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CONTACT US:

MSI_Assessment@medavie.bluecross.ca

On-line documentation available at :

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

New MSI Website and Electronic Bulletin Launched on September 16, 2013

The Department of Health and Wellness, in collaboration with Medavie Blue Cross and Doctors Nova Scotia is very pleased to announce the launch of the new MSI website. The website can be found at www.medavie.bluecross.ca/msiprograms.

The new website includes simplified electronic access to important documents such as the MSI Physician's Manual; the Billing Instructions Manual and the MSI Physicians' Bulletins. The website also contains a "frequently asked questions" section along with a searchable archive of bulletins. The new website marks an important and progressive step into the ever advancing age of technology and away from paper based communication and information.

One of the key features of the new website is the ability for physicians and billing staff to be able to subscribe to electronic notification of upcoming MSI Physicians' Bulletins. The MSI Physicians' Bulletins contains important information for physicians, as it includes MSI billing updates, policy changes and other key topics related to insured services.

Please note, that effective January 1, 2014, bulletins will only be available on the MSI website. To be automatically notified of upcoming bulletins, follow the "Subscribe" link located on the home page. Physicians will continue to receive paper copies of bulletins until December 31, 2013. 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 October 1, 2013 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 October 1, 2013 the following new health service codes are available for billing:

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
CONS	03.09H	Antenatal Palliative Care Consultation (Limited)	42

For the limited consultation by the paediatric palliative care specialist to the mother of the fetus diagnosed with a potentially lethal anomaly or condition. The consultation covers the physical, emotional, social, spiritual issues related to the birth of a newborn diagnosed with a potentially lethal condition.

Billing Guidelines:

To be billed by PEDI using the MSI number of the mother for services rendered during the antenatal period. Consultation may only be billed once per mother per pregnancy. A list of qualified specialists is to be kept on file at MSI. Fetal diagnosis must be recorded in text and on the mother's health record.

Specialty Restriction:

PEDI with additional training in Paediatric Palliative Care.

Location:

HOSP, OFFC

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
VIST	03.03H	Antenatal Palliative Care follow up visit	13

For the limited consultation by the paediatric palliative care specialist to the mother of the fetus diagnosed with a potentially lethal anomaly or condition. The consultation covers the physical, emotional, social, spiritual issues related to the birth of a newborn diagnosed with a potentially lethal condition.

Billing Guidelines:

To be billed by PEDI using the MSI number of the mother for services rendered during the antenatal period. Consultation may only be billed once per mother per pregnancy. A list of qualified specialists is to be kept on file at MSI. Fetal diagnosis must be recorded in text and on the mother's health record.

Specialty Restriction:

PEDI with additional training in Paediatric Palliative Care.

Location:

HOSP, OFFC

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
CONS	03.09G	Medical Management of Ectopic Pregnancy	56

This comprehensive fee includes the consultation, assessment, and counseling of a patient with a confirmed ectopic pregnancy who meets the criteria for medical management of her condition. Administration of cytotoxic medication(s) is included as are all verbal or electronic communications with the patient to relay results of follow up blood work as appropriate.

Billing Guidelines:

1. May not be billed with any other consultative or visit service same patient same day.
2. If surgery is required within 48 hrs of the delivery of cytotoxic medication, the service fee will be reduced to a regular consultation fee.
3. Once per patient per pregnancy

Specialty Restriction:

OBGY

Location:

HOSP, OFFC

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	78.1A	Salpingectomy for morbidity, not for sterilization	130 6+T

This fee is for the partial or complete removal of the fallopian tube for purposes other than sterilization, open or laparoscopic approach. Includes salpingectomy for cancer prophylaxis, Underlying diagnosis must be documented on the health record.

This fee will replace:

- 78.1 Total Salpingectomy-unilateral
- 78.22 Removal of Remaining Fallopian Tube
- 78.59 Other Partial Salpingectomy
- 78.21 Removal of Both Tubes

Billing Guidelines:

Not to be billed with oophorectomy same patient same side

Specialty Restriction:

OBGY, GNSG

Location:

HOSP

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	86.3A	Surgical Removal of Extrauterine (Ectopic) Pregnancy- by any means	130 6+T

This comprehensive fee is for the surgical treatment of an extrauterine (ectopic) pregnancy; tubal, ovarian, cervical, abdominal, or interstitial, requiring evacuation, salpingostomy, salpingectomy and/or oophorectomy, open or laparoscopic approach.

