

PHYSICIAN'S BULLETIN

June 14th, 2019: Vol. LXIV, ISSUE 12



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WCB CLAIMS PROCESSING – UPCOMING CHANGES

As noted in previous Physician's Bulletins, additional information will be required when submitting claims to Medavie for WCB payment, effective June 27, 2019.

Submission requirements

From June 27, 2019 onward, you will need to include one or both of the following when submitting claims with a payment responsibility of WCB:

- Patient's WCB claim number
- Patient's injury date (month and year)

In some cases, you may provide a service to a patient before a WCB claim exists. In these cases, the month and year of injury should be submitted.

This additional information will be used to verify that the patient was eligible for WCB coverage on the date that the service was provided. Although Medavie will be receiving WCB eligibility updates daily, you may notice a difference in the length of time it takes to process some WCB claims, as this required verification will be completed prior to the claim being paid. Confirming whether your patient is eligible for benefits at the time the claim is submitted for payment will help prevent billing errors and reduce the need for payment reversals.

Your billing vendor has made changes to their software to enable you to provide this additional information. Please contact your vendor directly if you have any questions regarding the rollout of their software changes. If you do not provide the WCB claim number and/or injury date, your claim will be refused.

Return to Work (RTW) Service

As you know, WCB believes strongly that work is a healthy part of recovery. As a health care provider, you play a vital role in formulating a plan for successful return-to-work of your patient, and you understand the importance of helping your patient stay active and connected to their workplace. WCB encourages you to follow your patient as frequently as needed to ensure a successful return-to-work.

The health service code to be used when claiming for these visits is WCB28 (Comprehensive Visit for Work Related Injury or Illness). The typical visit frequency is biweekly. If health service code 03.03 or 03.03A (limited visit) is submitted, the claim will be refused.

The associated reporting to WCB is to occur within 5 days of each visit using the report Form 8/10. Health service code WCB26 is to be used for billing purposes.

Long Term Benefits (LTB) Service

If your patient has been transitioned to receiving long term benefits, WCB no longer requires Form 8/10 for follow-up visits. Generally, visits would be no more than monthly for follow-up of the original compensable injury. The health service code to be used for these visits is 03.03 or 03.03A. If WCB28 is submitted, the claim will be refused.

If your patient's condition changes, you can submit a Form 8/10 to WCB. WCB26 is to be used for billing purposes.

Ongoing updates will be provided via the MSI Physician's Bulletin. Relevant information will also be posted on the MSI Website, <https://msi.medavie.bluecross.ca>. If you have any questions, please email msi_assessment@medavie.bluecross.ca or call 902-496-7011/toll-free 1-866-553-0585.

NEW FEES

The following new WCB codes are available for billing:
Request forms submitted since June 1st may now be claimed using these codes.

Category	Code	Description	Base Units
DEFT	WCB29	Initial Request Form for Medical Cannabis	\$73.25
		Description Completed Initial Request Form for Medical Cannabis	
		Billing Guidelines No multiple submissions permitted for the same patient on the same day	
		Notes: Incomplete forms may be subject to fee reversal	



NEW FEES (CONTINUED)

Category	Code	Description	Base Units
DEFT	WCB30	Extension Request Form for Medical Cannabis	\$43.95
		<p>Description Completed Extension Request Form for Medical Cannabis</p> <p>Billing Guidelines No multiple submissions permitted for the same patient on the same day</p> <p>Notes: Incomplete forms may be subject to fee reversal</p>	

Effective June 14, 2019 the following codes are available for billing:

Category	Code	Description	Base Units
VIST	03.03W	Medical Geneticist Virtual Care Follow Up Visit – Per 15 Minutes ME=VTCR	16.3 MSU
		<p>Description This is a time based health service code for follow up visits by the geneticist post genetics consultation using a PHIA compliant, synchronous, virtual care platform. Report virtual face to face care with geneticist only, 80% of the documented clinical encounter time must be virtual face to face with the geneticist. Start and stop times must be documented in the health record and submitted in text with the claim.</p> <p>Billing Guidelines</p> <ul style="list-style-type: none"> • 80% of the documented clinical encounter time must be virtual face to face with the geneticist • A total of four 15 minute time periods may be reported for any one encounter. Should the patient-physician encounter take longer than 60 minutes, report EC with a note explaining the clinical circumstances. • Start and stop times must be documented in the health record and submitted in text with the claim. • Service must be delivered via a PHIA compliant, synchronous, virtual care platform. <p>Specialty Restriction SP=HUGE, SP=MEGE</p> <p>Location LO=OFFC, LO=HOSP</p> <p>Notes: Total of 60 minutes per encounter</p>	



