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**On-line documentation available at :**

<http://www.medavie.bluecross.ca/msiprograms>

## ***New MSI Website and Electronic Bulletin Launched on September 16, 2013***

The Department of Health and Wellness, in collaboration with Medavie Blue Cross and Doctors Nova Scotia is very pleased to announce the launch of the new MSI website. The website can be found at [www.medavie.bluecross.ca/msiprograms](http://www.medavie.bluecross.ca/msiprograms).

The new website includes simplified electronic access to important documents such as the MSI Physician's Manual; the Billing Instructions Manual and the MSI Physicians' Bulletins. The website also contains a "frequently asked questions" section along with a searchable archive of bulletins. The new website marks an important and progressive step into the ever advancing age of technology and away from paper based communication and information.

One of the key features of the new website is the ability for physicians and billing staff to be able to subscribe to electronic notification of upcoming MSI Physicians' Bulletins. The MSI Physicians' Bulletins contains important information for physicians, as it includes MSI billing updates, policy changes and other key topics related to insured services.

**Please note, that effective January 1, 2014, bulletins will only be available on the MSI website. To be automatically notified of upcoming bulletins, follow the "Subscribe" link located on the home page. Physicians will continue to receive paper copies of bulletins until December 31, 2013. Bulletins can be easily saved and printed directly from the new MSI website**

**Subscribing to electronic access to physicians' bulletins is not only important, but strongly encouraged as it is the responsibility of all physicians to be aware of changes, updates, new billing codes and practices, communicated in the bulletins. If for some reason you are unable to access the website please contact MSI at 496-7011 or 1-866-553-0585.**

**UPCOMING FEES**

*NOTE: Please hold all eligible service encounters to allow MSI the required time to update the system. Once a new Health Service Code has been assigned, it will be published in the MSI Physicians' Bulletin.*

The following fees have been approved for inclusion into the Fee Schedule, effective October 1, 2013:

<b><u>Category</u></b>	<b><u>Description</u></b>	<b><u>Unit Value</u></b>
CONS	<p><b>Antenatal Palliative Care Consultation (Limited)</b></p> <p>For the limited consultation by the paediatric palliative care specialist to the mother of the fetus diagnosed with a potentially lethal anomaly or condition. The consultation covers the physical, emotional, social, spiritual issues related to the birth of a newborn diagnosed with a potentially lethal condition.</p> <p><u>Billing Guidelines:</u> To be billed by PEDI using the MSI number of the mother for services rendered during the antenatal period. Consultation may only be billed once per mother per pregnancy. A list of qualified specialists is to be kept on file at MSI. Fetal diagnosis must be recorded in text and on the mother's health record.</p> <p><u>Specialty Restriction:</u> PEDI with additional training in Paediatric Palliative Care.</p> <p><u>Location:</u> HOSP, OFFC</p>	42
VIST	<p><b>Antenatal Palliative Care follow up visit</b></p> <p>For the limited consultation by the paediatric palliative care specialist to the mother of the fetus diagnosed with a potentially lethal anomaly or condition. The consultation covers the physical, emotional, social, spiritual issues related to the birth of a newborn diagnosed with a potentially lethal condition.</p> <p><u>Billing Guidelines:</u> To be billed by PEDI using the MSI number of the mother for services rendered during the antenatal period. Consultation may only be billed once per mother per pregnancy. A list of qualified specialists is to be kept on file at MSI. Fetal diagnosis must be recorded in text and on the mother's health record.</p> <p><u>Specialty Restriction:</u> PEDI with additional training in Paediatric Palliative Care.</p> <p><u>Location:</u> HOSP, OFFC</p>	13 MSU as per follow up visit

<u>Category</u>	<u>Description</u>	<u>Unit Value</u>
CONS	<p><b>Medical Management of Ectopic Pregnancy</b></p> <p>This comprehensive fee includes the consultation, assessment, and counseling of a patient with a confirmed ectopic pregnancy who meets the criteria for medical management of her condition. Administration of cytotoxic medication(s) is included as are all verbal or electronic communications with the patient to relay results of follow up blood work as appropriate.</p> <p><u>Billing Guidelines:</u></p> <ol style="list-style-type: none"> <li>1. May not be billed with any other consultative or visit service same patient same day.</li> <li>2. If surgery is required within 48 hrs of the delivery of cytotoxic medication, the service fee will be reduced to a regular consultation fee.</li> <li>3. Once per patient per pregnancy</li> </ol> <p><u>Specialty Restriction:</u> OBY</p> <p><u>Location:</u> HOSP, OFFC</p>	56

