

January 31, 2014

Volume L #1

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On-line documentation available at :

<http://www.medavie.bluecross.ca/msiprograms>

Electronic Bulletin now available

Please note, that effective January 1, 2014, the MSI Physicians' Bulletin is only available on the MSI website at <http://www.medavie.bluecross.ca/msiprograms>. To be automatically notified of upcoming bulletins, follow the "Subscribe" link located on the home page. Bulletins can be easily saved and printed directly from the new MSI website

Subscribing to electronic access to physicians' bulletins is not only important, but strongly encouraged as it is the responsibility of all physicians to be aware of changes, updates, new billing codes and practices communicated in the bulletins. If for some reason you are unable to access the website please contact MSI at 496-7011 or 1-866-553-0585.

NEW FEES

Note: Physicians holding eligible services must submit their claims from January 1, 2014 onward within 90 days of the date of this bulletin. Please include text referring to this bulletin for any service over the 90 day time frame.

Effective January 1, 2014 the following new health service codes are available for billing:

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	57.6C	Laparoscopic Total Colectomy	500 8+T

Laparoscopic resection of colon with the creation of an ileorectal anastomosis or end ileostomy. Includes mobilization of entire colon, identification of both ureters, dissection of mesocolic vessels, division of colon, delivery of colon through the extraction site, with intra- or extra-corporeal anastomosis of bowel or creation of an end ileostomy, and closure of the extraction site.

Billing Guidelines:

Not to be billed with any other fees for resection of bowel or formation of colostomy or ileostomy on the same patient same day.

Specialty Restriction:

GNSG

Location:

HOSP

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	60.4B	Laparoscopic Assisted Abdominoperineal Resection	630 8+T

Laparoscopic resection of distal sigmoid colon, rectum, and anus with creation of end sigmoid colostomy and perineal dissection to remove the appropriate segment of bowel along with the anal sphincter. Includes mobilization of colon, identification of ureter, dissection of mesocolic vessels, division of colon, total mesorectal excision of rectum and delivery of sigmoid colon, rectum, and anus through perineal incision.

Billing Guidelines:

Not to be billed with any other fees for resection of bowel or formation of colostomy or ileostomy on the same patient same day.

Specialty Restriction:

GNSG with a fellowship in colorectal surgery and/or fellowship in minimally invasive surgery.

Location:

HOSP

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	65.51D	Initial ventral or incisional hernia repair by laparoscopy, reducible or strangulated, with mesh, with or without enterolysis	220 6+T

This fee is for the initial repair of a ventral or incisional hernia using a laparoscopic approach. This fee includes the use of mesh or prosthesis and any lysis of adhesions required to perform the procedure.

Billing Guidelines:

1. May not be billed with:
 - 66.4A Intestinal Obstruction - without resection
 - 66.3 Excision or destruction of lesion or tissue or peritoneum
2. May be billed with:
 - 57.42B Enterectomy with anastomosis if required providing this is documented in the operative report.

3. If the surgical time (skin to skin) exceeds 3 hours for this procedure, it shall be paid EC at a rate of 110 MSU per hour.

Specialty Restriction:

GNSG

Location:

HOSP

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	65.51E	Recurrent ventral or incisional hernia repair, by laparoscopy, reducible or strangulated, with mesh, with or without enterolysis	325 6+T

This fee is for the repair of a recurrent ventral or incisional hernia using a laparoscopic approach. This fee includes the use of mesh or prosthesis and any lysis of adhesions required to perform the procedure. Previous attempt at surgical repair of ventral/incisional hernia must be documented on the health record.

Billing Guidelines:

1. May not be billed with:
 - 66.4A Intestinal Obstruction - without resection
 - 66.3 Excision or destruction of lesion or tissue or peritoneum
2. May be billed with:
 - 57.42B Enterectomy with anastomosis if required providing this is documented in the operative report.
3. If the surgical time (skin to skin) exceeds 3.5 hours for this procedure, it shall be paid EC at a rate of 130 MSU per hour.

Specialty Restriction:

GNSG

Location:

HOSP

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	97.6E	Post Mastectomy Breast Reconstruction with tissue expander or implant, immediate or delayed.	140 4+T

This is a comprehensive fee for breast reconstruction, post mastectomy (immediate or delayed), with a tissue expander or implant to include any or all pectoralis major muscle elevation, serratus anterior muscle transposition, and any tissue shifts required to close the mastectomy wound.

Billing Guidelines:

Comprehensive fee, not to be billed with :
 MASG 97.95 - Insertion of breast tissue expander(s)
 (regions required)

MASG 97.43 - Unilateral augmentation mammoplasty by
implant or graft
MASG 97.44- Bilateral augmentation mammoplasty
Local tissue shifts

On the same patient, same side, same day.

