

Billing Education Article By Dr. Rhonda Church

MSI STAFF FIELD QUESTIONS FROM PHYSICIAN AND BILLING STAFF DECEMBER 2014

This month, I'd like to again share some of the questions from physicians and billing clerks that have come into MSI Assessment Staff and for which input has been sought from one of MSI's Medical Consultants.

Claiming of the Chronic Disease Management Incentive Code by APP Physicians

Q: I am a family physician on an APP contract. Do I bill this incentive code to my shadow or fee for service business arrangement?

A: The Chronic Disease Management Incentive Code may be claimed once per year by the patient's family physician caring for patients with one or more of the following chronic diseases: ischaemic heart disease, diabetes mellitus and chronic obstructive lung disease. In order to claim the incentive, the physician must carry out a number of interventions within the previous year e.g. discussing smoking cessation or discussing the use of nitrates for individuals with ischaemic heart disease. A comprehensive review of this health service code and guidelines were published in the MSI Bulletin in March, 2014. Physician on an APP should shadow bill these claims and will receive an annual stipend commensurate with the value of these services.

Claiming of Optical Coherence Tomography (OCT) by Non-Retinal Ophthalmologist

Q: I am an ophthalmologist. I understand that all ophthalmologists may now claim HSC 02.02A (Optical Coherence Tomography) for patients being treated with intravitreal injections. If I am not providing the injections, may I claim this code?

A: Use of this health service code was recently expanded to include all ophthalmologists rather than retinal specialists only. However, the code may only be claimed in association with injection of a pharmacologic agent for the treatment of wet macular degeneration, retinal vein occlusion or diabetic macular edema. In addition, the associated injection code (28.73F) may now be claimed for administration of several medications in addition to Lucentis and Avastin which have been insured for several years. Please see the November 2014 MSI Bulletin for details.

Transferral of Care Within a Surgical Subspecialty

Q: I am a surgical subspecialist. We recently took on a new partner and are transferring some of the patients who we have already seen and are awaiting surgery to her as she has a shorter wait list. Can she claim a consultation the first time she sees the patient?

A: If the patient is transferred permanently or temporarily within a specialty or subspecialty, Preamble rules do not permit the receiving physician to claim either a consultation (03.08 or 03.07) or a comprehensive visit (03.04). Therefore, she should claim a limited visit (03.03) the first time she sees the patient. However, if there is medical necessity for the patient to be seen by a subspecialist, a consultation or comprehensive visit could be claimed. For example, if a general surgeon asks a cardiovascular surgeon to see a patient because the expertise of a CV surgeon is needed for management of the patient's condition, a consultation could be claimed.

Claiming for Services Related to Intranasal Flu Vaccine

Q: I have several patients who are interested in receiving intranasal flu vaccine this year. Can I claim for writing them a prescription for this and/or administering it?

A: Intranasal influenza vaccine is uninsured in Nova Scotia and therefore you cannot claim for prescribing nor administering it.

As always, we welcome your questions on billing. We may be reached at MSI_Assessment@Medavie.Bluecross.ca. On behalf of MSI, please accept our warmest wishes for the happiest of holidays and all the best in 2015.

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