<u>Category</u>	<u>Description</u>	<u>Unit Value</u>
MASG	<p><b>Salpingectomy for morbidity, not for sterilization</b></p> <p>This fee is for the partial or complete removal of the fallopian tube for purposes other than sterilization, open or laparoscopic approach. Underlying diagnosis must be documented on the health record.</p> <p>This fee will replace:</p> <p>78.1 Total Salpingectomy-unilateral 78.22 Removal of Remaining Fallopian Tube 78.59 Other Partial Salpingectomy 78.21 Removal of Both Tubes</p> <p><u>Billing Guidelines:</u> Not to be billed with oophorectomy same patient same side</p> <p><u>Specialty Restriction:</u> OBY, GNSG</p> <p><u>Location:</u> HOSP</p>	130 6+T

<u>Category</u>	<u>Description</u>	<u>Unit Value</u>
MASG	<p><b>Surgical Removal of Extrauterine (Ectopic) Pregnancy-by any means</b></p> <p>This comprehensive fee is for the surgical treatment of an extrauterine (ectopic) pregnancy; tubal, ovarian, cervical, abdominal, or interstitial, requiring evacuation, salpingostomy, salpingectomy and/or oophorectomy, open or laparoscopic approach.</p> <p>This fee will replace:  78.52 Salpingectomy (partial) with removal of ectopic pregnancy  78.63 Salpingo-salpingostomy  81.21 Removal of intraligamentous pregnancy</p> <p><u>Billing Guidelines:</u>  Not to be billed with salpingectomy, salpingostomy or oophorectomy.</p> <p><u>Specialty Restriction:</u>  OBGY, GNSG</p> <p><u>Location:</u>  HOSP</p>	130 6+T

<u>Category</u>	<u>Description</u>	<u>Unit Value</u>
MASG	<p><b>Interruption or removal of fallopian tubes for purposes of sterilization: abdominal, vaginal, laparoscopic-not hysteroscopic (unilateral or bilateral)</b></p> <p>This fee is for the interruption or removal of all or part of one or both fallopian tubes for purposes of sterilization: includes fulgarisation, occlusion by device, and transection: open (abdominal or vaginal) or laparoscopic approach. Not to be used for hysteroscopic occlusion.</p> <p>This fee will replace:  78.31 Endoscopic Ligation and crushing of Fallopian Tubes uni or bilateral.  78.39 Endoscopic destruction or occlusion of fallopian tubes, uni or bilateral.  78.53A Suture Ligation of Fallopian Tubes</p> <p><u>Billing Guidelines:</u>  Not to be used for hysteroscopic sterilization, not to be billed with 66.83 Laparoscopy ME=ELEC Unilateral or bilateral, no additional billing for bilateral.</p> <p><u>Specialty Restriction:</u>  OBGY, GNSG</p> <p><u>Location:</u>  HOSP</p>	105 6+T

**FEE REVISIONS**

Effective October 1, 2013, health service code **03.09C** - Palliative Care Consult will be revised and updated with the following information:

<u>Category</u>	<u>Description</u>	<u>Unit Value</u>
CONS	<b>Palliative Care Consult</b>	62 + MU

Preamble 7.10.1

The Palliative Care Consultation can only be claimed by designated physicians (general practitioners or specialists) with recognized expertise in palliative care. The service provided must fulfill the normal requirements for a consultation as specified in the Preamble. The consultation includes a psychosocial assessment, comprehensive review of pharmacotherapy, appropriate counseling, and consideration of appropriate community resources where indicated. A prolonged consultation cannot be claimed. Specialists can claim the palliative care consultation fee or the consultation fee appropriate to their specialty. It is payable once per patient per physician. Physicians billing the Palliative Care consult must forward a letter to MSI indicating his/her credentials.

Physicians providing palliative care must have completed a minimum of six days of intensive didactic or small group training in palliative care, and a one-week clinical practicum in palliative care with a qualified physician supervisor.

