

Billing Education Article By Dr. Rhonda Church

FROM MSI'S INBOXES

STORAGE OF CHARTS, PATHOLOGY SECOND OPINIONS, SURGICAL ASSISTS AND MORE

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This month, Dr. Rhonda Church answers some of the queries that have been sent to MSI claims assessors, audit staff and medical consultants.

Q. I was notified recently that MSI wishes to conduct an audit of my practice. I retired six months ago and my charts are stored in Ontario. Can the audit be cancelled?

A. Audits are not cancelled in these circumstances. The Preamble requires that physicians maintain records of services they have claimed to MSI for five years in order to substantiate payment. Physicians should have business practices in place such that MSI can easily retrieve these records if necessary to verify claims. Locum physicians should also verify with the physician they are covering that the records will be easily retrievable if needed.

Q. I haven't been paid for a number of my surgical assists. Can you help?

A. In most cases, this is because the surgeon has not yet claimed for the surgery. As assist services are linked to the surgeon's fee, the assistant is only paid after the surgeon has submitted their claim for the service. It is expected that the primary surgeon and assistant will coordinate regarding the submission of these claims.

Q. As a pathologist in a large centre, I am sometimes asked to review material from another hospital months or even years later. I understand that claims should be submitted with the date of service as the date the tissue was retrieved from the patient. Therefore, my claims will be rejected as out of date. How should I proceed?

A. In the circumstances you describe – referral of material from an outside institution – the services should be claimed using HSC 03.09I or 03.09J, which are for anatomic pathology consultations. These health service codes were implemented on an interim basis in April 2016; further details about them can be found in the March 2016 and July 2016 MSI Bulletins. These services should be claimed using the date the pathologist rendered the second opinion.

Q. I am a new family physician. In order to maintain a balanced practice, I interview patients before accepting them into my practice. At this interview, I also review administrative aspects of the practice. I was told that I should claim this service as HSC 03.04 (comprehensive visit). Is this correct?

A. MSI insures services only when they are medically necessary, that is, when a health concern has been identified and the physician has conducted an assessment of the patient for that health concern. Visits of an administrative nature such as the ones you describe are not insured by MSI and no encounter should be submitted for them. While MSI's mandate is restricted to physician payment issues, we also suggest that

you review the College of Physicians and Surgeons of Nova Scotia's document "Accepting New Patients – Professional Standard and Guidelines."

If you are assessing health concerns, HSC 03.04 (comprehensive visit) may be claimed when the nature of the patient complaint is serious, complex or obscure such that a full history and physical examination is needed. (Please see the July 2016 MSI Bulletin for a more in-depth discussion.) Otherwise, the service should be claimed using HSC 03.03 (limited visit).

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