

# PHYSICIAN'S BULLETIN

August 14, 2015: Vol. LI, ISSUE 8



## CONTENTS

### MSI news

- 1 New MSI Claims Processing and Payment System
- 1 Important Shadow Billing Information

### Fees

- 2 New Fees
- 5 Provincial Immunization Changes

### Billing matters

- 6 Billing Reminders
  - Pathology: HSCs P2345 and P2325
  - Pathology: Second Opinion Consults
  - Pathology: Cytology Screener and Interpretation
  - Bulk Billing Transition Updated Documentation
  - Physician Claims for Vaccines Administered by Pharmacists
  - Comprehensive Prenatal Visits (HSC 03.04)
  - Second and Subsequent Service Occurrences
  - Pulmonary Function Tests
- 8 New explanatory codes

### In every issue

- 9 Updated files
- 9 Useful links
- 9 Contact information

### Appendices

- 10 Routine Childhood Immunization Schedule
- 11 Nova Scotia Routine Childhood Immunization Schedule
- 12 School Immunization Schedule

## MSI News

### NEW MSI CLAIMS PROCESSING AND PAYMENT SYSTEM

Medavie Blue Cross, as the administrator of the MSI program, has undertaken a technology transition to a new corporate claims system. The implementation of this new corporate claims system is scheduled for fall 2015. **Physicians will see no changes in the claims submission or payment processing as a result of this technology project.** As part of the roll-out of this new system MSI will need to convert claims history from the old system to the new system. During this conversion period, MSI will require a period of time where the Medicare history is stable with no changes.

During the claims history conversion, physicians will be required to hold all deletions and re-adjudicates of claims for a period of time. The length of time physicians will be required to hold all deletions and re-adjudicates will be minimal and result in the least disruption for physicians. New claims will continue to be accepted. Further information, including specific dates for conversion, will be communicated via mail as we near the implementation date.

In the meantime, it is important for offices to re-adjudicate claims in a timely manner to minimize the impact during the conversion period.

#### Important Shadow Billing Information

All physicians must submit original claims to MSI within 90 days of the date of service. This includes physicians who shadow bill.

With the implementation of the new corporate claims system the 90 day time limit for shadow claims will be enforced. Effective fall 2015 shadow claims over the 90-day time limit will be considered outdated claims. These claims will be adjudicated and processed as 'paid as zero' with the following exceptions:

- Reciprocal billing claims (out of province) must be submitted within 12 months of the date of service.
- Resubmission of refused claims or incorrect billings must be resubmitted to MSI within 185 days of the date of service. Each resubmission must contain an annotation in the text field of the Service Encounter submission referencing the previous Service Encounter Number.



Important Shadow Billing Information - continued

Shadow claims that are greater than 90 days of the date of service will fall under the purview of the Outdated Claims Policy. Outdated claims will only be considered by MSI if extenuating circumstances can be demonstrated for a late submission and are within a reasonable time frame past the 90-day limit. Request for an extension must be made to MSI in writing and will be approved on a case by case basis.

The time frame for submitting the request to MSI for late submission should be within one month following the 90-day limit. Examples of extenuating circumstances may include physical damage to office, such as fire or flood and/or a serious technical issue.

Circumstances relating to staffing issues/shortages and mislaid, misfiled, or lost claims cannot be accepted by MSI as valid explanations for a late submission.

Claims for registered hospital in-patients must also be submitted within the 90-day time limit regardless of the patient having been discharged or continuing on an in-patient basis. It is incumbent on the physician to obtain the required billing information for these patients and submit claims within the prescribed time limit.

Explanations relating to late discharge summaries, or facilities not consolidating the required information for the physician, cannot be accepted as a valid explanation for a late submission.

All physicians who submit shadow claims will receive direct communication in the mail notifying them of the implementation date.

 **Fees** New Fees and Highlighted Fees

**NEW FEES**

Effective June 15, 2015 the following health service code is available for billing:

Category	Code	Description	Value
DEFT	WCB28	<b>Comprehensive Visit for Work Related Injury or Illness</b> Please note: The WCB28 should be billed with the WCB26 (the report)	\$64.56

The following health service code has been reinstated effective May 22, 2015.