Billing Guidelines:

Once per patient per physician.

Maximum of 8 additional multiples, (total of 3 hours)

Start and stop times must be recorded when billing multiples.

Specialty Restriction:

Physicians with recognized expertise in Palliative Care List to be kept on file with MSI.

Location:

HOSP, OFFC, HOME

NOTE: Please continue to submit claims for these services in the usual manner. Once MSI updates the system it will be published in the MSI Physicians' Bulletin. Claims for these codes with a service date from October 1, 2013 to November 22, 2013 will be identified and a reconciliation will occur in the winter of 2013. The reconciliation will be calculated after the 90 day waiting period for submission of claims.

**DISCONTINUED HEALTH SERVICE CODES**

Effective November 22, 2013 the following health service codes will no longer be active:

<u>Category</u>	<u>Code</u>	<u>Modifiers</u>	<u>Description</u>	<u>Value</u>
MASG	80.2C		<b>Laparoscopic supracervical hysterectomy</b>	235 6+T
MASG	80.4B		<b>Laparoscopic assisted vaginal hysterectomy</b>	220 6+T

These 2 codes have been made redundant by the implementation on October 1, 2011 of: HSC 80.4C Laparoscopic hysterectomy - total, subtotal or laparoscopically assisted 300 MSU 6+T.

**PREAMBLE REVISIONS**

7.5.5 A Prolonged Consultation may be applied to cases where the consultation extends beyond one hour for comprehensive consultations and a half-hour for repeat consultations, or a half hour for OBGY consultations— specifically for preconceptual consultation (Maternal fetal medicine), consultation for issues of sexual dysfunction, reproductive endocrinology, gynaecologic oncology, and urogynaecology. A prolonged consultation cannot be claimed with a limited consultation. Prolonged consultations are paid in 15-minute time blocks or portion thereof. Prolonged consultations are not to be confused with active treatment associated with detention.

A prolonged consultation may be claimed only by the following specialties:

- (a) Anaesthesia
- (b) Internal Medicine
- (c) Neurology
- (d) Physical Medicine
- (e) Paediatrics
- (f) Psychiatry
- (g) Obstetrics and Gynaecology
- (h) Palliative Care**

**BILLING REMINDERS****Functional Endoscopic Sinus Surgery (FESS)**

The Department of Health and Wellness and Doctors Nova Scotia have reviewed the billing practice for FESS. Based on this review, existing codes can be billed for FESS effective July 1<sup>st</sup>, 2013. The deadline for submission of claims for FESS procedures is January 1, 2014 for all FESS claims with date of service between March 1st and October 1st 2013. For FESS procedures performed after October 1st 2013, the regular 90-day time limit will be in effect for submitting claims.

Please note that the above direction to proceed with using existing codes does not constitute approval of all current billing for FESS. Regular monitoring and audit processes, including pre-payment assessment, will apply to FESS claims as needed.

## GENERAL PRACTITIONER COLLABORATIVE PRACTICE INCENTIVE PROGRAM

### Revisions to the eligibility criteria for the Collaborative Practice Incentive Program (CPIP) – 2013/2014

The Master Agreement Steering Group (MASG) has approved the following revisions to the Collaborative Practice Incentive Program (CPIP) collaborative practice incentive component eligibility criteria, **effective April 1, 2013**.

#### Additional CPIP Incentive Component Eligibility Criteria

Starting in 2013/14, in order for an individual Family Physician to qualify for an annual CPIP incentive component payment, **two of the following five criteria must be met in addition to the existing program criteria approved in 2012:**

#### **Evening and/or week-end appointments:**

- Physicians are required to provide regular evening and/or weekend appointments, a minimum of once per week. **Accountability measure:** Appropriate billings for the GP Evening and Weekend Office Visit Incentive program (eligible office visits submitted with the modifier GPEW).

#### **Same day/next day appointments:**

- The collaborative practice is required to be structured to accommodate same day/next day appointments within the daily practice schedule on a regular on-going basis– patients are not to be just squeezed in. **Accountability Measure:** This needs to be reflected through ensuring there is normally always availability for patients to see one of the practice team members when patients contact the practice for an appointment

#### **Roles and Responsibilities:**

- Specific roles and responsibilities for all members of the practice team are documented, reviewed annually and updated as required. **Accountability measure:** Documented evidence available upon request.

