

AHCIP Billing: Virtual Care Codes

Quick Reference Guide

Understanding how to bill virtual care codes can be confusing. In this guide, we'll share some tips on how to best bill for virtual care to ensure you are getting paid for the care you are providing.

Overview of Virtual Care Codes

In recent years, the landscape of medical care delivery in Alberta has undergone significant changes. The introduction of new virtual billing codes by the Alberta government has revolutionized how physicians can provide care through telephone and video conferencing.

However, many physicians find navigating these new virtual care codes challenging. The complexities of proper billing for these services can be overwhelming, potentially leading to errors and claim rejections.

Virtual care codes table (without limitations)

Fee Code	Description	Rate
03.01AD	Advice to patient or their agent via telephone, email and video conference including virtual care during a viral epidemic. Maximum 1 per patient per physician per day.	\$20
03.03CV	Assessment provided by GP's and Specialists via telephone or secure video conference; 10+ minutes physician: patient direct time. Rates will be equal to an in-person limited assessment (HSC 03.03A) and vary by skill.	\$25.09
03.03FV	Follow up assessments (visits), for referred patients only, provided by specialists via telephone or secure video conference; 10+ minutes physician: patient direct time. Rates will be equal to an in-person follow-up assessment (HSC 03.03F) and vary by skill.	\$32.54
03.08CV	Comprehensive consultations provided via telephone or secure video conference; consultation requirements apply. Rates will be equal to an in-person comprehensive consultation (HSC 03.08A) and vary by skill.	\$80



08.19CX	Comprehensive psychiatric consultation provided via telephone or secure video conference; consultation requirements apply. Rates will be equal to an in-person psychiatric consultation (HSC 08.19A) and vary by skill.	\$53.22
08.19CV	Psychotherapy and other psychiatric services (such as group therapy) provided via telephone or secure video conference by a Psychiatrist or a Generalist in Mental Health. Rates will be equal to an in-person psychiatric assessment (HSC 08.19GA) and vary by skill.	\$44.86
08.19CW	Psychotherapy and other psychiatric services (such as group therapy) provided via telephone or secure videoconference by a GP or Pediatrician, per full 15 minutes. Rates will be equal to an in-person psychiatric assessment (HSC 08.19G) and vary by skill.	\$48.89

Virtual care codes table (with limitations)

Fee Code	Description	Rate
03.05JR	Physician telephone call directly to patient to discuss test results. Maximum of 14 per week per physician.	\$20
03.01S	Physician to patient secure electronic communication. Maximum 1 per patient per week to a maximum 14 per week per physician.	\$20
03.01T	Physician to patient secure video conference. Maximum 1 per patient per week to a maximum 14 per week per physician.	\$20

Alberta Virtual Care Billing Tips and Requirements

Here are some tips and requirements to help physicians bill for virtual care:

- **Visits:** Visits must be initiated by your patient or their agent (i.e., family, spouse, guardian, etc.) meaning that the patient or their agent has either booked the appointment or requested to see you virtually.
- **Consultations:** Consultations are considered initiated on the patient's behalf by virtue of the consultation request.
- **Service Location:** The location of the service is the patient's location at the time of the service. For example, if the service was provided to a patient at a nursing home, select "Home".
- **Only physician-to-patient time can be claimed:** If you choose to complete charting/referral letters after the patient visit/consultation appointment has concluded, you cannot claim this time.
- **Limit of one virtual visit per patient, per physician, per day may be claimed:** Virtual codes cannot be billed with other virtual services or in-person services provided on the same day, by the same physician, for the same patient.



- **Additional premiums:** Additional premiums such as age modifiers, complex modifiers, after-hours time premium, prolonged codes, Business Cost Program (BCP) and Rural Remote Northern Program (RRNP) will not apply to virtual codes.
- **Virtual services 10 minutes or less:** Virtual services that are 10 minutes or less MUST be claimed using 03.01AD, regardless if the service was related to COVID-19.
- **TELES:** The telehealth modifier TELES, does NOT apply to any temporary virtual codes.
- **General COVID-19 information:** None of the above virtual codes may be claimed for providing general information on COVID-19.
- **Limitations of “V” category code:** Virtual care codes do not apply to the limitations of “V” category code as they relate to the Daily Cap for office, home and unregistered facilities.

Indirect Care

Physician providing indirect care/patient management services that are related to the provision of an insured service may be included in the time calculations for virtual services.

Fee Code	Description	Rate
03.01AD 03.03CV 03.03FV 03.08CV	All physicians who provide both in-person and virtual care as part of their practice.	Time spent on patient management services can be counted towards the time requirements for relevant virtual care HSCs.

Note: In order to be eligible to claim for patient management time, all services must have been completed on the same date of service as the patient virtual visit; only physician time can be claimed.

Complex Modifiers

Physicians can now bill a single complex modifier for eligible virtual visits and consultations.

Fee Code	Eligible Specialties	Change
03.03CV	Family physicians meeting criteria	May bill CMGP01 for a virtual limited assessment when the total time spent providing patient care is at least 15 minutes (No additional calls of CMGP are allowed).



Fee Code	Eligible Specialties	Change
03.03CV	Specialists meeting criteria from the following specialty groups: <ul style="list-style-type: none"> – Community medicine – Geriatric medicine – Occupational medicine – Radiation oncology – Cardiology – Endocrinology / metabolism – Hematology – Infectious diseases – Internal medicine – Medical oncology – Nephrology – Pediatrics – Pediatric cardiology – Rheumatology 	May bill CMXv15 for a virtual limited assessment when the total time spent providing patient care is at least 15 minutes.
03.03CV	All remaining specialties not listed above.	May bill CMXV20 for a virtual limited assessment when the total time spent providing patient care is at least 20 minutes.
03.03FV	Specialties meeting criteria from the following specialty groups: <ul style="list-style-type: none"> – Cardiology – Endocrinology / metabolism – Hematology – Infectious diseases – Internal medicine – Medical oncology – Nephrology – Pediatric cardiology – Pediatrics – Rheumatology 	May bill CMXV20 for a virtual follow-up assessment when the total time spent providing patient care is at least 20 minutes (referred cases only).
03.08CV	All physicians meeting criteria for referred cases only.	May bill CMXC30 for virtual consultations when the total time spent providing patient care is at least 30 minutes.