Category	Code	Description	Base Units
VADT	03.26C	<b>Female Pelvic Examination with Speculum</b>	10.5 MSU

## NEW FEES CONTINUED

Effective August 14, 2015 the following new health service codes are available for billing:

Category	Code	Description	Base Units
VADT	02.02B	<p><b>Optic Nerve Imaging</b></p> <p>Optic Nerve Imaging by any means (e.g. OCT, HRT) for patients with a diagnosis of glaucoma, wet AMD, retinal vein occlusion, diabetic macular edema.</p> <p>This fee is for the interpretation of scanning computerized ophthalmic diagnostic imaging, with interpretation and written report, unilateral or bilateral, of the optic nerve and/or retina regardless of the technology used to perform the imaging. Not to be used for glaucoma screening.</p> <p><b>Billing Guidelines</b> Billable: 1. Glaucoma diagnosis - once per year. 2. Diabetic macular edema, retinal vein occlusion or wet age related macular degeneration having been treated once in the past year with intravitreal anti-VEGF drugs - up to 6 times per year</p> <p><b>Specialty Restriction</b> OPTH</p> <p><b>Location</b> OFFC, HOSP</p>	8 MSU
VEDT	09.02H	<p><b>Comprehensive Eye Examination of both eyes including refraction</b></p> <p>This fee is for the comprehensive examination of the entire visual system to diagnose or obtain information to allow proper ongoing care of more complex conditions and includes history, general medical observation with sensorimotor examination, external and ophthalmoscopic examinations, refraction, and testing with analysis of non-automated visual fields. It may include biomicroscopic examination with mydriasis or cycloplegia, tonometry, retinoscopy, manual keratometry, gonioscopy, colour vision testing, ocular alignment using prisms, indirect ophthalmoscopic examination of the fundus, axial length measurement, and corneal pachymetry as required.</p> <p>Auto or manual refraction for diagnostic purposes (not simply writing a prescription) is included. This examination will result in a diagnosis and initiation of treatment program with follow up arrangements.</p> <p>Specific treatment interventions such as laser coagulation, intravitreal injection, or removal of a foreign body are billable in addition to the comprehensive eye examination.</p> <p><b>Billing Guidelines</b> Billable to a maximum of two times per year, unless for pre and post cataract surgery, then can be billed as required to a maximum of four times in one year if the patient has cataract surgery on both eyes during that year. May be billed per eye when performed pre and post</p>	29 MSU



Category	Code	Description	Base Units
		cataract surgery.  Restricted to patients with a diagnosis of retinal vascular conditions including, but not limited to, diabetes, glaucoma, uveitis, retinopathy of prematurity outside of the NICU, and paediatric strabismus/amblyopia treatment. When performed in conjunction with cataract surgery, the post surgical exam must be at least 30 days after the surgery.  Not to be billed with: VADT 03.12 Tonometry VADT 09.01A Gonioscopy VADT 09.05 Visual field study VADT 09.13B Axial length measurement by ultrasound Corneal pachymetry Automated or manual keratometry  <b>Specialty Restriction</b> OPTH  <b>Location</b> OFFC, HOSP	

Effective August 14, 2015 the following health service codes have been revised to include specialty and location restrictions, which align the payment system with existing policy.

Category	Code	Description	Base Units
VADT	03.19C	<b>Sleep Studies</b>  <b>Specialty Restriction</b> NEUR, RESP  <b>Location</b> HOSP	60 MSU
VADT	03.19F	<b>Level II Sleep Apnea Testing Interpretation</b>  <b>Specialty Restriction</b> NEUR, INMD, OTOL, RESP  <b>Location</b> OFFC, HOSP	35 MSU
VADT	03.19G	<b>Level III Sleep Apnea Testing Interpretation</b>  <b>Specialty Restriction</b> NEUR, INMD, OTOL, RESP  <b>Location</b> OFFC, HOSP	25 MSU

Effective August 13, 2015 the following health service code will no longer be active:

Category	Code	Description	Base Units
VADT	02.02A	<b>Optical Coherence Tomography</b>	8 MSU



## PROVINCIAL IMMUNIZATION CHANGES

Effective July 31, 2015 the following immunizations are available for billing:

HSC	Modifier	Description
13.59L	RO=MENB (PT=RISK)	MenB - Meningococcal B vaccine (high risk patient)  <u>Billing Guidelines</u> For post exposure prophylaxis, outbreaks, and those with high risk conditions.
13.59L	RO=MENQ	Men-C-ACYW-135- Meningococcal Conjugate Quadrivalent vaccine  <u>Billing Guidelines</u> Grade 7 students only
13.59L	RO=GAIG (PT=RISK)	GAIG - Measles Immunoglobulin (high risk patient)
13.59L	RO=HAIG (PT=RISK)	HAIG - Hepatitis A Immunoglobulin (high risk patient)
13.59L	RO=HAVV (PT=RISK)	HA - Hepatitis A vaccine (high risk patient)
13.59L	RO=MENC (PT=RISK)	Men-C-C- Meningococcal conjugate (high risk patient)

Effective July 31, 2015 the following provincial immunization description has changed:

Modifier	Old Description	New Description
RO=MMRT	MMRV - Measles, Mumps, Rubella and Varicella for travel only to areas of risk for Measles.	MMR- Measles, Mumps and Rubella for travel only to areas of risk for Measles.

\* This is a description change only; the original intent for this immunization is to vaccinate children between 6 months and within one week of 12 months of age, against Measles for travel to high risk areas with the MMR (Measles, Mumps and Rubella) vaccine.

Please note that effective August 14, 2015 the following billing guidelines will be enforced:

HSC	Modifier	Billing Guideline
13.59L	RO=HPV4	PT=RISK modifier will be required when a 3 <sup>rd</sup> dose of RO=HPV4 is given
13.59L	RO=MMRV	Maximum of two injections per patient per lifetime Only allowed if patient is at least 12 months or within 1 week of 12 months
13.59L	RO=PNEU	Only one injection to be billed if the patient is greater than or equal to 65 years of age



## PROVINCIAL IMMUNIZATION CHANGES CONTINUED

Please note that effective August 14, 2015 the following billing guidelines have been modified:

HSC	Modifier	Billing Guideline
13.59L	RO=PNEU	Maximum of three injections per patient per lifetime (previous guideline only allowed two)
13.59L	RO=HPV4	Previous gender restrictions removed

Please note a communication change. MMRV and MMAR Vaccines are to be given at 12 months and again between 18 months and 6 years of age. (This is a change from the previously published 12 months and 4-6 years).

The Nova Scotia Immunization Schedules are attached in the appendices section of this bulletin.

The NS Publicly Funded Vaccine/Immunoglobulin Eligibility Policy (July 2015), the NS Publicly Funded Vaccine Eligibility for Individuals at High Risk of Acquiring Vaccine Preventable Diseases Policy Version 2.0 (July 2015) and the NS Routine Childhood Immunization Schedule Poster (July 2015) can be found at:

<http://novascotia.ca/dhw/CDPC/info-for-professionals.asp>

## Billing Matters Billing Reminders, New Explanatory Codes

### BILLING REMINDERS

#### Pathology: Health Service Codes P2345 and P2325

P2325 (Surgical, gross and microscopic) may be claimed for each specimen taken from anatomically distinct surgical sites. The following is a list of anatomically distinct surgical sites:

- head and neck
- upper limbs
- lower limbs
- trunk anterior and posterior
- upper GI tract
- female reproductive system
- male reproductive system
- separate organs within the abdominal or thoracic cavities may be claimed as distinct sites

P2345 (Surgical, gross and microscopic – three or more separate surgical specimens) may be claimed when three or more separate surgical specimens are taken from the same anatomic site.

Examples: two separate skin specimens from the right and left arms are considered one site, specimens from the uterus and ovary are one site, specimens from the colon and liver are two sites.

**Note: The multiples permitted for HSC P2345 or P2325 may not be the same as the number of specimens received and examined. Please ensure the multiples claimed are submitted correctly.**

#### Pathology: Second Opinion Consults

Pathologists are reminded that they may not bill second opinion consults for cases that are part of a Quality Assurance program.