#### **Team attendance at educational events:**

- Physicians and their teams are required to attend and/or participate together in educational events, relevant to their work, at least once per year. This could include team building activities internal to the practice. **Accountability measure:** Documented evidence of organized team building activity and the participants available upon request.

#### **Lead and/or participate in a quality improvement initiative:**

- Physicians are required to lead or participate with their team in at least one quality improvement initiative per year that is directly related to either patient care and/or practice improvement. **Accountability measure:** Documentation of quality improvement initiative(s) available upon request.

#### **Other Licensed Health Care Providers**

**Effective April 1, 2013**, for the purposes of the CPIP, the list of eligible “other licensed health care providers” is limited as follows to those appropriate and likely to work with family physicians as part of a community-based primary care collaborative practice team:

1. Licensed Practical Nurses
2. Chiropractor
3. Dentists
4. Dietician/Nutritionists
5. Occupational Therapists

6. Optometrists
7. Pharmacists
8. Psychologists
9. Physiotherapists
10. Registered Nurses (including Nurse Practitioners)
11. Midwives
12. Respiratory Therapists
13. Paramedics
14. Social Workers (Department of Community Services Legislation)

### **Nova Scotia Provincial Locum Program**

The Provincial Locum Program is intended to facilitate the medical care to patients of eligible physicians, through the provision of funded coverage when the physician is away from their respective practice, due to illness, vacation and/or continuing medical education. It is generally accepted that a physician, while being replaced by a locum, is not providing billable services elsewhere.

Effective October 1<sup>st</sup>, 2013, the Master Agreement Steering Group approved changes to the Nova Scotia Provincial Locum program. The following revised guidelines, payment rates and claim forms are in effect as of October 1, 2013. All forms can be found online on the MSI website ([www.medavie.bluecross.ca/msiprograms](http://www.medavie.bluecross.ca/msiprograms)). Please note: all claims must be calculated prior to submission. The available forms are functional and will calculate the values for you when completed electronically. Please be sure to include your signature on each submission.

### **Revised GP Locum Guidelines Effective October 1, 2013**

#### Locum Physician Eligibility

- Locum physicians are required to be licensed by the College of Physicians and Surgeons of Nova Scotia.

Locum Coverage Eligibility for Family Practitioners: the following are the criteria for which the Provincial Locum Program will fund locum coverage for a Family Practitioner:

- Scheduled leave of physician for vacation, CME, maternity OR unplanned leave due to illness
- Physician located in any community outside Capital District Health Authority; and, the following communities within Capital District Health Authority: Musquoduboit Harbour, Middle Musquoduboit, Upper Musquoduboit, Jeddore, Ship Harbour, Sheet Harbour, Brooklyn, Falmouth, Kempt Shore, Newport Corner, Smiths Corner, Summerville, Three Mile Plains, Windsor, and Windsor Forks.
- Maximum 30 days coverage funded per fiscal year for each physician
- Current practices (non-CEC) located in Porters Lake and Mineville, will continue to be eligible for Locum funding until March 31, 2015, .As of April 1, 2015, these practices will no longer be eligible to receive Locum funding, unless changes to the program are approved through the MASG.
- Maximum 30 days coverage funded per fiscal year for each full time physician. Eligible coverage days will be pro-rated for part time physicians
- Locum day is defined as providing a minimum of 7.5 hours of clinical coverage. A half locum day is defined as providing a minimum of 3.75 hours of clinical coverage.

