

Billing Education Article By Dr. Rhonda Church

MSI WEBSITE NOW LIVE

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By now you will have received the Sept. 16 MSI Physicians' Bulletin announcing the launch of MSI's new website: www.medavie.bluecross.ca/msiprograms

Searchable MSI bulletins

MSI is excited about this initiative which contains a wealth of information including links to the Physician's Manual, the Billing Instructions Manual, and Physicians' Bulletin.

One cool feature is that the bulletins are fully searchable. Seem to remember something about a new health service code but need to look it up to see if a service you're providing qualifies? Just type a keyword into the search and be directed to the relevant bulletin.

Starting early next year, MSI will be phasing out paper-based bulletins. Instead, there will be a link on the website which will allow physicians to sign up for automatic e-mail notification of the latest bulletin.

Audit, billing questions

The new website also includes a section on understanding the audit process and common billing questions. The latter come from my column, based on questions frequently posed to MSI.

There are plans to expand this part of the website so this month I thought I'd share some recent questions and their answers.

Q: I provide inpatient care at my local hospital. A colleague told me I have to write a progress note for every day I bill a hospital visit. I wonder if this is redundant as some days there's not much happening with some patients.

A: Preamble rules stipulate there must be clinical documentation for every claim. For hospital inpatient visits, this means a progress note. In Nova Scotia, only medically-necessary services are insured. If the patient is very stable and doesn't need a daily visit – such as patients medically discharged and awaiting placement in a long-term care facility – a daily visit may not be medically necessary and therefore shouldn't be claimed. (Medical necessity is defined in Section 2.1 of the Preamble.)

Q: I'm an internist who sees a number of patients with chronic disease who I follow every year. How should I bill these annual visits? I've heard I can claim a new consult if it's been over a year since I last saw the patient.

A: These visits should be claimed as continuing care. A consultation can only be claimed if there has been a referral from an appropriate provider (usually a physician or nurse practitioner) after they have assessed the patient. Situations in which you ask the patient to return (including asking the patient to get a new referral for a follow-up visit) may not be claimed as consultations. If the patient's condition is stable, then claim continuing care. If the patient calls you and asks you to see them for a new condition or worsening of a condition you've been following and you conduct (and document) a full history and physical, you may claim a comprehensive visit (health service code 03.04).

Q: I'm a surgeon. I know that my surgical fee covers inpatient care for 14 days after I do a surgical procedure. If I sign out to another surgeon or a family physician in my community, can they claim for inpatient care within those 14 days?

A: Your surgical fee covers inpatient care of your post-operative patient by either you or a physician covering for you. This is outlined in Section 9.3 of the Preamble. However, Urgent Visits or Emergency Hospital Visits to attend the patient for an unrelated condition may be claimed. Additionally, if your patient is readmitted to hospital during the first 14 days of the post-op period due to complications which do not require a surgical procedure, either you as the surgeon or another physician attending your patient may claim hospital visits.

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