

March 26, 2008

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Out of Country Elective Specialized Services

Funding for eligible residents of Nova Scotia who are referred outside of Canada for elective specialized physician services not available in Canada will be considered where it can be demonstrated that the individual has a significant medical problem which has been unresponsive to all reasonable attempts to treat it utilizing services available within Canada and the proposed treatment is of proven medical benefit.

Certain conditions apply to consideration of such requests:

- The province will only consider payment for elective out of country services if prior authorization has been obtained from DoH/MSI.
- Applications for prior approval of elective out of country services must be submitted to the Medical Consultant at MSI by an appropriate specialist whose name is on the Specialist Register of the College of Physicians and Surgeons of Nova Scotia and who is actively involved in the eligible resident's care in NS. A copy of the application must be sent to the Director, Insured Services, DoH.

Applications for elective out of country specialist services must be accompanied by:

- A description of the eligible resident's relevant medical history.
- A description of the medical services requested as well as an estimation of the likelihood of a positive outcome.
- A description of any out of country follow-up requirements.
- Information on the available medical services in Canada and an explanation of why these are not sufficient for the resident's needs.
- When the proposed treatment is a new or emerging medical service, documentation of reputable clinical trials beyond Phase III, published in peer reviewed medical literature.
- A written recommendation in support of the out of country service, confirming that that this is the specialist's recommendation and that the referral is not being provided solely at the request of the patient.

MSI will review the application and provide a response to the referring specialist within 30 days of receiving a complete application.

UPDATED FILES - Availability

Updated files reflecting changes are available for download on **Friday, March 28, 2008**. The files to download are health service (services.dat), health service codes (serv dsc.dat), and explanatory codes (explain.dat).

BREAST RECONSTRUCTION – Malignant or Pre-Malignant Conditions

The following health service codes relating to breast reconstruction will no longer require prior approval when performed for malignant or pre-malignant conditions.

Fee Code	Description
97.31C	Functional pedicled breast reduction (regions required)
97.32B	(Bilateral) functional pedicled breast reduction

CORRECTIONS

Previously published incorrectly as 91.32D, bulletin dated December 7, 2007.

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MAFR	91.32E (RG=RIGT, LEFT, or BOTH)	Open reduction and internal fixation – using plates and/or screws – metacarpal	105 Anaesthesia 4 + T

This code is now available for billing. Please refrain from using health service code EC for this service.

Change in Unit Value

Health service code 26.53 for RG=RIGT and RG=LEFT from 152.55 units to the correct amount of 113 units.

OUTDATED CLAIMS POLICY (periodic publication)

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 prior written approval has been obtained from MSI.

Explanations relating to 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 6 months (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."
- c. Shadow Services: Although the system rules are not applied to these services, in the interests of maintaining appropriate and comprehensive records, you are encouraged to submit these services within the prescribed time lines.

MSI would also like to bring to your attention the significance of the clause concerning "prior written approval." Prior authorization for a late submission is granted at the discretion of the Manager, MSI Programs.

This authorization is rarely withheld when a reasonable explanation for an expected delay is provided. Conversely, requests for late submissions, after the claims have already become outdated, are rarely authorized unless true extenuating circumstances can be demonstrated.

In situations where you know that your claims will not be submitted within the prescribed time lines, loss in revenue can be largely avoided with a simple one-page fax to MSI requesting an extension.

Bulletin



Bulletin Number 4460	Date November 30, 2007	Direct inquiries to Ministry of Health and Long-Term Care Office Locations (address below)
Distribution Physicians, Hospitals, Clinics and Laboratories		

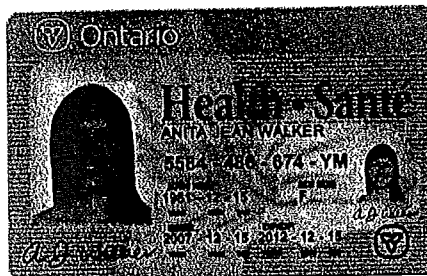
Subject: Health Card Security Enhancements

The Ministry of Health and Long-Term Care recognizes the importance of having a secure Health Card and is introducing changes to enhance the security of its current card. These additional security enhancements will make the Health Card more tamperproof and counterfeit resistant. In order to further protect personal health information, address information has been removed from the back of the Health Card.

Ontarians will not receive an enhanced Health Card until their current card expires, or a replacement card is required. Both the red and white and the current photo health card remain acceptable as proof of entitlement to medically necessary insured health services providing they are valid and belong to the person presenting the card.

The additional security features include:

- A new security background
- Secondary photo and signature
- Tactile features (Health Number, Version Code, and Ontario trillium logo)
- A 2D bar code



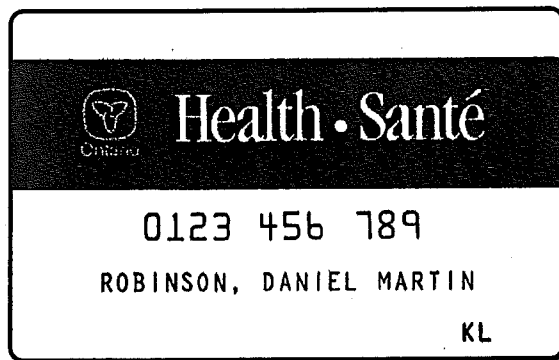
This image is provided as a sample only to illustrate the enhanced Health Card.