#### Services to be provided by locum physicians:

##### General Practitioners

- Family practice coverage (may include inpatient and nursing home, if part of GP normal practice)
- On-call or emergency department coverage where indicated, as requested on application form

##### Payment Rates

The following rates will be paid to physicians for providing locum coverage under the Provincial Locum Program:

- Minimum daily income guarantee: \$800
  - *note: physician may request payment by FFS rather than income guarantee, in which case they will*



*receive only per diem and mileage through the Provincial Locum Program, in addition to their FFS billings*

- Top up in addition to minimum daily income guarantee will be paid based on volume of services provided, as indicated by shadow billings, if a reconciliation is requested by the locum physician.
- Per diem to cover locum physician expenses, eg food and accommodation: \$175 per day
  - Where the Locum physician commutes to the host practice from home on a daily basis, partial per diem will be provided (40%)
  - Where /when the DHA provides accommodation, the locum physician will only be eligible to claim 40% of the per-diem rate
  - Locum physicians who travel two hours or more (one way) between their residence and the locum site are eligible to claim one additional per diem day for each locum provided. Physicians who travel four or more hours (one way) between their residence and the locum site are eligible to claim two additional per diem days for each locum provided. The additional per diem payments are for travel to and from the locum site.
- Overhead: \$210 per day payable to host practice to cover office overhead expenses;
  - *Note: where the locum physician is eligible to receive a 'top up' payment, the locum physician will receive 70% of the top up payment amount, and the host practice will receive 30% as overhead.*
- Mileage paid within Nova Scotia at current Nova Scotia Government rate
- Out of province locum physicians from New Brunswick and PEI may claim \$175 for each trip to Nova Scotia to offset expenses. Other out of province locum physicians may claim \$500 for each trip. Verification of travel may be requested.
- Bridge/road tolls within Nova Scotia will be reimbursed as required

#### Program Administration

- An application form will be completed and signed by the locum physician and the host physician/practice and submitted to MSI. All program related forms can be found at [www.medavie.bluecross.ca/msiprograms](http://www.medavie.bluecross.ca/msiprograms). Completed forms can be faxed to MSI at 496-3060 (toll free: 1-855-350-3060) or emailed to [Locumprogram@medavie.ca](mailto:Locumprogram@medavie.ca). Contact MSI at (902) 496-7104 with any enquiries.
- Approval/decline of locum application by MSI within 2 working days with notification of locum physician and host physician/practice (approval by MSI is conditional on granting of license by College of Physicians and Surgeons of Nova Scotia)
- If approved, submit a completed MSI Provider Business Arrangement Form and void cheque to the MSI Provider Coordinators, if your banking information is not on file with MSI.
- If the locum physician chooses the guaranteed daily rate as the preferred payment option, the locum physician will receive a locum shadow billing business arrangement (BA) number from MSI if a locum shadow billing BA number has not already been assigned. The shadow billing BA number is to be used to submit shadow billings. Payment through the Provincial Locum Program can only be provided where the locum physician has obtained a locum shadow billing arrangement number.
- The locum physician will prepare shadow billings for all services provided; the host physician/practice will provide administrative support for shadow billing.
- At the end of the locum, or on a weekly basis, the locum physician will submit a completed Claim Form to MSI for payment.
- MSI will verify the Claim form and make the payment(s).
- At the end of the locum, if the locum physician or host physician believes services provided exceed the value of the guaranteed daily rate over the course of the locum, they can apply for a 'top up' payment by contacting MSI and requesting a 'reconciliation' of payment.

#### Shadow billing:

- The provision of shadow billings is critical to the budget of the Provincial Locum Program, as the total amount of shadow billings is charged to the FFS cost centre. The locum program is only charged for the difference between the shadow billings and the guaranteed daily rate.

**For General Practice locums, the office of the host physician is expected to provide administrative support to the locum physician for shadow billing. Payment for the minimum daily guarantee for locum services will be subject to receipt of shadow billings.**

**Revised Specialist Locum Guidelines Effective October 1, 2013**Locum Physician Eligibility

- Locum physicians are required to be licensed by the College of Physicians and Surgeons of Nova Scotia.

Locum Coverage Eligibility for Specialists: the following are the criteria for which the Provincial Locum Program will fund coverage for Specialists.

- Scheduled leave of physicians for vacation, CME, maternity OR unplanned leave due to illness; OR,
- coverage for a position that has been vacated within the previous six months where an ongoing core service is being provided, OR, weekend coverage.
- Coverage for DHAs 1-8
- Core specialty services covered: general internal medicine, general surgery, anesthesiology, orthopedic surgery, obstetrics/gynecology, psychiatry, pediatrics, radiology, pathology and urology.
- Coverage provided for services in a Regional hospital for physician groups that have an approved facility on-call rotation of 5 or fewer physicians
- Locum day is defined as providing a minimum of 7.5 hours of clinical coverage. A half locum day is defined as providing a minimum of 3.75 hours of clinical coverage
- Maximum 30 days funded coverage for each full time core service physician or vacant position per fiscal year; except 45 days coverage for physicians where they are the solo practitioner in a core service

Note: Specialists with an active clinical practice will not be funded through the locum program to cover services within their own DHAs.

