



# Billing Education Session for Palliative Care Services

May 1, 2015



## Relationships

- DHW
  - Sets health policy
- DNS
  - Negotiates fees with DHW
- Medavie Blue Cross
  - Medavie is subcontracted by DHW to administer the MSI program; physicians submit claims to MSI through Medavie



## Agenda

- Overview of MSI
- Billing Fundamentals
- Services billed for end of life care in the office, hospital, patient's home and long term care facilities
- End of life procedural codes



## Agenda

- Common Billing Errors
- Billing for the services of other providers and medical trainees
- Submitted Questions
- What's New?
- Contact Information



## Overview of Claims

- Medavie Blue Cross has administered MSI since 1969
- More than 8M claims submitted annually - Physician payments approximately \$651M per annum
- Approximately 700,000 claims submitted per month - 5,900 to 8,600 of the total claims submitted are manually assessed each month
- Approximately 80 calls per day
- Bi-weekly payments to physicians, optometrists, ancillary providers and OOP/OOC claims submitted by physicians/patients
- Support DHW and Doctors NS business initiatives i.e. physician billing seminars, column in member magazine



# Important Documents

- **Physician's Manual:**
  - Billing rules in the section labelled "Preamble"
  - Explanatory Codes
  - Miscellaneous
  - Health Service Codes (HSC) and fees
- **Billing Instructions Manual:**
  - provides information to enable the submission of service encounter

**Physician's Manual and Billing Instructions Manual Merged September 2014**
- **Physicians' Bulletins:**
  - MSI Administrative updates that indicate/clarifies changes
  - Master Agreement incentive program update
  - provides pertinent information on assessment, fee codes, billing guidelines, etc.
  - Now only available electronically



## Timing of Claims Submissions

- 90 days from the date of service to submit claims
- Exceptions can be made to allow submission beyond that timeframe in exceptional circumstances
- 185 days to resubmit from the date of service
- Reversals can also be submitted as long as the original claim is available in the production database (MSI keeps 3 years of data)
- Service to residents of other provinces must be submitted within 1 year of date of service



# Methods of Claims Submission

## **Electronic :**

FFS and Shadow claims are submitted electronically and must be in accordance with the rules defined in the Preamble section of the Physician's Manual.

## **Manual:**

OOP/OOC claims are submitted manually and are keyed into the system in our office to generate payments.





# Methods of Claims Submission

## **Importance of Shadow Claim submission and timeliness:**

- Data integrity:  
  
in the interests of maintaining appropriate and comprehensive records, you are encouraged to submit these services in a timely fashion.
- Incentive and top up payments.



## Accurate Billing

- MSI data is used to capture services eligible for incentives
- Reduces the risk of rejected claims
- Maximizes billings
- Reduces the risk of poor audit results



# Basics of Billing

## 03.03 C LO=HOSP

**Health Service Code (HSC):** The health service performed (may or may not be a defined Canadian Classification of Procedures (CCP))

**Qualifier:** An alpha character appended to some HSCs to subdivide the code and distinguish differences specific to the procedure.

**Modifier:** MSI adjudication system uses them to determine the payment amount of a service encounter. They can affect payment by:

- Adding or subtracting an amount from basic fee
- Replacing the basic fee with a different amount
- Indicating role, time, method, age

**Service Encounter:** A transaction which describes the health service performed by the provider to the patient.

# Visits



## Visits

- Umbrella Term
- Evaluation of a patient either as a sole service or in association with one or more procedures
- Include consultations, counselling, hospital visits, office visits, home and institutional visits, for example
- Common set of rules, some specific rules related to location, etc.



## Types of Visits

- 03.03 Limited Visit
- 03.04 Comprehensive Visit
- 03.05 ICU Visit
- 03.07 Limited Consultation
- 03.08 Comprehensive Consultation
- 03.09 Palliative Care Consultation



## Visit Rules

- Only one visit may be claimed from a single service encounter
- When the sole reason for the visit is to provide a procedure or injection, only the procedure or injection may be claimed
- Visits requested in one time period and performed in another must be claimed using the lesser of the two rates



## Visit Rules

- When follow-up visits are made at the convenience of the physician, the 0800-1700h Monday to Friday visit rate will apply
- If a physician provides more than one visit to the same patient per day, documentation of the necessity for the extra visit(s) must be recorded on the chart and the time of the service occurrence must be provided on second and subsequent visits





