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REMOTE PICTURE and COMMUNICATION SYSTEM CONSULT – ORTHOPAEDIC SURGERY

The following new temporary Health Service code has been approved for inclusion in the Fee Schedule effective January 1, 2009 until June 30, 2009.

A remote picture and communication system consult will be insured as part of a pilot study that will occur over a six month period commencing January 1, 2009 and billable by Orthopaedic Specialists only.

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
CONS	03.09D	Remote Consultation by Picture archiving and Communication System (PACS) – Specialty Specific (Orthopaedic Surgery)	25

Until further notice please hold eligible service encounters to allow MSI the required time to update the system.

Billing Guidelines:

- This fee may be billed when a physician working in an Emergency Department or a surgeon encounters a complex orthopaedic problem that requires the opinion of an orthopaedic surgeon practicing in the area of concern. The consultant orthopaedic surgeon reviews the PACS (or other such image archival system) images and provides telephone advice to the referring physician and follows up with a formal written report to the referring physician.
- The report must document the history, the presenting complaint, the discussion with the referring physician concerning the patient's physical condition, the results of the review of the PACS images, the consultant's opinion and recommendations for management of the patient in their local community.
- The referring physician must also document that a telephone consultation was requested and provided.
- The referring physician and the orthopaedic consultant must be situated in different facilities.
- If the patient is subsequently seen by the orthopaedic consultant for a comprehensive or limited consultation within 30 days of the remote PACS consult, the PACS consult will not be paid.
- The remote PACS consult is only payable once per case per patient.
- This fee may not be claimed where the purpose of the phone call is only to:
 - Arrange for diagnostic investigations
 - Discuss the results of diagnostic investigations

CASE MANAGEMENT CONFERENCE FEE

A case management conference is a formal, scheduled, multi-disciplinary health team meeting. It is initiated by an employee of the DHA/IWK to discuss the provision of health care to a specific patient.

The following new permanent Health Service code has been approved for inclusion in the Fee Schedule effective January 1, 2009:

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
VIST	03.03D	Case Management Conference	<u>14 units per 15 minutes to a maximum of 2 hours</u>

Until further notice please hold eligible service encounters to allow MSI the required time to update the system.

Billing Guidelines

- It is a time based fee paid at the sessional rate in 15 minute increments.
- To claim the case conference fee, the physician must participate in the conference for a minimum of 15 minutes and remuneration will be calculated in 15 minute time increments based on the sessional rate. Start and finish times are to be recorded on the patient's chart.
- 80% of a 15 minute time interval must be spent at the conference in order to bill that time interval.
- Neither the patient nor the family need to be present.
- It may be claimed by more than one physician simultaneously as necessary for case management.
- The case conference must be documented in the health record with a list of all physician participants.

The *Case Management Conference Fee* is being implemented for General Practitioners at this time. Work is underway on exploring implementation options for other physician groups.

COMPLEX CARE CODE 03.03B

Bolded and italicized section of the following paragraph has been added for clarification purposes:

A complex care visit code may be billed a maximum of 4 times per patient per year by the family physician and/or the practice (not by walk-in clinics) providing on-going comprehensive care to a patient who is under active management for 3 or more of the following chronic diseases: asthma, COPD, diabetes, chronic liver disease, hypertension, chronic renal failure, congestive heart failure, ischaemic heart disease, dementia, chronic neurological disorders, cancer. The physician must spend at least 15 minutes in direct patient intervention. ***The visit must address at least one of the chronic diseases either directly or indirectly. Start and finish times are to be recorded on the patient's chart.***

CHANGES TO THE MSI PHYSICIAN'S MANUAL - PREAMBLE

Preamble 7.2.5 (c):

The following wording has been added to Section 7.2.5 (c) to clarify the billing options for the admitting physician when a patient who had a comprehensive exam by the Family Doctor in the Emergency Department is admitted to the hospital and subsequently has a comprehensive exam by the admitting Family Doctor:

If a patient has a comprehensive visit in the Emergency Department (ED) by the Family Doctor covering the ED and is then admitted and has a second comprehensive visit by a different (admitting) family doctor, the ED physician may claim the Complete Examination code and the admitting physician may claim the First Examination code.

