

# PHYSICIAN'S BULLETIN

September 23, 2016: Vol. LI, ISSUE 16



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## MSI News

### UNIT VALUES AND PAYMENT RATES

#### MEDICAL SERVICE UNIT/ANAESTHESIA UNIT VALUE

Effective April 1, 2016, the Medical Service Unit (MSU) value will remain at \$2.42 and the Anaesthesia Unit (AU) value will remain \$20.55.

#### WORKERS' COMPENSATION BOARD MEDICAL SERVICE UNIT / ANAESTHETIC

Effective April 1, 2016 the Workers' Compensation Board MSU value will remain \$2.69 and the Workers' Compensation Board Anaesthetic Unit value will remain \$22.83.

#### SESSIONAL PAYMENTS

Effective April 1, 2016 the Sessional payment rates for General Practitioners will remain at 60 MSUs and the rate for Specialists will remain at 70 MSUs.

#### PSYCHIATRY FEES

Effective April 1, 2016 the hourly Psychiatry rate for General Practitioners will remain \$110.55 and the hourly rate for Specialists will remain \$146.96 as per the tariff agreement.

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## FEE REVISIONS

Effective September 23, 2016 the following health services codes are no longer active.

Category	Code	Description	Base Units
MAAS	67.02A	<b>Percutaneous nephrostomy and stent insertion</b>	IC
MAAS	67.02B	<b>Percutaneous nephrostomy and ureteric dilatation</b>	IC

## INTERIM FEES

Effective September 22, 2016 the following interim health service codes are available for billing.

Category	Code	Description	Base Units
VIST	03.03M	<p><b>Medical assistance in dying – First physician</b></p> <p>This fee is to reimburse the first physician for time spent providing MAID services outlined in the CPSNS Professional Standard Regarding Medical Assistance in Dying. It includes, but not limited to, the time spent engaging the patient in a discussion of their diagnosis, prognosis, and treatment options, discussing the availability of palliative care for terminally ill patients, assessment of patient for MAID criteria, and arrangement for a second physician to assess the patient.</p> <p><b>Billing Guidelines</b></p> <p>Start and stop times must be recorded in the patient’s medical record for the face to face component of the service and on the MSI claim. Similarly start and stop times for the non-face to face components must be documented in the patient’s medical record and on the MSI claim. Non face to face components include all documentation, discussion with other Regulated Health Professionals as necessary and the family if required. Total duration of all components may be claimed. If the physician is a specialist and the patient has been formally referred the physician may bill the appropriate specialist prolonged consult fee with the same time documentation requirements as noted above. MAID must be noted in text on the MSI claim.</p>	<p>IC</p> <p>(30 MSU for first ½ hour, 15 MSU for each additional 15 minutes up to a maximum of 2 hours)</p>

VIST	03.03N	<b>Medical assistance in dying – Prescribing physician</b>	IC
		<p>This fee is to reimburse the prescribing physician for time spent providing MAID services outlined in the CPSNS Professional Standard Regarding Medical Assistance in Dying. It includes, but not limited to, procuring the medication and administration at the patient's request. This physician must be either the first physician or the second physician.</p> <p><b>Billing Guidelines</b></p> <p>Start and stop times must be recorded in the patient's medical record for the face to face component of the service and on the MSI claim. Similarly start and stop times for the non-face to face components must be documented in the patient's medical record and on the MSI claim. Non face to face components include all documentation required by the pharmacist and the administration process. Total duration of all components may be claimed.</p>	<p>(30 MSU for first ½ hour, 15 MSU for each additional 15 minutes up to a maximum of 2 hours)</p>
VIST	03.03O	<b>Medical assistance in dying – Second physician</b>	IC
		<p>This fee is to reimburse the second physician for time spent providing MAID services outlined in the CPSNS Professional Standard Regarding Medical Assistance in Dying. It includes, but not limited to, the time spent conducting the subsequent assessment of the patient for MAID criteria.</p> <p><b>Billing Guidelines</b></p> <p>Start and stop times must be recorded in the patient's medical record for the face to face component of the service and on the MSI claim. Similarly start and stop times for the non-face to face components must be documented in the patient's medical record and on the MSI claim. Non face to face components include all documentation, discussion with other Regulated Health Professionals as necessary and the family if required. Total duration of all components may be claimed.</p>	<p>(30 MSU for first ½ hour, 15 MSU for each additional 15 minutes up to a maximum of 2 hours)</p>

 **Billing Matters** Billing Reminders, New Explanatory Codes

**BILLING REMINDERS**

**Reminder – Immunizations Administered by Pharmacists**

Over the past few years, MSI Audit has identified numerous instances in which a physician has claimed for an immunization administered by a pharmacist. With the upcoming launch of this year's influenza immunization program, physicians are again reminded that they may not claim for these immunizations.

**Reminder – Phototherapy Services for Dermatologic Conditions**

A visit may only be claimed at the time a patient attends for phototherapy for a dermatologic condition if Preamble requirements for a visit are met. This means that the physician must personally render the visit (Preamble section 1.4) and document history and physical findings in the clinical record (Preamble section 7.)

## Reminder – Release of Tongue Tie in Newborn

Physicians are reminded that release of newborn tongue tie has been an uninsured service since 1997. Therefore, physicians may not claim visit or procedural HSCs related to this.

## Reminder – Colonoscopy Add On Fees

Health service code 01.22B - polypectomy is an add on code for the removal of colonic polyps, and should only be claimed with a colonoscopy fee. It should not be claimed for the removal of polyps found during other endoscopic procedures such as a gastroscopy. Likewise, health service codes 01.22A - colonoscopy with one/more biopsies, and 01.22F - Balloon dilation of colonic stricture, are also add on fees specific to a colonoscopy.

## UPDATE

### Remote Practice on Call - Funding Update

As per the new Master Agreement, effective September 9, 2016 the Remote Practice on call stipend has been reduced from \$28,217 to \$20,000 pro-rated annually for the remainder of the 2016/17 fiscal year. For all physicians receiving remote practice on call funding, you will see the change reflected on the September 28, 2016 payment date.

## NEW EXPLANATORY CODES

Code	Description
GN081	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE HOSPITAL ADMIT DATE IS BEFORE THE DATE OF BIRTH



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

### UPDATED FILES

Updated files reflecting changes are available for download on Friday Sept 23, 2016. The files to download are health service (SERVICES.DAT), health service description (SERV\_DESC.DAT), explanatory codes (EXPLAIN.DAT), and modifier values (MODVALS.DAT).

### HELPFUL LINKS

**NOVA SCOTIA MEDICAL INSURANCE (MSI)**

<http://msi.medavie.bluecross.ca/>

### NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

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

### CONTACT INFORMATION

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### NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

Phone: 902-424-5818

Toll-Free: 1-800-387-6665 (in Nova Scotia)

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