## Visit Rules

- Where the fee claimed is calculated on a time basis, start and finish times must be part of the patient record of that service
- If a visit is conducted for pronouncement of death a limited visit may be claimed



## Modifiers – Urgent Visit

- In some situations if the demands of the patient's condition and/or the physician interpretation of that condition is that the physician must respond immediately an urgent visit may be claimed
- Physician must travel from one location to another
- Movement within a hospital is not considered travel



## Modifiers – Urgent Visit

- If a physician's office is in the hospital or in an attached building, movement from the office to the hospital is not considered travel



## Modifiers – Urgent Visit

- Urgent visit – Hospital inpatient – request by hospital staff
- Urgent Home Visit
- Urgent care in physician's office – request by patient – applies outside 0800-1700h Monday to Friday and cannot be claimed during scheduled office hours
- Document time of call and time of visit in clinical record



## Modifiers – Urgent Visit

- Urgent Visit – Sacrifice of Office Hours – may be claimed when a physician is called to see a patient and interrupts his or her regular office hours and travels to see a patient
- Modifier US=UIOH urgent interrupting office hours
- Urgent Visit without sacrifice of office hours
- Modifier US=UNOF urgent not interrupting office hours



## Modifiers – Urgent Visit

- Urgent Visit – Call by acute home care staff. May be claimed for urgent call to see patient by acute home care staff
- Modifier US=UCHH



## Visit Modifiers – Detention

- Detention may be claimed in emergency, non-office settings when a physician's time is given exclusively to active treatment and/or monitoring of that patient at the sacrifice of all other work
- Claimed in 15 minute increments
- May include time spent travelling with the patient from one location to another



## Visit Modifiers – Detention

- For consultations, detention time commences after one hour
- For other visits e.g. home, detention commences 30 minutes after the physician is first in attendance
- For emergency active medical treatment.
- For prolonged non-emergency situations a prolonged consultation or palliative care support visit should be claimed





## Visit Modifiers - Detention

- Where any service is provided during time spent with the patient claim either that service or detention, but not both
- e.g. procedure such as paracentesis
- As with all timed codes, record start and finish times directly on the patient record and in the claim to MSI
- In claim to MSI modifier is DETE and claimed as multiples



## Visit Modifiers – Detention

- Many exclusions including:
  - Waiting time e.g lab results, patient arrival, arrival of other medical personnel
  - Advice or discussions with the patient's family
  - Completing or reviewing patient charts
  - More than one patient at a time
  - Office visits



## Limited Visit 03.03

- A limited visit may be claimed when the physician provides a limited assessment for diagnosis and treatment of a patient's condition. It includes a history of the presenting problem and an evaluation of relevant body systems.
- Various modifiers used to reflect location, age, time of day, urgent care or detention, for example.



## Limited Visit 03.03

- Qualifiers modify existing CCP codes for Nova Scotia environment e.g 03.03A Geriatric Office Visit, 03.03 C Palliative Care Support Visit and 03.03D Case Management Conference Fee



## Palliative Care Support Visit 03.03C

- 03.03C RO=PCSV
- Patient must be registered with the district integrated palliative care service
- For pain and symptom management, emotional support and counselling to patients with terminal disease



## Palliative Care Support Visit 03.03C

- Start and finish times must be recorded on the patient record and in the text field on the electronic claim to MSI
- Must spend at least 80% of the time claimed directly with the patient
- Cannot claim for any other visits with the patient that day



## Palliative Care Support Visit 03.03C

- 25.4 U for first 30 minutes then 12.7U/15 minutes to maximum 60 minutes per patient per day
- May be claimed in office, hospital or patient's home



## Limited Visit – Location Hospital

- Hospital subsequent visit (daily up to 56 days and then maximum 5 times per week) 16U
- Multiples may be claimed for detention (12.5 U/15 minutes up to 13 multiples or 3.5 hours)
- First multiple for first 30 minutes then one per 15 minutes





## Limited Visit 03.03 – Location Home

- 0800-1700h M-F = 21.3 U
- 1701-2359h M-F and 0801-2359 Sat/Sun/holidays =28.3
- 0000-0800 daily =38.3 U
- Home emergency visit (modifier US=UIOH) =35.2U



## Limited Visit 03.03 – Location Home

- Home visits may be claimed with detention
- Multiples may be claimed for detention (12.5 U for up to 13 multiples for a total of 3.5 hours per day)
- First multiple for first 30 minutes then one per 15 minutes