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## BILLING REMINDERS CONTINUED



### Pathology: Cytology Screener and Interpretation

In the May 22<sup>nd</sup> 2015 Bulletin there was a reminder that HSC P2330 (cytology with a screener) is not to be claimed with HSC P2331 (interpretation and report – GYN slides) for the same specimen. To accommodate for reviews done by screeners claimed prior to an interpretation MSI will now accept claims for the interpretation (P2331) for a previously paid review by a screener (P2330). However, the payment amount for interpretation (P2331) will be reduced by the value of the previously paid screener review (P2330). Deleting the screener code (P2330) claim is no longer necessary.

### Bulk Billing Transition Updated Documentation

Please visit the [Bulk Billing Transition section](#) of the MSI website for updated rules.

### Physician Claims for Vaccines Administered by Pharmacists

It has come to MSI's attention that some family physicians claimed for influenza vaccinations administered by pharmacists during last year's influenza vaccination program. Family physicians may claim only for vaccines they have either personally administered or those administered by nurses under direct supervision and employment of the physician. In the latter circumstance, the physician may only claim for the procedure if the physician is personally on the premises when the nurse administers the vaccine. Physicians may not claim for vaccines administered by pharmacists.

### Comprehensive Prenatal Visits (HSC 03.04)

MSI has received a number of complaints from family physicians who are asked to follow antenatal patients of colleagues who do not provide obstetrical services. The concern raised is that the referring physician is claiming a comprehensive antenatal visit without meeting Preamble requirements for a comprehensive visit which includes conducting and documenting a complete history and physical. For antenatal patients, this includes conducting a gynaecologic examination and documenting full details of the history and physical on the standardized Nova Scotia prenatal record form. As only one comprehensive antenatal visit is payable per pregnancy, the receiving physician who conducts and documents a complete history and physical cannot claim a comprehensive visit if one has been claimed by the regular family physician prior to referring the patient for obstetrical care. As a reminder, this health service code should be claimed only after all the Preamble requirements have been met. It is the responsibility of the coordinating physician to also coordinate billing with the receiving physician.

### Second and Subsequent Service Occurrences

MSI has noted instances in which previously bulk billed codes are being incorrectly submitted using second or subsequent service occurrence numbers. As a reminder, second and subsequent service occurrences may only be submitted for separate and distinct episodes of care.

For example, if a patient has an ECG done in the cardiac investigation unit in the morning that is read by an internist and the same internist sees the patient in consultation later that day in the emergency department the consultation should be claimed as service occurrence #2.

However, if a patient attends the pulmonary function lab and has both spirometry and plethysmography carried out and reported by a respirologist, both health service codes should be submitted in the same service occurrence.

Similarly, if a patient has both a chest CT and an abdominal CT scan carried out in a single visit to the diagnostic imaging department and reported by the same radiologist one service occurrence should be submitted for the two studies. However, if the patient has a chest radiograph done and returns later in the day for a follow-up study these should be reported as separate service occurrences.



## BILLING REMINDERS CONTINUED



### Pulmonary Function Tests

As per MSI's previous communication, if a physician has interpreted two or more pulmonary function studies that meet the definition of multiple service encounters as outlined above and these have not been paid the claims should be submitted with action code 'R' (readjudication) together with a copy of the clinical record.

In the fall new health service codes will be implemented for the following studies:

- Pulmonary function studies to assess bronchodilator responsiveness
- Six minute walk test, interpretation, when this is the sole procedure
- Exercise induced asthma assessment, interpretation

Physicians are requested to hold claims for these studies until the new health service codes are implemented. These codes will be retroactive to April 1, 2015.