Office locations

Barrie 34 Simcoe St. Suite 102 L4N 6T4	Etobicoke 3300 Bloor St. W., Unit 142 M8X 2W8	Hamilton 119 King St. W. P.O. Box 2280, Stn. A L8N 4C8	Kenora 220-808 Robertson St. P9N 1X9	Kingston 1055 Princess St. P.O. Box 9000 K7L 6A8	Kitchener 1400 Weber St. E. Unit B2 N2A 3Z8	London 217 York St., 5th Floor Station A N8A 4L6
Mississauga 201 City Centre Dr. P.O. Box 7020, Stn. A L5A 3M1	Newmarket 485 Davis Dr. Unit 108 L3Y 8T2	North Bay 101-447 McKeown Ave. P1B 9S9	North York 4400 Dufferin St N M3H 6A8	Oakville Oakville Town Centre II 220 North Service Rd. W. L6M 2Y3	Oshawa Exec. Tower, Oshawa Centre. 418 King St. W. P.O. Box 635 L1H 8L4	Ottawa Fuller Building 75 Albert Street K1P 5Y9
Owen Sound 1400 1st Ave. W. Suite #2. N4K 6Z9	Peterborough 650 Lansdowne St. W. K0J 8J8	St. Catharines 301 St. Paul St. Mezzanine Level L2R 9M8	Sarnia 452 Christina St. N. N7T 5W4	Sault Ste. Marie Roberta Bondar Place 70 Foster Dr., Ste. 100 P6A 6V4	Scarborough Exec. Tower, 2083 Lawrence Ave. E. M1R 2Z4	Sudbury 199 Larch St., Suite 801 P3E 5R1
Thunder Bay 435 James St. S., Suite 113 P7E 6T1	Timmins 39 Pine St. N., Suite 110 P4N 6K6	Toronto 47 Sheppard Ave. E. Suite 417 M2N 7E7	Toronto-Downtown 777 Bay St. Suite M212 M5G 2C8	Windsor 1427 Ouellette Ave. N8X 1K1	Head Office P.O. Box 48 Kingston, ON K7L 6J3	

**It is important to carry
your health card at all times**

You may have a red and white



or photo health card.



Either card is acceptable
for insured health services,
but it must be valid and belong to you.

DATE: January 16, 2008

TO: IHIACC Members

FROM: D. Slobogian-Jones
 Manager
 Out-of-Province
 Benefits/Reciprocal
 Agreements

PHONE NO: 204-786-7380

EMAIL: Deb.Slobogian-Jones@gov.mb.ca

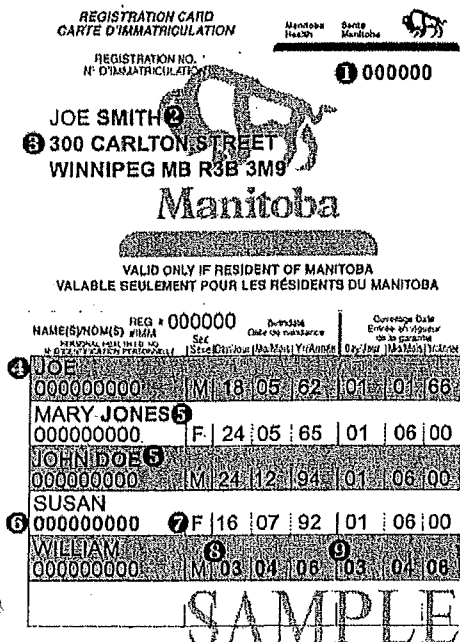
SUBJECT: Manitoba Health Card Enhancement

Please find below a copy of Manitoba Health's enhanced Health Card. The main added feature on the enhanced card is that all alternate surnames are clearly shown beside each family member

Manitobans will receive the enhanced Health Card when their current card needs to be replaced (address changed, etc), or if newly registering to the province. Both the old and the new card will remain acceptable as proof of entitlement to medically necessary insured health services providing they belong to the person presenting the card.

If you have any questions, please feel free to contact me at the phone number provided above.

HOW TO READ THE MANITOBA HEALTH REGISTRATION CARD



REGISTRATION CARD
 CARTE D'IMMATRICULATION

REGISTRATION NO.
 N° D'IMMATRICULATION: 000000

JOE SMITH
 300 CARLTON STREET
 WINNIPEG MB R3B 3M9

Manitoba
 VALABLE SEULEMENT POUR LES RÉSIDENTS DU MANITOBA

NAME(S)/NOM(S)	REG #	Sex	Birth Date	Coverage Date
JOE 000000000	000000	M	18/05/62	01/01/68
MARY JONES 000000000		F	24/05/65	01/06/00
JOHN DOE 000000000		M	24/12/94	01/06/00
SUSAN 000000000		F	16/07/92	01/06/00
WILLIAM 000000000		M	03/04/06	03/04/08

SAMPLE

- 1 This is the Manitoba Health Registration Number. This is always a maximum of 6 (six) numeric with no alphabetic characters. eg. 000000
- 2 This is the Family Surname. This person is designated as the head of the family. All correspondence is addressed to this person. eg. Joe Smith
- 3 This is the Family Address. eg. 300 Carlton Street Winnipeg MB R3B 3M9
- 4 This is the Patient's Given Name. eg. Joe
- 5 This is the Patient's Alternate Surname. Claims must be submitted using the Alternate Surname. There can be multiple surnames on the Manitoba Health Card. eg. Jones, Doe, and Smith.
- 6 This is the Patient's Personal Health Number. This is found under the Given Name and is always 9 (nine) numeric with no alphabetic characters. eg. 000000000
- 7 This is the Patient's Sex – Male or Female. eg. M
- 8 This is the Patient's Date of Birth (Day/Month/Year) eg. 24/12/94
- 9 This is the Patient's Effective Coverage Date (Day/Month/Year). The Coverage Date indicates the day the Patient becomes eligible for Health Benefits. eg. 03/04/08