after-hours services:
  1. Disruption/inconvenience
     - Surcharge or special callback
  2. Time required
     - After-hours time premium
  3. Service Provided
     - Appropriate fee code

ALBERTA MEDICAL ASSOCIATION

After Hours Premium Payments

- Outside normal work hours
  - LTC , Active Rx Hosp
- Cover a degree of disruption
- Unscheduled
- Start of encounter determines surcharge or callback
- Direct attendance
- Callbacks:
  - Attend on a priority basis
  - Special call by staff or another physician
  - Not payable if physician initiates the encounter
  - Must have left facility to bill a second callback

ALBERTA MEDICAL ASSOCIATION

Surcharges

For unscheduled procedures or consultations where a special callback is not claimed.		
No Surcharge	M-F 0700 – 1700	$0
EV	M-F 1700 – 2200	$48.70
WK	W/E 0700 – 2200	$48.70
NTAM **NTPM**	2400 – 0700 2200 – 2400	$116.83

- Service is unscheduled
- Physician is not working a scheduled shift as hospitalist or on rotation duty in ER, AACC, UCC
- Claim per encounter, based on start of time with patient
- 03.01AA claimable in addition to service and surcharge

ALBERTA MEDICAL ASSOCIATION

Callbacks – Inpatient

Callbacks separated into callback & visit		
03.05N	M-F 0700 – 1700	$75.59
03.05P	M-F 1700 – 2200	$113.38
03.05R	W/E 0700 – 2200	$113.38
03.05QA & 03.05QB	Any Day 2200 – 2400 Any Day 2400 – 0700	$151.16
• Special call by staff or another physician • Attend on priority basis from outside the hospital • Second or subsequent patients at same callback not eligible • Claim 03.01AA in addition		
03.03DF	Visit to inpatient in association with special callback	$44.45

Be sure to mark your callback and associated visit as a different encounter number than your hospital day (03.03D).

ALBERTA MEDICAL ASSOCIATION

Callbacks - Inpatient

- **When can I claim a special callback to inpatient?**
  - Hospital staff or another physician asks you to attend a patient
  - You attend on a priority basis from outside the hospital
  - No special callbacks are claimable when called from inside hospital

ALBERTA MEDICAL ASSOCIATION

Additional Patient Seen After Callback

03.03AR	Urgent or priority attendance on hospital in patient or LTC patient when physician on site	$47.54

- Physician of record or physician working on call rotation
- May not be claimed by extenders (clinical assistants/clinical associates/ward physicians)
- Eligible for COINPT modifier
- Use if you are already on site and asked to see a patient on a priority basis

ALBERTA MEDICAL ASSOCIATION

After Hours Premium Payments

03.01AA	After hours time premium/15 min

- Compensation for time
  - No fee associated
  - Payable for scheduled & unscheduled services
  - May be physician initiated
  - Direct patient care time related to the provision of an insured service
  - Starts when you start patient care activity not from time of callback

ALBERTA MEDICAL ASSOCIATION

After Hours Premium Payments cont'd

03.01AA	After hours time premium /15 min (hospital only)	
Use with modifiers:		
TEV	W/D 1700 – 2200	$22.79/15 min
TNTA	Midnight – 0700	$45.55/15 min
TNTP	2200 – Midnight	$45.55/15 min
TST	Stat 0700 – 2200	$45.55/15 min
TWK	W/E 0700 – 2200	$22.79/15 min
TDES	Designated holiday 0700 – 2200	$22.79/15 min

- Maximum of four time units /hour/physician
- Bill according to time 15 min period where majority of time spent
- If time covers two time periods, bill each modifier
- If time covers two dates of service (2200 – 0400), need to bill two 03.01AA (one for each date of service)

ALBERTA MEDICAL ASSOCIATION

Time Premium Maximums

- Maximum per day/physician

20	**TEV**	M-F 1700 – 2200
8	**TNTP**	2200 – Midnight
28	**TNTA**	Midnight – 0700
60	**TWK**	W/E 0700 – 2200
60	**TST**	STATS 0700 – 2200
60	**TDES**	Designated holiday 0700 – 2200

ALBERTA MEDICAL ASSOCIATION

Billing Specifics

Telephone/Other Communication with Physicians/Other Professions

ALBERTA MEDICAL ASSOCIATION

Phone Advice

- Phone advice to paramedic, assisted living/designated living and lodge staff, active treatment facility worker (in patient), long term care worker, nurse practitioner, hospice worker, home care worker or public health nurse via telephone or other telecommunication method
  - Different rules for each
  - Resident physicians are not considered active treatment facility staff
  - Claimable for inpatients/LTC patients, but not ER patients
  - Physician **must** be outside the facility to claim

03.01NG	W/D 0700 – 1700	$17.43
03.01NH	W/D 1700 – 2200 or W/E 0700 – 2200	$20.60
03.01NI	ANY DAY 2200 – 0700	$23.77

Claim when instructions re patient care and management are given via telephone at request of facility or home care staff. If call results in physician attending patient in person, claim appropriate visit with time premiums/ inconvenience codes or modifiers.

