

July 22, 2011

Volume XLVI - #3

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CONTACT US

The MSI Assessment department now has an email address available for questions that physicians may have regarding:

- Electronic billing, adjudication, or payment
- Service encounter submission policies and procedures
- Forms and reference materials
- Bank deposit enquiries – EFT

Please send any enquiries to:

MSI_Assessment@medavie.bluecross.ca

NEW FEES

Effective January 01, 2011 the following new Health Service Codes are available for billing:

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
VADT	51.59I		Percutaneous Arterial Angioplasty – Upper Limbs	
		RG=RRUA	Radial or ulnar artery – right side	183.6 8+T
		RG=LRUA	Radial or ulnar artery – left side	
			Code may be billed only once per side (Lt or Rt)	
VADT	51.59J		Percutaneous Arterial Angioplasty – Central Vessels	
		RG=INRE	Aorta - infra renal	137.7 5+T
			May be billed in addition to other adjacent vessel angioplasty if indicated.	
VADT	51.59J	RG=SURE	Aorta – supra renal	200 15+T
			May be billed in addition to other adjacent vessel angioplasty if indicated.	

VADT	51.59J	RG=GVIB RG=GVCC RG=GVSA	Great vessel – innominate/brachiocephalic Great vessel – left common carotid Great vessel – left subclavian artery Code may be billed only once per named great vessel artery.	183.6 15+T
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VADT	51.59J	RG=VCEL RG=VSMA RG=VIMA RG=VSPL RG=VHEP	Visceral – celiac Visceral - SMA Visceral - IMA Visceral - splenic Visceral - hepatic Code may be billed only once per named visceral artery.	183.6 8+T
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<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
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VADT	51.59K	RG=RPOP RG=LPOP	Percutaneous Arterial Angioplasty – Lower Limbs Popliteal – right side Popliteal – left side Code may be billed only once per side (Lt or Rt). Popliteal region is adductor hiatus tibial trifurcation.	137.7 8+T
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VADT	51.59K	RG=RANT RG=LANT RG=RPOT RG=LPOT RG=RPER RG=LPER	Anterior Tibial – right side Anterior Tibial – left side Posterior Tibial – right side Posterior Tibial – left side Peroneal – right side Peroneal – left side Code may be billed for a maximum of 2 vessels per side (Lt or Rt)	183.6 10+T
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VADT	51.59L	RG=RSIG RG=LSIG RG=RTRA RG=LTRA RG=SAGG	Venous Angioplasty - Head Dural Sinus (Sigmoid sinus) – right side Dural Sinus (Sigmoid sinus) – left side Dural Sinus (Transverse sinus) – right side Dural Sinus (Transverse sinus) – left side Dural Sinus (Saggital sinus)	183.6 10+T
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Code may be billed only once per sinus per side for the following indications:

Venous angioplasty to treat increased Intra-cranial pressure secondary to an identified cerebral venous stenosis or occlusion (compression by adjacent neoplasm or mass, isolated idiopathic stenosis, etc.) [cerebral venous sinuses and jugular vein outflow].

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
VADT	51.59M		Venous Angioplasty – Upper Limbs	
		RG=RRUA	Radial or ulnar vein – right side	137.7 8+T
		RG=LRUA	Radial or ulnar vein – left side	
			Code may be billed only once per side (Lt or Rt) for the following indications:	
			Dialysis AV Fistula or Graft Outflow vein stenosis or occlusion	
			Post Thrombotic Stenosis or occlusions	
VADT	51.59M	RG=RBAC	Basilic or cephalic vein – right side	137.7 8+T
		RG=LBAC	Basilic or cephalic vein – left side	
			Code may be billed only once per side (Lt or Rt) for the following indications:	
			Dialysis AV Fistula or Graft Outflow vein stenosis or occlusion	
			Post Thrombotic Stenosis or occlusions	
VADT	51.59M	RG=RAXI	Axillary vein – right side	137.7 8+T
		RG=LAXI	Axillary vein – left side	
			Code may be billed only once per side (Lt or RT) for the following indications:	
			Post Thrombotic Stenosis or occlusions	

Thoracic outlet syndrome

VADT 51.59N

Venous Angioplasty – Central Vessels

RG=VREN Visceral – renal 183.6 10+T
RG=VSUM Visceral – superior mesenteric
RG=VSPL Visceral – splenic
RG=VHEP Visceral – hepatic
RG=VPOR Visceral – portal

Code may be billed only once per named visceral vein (renal, superior mesenteric, splenic, hepatic, portal) for the following indications:

Stenosis or occlusion (Budd Chiari, post surgical, post transplant, etc.)

Category Code Modifiers Description Unit Value

VADT 51.59N **RG=IVCA** Inferior Vena Cava (IVC) 137.7 10+T

Code may be billed only once for the following indications:

IVC Stenosis (post surgical), Neoplastic compression or invasion.