This fee will replace:
 78.52 Salpingectomy (partial) with removal of ectopic pregnancy
 78.63 Salpingo-salpingostomy
 81.21 Removal of intraligamentous pregnancy

Billing Guidelines:
 Not to be billed with salpingectomy, salpingostomy or oophorectomy.

Specialty Restriction:
 OBGY, GNSG

Location:
 HOSP

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
MASG	78.39A	Interruption or removal of fallopian tubes for purposes of sterilization: abdominal, vaginal, laparoscopic-not hysteroscopic (unilateral or bilateral)	105 6+T

This fee is for the interruption or removal of all or part of one or both fallopian tubes for purposes of sterilization: includes fulgarisation, occlusion by device, and transection: open (abdominal or vaginal) or laparoscopic approach. Not to be used for hysteroscopic occlusion.

This fee will replace:
 78.31 Endoscopic Ligation and crushing of Fallopian Tubes uni or bilateral.
 78.39 Endoscopic destruction or occlusion of fallopian tubes, uni or bilateral.
 78.53A Suture Ligation of Fallopian Tubes

Billing Guidelines:
 Not to be used for hysteroscopic sterilization, not to be billed with 66.83 Laparoscopy ME=ELEC Unilateral or bilateral, no additional billing for bilateral.

Specialty Restriction:
 OBGY, GNSG

Location:
 HOSP

FEE REVISION

Effective October 1, 2013, health service code **03.09C** - Palliative Care Consult has been revised and updated with the following information:

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
CONS	03.09C	Palliative Care Consult	62 + MU

Preamble 7.10.1

The Palliative Care Consultation can only be claimed by designated physicians (general practitioners or specialists) with recognized expertise in palliative care. The service provided must fulfill the normal requirements for a consultation as specified in the Preamble. The consultation includes a psychosocial assessment, comprehensive review of pharmacotherapy, appropriate counseling, and consideration of appropriate community resources where indicated. A prolonged consultation cannot be claimed. Specialists can claim the palliative care consultation fee or the consultation fee appropriate to their specialty. It is payable once per patient per physician. Physicians billing the Palliative Care consult must forward a letter to MSI indicating his/her credentials.

Physicians providing palliative care must have completed a minimum of six days of intensive didactic or small group training in palliative care, and a one-week clinical practicum in palliative care with a qualified physician supervisor.

Billing Guidelines:

Once per patient per physician.

Maximum multiples 8, (total of 3 hours)

Start and stop times must be recorded when billing multiples.

Specialty Restriction:

Physicians with recognized expertise in Palliative Care

List to be kept on file with MSI.

Location:

HOSP, OFFC, HOME

NOTE: Effective Claims for this code with a service date from October 1, 2013 to November 22, 2013 will be identified and a reconciliation will occur in the winter of 2013. The reconciliation will be calculated after the 90 day waiting period for submission of claims.

Effective November 1, 2013, health service code **60.55** – Hartmann Resection will be 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: Please continue to submit claims for these services in the usual manner. Once MSI updates the system it will be published in the MSI Physicians' Bulletin. Claims for this code with a service date from November 1, 2013 will be identified and a reconciliation will occur in the winter of 2013. The reconciliation will be calculated after the 90 day waiting period for submission of claims.

DISCONTINUED HEALTH SERVICE CODES

Effective November 22, 2013 the following health service codes are no longer active:

<u>Category</u>	<u>Code</u>	<u>Description</u>
MASG	80.2C	Laparoscopic supracervical hysterectomy
MASG	80.4B	Laparoscopic assisted vaginal hysterectomy
(These 2 codes have been made redundant by the implementation on October 1, 2011 of: HSC 80.4C Laparoscopic hysterectomy - total, subtotal or laparoscopically assisted 300 MSU 6+T.)		
MASG	78.1	Total Salpingectomy-unilateral
MASG	78.22	Removal of Remaining Fallopian Tube
MASG	78.59	Other Partial Salpingectomy
MASG	78.21	Removal of Both Tubes
MASG	78.52	Salpingectomy (partial) with removal of ectopic pregnancy
MASG	78.63	Salpingo-salpingostomy
MASG	81.21	Removal of intraligamentous pregnancy
MASG	78.31	Endoscopic Ligation and crushing of Fallopian Tubes uni or bilateral.
MASG	78.39	Endoscopic destruction or occlusion of fallopian tubes, uni or bilateral.

