

Fields Required for Patient Specific Claims Submission

FIELD	DESCRIPTION	Information Physicians are required to have for billing
Service encounter type	For all in province service providers, the service encounter type is RGLR. Every service encounter must have this code entered in this field.	Yes
Provider type	The discipline of the service provider, e.g. PH for physician.	Yes
Service provider number	All service providers are assigned a unique six digit ID number by MSI.	Yes
Specialty code	The specialty under which the service provider provided the service. The valid specialty or specialties for each provider are maintained by MSI provider coordinators.	Yes
Service recipient health card number (HCN)	Eligible residents of Nova Scotia have a unique 10 digit health card number. If the service recipient is from out of province, the registration number from the home province is entered here.	Yes - Will be provided by hospital
Service recipient birth date	Mandatory for both Nova Scotia resident and those from out of province. YYYYMMDD format	Yes - Will be provided by hospital
Health service codes (HSC)	The health service performed (may or may not be a defined CCP)	Yes - These codes are very similar to the previously bulk billed codes. A list for each group is available on the Medavie website.
Service start date	The day the original health service was performed that necessitated the interpretation, or to put another way: date the patient visited the hospital. It is possible for the interpretation to take place on a date after the service start date. YYYYMMDD format. A separate service encounter is submitted for each interpretation.	Yes - Hospital will provide the date of service
Service occurrence number	The occurrence refers to the medical necessity of the number of separate times the initial provider saw the same recipient on the same day. Enter the number which indicates if the interpretation was requested during the first, second, third, etc. time that the initial service provider saw the service recipient on the same day. All services performed during the same encounter with the service recipient must be given the same service occurrence number.	Time of day for service visit yes. To bill correct SOC based on the interpretation requests assigned. Hospital will provide the times of exams
Diagnostic code	The diagnostic code format is the ICD-9-CM version. The code for the primary diagnosis is entered in the first field. Two additional diagnostic code fields are available to enter any secondary diagnosis, if applicable.	Yes - Please use the generic diagnostic codes provided with your group information on the Medavie website.
Multiples	The multiples (MU) field is used to indicate either the number of services performed, (e.g. number of lesions), the length of time, (e.g. 15 minute time blocks detention, counselling) or the percentage of the body, (e.g. burns or surface area treated, e.g. sq. inches). An example of multiple use for interpretation services would be toe x-rays; e.g. if two different toe images from the same foot at the same encounter are interpreted then only one claim is necessary with multiples = 2.	Yes - Default is 1. A list of fees and their maximum multiples is available on the Medavie website.
Explicit health service code modifier(s)	The explicit HSC modifier fields are used to further identify the nature of the service for payment purposes. Six fields are provided if needed. Explicit HSC modifiers are those that cannot be derived from other data on the service encounter. An example of an explicit HSC modifier is the premium modifier which indicates services conducted during premium hours (US=PREM or US=PR50)	Yes when applicable - The only payment modifiers currently active on the interpretation services are US=PREM, US=PR50, and RG=BOTH.
Facility number	All institutions, hospitals and service provider offices are assigned unique numbers by MSI. A facility number is required for locations other than HOME, OTHR or HMHC. If services are performed at a different location other than your assigned sites, you must use the facility number of the location where the service was rendered. The facility number for hospitals can be obtained from your software program or by contacting MSI.	Yes - Hospital Facility #
Functional centre	The functional centre code must be entered if the service is performed at a registered hospital facility. MSI catalogues the valid functional centres as determined by the Department of Health and Wellness (DHW) for each registered facility. It identifies the specific area within the facility where the service was performed, e.g. outpatient department FN=OTPT, or neonatal intensive care centre FN=NICU. The functional centre should be indicated as FN=INPT on all registered inpatients except when the patient is in intensive care where the functional centre should be indicated as FN=NICU or FN=INCU. When a registered inpatient is taken to the outpatient department for a service, the functional centre FN=OTPT should be indicated and text is required explaining the details.	Yes - Interpretation services must specify either inpatient or outpatient. This will be provided by hospital.

