To: All Physicians and billing staff

Effective March 12, 2020, to minimize the risk of exposure to the COVID-19 virus and to ensure continuation of care if a patient or physician self-isolates, the Ministry of Health has activated Health Service Code (HSC) 03.01AD.

03.01AD can be used to bill for providing advice via telephone, email, and videoconference including virtual care¹.

- Email and videoconference systems must be in compliance with the CPSA guidelines on secure electronic communication and when the physician/clinic has submitted a Privacy Impact Assessment for this service acceptable to the Office of the Privacy Commissioner of Alberta.
- Regular landlines and cell phones can be used to provide advice.

When can a physician submit claims for HSC 03.01AD?

HSC 03.01AD is NOT limited to patients with diagnosed or suspected COVID-19. As such, physicians can submit claims for HSC 03.01AD as follows:

- Providing care for any Non-COVID-19 related conditions to any patient.

Additionally:

- There is no cap on the number of claims a physician can submit. However, 03.01AD may only be claimed once per patient, per physician, per day.
  - The daily cap coming into effect on March 31, 2020 will not apply to 03.01AD.
  - 03.01AD can be billed from all facilities (e.g. office, home, hospital etc.).
- 03.01AD will remain active as long as the Chief Medical Officer of Health determines it should remain active.

Changes to the Claim Assessment System (CLASS) are complete and physicians can use this code immediately. The Schedule of Medical Benefits is updated through an amending Ministerial Order, and a copy can be found in attachment 1. Please note that “telephone advice” will be deemed as “advice through a regular landline or cellphone, secure email, and secure videoconference system”

¹ Essentially, 03.01AD rolls the three telemedicine codes (03.01S, 03.01T, and 03.05JR) into a single service.
Appropriate Diagnostic Codes:

To help with monitoring, please use ICD Code 079.82 or 079.8 (if restricted by claim submitter software) on all SOMB claims related to COVID-19 even if the patient is not diagnosed with COVID-19 but consulted a physician for symptoms.

Inquiries:

Any inquiries regarding this change can be sent to health-pcsp.admin@gov.ab.ca.

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<tr>
<th>Contact:</th>
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<tr>
<td>Provider Compensation and Strategic Partnerships Branch</td>
<td>Camille Bailer</td>
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<td><a href="mailto:health-pcsp.admin@gov.ab.ca">health-pcsp.admin@gov.ab.ca</a></td>
<td>Executive Director Provider Compensation and Strategic Partnerships Branch</td>
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Attachment:

1. Ministerial Order Amending 03.01AD
WHEREAS the Schedule of Medical Benefits (SOMB) is implemented under the authority of the Alberta Health Care Insurance Act;

WHEREAS the most recent SOMB, as prescribed by M.O. 18/2019, is for services provided on or after October 1, 2019; and

WHEREAS it is desirable to make further changes to the SOMB to support activities to protect the public health during a viral epidemic;

THEREFORE, I, LORNA ROSEN, Deputy Minister of Health, pursuant to section 3(1) of the Medical Benefits Regulation (Alta. Reg. 84/2006), and section 21(1)(b) of the Interpretation Act, hereby:

1. Repeal M.O. 18/2019;

2. Continue the SOMB (appendix to M.O. 18/2019) for services provided on or before March 11, 2020; and

3. Establish a new SOMB set out in the attached appendix for services provided on or after March 12, 2020.

This Ministerial Order is effective upon signing.

DATED at Edmonton, Alberta this 13th day of March, 2020.

LORNA ROSEN
DEPUTY MINISTER
Amendment to Fee Code 03.01AD

New Description:

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.
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. May not be claimed for services provided through Health Link.
6. Documentation of the request and advice given must be recorded.
7. May only be claimed when communication is provided by the physician.

Previous Description:

03.01AD Telephone advice to a patient or their agent ("agent" as defined in the Personal Directives Act) regarding H1N1 virus.

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 his discretion, that it is appropriate to implement this health service code even though a public health emergency has not been declared.
2. May only be claimed for direct physician telephone advice provided to a patient or their agent about the patient's suspected or active H1N1 symptoms.
3. May only be claimed when the request for advice is initiated by a patient or their agent.
4. May only be claimed once per patient, per physician, per day.
5. Benefit includes providing a new prescription or prescription renewal if provided.
6. May not be claimed for providing general information on H1H1.
7. May not be claimed for services provided through Health Link.
8. Documentation of the request and advice given must be recorded.