VADT 51.59N **RG=SVCA** Superior Vena Cava 137.7 10+T

Code may be billed only once for the following indications:

Stenosis or occlusion related to venous compression or invasion secondary to neoplastic disease, or, Stenosis or occlusion related to organized fibrin sheath and/or organized thrombus from indwelling central venous catheters

VADT 51.59N **RG=RBRC** Brachiocephalic – right side 137.7 10+T
RG=LBRC Brachiocephalic – left side

Code may be billed only once per side (Lt or Rt) per region for the following indications:

Stenosis or occlusion related to venous compression or invasion

			secondary to neoplastic disease, or, Stenosis or occlusion related to organized fibrin sheath and/or organized thrombus from indwelling central venous catheters	
VADT	51.59N	RG=RSUB RG=LSUB	Subclavian vein – right side Subclavian vein – left side	137.7 10+T
			Code may be billed only once per side (Lt or Rt) per region for the following indications: Stenosis or occlusion related to venous compression or invasion secondary to neoplastic disease, or, Stenosis or occlusion related to organized fibrin sheath and/or organized thrombus from indwelling central venous catheters	

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
VADT	51.59O		Venous Angioplasty – Lower Limbs	
		RG=RCSF	Common femoral/Superficial femoral – right side	137.7 8+T
		RG=LCSF	Common femoral/Superficial femoral – left side	
		RG=RPRF RG=LPRF	Profunda femoris – right side Profunda femoris – left side	
			Code may be billed only once per side (Lt or Rt) per anatomic region for the following indications: Post Thrombotic Stenoses or occlusions	
VADT	51.59O	RG=RCOI RG=LCOI	Common iliac – right side Common iliac – left side	137.7 8+T
		RG=RINI RG=LINI	Internal iliac – right side Internal iliac – left side	
		RG=REXI RG=LEXI	External iliac – right side External iliac – left side	
			Code may be billed for a	

maximum of 2 vessels per side (Lt or Rt) for the following indications:

May-Thurner Syndrome (compression of left iliac vein secondary to overlying iliac artery)

Post Thrombotic Stenoses

Neoplastic Compression or Invasion

Post Renal Transplant Venous stenosis

VADT	51.59O	RG=RPOP RG=LPOP	Popliteal – right side Popliteal – left side	137.7	8+T
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Code may be billed only once per side (Lt or Rt)

Popliteal Region:
Adductor hiatus to tibial trifurcation

Indications:
Post Thrombotic Stenoses or occlusions

***Note:** Each angioplasty code is intended to include all angiography performed of the extremity or region at the time of the angioplasty procedure. Each code is intended to include all angioplasties necessary within the vessel or region regardless of the length of number of vascular occlusions. The maximum number of anatomic regions that may be billed at one service encounter is 4. A table of applicable anatomic regions is available on page 9 of this bulletin.

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
ADON (Interim fee)	51.59Q		Non-cardiac, endovascular stent placement	50
			This code is an ADON to arterial angioplasty codes when indicated.	
			Code may be billed a maximum of one per anatomic region. Please use multiples to indicate additional anatomic regions to a maximum of four per service encounter. A table of applicable anatomic regions is available on page 9 of this bulletin.	

ADON	51.59R	Thrombolysis following non-cardiac angiography	150
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This code is an ADON to arterial angioplasty codes when indicated.

Code may be billed a maximum of one per patient per day.

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

Effective May 01, 2011 the following new interim Health Service Code is available for billing:

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
VADT (Interim fee)	02.02A		Optical Coherence Tomography for Macular Analysis in Wet AMD	8

This fee is for interpretation of OCT images of the macula in cases of wet AMD treated with Lucentis or Avastin. A written report of the image interpretation must be available in the medical record. The fee is for interpretation of one or both eyes as necessary.

This fee is only available to retinal specialists providing intravitreal injections of Lucentis or Avastin for wet AMD. It may only be billed in association with intravitreal Lucentis and Avastin injections.

A maximum of 6 OCT fees may be claimed per wet AMD patient per year. Please include text on each claim specifying which drug was used during treatment.