## NEW EXPLANATORY CODES

Code	Description
AD038	SERVICE ENCOUNTER HAS BEEN REFUSED AS A MAXIMUM OF THREE 13.59L RO=PNEU IMMUNIZATIONS HAVE BEEN PREVIOUSLY PAID
AD056	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BILLED HSC 95.94A AT THE SAME ENCOUNTER.
AD057	SERVICE ENCOUNTER HAS BEEN REFUSED AS AN INFLUENZA INJECTION HAS ALREADY BEEN APPROVED IN THE PREVIOUS 6 MONTHS.
AD058	SERVICE ENCOUNTER HAS BEEN REFUSED AS A THIRD INJECTION FOR RO=HPV4 REQUIRES MODIFIER PT=RISK
AD059	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM NUMBER OF HPV4 INJECTIONS HAS BEEN REACHED
BK043	SERVICE ENCOUNTER HAS BEEN ACCEPTED AT A REDUCED VALUE AS A CLAIM FOR CYTOLOGY SCREENER CODE P2330 HAS PREVIOUSLY BEEN MADE FOR THIS SPECIMEN.
BK044	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM HAS PREVIOUSLY BEEN MADE FOR THE INTERPRETATION AND REPORT OF THESE GYN CYTOLOGY SLIDES (HSC P2331).
BK045	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR A DOPPLER QUANTITATIVE INTERPRETATION AT THE SAME ENCOUNTER.
BK046	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR A DOPPLER QUALITATIVE INTERPRETATION AT THE SAME ENCOUNTER.
BK047	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR A GENETIC SONOGRAM AT THE SAME ENCOUNTER. A GENETIC SONOGRAM INCLUDES ALL NECESSARY IMAGING.
BK048	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED A CRITICAL OR COMPREHENSIVE CARE FEE FOR THE PATIENT ON THIS DAY WHICH INCLUDES ALL EKG INTERPRETATION PERFORMED.
BK049	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED AN EKG INTERPRETATION FEE FOR THE PATIENT ON THIS DAY. PLEASE SUBMIT A DELETE FOR THE EKG INTERPRETATION BEFORE MAKING A SUBMISSION FOR A CRITICAL OR COMPREHENSIVE CARE FEE.
GN070	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE CAN NOT BE BILLED FROM THIS FACILITY
GN071	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BILLED FOR SOLE OPERATIVE PROCEDURE FEE 90.69D AT THE SAME ENCOUNTER.





Code	Description
GN072	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BILLED ANOTHER SERVICE AT THE SAME ENCOUNTER. HSC 90.69D CAN ONLY BE BILLED IF THE REMOVAL OF FIXATION DEVICE IS THE SOLE OPERATIVE PROCEDURE.
GN073	PLEASE SUBMIT DOCUMENTATION TO FURTHER ASSIST IN ASSESSING THIS CLAIM
GN074	THE INFORMATION PROVIDED ON YOUR CLAIM DOES NOT MATCH THE SURGEONS SUBMISSION
GN075	PLEASE PROVIDE TEXT INDICATING APPROVAL WAS GIVEN BY PUBLIC HEALTH
VA067	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 09.02H AT THE SAME ENCOUNTER
VA068	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BILLED HSC 13.59L AT THE SAME ENCOUNTER.
VA069	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR AN ULTRASOUND FEE AT THE SAME ENCOUNTER. GENETIC SONOGRAM INCLUDES ALL NECESSARY IMAGING. PLEASE SUBMIT A DELETE FOR ORIGINAL INTERPRETATION BEFORE RESUBMITTING GENETIC SONOGRAM.
VA070	SERVICE ENCOUNTER HAS BEEN REFUSED AS ONLY ONE OPTIC NERVE IMAGING FEE CAN BE BILLED PER YEAR FOR THIS DIAGNOSIS
VA071	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 6 CLAIMS ALLOWED PER YEAR FOR THIS SERVICE HAVE BEEN APPROVED
VE011	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED ONE OF THE FOLLOWING SERVICES AT THE SAME ENCOUNTER 03.12, 09.01A, 09.05 OR 09.13B
VE012	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM LIMIT PER YEAR HAS ALREADY BEEN APPROVED FOR THIS SERVICE



**In every issue** Helpful links, contact information, updated files

### UPDATED FILES

Updated files reflecting changes are available for download on Friday, August 14, 2015. The files to download are health service (SERVICES.DAT), health service description (SERVDSC.DAT), explanatory codes (EXPLAIN.DAT) and modifier values (MODVALS.DAT).