MASG 78.53A Suture Ligation of Fallopian Tubes

(These 10 codes have been made redundant by the implementation of HSC 78.1A, 86.3A, and 86.3A, detailed previously in this bulletin.)

Changes VADT 28.73F and VADT 02.02A

Effective November 12, 2013, physicians may claim **VADT 28.73F** code for patients with wet age-related macular degeneration (AMD), diabetic macular edema (DME) or retinal vein occlusion (RVO) when treating with ranibizumab or bevacizumab.

Physicians must specify the patient diagnosis on the claim:

One of the following specific diagnoses will be required when submitting the claim:

- 362.52 Exudative senile macular degeneration
- 362.01 Diabetic macular edema
- 362.35 Central retinal vein occlusion
- 362.36 Venous tributary (branch) occlusion

Effective November 12, 2013, VADT 02.02A will be available to all ophthalmologists treating patients with ranibizumab or bevacizumab for the AMD, DME or RVO.

The documentation requirements and guidelines (including maximum of six claims per patient per year) will remain the same.

BILLING REMINDERS**Exceptional Clinical Circumstances versus Independent Consideration**

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. ***An example where EC would apply is when a procedure was performed that does not yet have a fee code.***

Independent Consideration

Independent consideration is applied to certain services that are assigned a health service code but where a wide variation in case to case complexity and time exists and no unit value is listed. Independent consideration services must be accompanied by complete details, including duration of service, adequate to explain and justify the number of units requested. ***An example where IC would apply is HSC 98.11-Debridement of wound or infected tissue ME=COMP.***

EXPLANATORY CODES

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

- MA039 Service encounter has been refused as you have previously billed for a laparoscopy at the same encounter.
- MA040 Service encounter has been refused as you have previously billed HSC 78.39A at the same encounter.
- MA041 Service encounter has been refused as you have previously claimed an oophorectomy for this patient (same side) at the same encounter.
- MA042 Service encounter has been refused as you have previously claimed HSC 78.1A for this patient (same side) at the same encounter.
- MA043 Service encounter has been refused as you have previously claimed a salpingectomy, salpingostomy, or oophorectomy for this patient at the same encounter.
- MA044 Service encounter has been refused as you have previously claimed for a removal of extrauterine pregnancy (HSC 86.3A) at the same encounter.
- MA045 Service encounter has been refused as you have previously billed HSC 80.81, 81.09, 81.09A, 81.69A, 80.19B, or 03.26 at the same encounter.
- MA046 Service encounter has been refused as you have previously billed HSC 80.19A – endometrial ablation at the same encounter.
- PC033 Service encounter has been refused as psychotherapy or counselling are not payable at the same service encounter.
- VT116 Service encounter has been refused as you have previously billed a visit or consultation on this day for this patient.
- VT117 Service encounter has been refused as you have previously claimed HSC 03.09G on this day for this patient.
- VT118 Service encounter has been disallowed as HSC 03.09G has previously been approved for this patient.
- VT119 Service encounter has been refused as a consult and psychotherapy or counselling are not payable at the same service encounter.
- VT120 Service encounter has been disallowed as HSC 03.09H has previously been approved for this patient.
- VT121 Service encounter has been disallowed as the provider number is not valid for this service.
- VT122 When claiming this service the fetal diagnosis must be recorded in the text field.
- VT123 Service encounter has been disallowed as you do not have approval to bill for this service.

UPDATED FILES – AVAILABILITY

Updated files reflecting changes are available for download on Friday, November 22nd, 2013. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), and explanatory codes (EXPLAIN.DAT).

HOLIDAY DATES FOR 2014

Please make a note in your schedule of the following dates MSI will accept as "Holidays."

