

PHYSICIAN'S BULLETIN

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★ Fees New Fees and Fee Revisions

NEW INTERIM FEES

Effective April 1, 2016 the following interim health service codes will be available for billing.

Category	Code	Description	Base Units
CONS	03.09I	<p>Anatomic Pathology Consultation Diagnostic Consultation, with review of records and specimens, with report on referred material prepared elsewhere.</p> <p>This is a comprehensive, diagnostic consultation on materials prepared in a separate licensed pathology laboratory. The service includes: a review of the consultation documents submitted by the referring physician, including clinical reports and laboratory data, discussion with the referring pathologist, as appropriate, literature review, and generation of the report to the referring physician.</p> <p>Billing Guidelines May not be billed with any other diagnostic tests on the same case.</p> <p>Specialty Restriction PATH</p> <p>Location HOSP</p>	45 MSU



NEW INTERIM FEES CONTINUED

Effective April 1, 2016 the following interim health service codes will be available for billing.



Category	Code	Description	Base Units
CONS	03.09J	<p>Anatomic Pathology Consultation Special Diagnostic Consultation, with review of records and specimens, with report on referred material and requiring preparation of additional slides, and/or ordering and interpretation of special tests.</p> <p>This is a comprehensive, special diagnostic consultation on materials prepared in a separate licensed pathology laboratory that require the ordering and interpretation of additional slides and routine staining (e.g. H&E), and/or the ordering and interpretation of special diagnostic tests such as electron microscopy, immunohistochemistry, and molecular tests. The service includes: a review of the consultation documents submitted by the referring physician, including clinical reports and laboratory data, discussion with the referring pathologist, as appropriate, ordering and interpretation of additional slides and routine staining (e.g. H&E), literature review, and generation of the report to the referring physician. The following special tests may be reported in addition to the consultation: electron microscopy, immunohistochemistry, and molecular tests.</p> <p>Billing Guidelines The interpretation of the following special tests:</p> <ul style="list-style-type: none"> • Electron Microscopy • Immunohistochemistry • Molecular Tests <p>May be billed in addition to the consultation, as required, using the same service date as the consultation.</p> <p>Specialty Restriction PATH</p> <p>Location HOSP</p>	60 MSU
VEDT	05.99A	<p>Immunofluorescence, interpretation of any and all markers required for diagnosis; any method.</p> <p>This code is used to reflect the physician's work in reviewing slides stained with a fluorescent dye under a fluorescent microscope, recording the results, photographing the results, downloading the images, re-reviewing the images when performing the final review of the case, recording the results in the final report, and integrating the results when making a final diagnosis.</p> <p>Billing Guidelines Once per case. Case is defined as "all specimens gathered at one clinical encounter."</p> <p>Specialty Restriction Anatomical Pathology</p> <p>Location HOSP</p>	30 MSU



NEW INTERIM FEES CONTINUED



Effective April 1, 2016 the following interim health service codes will be available for billing.

Category	Code	Description	Base Units
VEDT	05.99B	<p>Molecular testing, interpretation of any and all analyses/tests required for diagnosis; any method.</p> <p>This code is used to reflect the physician's work in selecting the appropriate tissue block and test (s) to be performed, interpretation of the results/analyses, and generating the report.</p> <p>Billing Guidelines Once per case no matter how many analyses or tests are performed. Case is defined as "all specimens gathered at one clinical encounter."</p> <p>Specialty Restriction Anatomical Pathology</p> <p>Location HOSP</p>	40 MSU

FEE REVISIONS

Effective March 24, 2016 the following health service code will be paid according to Independent Consideration (IC).

Category	Code	Description	Base Units	Anaes Units
MASG	65.59D	<p>Total Abdominal Wall Reconstruction with myofascial advancement flaps</p> <p>This is a comprehensive fee for the repair of a massive, complex abdominal wall hernia. The procedure includes the reduction of the hernia, all lysis of adhesions, and bowel resection as required, removal of pre-existing mesh as required, rectus muscle mobilization, fascial bipartition with component separation, with or without placement of mesh or biologic graft, and skin excision. Operative report and record of operation must be submitted with billing claim.</p> <p>Billing Guidelines Not to be billed with lysis of adhesions, bowel resection or any other intra-abdominal procedure same patient same day. Payment calculated based on "skin to skin" operating time as documented in the record of operation.</p> <p>Please note that as per the July 2014 bulletin, the operative report and record of operation must be submitted with the billing claim.</p> <p>Specialty Restriction GNSG, PLAS</p> <p>Location HOSP</p>	IC at 130 MSU per hour	8+T





BILLING REMINDERS

HSC 26.52 – Iridotomy

The fee for iridotomy (HSC 26.52) should only be used when treating glaucoma. It is not appropriate to bill iridotomy when the procedure is solely used as a means of access for another procedure.

As per section 5.3.71 of the Preamble

"When one physician performs a definitive procedure on an organ or within a body cavity, only that service should be claimed. The procedure used to provide surgical exposure should not be claimed."

EXPLANATORY CODES

Code	Description
BK056	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ECHOCARDIOGRAPH SERVICE HAS ALREADY BEEN CLAIMED FOR THIS PATIENT ON THIS DAY. PLEASE RESUBMIT WITH ELECTRONIC TEXT EXPLAINING THE REASON FOR THE SUBSEQUENT SERVICE.
ED106	PAYMENT RESPONSIBILITY IS INCORRECT FOR THE HEALTH CARD NUMBER PROVIDED
MA070	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY CLAIMED ANOTHER SURGERY ON THIS EYE DURING THE SAME ENCOUNTER. THE FEE FOR IRIDOTOMY SHOULD ONLY BE USED WHEN IT IS A STAND ALONE PROCEDURE.
VE016	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT REQUIRES ONE PREVIOUSLY BILLED CATARACT SURGERY IN THE PAST YEAR TO CLAIM FOR THE THIRD EXAMINATION IN A YEAR, OR TWO CATARACT SURGERIES FOR THE FOURTH EXAMINATION.



In every issue Helpful links, contact information, events and news, updated files

UPDATED FILES

Updated files reflecting changes are available for download on Thursday, March 24, 2016. The files to download are health service (SERVICES.DAT), health service description (SERV_DESC.DAT), explanatory codes (EXPLAIN.DAT).

HELPFUL LINKS

NOVA SCOTIA MEDICAL INSURANCE (MSI)

www.medavie.bluecross.ca/msiprgrams

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

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
ross.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

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