NEW FEES (CONTINUED)

Category	Code	Description	Base Units
VEDT	03.39T	<p>Clinical Interpretation of complex genetics tests (e.g. microarray analysis, next generation sequencing, and exome sequencing) by geneticist – findings must be recorded in health record and recommendations made in writing to the referring physician. Per 15 Minutes RO=INTP</p> <p>Description This is a time based code to enable clinical reporting of the time spent by the geneticist who interprets complex abnormal genetic test results and relays that information in writing to the referring physician. Start and stop times must be recorded in the health record. No other HSC's reportable during that time period for that physician.</p> <p>Billing Guidelines Start and stop times must be recorded in the health record. No other HSC to be reported by the physician in the same time period.</p> <p>Specialty Restriction SP=HUGE, SP=MEGE</p> <p>Location LO=OFFC, LO=HOSP</p>	15 MSU

Category	Code	Description	Base Units
VEDT	RGN1	<p>Review by Geneticist of Patient encounter with Genetics Counsellor</p> <p>Description This health service code is for the review by the geneticist of the patient encounter performed solely by the genetics counsellor. This service includes the review of any pertinent investigations and results. The letter back to the referring physician must be reviewed and co-signed by the geneticist and must indicate that the patient was seen by the genetics counsellor. Not payable if the patient has been seen by geneticist within 30 days.</p> <p>Billing Guidelines The encounter must be documented in the health record and indicate that the patient was seen by the genetics counsellor alone but the clinical information and letter to the referring physician were reviewed by the geneticist.</p> <p>Specialty Restriction SP=HUGE, SP=MEGE</p> <p>Location LO=OFFC, LO=HOSP</p>	30 MSU



FEE REVISIONS

Effective June 14, 2019 the description for 03.09A has been updated:

Category	Code	Description	Base Units
CONS	03.09A	Complex Genetic Counselling Consultation Description <ol style="list-style-type: none">This code may only be used by a physician who is:<ol style="list-style-type: none">Certified in Medical Genetics by the RCPSC or;Certified in Clinical Genetics by the Canadian College of Medical Genetics and/or;Registered by the College of Physicians and Surgeons of Nova Scotia as a specialist in Medical Genetics or Human Genetics.This is a specific and detailed activity, which includes interviewing of appropriate family members, and collection and assessment of adequate clinical and genetic data to characterize the problem, establish a likely diagnosis (or differential diagnosis), construct a family pedigree and assess (both qualitatively and quantitatively) the risks to the persons seeking advice. It includes imparting this information and the various options for dealing with the problem to the individuals and appropriate family members in such a way that they can make informed decisions about the genetic problem. It may, in addition or alternatively, include the establishment or verification of a plan for further investigative and/or therapeutic management.This type of consultation is to be distinguished from a routine genetics consult. It requires one or both of the following:<ol style="list-style-type: none">Detailed, intensive review of patient data (including medical records and diagnostic studies), orDetailed and lengthy review of appropriate medical literature because of the complexity and/or rarity of the problem.Because of the complexity involved in such a service it is expected that more than one hour is required for the completion of this consultation.As is the case for all consultations, a request for consultation must be initiated by a referring physician, and a written report with the opinion and recommendations of the consultant must be sent to the referring physician. A written summary or report may be also sent to the patient or family. This fee code may be claimed only once per patient.A prolonged Complex Genetic Counselling Consultation may be reported if the encounter exceeds 90 minutes. No other fee codes may be reported for the same patient for that time period; two additional 15 minute multiples may be reported for a total of 120 minutes. If reporting a prolonged consultation service, start and stop times must be documented in the health record and in the text field of the MSI claim. MU=16.3 MSU/15 min Note: May be provided via PHIA compliant, synchronous, virtual care platform ME=VTCR Specialty Restriction SP=HUGE, SP=MEGE	125 MSU

Effective June 14, 2019 the virtual care modifier (ME=VTCR) is available for use on the follow-up visit services (03.03 office visit and 03.03A geriatric office visit) by providers designated as Virtual Care Health Care Providers.

