

INTERNAL MEDICINE

Effective March 1, 2015 the health service codes & MSU values used to bulk bill Internal Medicine services will remain the same for the switch to electronic billing.

CATEGORY	HEALTH SERVICE CODE	DESCRIPTIONS/MODIFIERS	BASE UNITS
BULK	I1168	Electrocardiogram – interpretation LO=HOSP	4.60
BULK	I1171	Electroencephalogram - interpretation only LO=HOSP	10.50
BULK	I6208	Holter monitoring - interpretation only LO=HOSP	25.00
BULK	I1110	Simple spirometry LO=HOSP	5.00
BULK	I1140	Flow / volume loops LO=HOSP	5.00
BULK	I1210	Helium dilution LO=HOSP	5.00
BULK	I1410	Carbon monoxide single breath LO=HOSP	5.00
BULK	I1710	Pulmonary stress test LO=HOSP	20.00
BULK	I1120	Bedside spirometry LO=HOSP	5.00
BULK	I1230	Body plethysmography LO=HOSP	5.00
BULK	I1311	M – mode LO=HOSP	25.44
BULK	I1310	Two dimensional LO=HOSP	47.56
BULK	I1312	Doppler – quantitative LO=HOSP	30.45
BULK	I1313	Doppler – qualitative LO=HOSP	15.23

Billing Rules:

- The service date for electronic claims should be the date the patient had the procedure conducted and not the date the interpretation was completed (if they differ). The fee is for the interpretation. Examples would include echocardiograms, electrocardiograms and pulmonary function tests.
- The service occurrence field for interpretation services is calculated from the point of view of the physician performing the interpretation, not from the visit in which the patient had direct contact with a service provider. For example: If an EKG for a patient occurs at 10am and 2pm with both interpretation requests sent to the same cardiologist, that physician would bill those encounters as service occurrence 1 and 2 respectively. If these interpretations are split between two cardiologists then each physician would bill service occurrence 1 for their reports. If two interpretation requests are generated for the same patient from the same encounter and sent to the same physician (such as helium dilution and spirometry at 10am) both of these services should be billed with the same service

occurrence number. No text shall be required on any of these internal medicine fees for additional occurrences.

- Location HOSP is required for all the above health service codes.
- Normally the payment responsibility for most services is entered as MSI. However, there are instances where the payment responsibility will change, for example; service encounters under Workers' Compensation Board (WCB) and Out of Province (OOP). If the service encounter is for a service provided to a non-resident registered with another provincial health plan except Quebec the home province code is entered in this field, e.g. NB, ON, PE. The service also requires a person data record for the non-resident. More information can be found in the Physician's Manual under section 3.2.115.
- Workers' Compensation Board service encounter for a non-resident cannot be submitted electronically to MSI for payment. Service encounters for services provided, as a result of an on the job injury, to a non-resident temporarily working for a Nova Scotia company, should be submitted directly to the Nova Scotia Workers' Compensation Board. More information can be found in the Physician's Manual under section 2.5.6.
- The fee code for spirometry may only be claimed once per encounter. If you have claimed the fee but feel you should be paid for two spirometries during the same encounter, please submit a reassessment for the claim indicating in text the necessity of the second spirometry. We also request that you send in both spirometry reports to MSI for review. Upon review of the supporting documentation, next steps will be determined with direction from the Department of Health and Wellness. The requirement to submit supporting documentation is consistent when submitting claims by EC.
- Internal medicine interpretation services may use the following diagnostic code for all of the fees listed above:
I999 – Internal Medicine Interpretation.
- EKG interpretation fees may not be claimed if the physician has also claimed for critical or comprehensive care for the patient on that day. These interpretation services are included in the critical care fee.
- When submitting claims for echocardiograms, physicians may claim either I1132 (Doppler – quantitative) or I1313 (Doppler – qualitative), but not both. A quantitative study includes the elements of a qualitative study.