ALBERTA MEDICAL ASSOCIATION

Rules for Phone Advice

- Must be initiated by other party
  - Except LTC – may be physician initiated
- Maximum 2/patient/physician/day (use encounter numbers to differentiate if 2 calls made/received)
- May be claimed in addition to other services SDOS
- Documentation required
- LTC & Active Rx worker – physician must be outside the facility
- Location is where physician is (OTHR, office)
- Nurse practitioner – must be in independent practice or working at nursing station with no physician present
- Home care – may be in person & must be administered by AHS

ALBERTA MEDICAL ASSOCIATION

Advice to Pharmacist

03.01NM	Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient	$17.43

- **Purpose**: To seek advice/opinion or to inform physician when changes to prescription, pharmacist-initiated prescriptions, care plans or med reviews have occurred.
- Pharmacist must initiate
- **Not claimable** for/when:
  - Prescription renewal
  - Physician proxy provides advice
- Max 1/day/patient; multiple patients discussed, each billable
- Visits billable in addition
- Documentation required in patient record

ALBERTA MEDICAL ASSOCIATION

Physician to Physician Telephone or Telehealth Videoconference or Secure Videoconference Consultation

Referring Physician (must be practicing physician – not resident)		
03.01LG	W/D 0700 – 1700	$33.28
03.01LH	W/D 1700 – 2200 or W/E 0700 – 2200	$36.45
03.01LI	2200 – 0700	$40.69
Consultant (must be practicing physician – not resident)		
03.01LJ	W/D 0700 – 1700	$77.74
03.01LK	W/D 1700 – 2200 or W/E 0700 – 2200	$115.07
03.01LL	2200 – 0700	$135.81

ALBERTA MEDICAL ASSOCIATION

Physician to Physician Telephone or Telehealth Videoconference or Secure Videoconference Consultation

- **Claimable** when:
  - Call initiated by referring physician (not resident)
  - Consultant (physician, not resident) provides opinion & recommendations for pat Rx & management
  - Service provided using a secure videoconference system in compliance with CPSA guidelines
  - Physician/clinic has submitted a Privacy Impact Assessment acceptable to the OIPC
- **Not claimable** when purpose of call is to:
  - Arrange for transfer within 24 hours unless patient transferred to an outside facility and advice was given re management prior to the transfer
  - Arrange for an expedited consultation or procedure within 24 hours
  - Arrange for lab or DI investigations
  - Discuss or inform referring physician of results of diagnostic information
- Max 2/day/patient/physician – documentation required
- Telehealth videoconference both physicians must be at regional telehealth facility
- Referral PRACID required

ALBERTA MEDICAL ASSOCIATION

E-Consultations

03.01R	Physician to physician e-consultation – referring physician	$33.28

- Time spent completing the referral may **not** be claimed using complexity modifiers
- Documentation of the request and advice given must be recorded in patient record
- **Claimable** when:
  - Request and response are sent using a secure electronic communication that is in compliance with CPSA guidelines on secure electronic communication
  - Physician/clinic has submitted a Privacy Impact Assessment acceptable to the OIPC
- **Not claimable** when/with:
  - Arranging for an expedited consultation
  - Arranging for lab or DI investigations
  - Discussing or informing referring physician of results of diagnostic information
  - For transfer of care
- NetCare eConsultation service eligible

ALBERTA MEDICAL ASSOCIATION

Questions?

ALBERTA MEDICAL ASSOCIATION

Billing Specifics

Family Conferences/Other Indirect Services to/Communication with Patients

ALBERTA MEDICAL ASSOCIATION

Family Conference via Telephone

03.05JP	Family conference via telephone relating to acute care facility in-patient, registered ER or out-patient, LTC, hospice patient UCC or AAAC patient	$41.20

- Intended for patients who are unable to communicate or require periodic family conferences
- Location or mobility factors preclude meeting in person
- Timely communication with family is essential to patient care or organ/tissue transfer/collection
- Communication about patient condition or to obtain collateral information relative to patient management and care activities
- **Not claimable** for relaying lab or DI results or arranging follow up care
- Documentation of communication to be maintained in patient record

