

Inside this Issue

- Remote surgical consult with review of PACS images: Update
- Wording Change
- Intraocular Injection of Air
- Infusion Clinics
- Billing Reminders
- Updated Files Availability
- Explanatory Codes
- Is There Something You Need To Tell Us?

REMOTE SURGICAL CONSULT WITH REVIEW OF PACS IMAGES: UPDATE

The term date of June 30, 2010 has been removed on the 03.09D – Remote Surgical Consult with Review of PACS Images services.

Physicians who have provided this service since July 1, 2010 must submit their claims 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.

WORDING CHANGE

The wording for HSC 03.09B Second Opinion Consultation has been amended to read:

“Review of an outside institution non-plain film imaging study including but not limited to CT, Ultrasound, MRI, Nuclear medicine or angiographic studies at the request of a specialist.”

INTRAOCULAR INJECTION OF AIR

Recently it has come to the attention of MSI Audit that some ophthalmologists are incorrectly billing HSC 28.73C – intraocular or intravitreal injection of air – when an intraocular injection of medication such as Lucentis or Avastin is carried out. Physicians are advised that the correct “look alike” code for this procedure is HSC 28.73D – intravitreal injection of antibiotics – and this is the code to be claimed for this procedure.

INFUSION CLINICS

MSI Audit has learned that some physicians are billing MSI for injections of medication carried out by other health care providers at private infusion clinics, such as those run out of physician offices. Physicians are advised that this is an uninsured service and neither a visit nor an injection fee may be claimed for these encounters.

BILLING REMINDERS

Donor/Recipient Hepatectomy: Please ensure that the appropriate health card numbers are being billed for liver transplant codes 62.49A and 62.49B as a patient cannot be both the donor and recipient of a liver.

03.09B Second Opinion Consultation: A 03.09B cannot be billed more than once per patient per day (multiples however can be billed for additional films etc. that require a second opinion).

13.59L RO=PNEU (Pneumococcal Polysaccharide injection): If medically necessary a total of two 13.59L RO=PNEU may be billed per patient per lifetime.

WCB codes: A WCB9 (Expedited non-emergency orthopedic consultation) cannot be billed with a WCB11 (Physician assessment service combined office visit and completion of Form 8/10) or WCB12 (EPS physician assessment service combined office visit and completion of Form 8/10).

EXPLANATORY CODES

The following explain codes have been added to the system:

AD038 – Service encounter has been refused as a maximum of two 13.59L RO=PNEU immunizations have been previously paid

CN020 - Service encounter has been refused as a 03.09B has previously been approved for this day.

GN047 - Service encounter has been refused. Submit a reassess (action code R) for the original submission to aid in the assessment of your claim.

GN048 - Service encounter has been disallowed. Submit a reassess (action code R) along with a copy of the record of operation to aid in the assessment of your claim.

GN049 - Service encounter has been disallowed as text provided does not provide sufficient details. If resubmitting please provide more details to aid in the assessment of your claim.

GN050 - Service encounter has been refused. Resubmit under the same health service code using the appropriate lesser value modifier for the service provided.

GN051 - Service encounter has been refused as a service occurrence one (1) has not been claimed for this day.

GN052 - Service encounter has been disallowed. Resubmit with a copy of the time sheet for the surgery performed to aid in the adjudication of your claim.

MJ025 - Service encounter has been refused as a claim for donor has already been received for this patient. A patient cannot be both a donor and recipient of a liver.

MJ026 - Service encounter has been refused as a claim for recipient has already been received for this patient. A patient cannot be both a donor and recipient of a liver.

WB025 - Service encounter has been refused as previous payment under WCB11 or WCB12 has been approved.

WB026 - Service encounter has been refused as a previous payment under WCB9 has been approved.

UPDATED FILES – AVAILABILITY

Updated files reflecting changes are available for download on Friday, December 10th, 2010. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), and explanation code (EXPLAIN.DAT).

IS THERE SOMETHING YOU NEED TO TELL US?

- Are you changing your bank account? (form required)
- Are you relocating your office practice?
- Is your MSI business mail properly addressed?
- Are you changing your billing software or service bureau?

For any of the above reasons or other related issues, please contact the Provider Coordinators at msi.providercoordinators@medavie.bluecross.ca or send a detailed fax to **469-4674 / Toll-free 1-877-910-4674**.

If you require banking forms or have other questions, please call:

496-7560
496-7107
496-7190

**2011 CUT-OFF DATES
FOR RECEIPT OF
PAPER & ELECTRONIC CLAIMS**

PAPER CLAIMS	ELECTRONIC CLAIMS	PAYMENT DATE
December 31, 2010**	January 6, 2011	January 12, 2011
January 17, 2011	January 20, 2011	January 26, 2011
January 31, 2011	February 3, 2011	February 9, 2011
February 14, 2011	February 17, 2011	February 23, 2011
February 28, 2011	March 3, 2011	March 9, 2011
March 14, 2011	March 17, 2011	March 23, 2011
March 28, 2011	March 31, 2011	April 6, 2011
April 11, 2011	April 14, 2011	April 20, 2011
April 25, 2011	April 28, 2011	May 4, 2011
May 9, 2011	May 12, 2011	May 18, 2011
May 20, 2011**	May 26, 2011	June 1, 2011
June 6, 2011	June 9, 2011	June 15, 2011
June 20, 2011	June 23, 2011	June 29, 2011
July 4, 2011	July 7, 2011	July 13, 2011
July 18, 2011	July 21, 2011	July 27, 2011
July 29, 2011**	August 4, 2011	August 10, 2011
August 15, 2011	August 18, 2011	August 24, 2011
August 29, 2011	August 31, 2011**	September 7, 2011
September 12, 2011	September 15, 2011	September 21, 2011
September 26, 2011	September 29, 2011	October 5, 2011
October 7, 2011**	October 13, 2011	October 19, 2011
October 24, 2011	October 27, 2011	November 2, 2011
November 4, 2011**	November 9, 2011**	November 16, 2011
November 21, 2011	November 24, 2011	November 30, 2011
December 5, 2011	December 8, 2011	December 14, 2011
December 19, 2011	December 20, 2011**	December 28, 2011
December 30, 2011**	January 5, 2012	January 11, 2012
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