

June 14, 2013

Volume XLIX - #3

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On-line documentation available at :

www.gov.ns.ca/health/physicians_bulletin

UPCOMING FEES

NOTE: Please hold all eligible service encounters to allow MSI the required time to update the system. Once a new Health Service Code has been assigned, it will be published in the MSI Physicians' Bulletin

The following fee has been approved for inclusion into the Fee Schedule, effective May 1, 2013.

Category		Unit Value
VIST	Examination of a victim of an alleged sexual assault and evidence collection	245 MSU + 15 units per 15 mins after 3 hours (maximum 6 x 15 min time intervals)

Description:

This all-inclusive fee includes all aspects of the medical history, the medical, psychological and forensic examination, including collection of evidence according to the protocol prescribed by the Department of Justice for the investigation of an alleged sexual assault and the initial medical treatment of the victim by the physician.

Billing Guidelines:

Not to be billed with any other fees during the same time period.

To be eligible for this fee, the evidence must be collected and the documentation submitted according to the Department of Justice protocol.

Specialty Restriction:
GENP

Location:
Regional Hospitals only

Physician Testimony – Sexual Assault Prosecution

In the event that a charge of sexual assault is laid and a prosecution results, a physician may be subpoenaed by the Crown to testify in court. All costs associated with preparation for that court appearance and testifying in court should be submitted in an invoice to the Nova Scotia Public Prosecution Service by the physician.

The following fee has been approved for inclusion into the Fee Schedule, effective June 1, 2013.

Category		Unit Value
MASG	Release of a single digit including the interphalangeal joint(s) for Dupuytren's disease	120 4+T

Description:

Release of Dupuytren's contracture of a single digit including PIP and/or DIP joint to be used when palmar disease is not present. Dupuytren's involvement of digit must include the PIP and/or DIP joint.

To include any necessary joint or tendon releases; local tissue shifts, Z plasty, harvesting and placement of skin graft as required for wound closure.

Billing Guidelines:

Not to be billed with 98.51 C, 98.51 D
Local Tissue shifts - Z plasty and flaps,
95.01 incision of tendon sheath,
92.63 A Excision (capsulectomy, synovectomy, debridement) of metacarpophalangeal joint,
92.63 B Excision (capsulectomy, synovectomy, debridement) of interphalangeal joint.
93.79 B, C, or E Arthroplasty or reconstruction of interphalangeal and/or metacarpophalangeal joint(s)

In addition, the description of 94.13D has been amended to "Release of each additional digit including proximal interphalangeal joint release (Add on to complex palmar fasciectomy *or release of a single digit*) – plus multiples, if applicable.

ADON 94.13D may be added if multiple digits are involved without palmar surgery.

Specialty Restriction:

PLAS, ORTH (With proof of Hand Fellowship)

Location:

Hospitals only

The following fee has been approved by the Master Agreement Steering Group (MASG) for inclusion into the Fee Schedule, effective June 1, 2013

Category		Unit Value
CRCR	Comprehensive care for patient requiring Extracorporeal Membrane Oxygenation (ECMO)	First Day 205.08 Day 2-10 inclusive 102.9 Eleventh Day Onward 51.45

Description:

For the comprehensive care of the patient in the ICU/Critical care unit requiring ECMO

Billing Guidelines:

This replaces other critical care daily fees when the physician is responsible for critical care, ventilatory support, and manages extracorporeal membrane oxygenation for the patient in a designated intensive care area. Preamble rules as per Critical care/intensive care apply.

Location:

IWK and QEII Critical Care Units

WCB - New form and fee for Carpal Tunnel Syndrome report

Hand and Wrist symptoms caused by repetitive work are becoming more prevalent in NS workplaces, particularly in the form of Carpal Tunnel Syndrome. These symptoms can manifest over a period of time and it is difficult to causally relate Carpal Tunnel Syndrome to the workplace. In an effort to support injured workers and physicians and adjudicate claims in a timely manner, the Workers' Compensation Board of NS is launching a new form for Physicians related to Carpal Tunnel Syndrome. This new Hand/Wrist Report will provide the WCB with the medical information required to assess hand/wrist symptoms. This form will also streamline the current process for physicians by alleviating the need to provide the WCB with chart notes for Carpal Tunnel Syndrome injuries. This new form will be available for use on the WCB website at: <http://www.wcb.ns.ca>, starting July 1, 2013. Physicians will be paid the same amount for this form as the WCB's Physician's Report (Form 8/10). This fee includes the visit and completion of the form.

NOTE: Please hold all eligible service encounters to allow MSI the required time to update the system. Once a new Health Service Code has been assigned, it will be published in the MSI Physicians' Bulletin

PREAMBLE REVISIONS

4.20 Sexual Assault Examination

4.20.1 This is an assessment of a patient in which the physician follows the protocol prescribed by the Department of Justice for the investigation of alleged sexual assault.

4.20.2 The forensic examination portion of the treatment of a sexual assault victim is not insured under MSI, but payment is included in the Health Services Code ***Examination of a victim of an alleged sexual assault and evidence collection***. MSI will recover this portion of the fee from the Department of Justice. The police agency requesting the forensic examination must be indicated. (See Billing Instructions Manual re: fees)

7.9.3 Critical Care Codes

(d) Extracorporeal membrane Oxygenation (ECMO)-When one physician provides critical care, ventilator support services, and manages extracorporeal membrane oxygenation for the patient in a designated intensive care area, a service encounter claim should be submitted for Comprehensive care for patient requiring Extracorporeal Membrane Oxygenation.

