

## Billing Education Article By Dr. Rhonda Church

### MSI CLAIMS ASSESSORS – YOUR LIAISON FOR BILLING INQUIRIES

SEPTEMBER 2014

MSI answers approximately 80 inquiries each day from physicians and billing staff about claims submissions. While most questions are answered promptly, complex queries may require additional research. Here's a sampling of recent queries:

**1. What Health Service Code (HSC) do I claim when I've given a methotrexate injection for either cancer or rheumatoid arthritis?**

Claim injections for cancer treatment using HSC 13.55 and for other conditions such as rheumatoid arthritis using HSC 13.59.

**2. I'm following some patients for a specialist colleague who moved out of province. What HSC do I claim the first time I see his patients?**

Claim as continuing or directive care i.e. a limited visit. The Preamble stipulates when care is transferred to another physician within the same specialty a consultation or comprehensive visit cannot be claimed.

**3. What code do I claim for an annual physical?**

Routine physicals without signs/symptoms of disease aren't insured in Nova Scotia. However, visit codes may be claimed when the patient has signs/symptoms or a family history. If a complete physical is necessary because of the seriousness, complexity or obscurity of the patient's underlying medical condition or symptoms claim a comprehensive visit. Otherwise, claim a limited visit.

**4. A family physician referred a patient to me but over a year has passed between the referral and the date I saw the patient. Is the referral still valid?**

Yes, it's still valid and a consultation can be claimed for the first visit with the patient.

**5. I'm a specialist. I saw a new patient about a year ago and claimed a consultation. He recently requested an appointment for a new problem without a new referral. How should I claim this visit?**

This may be claimed as an initial visit. If the problem is serious, complex or obscure and a complete history and physical (appropriate to your specialty) conducted, claim an 03.04 initial visit i.e., a comprehensive visit. For more minor issues, claim an 03.03 initial visit i.e., a limited visit.

**6. As a psychiatrist, I'm able to claim a prolonged consultation if I spend over an hour with a patient. If I spend 70 minutes with the patient, how should I claim? Can I claim for time spent obtaining collateral history or time spent completing my note?**

Prolonged consultations are paid in 15-minute blocks or portions thereof so claim an additional 15 minutes for this service. The time claimed must be spent directly with the patient; time cannot be claimed for obtaining collateral history or completing chart notes. All time based services require the start and finish time of the patient encounter recorded on the record.

## **7. Can I claim a consultation requested by a nurse from a Diabetes Education Centre or the Colorectal Screening Program?**

Preamble rules stipulate a consultation may be claimed when the service is requested by a physician, nurse practitioner, midwife, dentist or optometrist but not by other groups of practitioners.

As always, MSI welcomes your billing enquiries. We may be reached at [MSI\\_Assessment@Medavie.BlueCross.ca](mailto:MSI_Assessment@Medavie.BlueCross.ca)

**Rhonda Church, MD,  
Medical Consultant, MSI Programs, Medavie Blue Cross**

---

**MEDAVIE BLUE CROSS/MSI** Medavie Blue Cross is the private company currently contracted by the Department of Health and Wellness (DHW) to administer the Medical Services Insurance (MSI) program for the government. The responsibilities of Medavie/MSI include Implementing and managing the physician fee schedule, issuing fee-for-service and contract payments to physicians, and conducting compliance reviews (audits) to ensure the negotiated billing rules are followed. It's not the role of Medavie/MSI to approve fees, change payment rates or set policy. Medavie/MSI acts only as directed by the DHW.