

# PHYSICIAN'S BULLETIN

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## MSI News

### BULK BILLING TRANSITION PROJECT IMPORTANT DATE CHANGES

The Department of Health and Wellness and MSI have undertaken a project to align physician billing across Nova Scotia. This will move all physicians to electronic claims submissions.

This project involves key physician groups (Radiology, Internal Medicine and Pathology) who are receiving direct communications on the project. There will be, from time to time, important project updates shared in the MSI Bulletin & on the MSI website.

[www.medavie.bluecross.ca/msiprograms](http://www.medavie.bluecross.ca/msiprograms)

#### Important update:

Throughout the Bulk Billing Transition project rollout, stakeholders have raised concerns regarding implementation timelines and technical requirements. Ongoing discussions have led to an agreement to extend the transition timelines for all groups.

The aim is to provide physicians with additional time to update and/or modify billing systems to meet the technical requirements for patient specific billing. It is the responsibility of the physician to determine the business process they will implement to submit claims in the required MSI patient specific format.

#### New transition dates:

Internal Medicine – new go live date March 1, 2015
Radiology – new go live date April 1, 2015
Pathology – new go live date April 1, 2015

As we continue with the transition to electronic billing, we will continue this important dialogue with all stakeholders. Project news and changes will continue to be shared with all impacted groups through the FAQ, emails and official bulletin updates.

There will be an opportunity in the coming weeks to engage in dialogue and address questions. Additional information on the stakeholder discussions will be shared soon.

**We would welcome the opportunity to address any and all questions. Your questions can be forwarded by telephone 1-902-496-7011 or via e-mail at [MSI\\_Assessment@medavie.bluecross.ca](mailto:MSI_Assessment@medavie.bluecross.ca)**



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

CATEGORY	HEALTH SERVICE CODE	DESCRIPTIONS/MODIFIERS	BASE UNITS
BULK	I1168	Electrocardiogram – interpretation LO=HOSP	4.60
BULK	I1171	Electroencephalogram - interpretation only LO=HOSP	10.50
BULK	I6208	Holter monitoring - interpretation only LO=HOSP	25.00
BULK	I1110	Simple spirometry LO=HOSP	5.00
BULK	I1140	Flow / volume loops LO=HOSP	5.00
BULK	I1210	Helium dilution LO=HOSP	5.00
BULK	I1410	Carbon monoxide single breath LO=HOSP	5.00
BULK	I1710	Pulmonary stress test LO=HOSP	20.00
BULK	I1120	Bedside spirometry LO=HOSP	5.00
BULK	I1230	Body plethysmography LO=HOSP	5.00
BULK	I1311	M – mode LO=HOSP	25.44
BULK	I1310	Two dimensional LO=HOSP	47.56
BULK	I1312	Doppler – quantitative LO=HOSP	30.45
BULK	I1313	Doppler – qualitative LO=HOSP	15.23

### Billing Tips:

- The service date for electronic claims should be the date the patient had the procedure conducted and not the date the interpretation was completed (if they differ). The fee is for the interpretation. Examples would include echocardiograms, electrocardiograms and pulmonary function tests.
- When a clinical service is provided by a physician to a patient this is referred to as a service occurrence. If the patient had a single encounter with the physician on a specific day for a specific clinical service, then the service occurrence would be set as one. If a second encounter occurred at a later time on the same day for a similar clinical service it would be submitted as service occurrence two. An example would be if a patient has spirometry performed at 10:00am, clinically deteriorates and has another medically necessary spirometry performed at 8:00 pm on the same day. For claims related to the second and subsequent encounters, text is required in order for those claims to be paid. This text must indicate the medical necessity of the subsequent service as well as the time of the occurrence. Any claims submitted with an occurrence number greater than one without text will be paid at zero. The only exemption to this will be claims for electrocardiograms, these will not require text.
- Location HOSP is required for all the above health service codes.
- 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 encounters 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.