Effective June 14, 2019, any extra patient (PT=EXPT) visits performed in a hospital or nursing home location will also require the correct time of day modifier TI=AMNN (8:01am – 12pm) TI=NNEV (12:01pm – 5pm) on the claim.



FEE ADJUSTMENTS

Select time based HSC have the following fee adjustments:

Category	Code	Description	Base Units
VIST	Select time based codes	03.03C Palliative Care Support Specialty Restriction N/A	30 MSU per 30 minutes
VIST	Select time based codes	03.03D Case Management Conference Fee	15 MSU per 15 minutes
PSYC		08.41 Hypnotherapy 08.44 Group Therapy 08.45 Family Therapy 08.49A Counselling 08.49B Psychotherapy 08.49C Lifestyle Counselling Specialty Restriction SP=GENP	30 MSU per 30 minutes 7.6 MSU per 30 minutes 30 MSU per 30 minutes 15 MSU per 15 minutes 30 MSU per 30 minutes 15 MSU per 15 minutes



Billing Matters Billing Reminders, Updates, New Explanatory Codes

BILLING REMINDERS

Ultrasounds and 02.84A

Physicians are reminded HSC 02.84A for Obstetrical Doppler is a stand-alone procedure, thus no ultrasound should be claimed during the same encounter. If an ultrasound does occur, the appropriate ultrasound fee should be claimed along with HSC 02.84B – Obstetrical Doppler in conjunction with ultrasound.

Tonsillectomy 40.2A

Physicians are reminded that HSC 40.2A is only to be claimed for surgical tonsillectomy and/or adenoidectomy at a hospital location.

NEW AND UPDATED EXPLANATORY CODES

Code	Description
AD084	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 02.84A WHICH IS A STAND ALONE PROCEDURE HAS ALREADY BEEN CLAIMED DURING THE SAME ENCOUNTER
GN012	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 02.84A WHICH IS A STAND ALONE PROCEDURE HAS ALREADY BEEN CLAIMED DURING THE SAME ENCOUNTER. IF AN ULTRASOUND HAS OCCURRED THE APPROPRIATE ULTRASOUND FEE SHOULD BE CLAIMED ALONG WITH ADD ON HSC 02.84B – OBSTETRICAL DOPPLER IN CONJUNCTION WITH ULTRASOUND

Code	Description
VA096	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 02.84A IS A STAND ALONE PROCEDURE AND MAY NOT BE CLAIMED WITH ANY OTHER ULTRASOUNDS DURING THE SAME ENCOUNTER
VE025	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU PREVIOUSLY CLAIMED A VISIT WITH THIS PATIENT IN THE LAST 30 DAYS
VE026	SERVICE ENCOUNTER HAS BEEN REFUSED AS NO OTHER FEES ARE PAYABLE DURING THE SAME TIME PERIOD AS HSC 03.39T
VE027	SERVICE ENCOUNTER HAS BEEN REFUSED AS NO OTHER FEES ARE PAYABLE DURING THE SAME TIME PERIOD AS HSC 03.09A
WB036	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE INITIAL OR EXTENSION FOR MEDICAL CANNABIS FORM HAS ALREADY BEEN CLAIMED FOR THIS PATIENT ON THIS DAY
WB037	SERVICE ENCOUNTER HAS BEEN REFUSED AS AN INITIAL OR EXTENSION REQUEST FOR MEDICAL CANNABIS WAS PREVIOUSLY CLAIMED IN THE PAST SEVEN WEEKS
VT169	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU ARE NOT AUTHORIZED TO PROVIDE THIS SERVICE OVER A VIRTUAL CARE PLATFORM



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

UPDATED FILES

Updated files reflecting changes are available for download on Friday June 14th, 2019. The files to download are health service (SERVICES.DAT), health service description (SERV_DSC.DAT), and, explanatory codes (EXPLAIN.DAT).