ALBERTA MEDICAL ASSOCIATION

Family Conferences

03.05JB	Formal, scheduled, family conference relating to a specific patient(per 15 minutes or major portion thereof)	$51.98

- Max 3 hrs/year/patient/physician
- Intended for patients whose condition warrants periodic family conferences
- Not intended for visits where patient is accompanied by family member(s)
- Must be scheduled in advance
- Claim under the patient's health insurance number
- Maintain record of names and family relationships of attendees

ALBERTA MEDICAL ASSOCIATION

Team Conferences

Formal, scheduled means that the conference is scheduled in advance re specific patient

03.05JA	Formal, scheduled, multiple health discipline conference /15 min or major portion thereof	$42.47

- With para medical personnel re: health care where social & other issues involved
- Not intended for review of physician panel, giving patient care direction to PCN or office staff (including referral coordination) appointment follow-up and so on
- Must be booked to discuss specific individual patient, and
- Discussion regarding individual patient must be 8 minutes or more to claim
- More than one physician attending to discuss individual patient – text required
- Max 3 hrs/year/patient/physician (April 1 – March 31)
- Not billable at same encounter as visit

ALBERTA MEDICAL ASSOCIATION

Physician Call to Patient

03.05JR	Physician telephone call directly to patient, to discuss patient management/diagnostic test results	$20.00

- Max 14/week/physician (Sun – Sat)
- May not be used for INR management
- Not claimable for same patient in the same calendar week as 03.01S or 03.01T
- May be

ALBERTA MEDICAL ASSOCIATION

Questions?

ALBERTA MEDICAL ASSOCIATION

Billing Specifics

Other Visits and Patient Care

ALBERTA MEDICAL ASSOCIATION

Psychotherapy (08.19G)

08.19G/GZ	Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counseling	$47.54

- **NON-PSYCHIATRIST** - ***only when physician assessment establishes that patient is suffering from psychiatric disorder***
- Time based; claim per 15 minutes or major portion thereof
- Claim for direct physician:patient time only

ALBERTA MEDICAL ASSOCIATION

Palliative Care

Definition: Terminal Disease, Multidisciplinary Team (GR 4.2.4)		
03.05I, 03.05IZ	Direct care	$52.32
• Per 15 min or portion thereof • No current modifiers for after-hours		
03.05T	Indirect care	$42.47
• Per 15 min or major portion thereof • Essentially a team conference with other physicians, family, allied health, community agencies • Bill under patient ULI		
03.05U	Second physician at palliative care conference	$28.53
• Per 15 min or major portion thereof		

ALBERTA MEDICAL ASSOCIATION

Admission to Addiction Rx Facility

03.04I	Comprehensive visit, including completion of form, required for admission to a regional health authority addiction residential treatment facility	$123.61

- Only for AHS-operated facilities
  - See this link: http://www.humanservices.alberta.ca/AWonline/IS/4873.html
- Admission forms to others are uninsured and should be billed to the patient/3rd party

ALBERTA MEDICAL ASSOCIATION

Home Visits

03.03N	Home visit, first patient seen	$85.58
03.03P	Home Visit, second and subsequent patients seen	$31.70

- Must complete a limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient to claim
- “Home" includes personal residence or temporary lodging, group home, seniors' lodge, personal care home and other residences as approved, but does not include auxiliary hospitals or nursing home
- CMGP eligible – include clinical time, charting, care coordination, etc., but not travel time

ALBERTA MEDICAL ASSOCIATION

Monitoring

- The physician is ultimately responsible for all claims submitted
- Paid does not always mean it was legitimate
- There are some edits in place to catch obvious errors
- If in doubt, check it out:
  billingadvice@albertadoctors.org

ALBERTA MEDICAL ASSOCIATION

Monitoring cont'd

- In the office, compare:
  - Appointment log to submissions
  - Submissions to statement of assessment
- Review statement of assessments
- Do explanatory codes make sense?
- If not ask…
  - AMA – billing advice or individual
  - AH

ALBERTA MEDICAL ASSOCIATION

Resources

ALBERTA MEDICAL ASSOCIATION

Resources

- **AMA Fee Navigator®**
  - www.albertadoctors.org/fee-navigator
- **AMA Billing Advice**
  - billingadvice@albertadoctors.org
- **Alberta Health Bulletins**
  - www.alberta.ca/bulletins-for-health-professionals.aspx
- **Alberta Health Schedule of Medical Benefits**
  - https://www.alberta.ca/fees-health-professionals.aspx

ALBERTA MEDICAL ASSOCIATION

Questions & Wrap-up

ALBERTA MEDICAL ASSOCIATION

Thank you!

ALBERTA MEDICAL ASSOCIATION