BILLING REMINDERS

Billing for services with no listed service code

6.3.3 Exceptional Clinical Circumstances may warrant a fee other than that listed. In the event a practitioner performs a service he or she believes should be insured, but is unable to find an appropriate service code or finds an appropriate service code but feels the listed tariff does not adequately compensate the service, a request for an exceptional fee may be submitted. The request must be accompanied by complete details, including the duration of the service, adequate to explain and justify the number of units requested.

Note: The exceptional fee process is not intended for use on a routine basis when a physician disagrees with the listed tariff for a service.

Functional Endoscopic Sinus Surgery (FESS)

It has come to the attention of MSI Assessment that Functional Endoscopic Sinus Surgery is being billed using a variety of health service codes. As there is not an appropriate health service code for FESS, effective July 1/2013, it should be billed as EC as per 6.3.3. stated above. Please ensure that the text field indicates FESS was performed and include the duration of the procedure.

Billing for I&D abscesses, removal foreign bodies, and wound packing

Please note HSC 62.0A Drainage of abscess/cyst, HSC 62.0B Removal of foreign body and HSC 62.0C Incision and packing of wound are specific to hepatic surgery only. These major surgery codes are explicitly for liver-related surgeries and not to be used for other organs. Please refer to the Physicians Manual to ensure the proper Health Service Codes are used for non-liver related abscesses, foreign bodies and wound packing.

Cosmetic surgery

Physicians are reminded that cosmetic surgery is uninsured.

4.9.1 Cosmetic Surgery is defined as a service done solely for the purpose of altering the appearance of the patient and not medically necessary.

4.9.2 When there is doubt as to whether the proposed surgery is medically required or cosmetic, the operating surgeon should obtain prior approval from MSI. Anaesthetic and other fees associated with non-insured services are non-insured as well. MSI will pay for a visit or consultation to determine if a treatment method is insured, even though the proposed procedure is non-insured.

Correct service date on claim

Physicians are reminded that they must submit accurate claims information, including the date of service. When claims are audited, MSI staff look for the record of service on the date indicated on the claim. In some instances, physicians are submitting a date of service other than the date the patient received the service.

When a review of the documentation is required prior to payment, MSI staff are able access the Horizon Patient Folder (HPF) but only for the date of service noted on the claim. If a service is claimed on an incorrect date, the physician will be required to produce the record prior to processing the claim.

GENERAL INFORMATION**Health Card Processing**

The turnaround time for processing a request for a new health card is 10 business days following receipt of a complete application. The timeline for processing a health card renewal is 20 business days. These turnaround times are consistent with other jurisdictions across Canada.

It has come to MSI's attention that some office staff are faxing in renewal forms as urgent or noting the name of a specific MSI Customer Service Representative on the completed form in an attempt to have the renewal form processed more quickly. These special requests cannot be accommodated. In general, renewals will be processed in the order received.

RCMP - Basic health care coverage

Effective April 1, 2013, eligible Nova Scotian RCMP members receive coverage of their basic health care through MSI. By now, all eligible RCMP members should have received a Nova Scotia MSI health card which they must present for basic medical and hospital services. MSI-insured medical services provided to RCMP members should be billed at the regular MSI rates. Billing for services rendered due to duty-related illness should continue to be submitted to the RCMP member's divisional Occupational Health and Safety Services office.

Outdated Claims Policy

All original claims must be submitted to MSI within 90 days of the date of service. Claims that are outside of the specified time limitations will only be considered if extenuating circumstances can be demonstrated for a late submission and are within a reasonable time frame past the 90 day limit. Request for an extension must be made to MSI in writing and will be approved on a case by case basis.

The time frame for submitting the request to MSI for late submission should be within one month following the 90 day limit. Examples of extenuating circumstances may include physical damage to office such as fire or flood and or a serious technical issue.

Circumstances relating to staffing issues/shortages and mislaid, misfiled, or lost claims cannot be accepted by MSI as valid explanations for a late submission.

Claims for registered hospital in-patients must also be submitted within the 90-day time limitation regardless if the patient has been discharged or continues on an in-patient basis. It is incumbent on the physician to obtain the required billing information for these patients and submit claims within the prescribed time limitations. Explanations relating to late discharge summaries, or facilities not consolidating the required information for the physician, cannot be accepted as a valid explanation for a late submission.

Service Encounters submitted over the 90-day time limitation will be adjudicated to pay "zero" with the following exceptions:

- a. Reciprocal billing claims (out of province) must be submitted within 12 months of the date of service.
- b. Resubmission of refused claims or incorrect billings. These claims must be resubmitted to MSI within 185 days of the date of service. Each resubmission must contain an annotation in the text field of the Service

Encounter submission referencing the previous Service Encounter Number.

Please note: Failure to annotate the text field with the previous Service Encounter Number will result in an adjudication paid at “zero.”

Important Information Physicians Need to Tell MSI

- Are you changing your bank account? (form required)
- Are you relocating your office practice?
- Is your MSI business mail properly addressed?
- Are you changing your billing software or service bureau?

For any of the above reasons or other related issues, please contact the Provider Coordinators at msiproviders@medavie.ca or send a detailed fax to 469-4674/ Toll-free 1-877-910-4674. If you would like to speak to one of the Provider Coordinators, please call 496-7107.