### HELPFUL LINKS

#### NOVA SCOTIA MEDICAL INSURANCE (MSI)

[www.medavie.bluecross.ca/msipr/ogams](http://www.medavie.bluecross.ca/msipr/ogams)

#### NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

[www.novascotia.ca/dhw/](http://www.novascotia.ca/dhw/)

### CONTACT INFORMATION

#### NOVA SCOTIA MEDICAL INSURANCE (MSI)

Phone: 902-496-7011  
 Toll-Free: 1-866-553-0585  
 Fax: 902-490-2275  
 Email: [MSI\\_Assessment@medavie.bluecross.ca](mailto:MSI_Assessment@medavie.bluecross.ca)

#### NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

Phone: 902-424-5818  
 Toll-Free: 1-800-387-6665 (in Nova Scotia)  
 TTY/TDD: 1-800-670-8888

In partnership with



# Routine Childhood Immunization Schedule

Childhood immunizations have changed in the past few years. This schedule reflects these changes and may be different from what you or your children may have received in the past.

The immunizations shown on this schedule are those that are given **free of charge**.

**High-risk children may be eligible for additional vaccines.** For more information, talk to your health care provider or call your local Public Health Services office.

		SCHEDULE					
		2 months	4 months	6 months	12 months	18 months	4-6 years
VACCINES	<b>DTaP-IPV-Hib</b> Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b vaccine	✓	✓	✓		✓	
	<b>Pneumo Conj.</b> Pneumococcal conjugate vaccine	✓	✓		✓		
	<b>Men C Conj.</b> Meningococcal group C conjugate vaccine				✓		
	<b>MMRV*</b> Measles, mumps, rubella and varicella vaccine				✓	✓*	✓*
	<b>Tdap-IPV</b> Tetanus, diphtheria, acellular pertussis (whooping cough), and polio vaccine						✓

\*The second dose of MMRV can be given only once between 18 months and 6 years of age.

## Seasonal Flu Vaccines

- Seasonal flu vaccines are free for all Nova Scotians. They are recommended for all adults and children EXCEPT for babies under 6 months.
- Seasonal flu vaccines are strongly recommended for anyone who lives with or takes care of a child under 5 years, and for anyone living in a home where a newborn is expected during influenza season (October to April). This includes both adults and older children.
- Seasonal flu vaccines are also strongly recommended for children with a health condition that places them at high risk and for anyone who lives with or takes care of these children.
- Children under 9 years old getting their first flu vaccine need 2 doses.

For more information about seasonal flu vaccines, see: [novascotia.ca/DHW/CDPC/flu.asp](http://novascotia.ca/DHW/CDPC/flu.asp)

Aussi disponible en français

# Nova Scotia Routine Childhood Immunization Schedule

## Publicly Funded Vaccines: Information for Health Professionals

Age	Vaccine	Site	Route	Needle Size (based on assessment of child)
2 months	DTaP-IPV-Hib	vastus lateralis (thigh)	I/M	25g 1 inch
	Pneumococcal	vastus lateralis (thigh)	I/M	25g 1 inch
4 months	DTaP-IPV-Hib	vastus lateralis (thigh)	I/M	25g 1 inch
	Pneumococcal	vastus lateralis (thigh)	I/M	25g 1 inch
6 months	DTaP-IPV-Hib	vastus lateralis (thigh)	I/M	25g 1 inch
12 months	MMRV	upper arm	S/C	25g 5/8 inch
	Meningococcal C	vastus lateralis (thigh)	I/M	25g 1 inch
	Pneumococcal	vastus lateralis (thigh)	I/M	25g 1 inch
18 months	DTaP-IPV-Hib	deltoid	I/M	25g 1 inch
	(MMRV) <sup>1</sup>	upper arm	S/C	25g 5/8 inch
4-6 years (before starting school)	Tdap-IPV	deltoid	I/M	25g 1 inch
	(MMRV) <sup>1</sup>	upper arm	S/C	25g 5/8 inch

<sup>1</sup> (MMRV): The second dose of MMRV can be given only once between 18 months and 6 years of age.

### Seasonal Influenza Vaccine

- The influenza vaccine is recommended annually for all children 6 months and older.
- Children under 9 years old getting their first influenza vaccine need 2 doses at least 4 weeks apart.