Preamble 5.4.5:

Reminder: Please note Section 5.4.5 of the Preamble states that when physicians are providing non-insured services, they are required to advise the patient of insured alternatives, if any exist. It has come to the attention of MSI and the Department of Health that this may not be occurring in all cases. Please ensure patients are provided with a clear understanding of available alternatives.

It is anticipated in early 2009, the New Preamble will be located at www.doctorsns.com under the Members Only section, click on Physician Payment (found in the left margin) and then on Fee-for-service. A list of available documents is on the right.

WCB NOTICE OF CORRECTION

Physicians' Bulletin dated September 19, 2008, page 8 of 9 under heading service type "Physician Assessment"; please note the description should indicate "physicians" versus "general practitioner". If you have any questions please contact Jennifer Prosper directly at 491-8356 or toll-free at 1-800-870-3331.

HOLIDAY DATES FOR 2008

Please refer to the attached schedule of the dates MSI will accept as "Holidays".

CUT-OFF DATES FOR RECEIPT OF PAPER & ELECTRONIC CLAIMS

Please refer to the attached schedule regarding cut-off dates for receipt of paper and electronic claims **paying particular attention to the dates in bold print.**

**The staff at MSI would like to extend warm
wishes
for the Holiday Season!**



**2009 CUT-OFF DATES
FOR RECEIPT OF
PAPER & ELECTRONIC CLAIMS**

PAPER CLAIMS	ELECTRONIC CLAIMS	PAYMENT DATE
January 5, 2009	January 8, 2009	January 14, 2009
January 19, 2009	January 22, 2009	January 28, 2009
February 2, 2009	February 5, 2009	February 11, 2009
February 16, 2009	February 19, 2009	February 25, 2009
March 2, 2009	March 5, 2009	March 11, 2009
March 16, 2009	March 19, 2009	March 25, 2009
March 30, 2009	April 2, 2009	April 8, 2009
April 13, 2009	April 16, 2009	April 22, 2009
April 27, 2009	April 30, 2009	May 6, 2009
May 11, 2009	May 14, 2009	May 20, 2009
May 25, 2009	May 28, 2009	June 3, 2009
June 8, 2009	June 11, 2009	June 17, 2009
June 19, 2009 **	June 24, 2009 **	June 30, 2009 **
July 6, 2009	July 9, 2009	July 15, 2009
July 20, 2009	July 23, 2009	July 29, 2009
July 31, 2009 **	August 6, 2009	August 12, 2009
August 17, 2009	August 20, 2009	August 26, 2009
August 31, 2009	September 3, 2009	September 9, 2009
September 14, 2009	September 17, 2009	September 23, 2009
September 28, 2009	October 1, 2009	October 7, 2009
October 9, 2009 **	October 15, 2009	October 21, 2009
October 26, 2009	October 29, 2009	November 4, 2009
November 6, 2009 **	November 12, 2009	November 18, 2009
November 23, 2009	November 26, 2009	December 2, 2009
December 7, 2009	December 10, 2009	December 16, 2009
December 18, 2009 **	December 22, 2009 **	December 30, 2009
January 4, 2010	January 7, 2010	January 13, 2010
11:00 AM CUT OFF	11:59PM 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



HOLIDAY DATES FOR 2009

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

NEW YEAR'S DAY	THURSDAY, JANUARY 1, 2009
GOOD FRIDAY	FRIDAY, APRIL 10, 2009
EASTER MONDAY	MONDAY, APRIL 13, 2009
VICTORIA DAY	MONDAY, MAY 18, 2009
CANADA DAY	WEDNESDAY, JULY 1, 2009
CIVIC HOLIDAY	<i>IF APPLICABLE</i>
LABOUR DAY	MONDAY, SEPTEMBER 7, 2009
THANKSGIVING DAY	MONDAY, OCTOBER 12, 2009
REMEMBRANCE DAY	WEDNESDAY, NOVEMBER 11, 2009
CHRISTMAS DAY	FRIDAY, DECEMBER 25, 2009
BOXING DAY	MONDAY, DECEMBER 28, 2009
NEW YEAR'S DAY	FRIDAY, JANUARY 1, 2010

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