Services to be provided by locum physicians:Specialists

- Specialist hospital coverage including on-call
- Office coverage where indicated, as requested on application form

Payment Rates

The following rates will be paid to physicians for providing locum coverage under the Provincial Locum Program:

- Minimum daily income guarantee: \$1200
  - *note: physician may request payment by FFS rather than income guarantee, in which case they will receive only per diem and mileage through the Provincial Locum Program, in addition to their FFS billings*
- Top up in addition to minimum daily income guarantee will be paid based on volume of services provided, as indicated by shadow billings, if requested by the locum physician
- Per diem to cover locum physician expenses, eg food and accommodation: \$175 per day
  - Where the Locum physician commutes to the host practice from home on a daily basis, partial per diem will be provided (40%)
  - Where /when the DHA provides accommodation, the locum physician will only be eligible to claim 40% of the per-diem rate
  - Locum physicians who travel two hours or more (one way) between their residence and the locum site are eligible to claim one additional per diem day for each locum provided. Physicians who travel four or more hours (one way) between their residence and the locum site are eligible to claim two additional per diem days for each locum provided. The additional per diem payments are for travel to and from the locum site.
- Overhead: \$210/day payable to host practice where office coverage is required
- Mileage paid within Nova Scotia at current Nova Scotia Government rate
- On-call fee to be funded by DHW and administered by the DHA.
- Out of province locum physicians from New Brunswick and PEI may claim \$175 for each trip to Nova Scotia to offset expenses. Other out of province locum physicians may claim \$500 for each trip. Verification of travel may be requested.

- Bridge/road tolls within Nova Scotia will be reimbursed as required.

#### Program Administration

- An application form will be completed and signed by the locum physician and the Chief of Staff of the host DHA, and submitted to MSI. All program related forms can be found at [www.medavie.bluecross.ca/msiprograms](http://www.medavie.bluecross.ca/msiprograms). Completed forms can be faxed to MSI at 496-3060 (toll free: 1-855-350-3060) or emailed to [Locumprogram@medavie.ca](mailto:Locumprogram@medavie.ca). Contact MSI at (902) 496-7104 with any enquiries.
- Approval/decline of locum application by MSI within 2 working days with notification of locum physician and Chief of Staff of host DHA (approval by MSI is conditional on granting of license by College of Physicians and Surgeons of Nova Scotia)
- If approved, submit a completed MSI Provider Business Arrangement Form and void cheque to the MSI Provider Coordinators, if your banking information is not on file with MSI.
- If the locum physician chooses the guaranteed daily rate as the preferred payment option, the locum physician will receive a locum shadow billing business arrangement (BA) number from MSI if a locum shadow billing BA number has not already been assigned. The shadow billing BA number is to be used to submit shadow billings. Payment through the Provincial Locum Program can only be provided where the locum physician has obtained a locum shadow billing arrangement number.
- The locum physician will prepare shadow billings for all services provided; the host DHA will provide administrative support for shadow billing.
- At the end of the locum, or on a weekly basis, the locum physician will submit a completed Claim Form to MSI for payment
- MSI will verify the Claim Form for payment
- At the end of the locum, if the locum physician believes services provided exceed the value of the guaranteed daily rate over the course of the locum, they can apply for a 'top up' payment by contacting MSI and requesting a 'reconciliation' of payment.

#### Shadow billing:

- The provision of shadow billings is critical to the budget of the Provincial Locum Program, as the total amount of shadow billings is charged to the FFS cost centre. The locum program is only charged for the difference between the shadow billings and the guaranteed daily rate.

**For Specialist locums, the host DHA is expected to provide administrative support to the locum physician for shadow billing. Payment for locum services will be subject to receipt of shadow billings.**

### **Psychiatry Locum Guidelines Effective October 1, 2013**

#### Locum Physician Eligibility

- Locum physicians are required to be licensed by the College of Physicians and Surgeons of Nova Scotia.