### School-based Program

- Hepatitis B, Tetanus, Diphtheria and Acellular Pertussis (Tdap), Meningococcal Quadrivalent (A, C, Y, W 135) and Human Papillomavirus (HPV) vaccines are offered in the school-based immunization program.
- Please call Public Health if you have any questions about the school-based immunization program.

### Information for the Unimmunized or Partially Immunized Child

- In relation to the publicly funded program, for information on the number of doses and timing of vaccine administration for the **unimmunized child 1-6 years of age** please consult the Canadian Immunization Guide: [phac-aspc.gc.ca/publicat/cig-gci/p01-12-eng.php](http://phac-aspc.gc.ca/publicat/cig-gci/p01-12-eng.php)
- In relation to the publicly funded program, for information on the number of doses and timing of vaccine administration for the **unimmunized child 7-17 years of age** please consult the Canadian Immunization Guide: [phac-aspc.gc.ca/publicat/cig-gci/p01-12-eng.php](http://phac-aspc.gc.ca/publicat/cig-gci/p01-12-eng.php)
- In relation to the publicly funded program, for information on the number of doses and timing of vaccine administration for the **partially immunized child** please consult the Canadian Immunization Guide: [phac-aspc.gc.ca/publicat/cig-gci/p01-12-eng.php](http://phac-aspc.gc.ca/publicat/cig-gci/p01-12-eng.php)
- Interruption of a vaccine schedule does not require restarting the series, regardless of length of time since last dose.
- MMRV** is indicated for use in children less than 13 years of age. **Eligible individuals** ages 13 years and older should receive **MMR and Varicella vaccines separately**.

### Other Important Information

- For children **medically at high risk of acquiring vaccine-preventable diseases** please refer to Vaccine Eligibility for High Risk Conditions: [novascotia.ca/dhw/CDPC/info-for-professionals.asp](http://novascotia.ca/dhw/CDPC/info-for-professionals.asp)
- Record date given, vaccine name, lot number, site and route of administration, and vaccine provider's name on reciprocal form or into PHIM.
- Use only the specific diluents provided for each vaccine to reconstitute the vaccine. Diluents are not interchangeable.
- For unusual or serious **adverse reactions** to vaccines, complete AEFI form: [phac-aspc.gc.ca/im/aeft-form-eng.php](http://phac-aspc.gc.ca/im/aeft-form-eng.php) and submit to Public Health.
- Cold chain:** Vaccines must be kept at a temperature of +2 to +8°C. In the event of a fridge failure, keep vaccine refrigerated and contact Public Health immediately for advice on vaccine use.
- Immunization Resources / Websites:**
  - Nova Scotia Department of Health and Wellness: [novascotia.ca/dhw/cdpc/info-for-professionals.asp](http://novascotia.ca/dhw/cdpc/info-for-professionals.asp)
  - Public Health Agency of Canada: [phac-aspc.gc.ca/im/index-eng.php](http://phac-aspc.gc.ca/im/index-eng.php)
  - Immunize Canada: [immunize.ca](http://immunize.ca)
  - Canadian Paediatric Society: [cps.ca](http://cps.ca)

### Public Health Contact Information

Amherst  
Tel: 902-667-3319

Bridgewater  
Tel: 902-543-0850

New Glasgow  
Tel: 902-752-5151

Truro  
Tel: 902-893-5820

Yarmouth  
Tel: 902-742-7141

Antigonish  
Tel: 902-867-4500  
ext. 4800

Dartmouth  
Tel: 902-481-5800

Sydney  
Tel: 902-563-2400

Wolfville  
Tel: 902-542-6310



# School Immunization Schedule

The immunizations shown on this schedule are those that are given **free of charge**.

**Children at high risk may be eligible for additional vaccines.** For more information, talk to your health care provider or talk to your local Public Health Office.

		School Year
		Grade 7
VACCINES	<b>HPV (for both boys and girls)</b> Human papillomavirus vaccine (2 doses)	✓
	<b>Hepatitis B (HB)</b> Hepatitis B vaccine (2 doses)	✓
	<b>Tdap</b> Tetanus, diphtheria, and acellular pertussis (whooping cough) vaccine	✓
	<b>Meningococcal Quadrivalent</b> Meningococcal Quadrivalent vaccine (Groups A, C, Y and W 135)	✓