## Case Management Conference Fee

- Health service code 03.03D
- 14.5U per 15 minutes
- May be claimed for formal scheduled meeting initiated by DHA/IWK employee
- For ad hoc situations
- May not be claimed for routine rounds e.g. tumour board rounds, routine team meetings



## Case Management Conference Fee

- Must be documented in the health record with a list of all physician participants
- May be claimed by multiple physicians simultaneously
- The patient does not need to be in attendance
- Start and finish times must be recorded on the patient chart and in the text field of the claim



## Palliative Care Medical Chart Review

- Palliative Care Medical Chart Review and/or Telephone Call, Fax or E-Mail
- 03.03 RO=CRTC 11.5 MSU
- Must be initiated by another health care professional
- For up to 3 calls/faxes/e-mails per day
- Each additional group of 3 can be claimed at an additional 11.5 MSUs
- Patient must be registered with DHA Palliative Care Service
- Document in the clinical record



## Consultations

- Consultation = referred visit
- Requires a referral from a physician, nurse practitioner, midwife, dentist or optometrist and a written report to the referring provider
- Follow-up visits as palliative care support visit (or other)
- Requires history and physical examination



## Palliative Care Consultation 03.03C

- Must meet normal Preamble requirements and in addition includes the following:
  - Psychosocial assessment
  - Comprehensive review of pharmacotherapy
  - Appropriate counselling
  - Consideration of appropriate community resources, as indicated



## Palliative Care Consultation 03.09C

- May be claimed by designated physicians with recognized expertise in palliative care.
- Minimum of six days intensive training and one week clinical practicum with a qualified physician supervisor
- Forward a copy of credentials to MSI





## Palliative Care Consultation 03.09C

- May be claimed one per patient per physician
- Transferral of care rules – cannot be claimed when being transferred from one palliative care physician to another



## Palliative Care Consultation 03.09C

- May be claimed as a prolonged consultation.
- After one hour spent directly with the patient (multiple 1) , an additional time multiple may be claimed for each 15 minutes or portion thereof.
- Payment 62 +MU (15.5U)/15 minutes to maximum 9 multiples (3 hours)



## Comprehensive Visit 03.04

- Necessitated by the seriousness, complexity or obscurity of the patient's problems or symptoms
- Full history and physical examination
- May be claimed in location office, patient's home, institution (24U)
- Multiples may be claimed for detention (12.5 U/15 minutes up to 13 multiples or 3.5 hours). First 30 minutes= multiple 1



## Comprehensive Visit 03.04

- May be claimed once per patient per hospitalization (30U) LO=HOSP FN=INPT RP=INTL and detention may be used (
  - Home (24U)
  - Multiples may be claimed for detention (12.5 U/15 minutes up to 13 multiples or 3.5 hours)
  - First 30 minutes = multiple 1

# Procedures



## Procedures

- Governed by own set of Preamble rules which vary depending on the type of procedure
- VADT – visit allowed diagnostic and therapeutic
- VEDT – visit excluded diagnostic and therapeutic
- MASG, MISG, ADON – less common in palliative care



## Procedures

- When the sole purpose of a visit is to provide a procedure or an injection, only the procedural or injection fee may be claimed
- Therapeutic Thoracentesis (includes diagnostic sample) VADT 46.91A – 24U
- Flushing of Port-a-cath VADT 50.93A – 10U
- Intravenous VADT 50.99A – 9U



## Procedures

- Abdominal Paracentesis VADT
  - 66.91 10U for therapeutic aspiration only
  - 66.91E 24U for diagnostic and therapeutic aspiration
- Insertion of Indwelling Urinary Catheter VADT 69.94; 12.5U
- Medication injection or infusion VEDT 13.59 (6U)





## What to do if you don't have a HSC to bill for a procedure...

The Fee Schedule Advisory Committee (FSAC) is the only standing committee of the Master Agreement Steering Committee (MASG). The FSAC is responsible for making recommendations to the MASG on matters pertaining to the fee schedule.

- Applications for a new fee and fee adjustment are available on line through the DoctorsNS website
- Applications are accepted twice per year, March 31 and October 31
- Once an application is submitted, it is expected that any additional documentation will be sent to DNS prior to the deadline



## No Fee Code

- In the meantime, bill EC (Exceptional Clinical Circumstances)



## Services Provided by Medical Trainees

- May claim for those services
- Claim only your services or the student/resident's if they are provided at the same time
- Must be on-site or immediately available to render assistance



## Services Provided by Nurses

- Physicians may only claim for services they have personally rendered
- Services provided by nurses, nurse practitioners and other health care providers are not insured by MSI
- An allowance has been made for GPs who employ a family practice nurse to allow them to bill some procedures done by the nurse while the physician is on the premises



## Services Provided by Nurses

- This allowance does not apply to nurses who are not employed by the physician nor for services provided by nurses in hospital, the patient's home etc.