HELPFUL LINKS

NOVA SCOTIA MEDICAL INSURANCE (MSI)

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

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

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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MEDICAL CONSULTANT JOB POSTING

Job Title:	Medical Consultant
Department:	Medicare Programs
Competition:	5131
Internal/External:	Internal/External
Employment Type:	External Consultant – Part Time (21.75 hours per week)
Location(s):	Dartmouth
Salary:	Competitive Compensation
Reports to:	Team Leader
Closing Date:	July 5, 2019

Role Summary:

We are currently accepting applications for a part time external Medical Consultant. The successful candidate will work onsite with the Medicare Programs team in our Dartmouth office and will be responsible for providing professional medical guidance in support of the MSI assessment and audit functions. In this role, the successful candidate will be responsible for providing a professional link between physicians, government and patients.

As an External Medical Consultant, your key responsibilities will include:

- Providing direction and guidance to the Claims Assessment team regarding claims adjudication and payment.
- Reviewing requests for pre-authorization of in-province physician services; out-of-province/country physician services or hospitalization and retroactive payment of out-of-province/country physician services or hospitalization claims.
- Ensuring all administrative processes are followed for out-of-province/country referrals for addiction and mental health services.
- Providing or assisting in the first level of appeals for citizen/provider complaints regarding issues of medical insurability, medical necessity and treatment not normally insured as well as provider appeals regarding claims payment.
- Conduct fee for service and shadow billing audits in collaboration with the Medicare Auditors.
- Support the evaluation of select alternative funding contracts; includes interviews with providers, associations and other parties.
- Assist in the development of the annual audit plan, procedures to enhance pre and post payment monitoring operations, and the development of risk analysis strategies to utilize departmental resources efficiently.
- Providing assistance to the Department of Health and Wellness Medical Consultant to support medical policy, medical tariff development and activities related to claims assessment
- Participate on various Department of Health and Wellness and professional committees as required.
- Resolve issues and maintain productive, professional relationships with medical provider community and Department of Health and Wellness; inform providers through bulletin articles of changing audit policies, administrative procedures and billing issues.
- Responding to enquiries from patients, physicians, Doctors NS, Nova Scotia College of Physicians and Surgeons, Medical Directors and the Department of Health and Wellness with respect to individual patient claims and the insurability of specific services for an individual according to Department of Health and Wellness policy.

MEDICAL CONSULTANT JOB POSTING (CONTINUED)

As the ideal candidate, you possess the following qualifications:

Education: University degree with a Doctorate in Medicine.

Work Experience: 10 to 15 years' experience as a physician in a range of practice settings. Surgical and administrative experience would be an asset.

Other Qualifications: Strong interpersonal skills and the ability to resolve conflicts and deal with stressful situations.

Computer Skills: General computer knowledge.

Communication Skills: Excellent written and verbal communication skills are fundamental to the position.

You also demonstrate the following core competencies:

Knowledge: Uses knowledge and industry best practices to provide guidance and/or advice to leaders and coworkers on key issues in own area of expertise. Demonstrates a specialized knowledge of all processes, policies and precedents to do the job and solve day to day issues independently.

Analytical Thinking: Uses knowledge and experience to solve a variety of routine and complex technical problems. Identifies the cause of problems and implements the most appropriate solution.

Communication: Able to communicate complex information effectively through both oral and written means. Demonstrates the full range of effective verbal communication skills in a variety of settings such as formal meetings, presentations, and any one on one situation.

Customer Orientation: Independently processes many unusual and demanding customer requests. Maintains library/database/network of all customer information and materials to meet both routine and complex customer needs.

Execution and Organization Skills: Exceptional organizational and time-management skills. Able to prioritize work within in a changing work environment under the pressure of deadlines.

Team Work: Provides professional advice and direction to team members and leads work processes and proactively searches for ways to improve team effectiveness and performance.

If you are interested in working with a team of professionals in a challenging role and you possess the necessary qualifications, please follow the instructions for applying online via the Medavie Blue Cross Corporate website by clicking on the link below.

[Apply Now](#)

We would like to thank all candidates for expressing interest. Please note only those selected for interviews will be contacted.

Medavie Blue Cross is an equal opportunity employer.