NEW YEAR'S DAY	WEDNESDAY, JANUARY 1, 2014
GOOD FRIDAY	FRIDAY, APRIL 18, 2014
EASTER MONDAY	MONDAY, APRIL 21, 2014
VICTORIA DAY	MONDAY, MAY 19, 2014
CANADA DAY	TUESDAY, JULY 1, 2014
CIVIC HOLIDAY	MONDAY, AUGUST 4, 2014
LABOUR DAY	MONDAY, SEPTEMBER 1, 2014
THANKSGIVING DAY	MONDAY, OCTOBER 13, 2014
REMEMBRANCE DAY	TUESDAY, NOVEMBER 11, 2014
CHRISTMAS DAY	THURSDAY, DECEMBER 25, 2014
BOXING DAY	FRIDAY, DECEMBER 26, 2014
NEW YEAR'S DAY	THURSDAY, JANUARY 1, 2015

MSI Assessment Department (902) 496-7011
Fax Number (902) 490-2275
Toll Free Number 1-866-553-0585

**2014 CUT-OFF DATES
FOR RECEIPT OF
PAPER & ELECTRONIC CLAIMS**

PAPER CLAIMS	ELECTRONIC CLAIMS	PAYMENT DATE
December 27, 2013**	January 2, 2014	January 8, 2014
January 13, 2014	January 16, 2014	January 22, 2014
January 27, 2014	January 30, 2014	February 5, 2014
February 10, 2014	February 13, 2014	February 19, 2014
February 24, 2014	February 27, 2014	March 5, 2014
March 10, 2014	March 13, 2014	March 19, 2014
March 24, 2014	March 27, 2014	April 2, 2014
April 7, 2014	April 10, 2014	April 16, 2014
April 21, 2014	April 24, 2014	April 30, 2014
May 5, 2014	May 8, 2014	May 14, 2014
May 16, 2014**	May 22, 2014	May 28, 2014
June 2, 2014	June 5, 2014	June 11, 2014
June 16, 2014	June 19, 2014	June 25, 2014
June 27, 2014**	July 3, 2014	July 9, 2014
July 14, 2014	July 17, 2014	July 23, 2014
July 25, 2014**	July 30, 2014**	August 6, 2014
August 11, 2014	August 14, 2014	August 20, 2014
August 22, 2014**	August 27, 2014**	September 3, 2014
September 8, 2014	September 11, 2014	September 17, 2014
September 22, 2014	September 25, 2014	October 1, 2014
October 3, 2014**	October 8, 2014**	October 15, 2014
October 20, 2014	October 23, 2014	October 29, 2014
October 31, 2014**	November 5, 2014**	November 12, 2014
November 17, 2014	November 20, 2014	November 26, 2014
December 1, 2014	December 4, 2014	December 10, 2014
December 15, 2014	December 18, 2014	December 24, 2014
December 23, 2014**	December 31, 2014**	January 07, 2015
11:00 AM CUT OFF	11:59 PM CUT OFF	

NOTE:

Though we will strive to achieve these goals, it may not always be possible due to unforeseen system issues. It is advisable not to leave these submissions to the last day.

Each electronically submitted service encounter must be received, processed and accepted by 11:59 p.m. on the cut-off date to ensure processing for that payment period.

Paper Claims include: Psychiatric Activity Reports, Rural Providers' Emergency on Call Activity Reports, Radiology, Pathology, Internal Medicine Monthly Statistical Reports and Sessional Payments. Manual submissions must be received in the Assessment Department by 11:00 a.m. on the cut off date to ensure processing for that payment period.

PLEASE NOTE, THE ** INDICATES A DATE VARIATION

Jon Wobella
Cathy Bozpl. Donna Porter
Kitty Miller
Danielle MacMillan
P. Cur
Dellus

Sue
Lona Dewe
Happy Holidays
From the Staff of MSI Programs

Doris Keller
Emily Pelley
Julie Cook
Debbie Chipman
Ke Tolson
Betty Foster
Alpina White
Jennifer Murray
Jacqueline Joppa
Pat Doyle
Gillian Hounsell
Toni Hestley
Jan Kavanagh
Joyce Annell
Michelle Pickett
Wacy Donomona