

Billing Education Article By Dr. Rhonda Church

PEOPLE ALWAYS ASK US

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MSI is responsible for payment of claims submitted by physicians and for monitoring claims. To ensure claims have been correctly submitted, MSI staff also field questions from physicians and their billing clerks about how certain services should be submitted.

While most of these queries are answered by MSI assessment department staff, occasionally questions arise in the audit department about correct billing practices. This month, I'm sharing some of the questions that have recently arisen:

Q: I'm a family physician who employs a nurse. We booked several days of flu shot clinics during which the nurse gave flu shots to my patients and the patients of my office partner. I was sick on those days and not in the office. How should we bill for the flu shots administered?

A. Under Preamble rules, it's permitted for physicians who directly employ a family practice nurse (i.e. the nurse isn't an employee of the district health authority or IWK Health Centre) to bill for some procedures carried out by the nurse, provided the physician is on the premises. Since you were ill and not in the office that day, the injections and associated tray fees should be billed to a physician who was on site.

Q. I'm the billing clerk for an orthopaedic surgeon. Sometimes, a patient comes in with a hip fracture and it will be several days before OR time is available so the surgeon I'm billing for ends up doing the surgery. I know that the surgeon who initially saw the patient is billing a consult but I've been told that, since it's the first time the surgeon I bill for has seen the patient, I should bill a consult for him as well. Is this correct?

A. If a patient is transferred from one physician within the same specialty, either temporarily (such as for vacation or weekend coverage) or permanently (such as in the situation you describe or because the physician is leaving the area), the physician to whom the patient is transferred for care can't bill another consultation. This is referred to as transferral of care and is discussed in the Preamble.

Q. I'm a family doctor and was very pleased to see the new code for a speculum examination a few months ago. I used to be very frustrated that unless I actually performed a Pap there was no way to bill for the time taken to conduct a speculum exam. As part of my practice, I put in IUDs and I always do a speculum exam as part of that. Can I bill for the speculum examination in addition to the IUD insertion?

A. This is a great question – and one I didn't know the answer to. It made its way to the Doctors Nova Scotia Fee Schedule Advisory Committee, which advised that as a speculum examination is a part of the IUD insertion, it may not be billed in addition. Section 9.3.3 of the Preamble discusses that procedural codes reimburse physicians for all components of a procedure and that these codes may not be unbundled into constituent parts and billed separately.

Q. I'm a specialist who's considering starting to provide a procedure that isn't yet mainstream. It's similar to another mainstream procedure that has an associated health service code. Should I bill the service using this code?

A. It's best to play it safe in this case and contact MSI to discuss. This will allow you to fully describe what you are planning to do and MSI can check it out. Generally, procedures that fall under complementary and alternative medicine are uninsured in Nova Scotia.

To discuss billing issues with MSI, contact:

MSI Assessment Department
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