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

FEE REVISIONS:

Effective July 22, 2011 the following Health Service Codes will no longer be active:

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
VADT	51.59A		Angioplasty - Iliac	137.7

VADT	51.59B	Angioplasty - Femoral	137.7
VADT	51.59C	Angioplasty - Renal	183.6
VADT	51.59G	Brachial Angioplasty	137.7
VADT	48.0J	Subintimal Recanalisation of vascular occlusion as an add on to angioplasty or stent but not both	125

In their place the following Health Service Codes will be available for billing effective July 22, 2011 (Please note that the Anaesthesia fees for the following arterial angioplasty services are effective January 1, 2011 as they were unavailable for the previously terminated Health Service Codes):

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
VADT	51.59I		Percutaneous Arterial Angioplasty – Upper Limbs	
		RG=RBRA RG=LBRA	Brachial – right side Brachial – left side	137.7 8+T
			Code may be billed only once per side (Lt or Rt)	
VADT	51.59J		Percutaneous Arterial Angioplasty – Central Vessels	
		RG=RRMV RG=LRMV	Renal (main vessel) – right side Renal (main vessel) – left side	183.6 8+T
		RG=RRSV RG=LRSV	Renal (segmental vessel) – right side Renal (segmental vessel) – left side	
			Code may be billed only once per main vessel (Lt or Rt) plus one segmental vessel per side if indicated.	
VADT	51.59K		Percutaneous Arterial Angioplasty – Lower Limbs	
		RG=RCOI RG=LCOI	Common iliac – right side Common iliac – left side	137.7 8+T
		RG=RINI RG=LINI	Internal iliac – right side Internal iliac – left side	
		RG=REXI RG=LEXI	External iliac – right side External iliac – left side	

			Code may be billed for a maximum of 2 vessels per side (Lt or Rt)		
VADT	51.59K	RG=RCSF	Common femoral/Superficial femoral – right side	137.7	8+T
		RG=LCSF	Common femoral/Superficial femoral – left side		
		RG=RPRF	Profunda femoris – right side		
		RG=LPRF	Profunda femoris – left side		
			Code may be billed only once per side (Lt or Rt) per anatomic region.		

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

***Note:** Each angioplasty code is intended to include all angiography performed of the extremity or region at the time of the angioplasty procedure. Each code is intended to include all angioplasties necessary within the vessel or region regardless of the length of number of vascular occlusions. The maximum number of anatomic regions that may be billed at one service encounter is 4. A table of applicable anatomic regions is available on page 9 of this bulletin.

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
ADON	51.59P		Subintimal Recanalisation of vascular occlusion	125
			This code is an ADON to arterial angioplasty codes when indicated, for occlusions greater than 3cm in length.	
			Code may be billed a maximum of once per side (Lt or Rt)	

The following Health Service Code has had a description amendment to allow for remote interrogation:

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Unit Value</u>
VEDT	03.52B		Review of Pacemaker Patient's Chart, following technologist clinic visit or remote interrogation	8
			(Includes review and interpretation of interrogation record and ECG, and written report to family physician or referring physician and applies to all permanently implanted single chamber, dual chamber and defibrillating pacemakers.)	

NEW MODIFIERS

The following table lists modifier values now used in Angioplasty codes and the anatomic regions they indicate:

Modifier Value	Anatomic Region
RG=RANT	Anterior Tibial – right side
RG=LANT	Anterior Tibial – left side
RG=INRE	Aorta – Infra renal
RG=SURE	Aorta – Supra renal
RG=RAXI	Axillary – right side
RG=LAXI	Axillary – left side
RG=RBAC	Basilic or cephalic – right side
RG=LBAC	Basilic or cephalic – left side
RG=RBRA	Brachial – right side
RG=LBRA	Brachial – left side
RG=RBRC	Brachiocephalic – right side
RG=LBRC	Brachiocephalic – left side
RG=RCSF	Common femoral/Superficial femoral – right side
RG=LCSF	Common femoral/Superficial femoral – left side
RG=RCOI	Common iliac – right side
RG=LCOI	Common iliac – left side
RG=SAGG	Dural Sinus (Sagittal sinus)
RG=RSIG	Dural Sinus (Sigmoid sinus) – right side
RG=LSIG	Dural Sinus (Sigmoid sinus) – left side
RG=RTRA	Dural Sinus (Transverse sinus) – right side
Modifier Value	Anatomic Region
RG=LTRA	Dural Sinus (Transverse sinus) – left side
RG=REXI	External iliac – right side
RG=LEXI	External iliac – left side
RG=GVIB	Great Vessel – innominate / brachiocephalic
RG=GVCC	Great Vessel – left common carotid
RG=GVSA	Great Vessel – left subclavian
RG=IVCA	Inferior Vena Cava (IVC)
RG=RINI	Internal iliac – right side
RG=LINI	Internal iliac – left side
RG=RPER	Peroneal – right side
RG=LPER	Peroneal – left side
RG=RPOP	Popliteal – right side
RG=LPOP	Popliteal – left side
RG=RPOT	Posterior Tibial – right side
RG=LPOT	Posterior Tibial – left side
RG=RPRF	Profunda femoris – right side
RG=LPRF	Profunda femoris – left side
RG=RRUA	Radial or ulnar – right side
RG=LRUA	Radial or ulnar – left side
RG=RRMV	Renal (main vessel) – right side
RG=LRMV	Renal (main vessel) – left side
RG=RRSV	Renal (segmental vessel) – right side
RG=LRSV	Renal (segmental vessel) – left side
RG=RSUB	Subclavian – right side
RG=LSUB	Subclavian – left side
RG=SVCA	Superior Vena Cava
RG=VCEL	Visceral – celiac