Specialty Restriction:
PLAS

Location:
HOSP

Region:
Right, Left, Bilateral

FEE REVISIONS

Effective November 1, 2013, health service code **60.55** – Hartmann Resection has been revised and updated with the following information:

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	60.55	Hartmann Resection	325 8+T

This is a comprehensive fee for a Hartmann resection (partial sigmoid colectomy, formation of end colostomy, and closure of the distal segment).

Billing Guidelines:
Not to be billed with:
MASG 58.11 Colostomy unqualified
MASG 57.59 Other partial excision of large intestine

Specialty Restriction:
GNSG and VASG

Location:
HOSP

NOTE: The MSI system has now been updated. Claims for this code with a service date from November 1, 2013 to January 30, 2014 will be identified and a reconciliation will occur in the spring of 2014. The reconciliation will be calculated after the 90 day waiting period for submission of claims.

HEALTH SERVICE CODE CLARIFICATION

Geriatrician's Initial Comprehensive Geriatric Consultation to Include CGA (Comprehensive Geriatric Assessment) HSC VIST 03.04D - Please refer to the September 13, 2013 MSI Physicians Bulletin for complete details on this new health service code.

Billing Guidelines:
Time based fee requiring a minimum of 90 minutes. At least 80% of time must be spent in direct patient contact. No other fee codes may be billed for that patient in the same time period.

Please note:

Time spent with family/care givers to obtain pertinent information that cannot be obtained from the patient will constitute time spent in direct contact with the patient for the purposes of billing this code.

BILLING REMINDERS**Second Surgical Assistants**

A surgical assistant is defined as a physician who assists the operating surgeon throughout a substantial portion of the operation. As per Preamble section 9.5.1 (d), when a second assistant is necessary, his or her claim is 50% of the stated service encounter for the first assistant with a minimum of 10.5 units. The need for a second assistant is to be supported by a letter from the surgeon explaining necessity. Please direct the supporting letter from the surgeon explaining the necessity to the MSI Medical Consultant for approval. When approval has been granted the physician may then submit the claim for adjudication.

Claims for second surgical assistants are to be submitted using exceptional circumstances (HSC EC). The text should indicate the health service code (HSC) of the procedure performed, the duration of the service, as well as indicating there is an approval letter on file for this second surgical assist claim.

Paediatric Care of Over-age Patients Age 16 up to and Including 18 Years of Age

As per section 8.4.5 of the preamble, visits, excluding paediatric consultations, outside hospital for over-age patients are not to be paid at paediatric rates except for:

- (i) Behavioural management.
- (ii) Follow-up visits in a paediatrician's office for approved over-age patients with complex multi-system medical problems. **Application must be made in writing to the MSI Medical Consultant and prior approval obtained for each patient.**

Please note: Application for approval must clearly state the diagnosis and provide sufficient clinical information to support complex multi-system medical problems.

Family Physician Chronic Disease Management Incentive (CDM1)

This program is intended to recognize the additional work of General Practitioners, beyond office visits, of providing guidelines-based care to patients with chronic diseases. Providing all eligibility requirements are met, the CDM incentive can be billed once per patient per Fiscal year. Please refer to the July 3, 2009 MSI Physicians' Bulletin for details on eligibility requirements.

In order to receive payment for services provided in Fiscal 2013/14, all claims must be submitted to MSI by March 31, 2014.

EXPLANATORY CODES

The following new explanatory codes have been added to the system:

GN063 Multiple SRAS have claimed for this patient on same day. If second surgical assist for same surgery claim EC. If claiming as surgical assist on a different surgery (same patient/same day) resubmit with text indicating subsequent surgery

MA050 Service encounter has been refused as you have previously billed HSC 58.11 or 57.59.

MA051 Service encounter has been refused as you have previously billed HSC 60.55.

MA052 Service encounter has been refused as you have previously billed HSC 66.4A or 66.3.

MA053 Service encounter has been refused as you have previously billed HSC 65.51D or 65.51E.

- MA054 Service encounter has been refused as you have previously billed HSC 97.95, 97.43, 97.44.
- MA055 Service encounter has been refused as you have previously billed HSC 97.6E.
- MA056 Service encounter has been refused as you have previously billed for a resection of bowel or formation of colostomy or ileostomy.
- MA057 Service encounter has been refused as you have previously billed for a laparoscopic total colectomy or laparoscopic assisted Abdominoperineal.
- VA056 Service encounter has been refused as the diagnostic code provided is not valid for this service.

UPDATED FILES – AVAILABILITY

Updated files reflecting changes are available for download on Friday, January 31, 2014. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), and explanatory codes (EXPLAIN.DAT).