

PATHOLOGY

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

CATEGORY	HEALTH SERVICE CODE	DESCRIPTION	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BASE UNITS
BULK	P2320	Autopsy, gross (all ages)	1	123.5
BULK	P2321	Autopsy, gross, negative cranium	1	95.42
BULK	P2322	Autopsy, gross, limited	1	28.07
BULK	P2323	Autopsy tissues (maximum 25 per autopsy)	25	4.49
BULK	P2324	Surgicals, gross	1	7.3
BULK	P2325	Surgicals, gross and microscopic	3	23.85
BULK	P2326	Frozen sections	2	31.99
BULK	P2328	Interpretation - fine needle aspiration biopsy	1	18.75
BULK	P2329	Cell block	1	14.6
BULK	P2330	Cytology (with a screener)	1	1
BULK	P2331	Interpretation and report - GYN cytology slides	1	5
BULK	P2332	Interpretation and report - NON GYN cytology slides	4	7.01
BULK	P2333	Sex chromatin analysis	1	5.61
BULK	P2334	Karyotype Test A - five cells and two karyotypes	1	16.84
BULK	P2335	Karyotype Test B - 30 cells and four karyotypes	1	22.46
BULK	P2336	Electron microscopy Anatomical Pathology only	1	52.9
BULK	P2337	*Immunohistochemistry - head and neck	1	10

BULK	P2338	*Immunohistochemistry - anterior torso	1	10
BULK	P2339	*Immunohistochemistry - posterior torso	1	10
BULK	P2340	*Immunohistochemistry - right arm	1	10
BULK	P2341	*Immunohistochemistry - left arm	1	10
BULK	P2342	*Immunohistochemistry - right leg	1	10
BULK	P2343	*Immunohistochemistry - left leg	1	10
BULK	P2344	Liquid based preparation (thin prep) NON GYN cytology (per slide)	2	15
BULK	P2345	Surgicals, gross and microscopic - three or more separate surgical specimens	3	37.03
BULK	P2346	Surgicals, gross and microscopic - single large complex CA specimen including lymph nodes	1	37.03

Billing Rules:

- The base Pathology health service codes are not changing. Note however that the old codes used to specify premium fees no longer exist. To claim for premium fees please use the modifiers US=PREM or US=PR50 while submitting the base fee code. For more information on premium fees refer to the Physician's Manual preamble section 5.1.81. The unit value for premium fees has not changed. Please note that immunohistochemistry and thin prep non gyn cytology still remain ineligible for premium rates.
- The service date for electronic claims should be the date the patient had the procedure conducted or samples removed, and not the date the interpretation was completed (if they differ). The fee is for the interpretation.
- Location HOSP is required for all the above health service codes.
- Pathology interpretation services may use the following new diagnostic code for all of the fees listed above:
P999 – Pathology Interpretation.
This is an interim measure until a solution is available to allow more accurate reporting of diagnoses for the services provided.
- 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.
- For health service codes P2325 and P2345 - Surgical, gross and microscopic - please include text on each claim to specify which anatomical site(s) the specimen was taken from. Services without text referring to the anatomical site(s) will be disallowed with the following explanation code: BK001 – Service encounter has been disallowed as you have not included text referring to the anatomical site specimen was taken from. Please resubmit with appropriate text.
- As communicated in the May 2015 Physician's Bulletin, if a claim for a cytology with a screener (P2330) was previously made for a specimen, the pathologist was required to submit a delete for this screener if they intended to later claim for the interpretation and report of gyn cytology slides (P2331). To simplify billing for physicians, as of 14 August 2015 MSI will accept claims for the interpretation and report of cytology slides if a screener has previously been billed. The interpretation fee approved will be reduced by the value of the screener fee previously paid for that sample.