RG=VSMA	Visceral – SMA
RG=VIMA	Visceral – IMA
RG=VSPL	Visceral – splenic
RG=VHEP	Visceral - hepatic
RG=VREN	Visceral - renal
RG=VSUM	Visceral – superior mesenteric
RG=VPOR	Visceral - portal

MSI MEDICAL CONSULTANT

Dr. Andrew Watson has agreed to take on the responsibilities of the Medical Consultant on an interim basis, replacing Dr. Gayle Higgins who has retired from this position.

PHYSICIAN'S MANUAL ONLINE

The Physician's manual and Billing Instructions manual can now be accessed online at the Department of Health and Wellness website:

<http://www.gov.ns.ca/health/reports/>

EXPLANATORY CODES

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

AD039	Service encounter has been refused as a claim for Thrombolysis has already been made for this day
VA036	Service encounter has been refused as you have already billed the maximum or four angioplasties for the same encounter.
VA037	Service encounter has been disallowed as the injection used to treat wet AMD has not been specified. Please resubmit, indicating the injected substance.
VA038	Service encounter has been refused as the maximum of six OCT fees have already been claimed for this patient within the past year.
VA039	Service encounter has been refused as you have already claimed an angioplasty for the same extremity or region during this encounter.
VA040	Service encounter has been refused as an angioplasty can only be billed from a hospital location.

UPDATED FILES – AVAILABILITY

Updated files reflecting changes are available for download on Friday, July 22nd, 2011. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), explanation code (EXPLAIN.DAT), and modifier values (MODVALS.DAT).

CAREER OPPORTUNITY

Job Title:	Medical Consultant
Department:	MSI Programs
Competition:	0511-436
Employment Type:	Consultant position on a 3 year contract
Location(s):	Dartmouth, NS
Salary:	Competitive Compensation
Reports to:	Manager
Closing Date:	August 12, 2011

Helping to improve the health and well-being of people and their communities.

Recognized as one of Canada's 10 Most Admired Corporate Cultures, Medavie Blue Cross is a leading provider of individual and group health benefits in the Atlantic Provinces and group health benefits in Ontario and Quebec. We also administer a number of federal and provincial government health programs and services.

We are currently accepting applications for a Medical Consultant. The successful candidate will work as a contractor onsite with the MSI team in our Dartmouth office and will be responsible for providing professional medical guidance in support of the MSI claims adjudication system. In this role, the successful candidate will be responsible for providing a professional link between physicians, government and patients.

If you are looking for an opportunity in a challenging, fast-paced and team-oriented work environment with a leading organization, the career you've been looking for may be waiting for you at Medavie Blue Cross.

As a Medical Consultant, your key responsibilities will include to:

- Provide direction and guidance to the Claims Assessment team regarding claims adjudication and payment;
- Review requests for pre-authorization of in-province physician services; out-of-province/country physician services or hospitalization and retroactive payment of out-of-province/country physician services or hospitalization claims;
- Ensure all administrative processes are followed for out-of-province/country referrals for addiction and mental health services;
- Provide or assist in the first level of appeals for citizen/provider complaints regarding issues of medical insurability, medical necessity and treatment not normally insured as well as provider appeals regarding claims payment;
- Provide assistance to the Department of Health and Wellness Medical Consultant to support medical policy, medical tariff development and activities related to claims assessment; and
- Respond to enquiries from patients, physicians, Doctors NS, Nova Scotia College of Physicians and Surgeons, Medical Directors and the Department of Health and Wellness with respect to individual patient claims and the insurability of specific services for an individual according to Department of Health and Wellness policy.

As the ideal candidate, you possess the following qualifications:

Required: The successful candidate must be licensed as a physician in Nova Scotia

Work Experience: Ten to 15 years experience as a physician in a range of practice settings. Surgical and administrative experience would be an asset

Other Qualifications: Strong interpersonal skills and the ability to resolve conflicts and deal with stressful situations.

Computer Skills: General computer knowledge

Communication Skills: Excellent written and verbal communication skills are fundamental to the position.

Reliability Screening/Canadian Citizenship requirements

Because of the sensitive nature of our lines of business, all employees/contractors/consultants are required to complete Reliability Screening. Please indicate in your application the reason you are entitled to work in Canada: Canadian citizenship, permanent resident status or work permit.

If you are interested in this position, please apply online at www.medavie.bluecross.ca under the Careers Section.

We would like to thank all candidates for expressing interest. Please note only those selected for interviews will be contacted. No phone calls please.