## Scenario #1 – Home Visit

I am a palliative care physician who also has a GP office practice. I am called at the office by a palliative patient's family at 2:00 p.m. and asked to see her for dyspnoea. I see her on my way home at 6:00 p.m. How do I claim this visit?

- Visits requested during one time period and performed in another must always be claimed using the lesser of the two rates.
- This visit must be claimed using the daytime rate



## Scenario #2 – Urgent Home Visit

I receive a call from a patient's family 2:00 p.m. as she's acutely dyspneic. Based on the information given to me, I decide to leave the office to see her at her home. How do I claim this?

- This may be billed as an urgent home visit since it has interrupted your office.
- Caveat – you must travel in order to claim an urgent hospital visit . Therefore, this code may not be claimed if your office is in the hospital.



## Scenario #3 – Collaborative Visit

I am a palliative care physician and I recently saw a new palliative patient in consultation with our team nurse. The nurse began seeing the patient at 1300h and I assessed her from 1345-1515. How do I claim for this service?

- You may claim a prolonged consultation for this service. HSC 03.09C with an additional two time multiples for the time you spent directly with her after one hour had elapsed i.e. 03.09C with MU=3





## Scenario #4 – Case Conference

A woman I am following with advanced breast cancer was recently admitted to hospital. There is a very difficult family dynamic that is affecting her care and the nurse manager asked her family physician and I to attend a meeting to come up with a plan for dealing with the family. The meeting was attended by the two physicians, the nurse and the hospital social worker and lasted 50 minutes. How do I claim for this?

- Both you and the family physician may claim HSC 03.03D (1 hour)



## When to Contact MSI

Should you have any questions or uncertainty regarding billings, please contact MSI and seek clarification.

Submit your claims once you have received clarification.



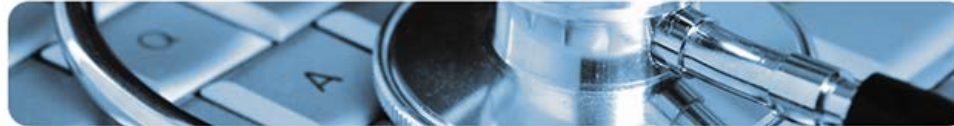
## Take Home Messages

- Know the Preamble
- Read the Bulletins (now electronic only)
- Call first, bill second
- Know what your billing clerk is submitting for each service
- Documentation, documentation, documentation



# MSI Website

Welcome Site Map Contact Search



- Physician Information
- Billing Publications
- MSI Monitoring
- Billing FAQs
- Physician Registration
- Subscribe/Unsubscribe
- Other Links

## Welcome Physicians

Nova Scotia Medical Insurance (MSI) programs are designed to provide eligible residents with coverage for medically required hospital, medical, dental and optometric services. Since 1969, [Medavie Blue Cross](#) has administered the Medical Services Insurance (MSI) program for the [Nova Scotia Department of Health and Wellness](#).

This public website is designed to provide information regarding the submission of claims for services insured under MSI, including frequently asked billing questions; post payment monitoring; and registration of physicians.

### Attention

Please read the most recently published Physicians' Bulletin.  
[MSI Physicians' Bulletin March 2013](#)



Site last updated: May 2013





## NS Physician Manual Modernization Project

- Multi-year project co-sponsored by DHW and DNS
- Develop clinical service definitions that align with modern practice
- Merged Physician Manual and Billing Instructions Manual released September 2014
- ~110 Physician beacons – plan to increase to 300



## How to contact us

- [MSI\\_Assessment@medavie.bluecross.ca](mailto:MSI_Assessment@medavie.bluecross.ca)

Physicians Manual on-line at:

- [www.medavie.bluecross.ca/msiprograms](http://www.medavie.bluecross.ca/msiprograms)
- [www.doctorsns.com](http://www.doctorsns.com)
  
- MSI Assessment (902)496-7011
- Fax (902)490-2275
- Toll Free 1-866-553-0585



## MSI Billing Education Session

# Thank You!