Locum Coverage Eligibility for Psychiatry: the following are the criteria for which the Provincial Locum Program will fund locum coverage for Psychiatry:

- Scheduled leave of physicians for vacation, CME, maternity OR unplanned leave due to illness; OR, coverage for a position that has been vacated within the previous six months where an ongoing core service is being provided, OR, weekend coverage.
- Coverage for DHAs 1-8
- Coverage provided for services in a Regional hospital for physician groups that have an approved facility on-call rotation of 5 or fewer physicians
- Maximum 30 days funded coverage for each full time physician or vacant position per fiscal year; except 45

days coverage for physicians where they are the solo practitioner. The number of eligible coverage days will be pro-rated for part time physicians.

- Note: Psychiatrists with an active clinical practice will not be funded through the locum program to cover services within their own DHAs.

#### Payment Rates

The following rates will be paid to physicians for providing locum coverage under the Provincial Locum Program:

- An hourly rate will be paid through the District Psychiatry Program in keeping with the guidelines for that program. Program guidelines provide different rates for certified and non-certified psychiatrists. Arrangements for payment of this rate will be made by the District Health Authority in which the locum is provided, through MSI.
- Per diem to cover locum physician expenses, eg food and accommodation: \$175 per day
  - Where the Locum physician commutes to the host practice from home on a daily basis, partial per diem will be provided (40%)
  - Where /when the DHA provides accommodation, the locum physician will only be eligible to claim 40% of the per-diem rate
  - Locum physicians who travel two hours or more (one way) between their residence and the locum site are eligible to claim one additional per diem day for each locum provided. Physicians who travel four or more hours (one way) between their residence and the locum site are eligible to claim two additional per diem days for each locum provided. The additional per diem payments are for travel to and from the locum site.
- Mileage paid within Nova Scotia at current Nova Scotia Government rate
- Out of province locum physicians from New Brunswick and PEI may claim \$175 for each trip to Nova Scotia to offset expenses. Other out of province locum physicians may claim \$500 for each trip. Verification of travel may be requested.
- Bridge/road tolls within Nova Scotia will be reimbursed as required

#### Program Administration

- An application form will be completed and signed by the locum physician and the Chief of Staff of the host DHA, and submitted to MSI. All program related forms can be found at [www.medavie.bluecross.ca/msiprograms](http://www.medavie.bluecross.ca/msiprograms). Completed forms can be faxed to MSI at 496-3060 (toll free: 1-855-350-3060) or emailed to [Locumprogram@medavie.ca](mailto:Locumprogram@medavie.ca). Contact MSI at (902) 496-7104 with any enquiries.
- Approval/decline of locum application by MSI within 2 working days with notification of locum physician and Chief of Staff of host DHA (approval by MSI is conditional on granting of license by College of Physicians and Surgeons of Nova Scotia)
- If approved, submit a completed MSI Provider Business Arrangement Form and void cheque to the MSI Provider Coordinators, if your banking information is not on file with MSI.
- At the end of the locum, or on a weekly basis, the locum physician will submit a completed Claim Form to MSI for payment.
- MSI will verify the Claim Form for payment of per diem and mileage.

**WCB REVISIONS**

Effective October 1, 2013 the following new Workers' Compensation Board fee was available for billing:

<u>Category</u>	<u>Code</u>		<u>Value</u>
WCB	WCB21	<b>Follow-up visit report</b>	\$37.50

Description:

To be claimed for completion of a follow up visit report.

Billing Guidelines:

This fee can only be claimed after a follow up office visit code (03.03 RP=SUBS. 03.03A RP=SUBS\* and 03.04 RP=SUBS) is billed by the same physician on the same day for the patient.

Cannot be billed with an inpatient hospital visit.

A report is only required and can only be billed for a Long Terms Benefits client where there is a change in treatment or medical status.

Specialty Restriction:

All Specialists (excluding GENP, EMMD, COMD)

Location:

Office

\*Please note, for 03.03A RP=SUBS, please hold all eligible service encounters from October 1, 2013 through to November 22, 2013 to allow MSI the required time to update the system.