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Location code	A location code is required on all service encounters.	Yes - only location HOSP will be accepted for interpretation
Business arrangement Number	Business arrangements are agreements between providers or provider groups and the Nova Scotia Department of Health and Wellness for payment of services. All providers in Nova Scotia must have a business arrangement registered with MSI in order to claim for services. Providers may have multiple business arrangements to reflect, among other things, different locations in which they practice or different arrangements to make payment to provider groups, as opposed to the specific provider claiming the service.	Yes, Please indicate your billing BA.
Pay to code	The pay to code indicates the person or organization to which payment is to be made. The pay to code refers to the business arrangement under which the service was performed. Value for pay to code is: BAPY Business Arrangement Payee, e.g. service provider, group.	Yes - Should always be BAPY.
Referral provider type	The discipline of the referring provider, e.g. PH for physician, DE for dentist, OP for optometrist, NP for nurse practitioner and MW for midwife	
Referral provider number	When claiming a referred service from another provider in Nova Scotia, the referring service provider's number must be entered here.	
Out of province (OOP) referral indicator	If applicable, enter Y to indicate that the service was referred from an OOP service provider.	
Payment responsibility	Normally the payment responsibility for most services is entered as MSI. However, there are instances where the payment responsibility will change, for example; service encounters under Workers' Compensation Board (WCB), Out of Province (OOP) and Community Services (COM). If the service encounter is for services provided to a service recipient registered with another provincial health plan except Quebec the home province code is entered in this field, e.g. NB, ON, PE. The service also requires a person data record for the service recipient.	Yes - please indicate if claim is WCB, OOP, etc. This should be indicated on report from hospital.
Program	The MSI program applicable to the service claimed. Currently, the only value is MC for Medicare or HD for Home Dialysis.	Yes - will always be MC for interpretation
Chart number	This is a service providers use field. A source reference number can be entered here, if desired.	No - not mandatory
Claimed unit value	The unit value claimed by the service provider. If this field is blank, the unit value indicator should also be blank.	No - not mandatory
Claimed amount	This field is for submitter/provider reconciliation purposes. It may be left blank or could be used to carry the software calculations indicating the amount anticipated to be paid by MSI.	No - not mandatory
Unit value indicator	Enter a Y in this field if claiming a unit value less than the normal unit value listed in the Physician's Manual. The claimed unit value must also be entered.	No - not mandatory
Paper supporting documentation indicator	Enter Y in this field if a paper document is being sent. Paper documentation should be sent when it is not possible to include the information in the electronic text field. The paper supporting documentation must reference the service encounter number and the patient's health card number.	No - not mandatory - can be used by physician if necessary.
Hospital admit date	Service encounters for visits or procedures claimed for a registered inpatient must be submitted listing the date of admission on each service encounter. Format YYYYMMDD	Yes for inpatient - this will be provided by Hospital
Intensive care unit admit date	The date the service recipient was admitted to the intensive care unit. Format YYYYMMDD. It is required on all intensive care unit visits.	No, as all services should be provided in INPT or OTPT

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Preauthorization number	A preauthorization number is required when approval has been granted for certain procedures. Your request for preauthorization information should be forwarded to the medical consultant at MSI. Upon approval of this request, a preauthorization number will be issued. The number must be indicated on the claim in the appropriate field. Please note: If indicated in the electronic text, the service encounter will be refused.	Yes when applicable - may be required in special circumstances
Supporting text SE number	service encounter of a previous claim that contains information needed to assess the current claim	Yes when applicable - may be required in special circumstances
Supporting text	Any additional information that might be included with the claim to support payment	Yes when applicable - may be required in special circumstances or on specific fees.
The following data fields are only for patients from another province		
Surname	Last name of recipient	Yes - for patients from out of province - will be provided by hospital
Given name	First name of recipient	Yes - for patients from out of province - will be provided by hospital
Gender code	Male or female	Yes - for patients from out of province - will be provided by hospital
Address line	Home address	Yes - for patients from out of province - will be provided by hospital
City Name	City	Yes - for patients from out of province - will be provided by hospital
Postal Code	Postal Code	No - not mandatory
Province	Home province of OOP patient	Yes - for patients from out of province - will be provided by hospital
Country	Home Country	No - Should be Canada
Guardian/Parent HCN	Guardian/Parent HCN if applicable	No - not mandatory