## ★ Fees New Fees and Highlighted Fees

Effective January 30, 2015 the following new health service codes are available for billing:  
*Revised March 31, 2020 – See May 2020 Bulletin for updated information*

Category	Code	Modifiers	Description	Base Units	Anaes Units
MASG	57.59B	RO=FPHN RO=SPHN	<p><b>Low Anterior Resection of Rectosigmoid with low pelvic anastomosis (colproctostomy)</b></p> <p>Anterior resection of the rectosigmoid including mobilization of the colon, identification of the ureter, dissection of mesocolic vessels, with anastomosis of the bowel including all stapling as required (EEA stapler).</p> <p>When an ileostomy is required an ADON fee may be used to bill for this portion of the procedure.</p> <p>To bill as SPHN, the second surgeon must actively participate for 75% of the procedure time. When the second surgeon fee is billed no other assistant fee may be billed.</p> <p><b>Billing Guidelines</b>            Not to be billed with:            01.24C Sigmoidoscopy            58.11 Colostomy            58.21 Ileostomy for ulcerative colitis            58.39A Ileostomy with tube</p> <p><b>Specialty Restriction</b>            RO=FPHN restricted to GNSG            RO=SPHN restricted to GNSG</p> <p><b>Location:</b>            HOSP</p>	405 MSU 300 MSU	8+T
ADON	58.01A	RO=SPHN	<p><b>Ileostomy (loop or defunctioning)</b></p> <p>ADON to HSC 57.59B and 60.52B</p>	90 MSU 67.50 MSU	



Category	Code	Modifiers	Description	Base Units	Anaes Units
MASG	60.4C	RO=FPHN RO=SPHN	<p><b>Open Abdominoperineal resection; complete proctectomy with colostomy</b></p> <p>This fee is for the complete resection of the distal sigmoid colon, rectum, and anus with creation of end sigmoid colostomy and perineal dissection to remove the appropriate segment of bowel along with the anal sphincter. Includes mobilization of colon, identification of ureter, dissection of mesocolic vessels, division of colon, excision of rectum and delivery of sigmoid colon, rectum, and anus through the perineal incision.</p> <p>To bill as SPHN, the second surgeon must actively participate for 75% of the procedure time. When the second surgeon fee is billed no other assistant fee may be billed.</p> <p><b>Billing Guidelines</b> Not to be billed with any other fees for resection of bowel or formation of colostomy or ileostomy on the same patient same day. Not to be billed with: 01.24C Sigmoidoscopy 58.11 Colostomy 58.21 Ileostomy for ulcerative colitis 58.39A Ileostomy with tube</p> <p><b>Specialty Restriction</b> RO=FPHN restricted to GNSG RO=SPHN restricted to GNSG</p> <p><b>Location</b> HOSP</p>	550 MSU 400 MSU	8+T
MISG	23.99B	AG=CH03	<p><b>Injection of chemodenevating agent into extraocular muscles for strabismus</b></p> <p>Chemodenevating agent (for example, onabotulinmoxinA) injection of the extraocular muscle(s) for strabismus, unilateral or bilateral, in patients up to three years of age.</p> <p><b>Billing Guidelines</b> This fee is for the injection of one or more extraocular muscles in one or both eyes, same patient, same physician, same day.</p> <p><b>Specialty Restriction</b> Paediatric OPHT</p> <p><b>Location</b> HOSP</p>	25 MSU	4+T

Revised March 31, 2020 – See May 2020 Bulletin for updated information

Category	Code	Modifiers	Description	Base Units	Anaes Units
MASG	82.64D		<p><b>Abdominal Sacral Colpopexy</b></p> <p>This fee is for the repair of a post-hysterectomy vaginal vault prolapse via the abdominal approach. This comprehensive fee includes lysis of adhesions, exposure of the ureter(s) as required, the attachment of mesh to the vaginal vault apex and suspension to the anterior sacrum, any enterocele repair, and cystoscopy if performed.</p> <p><b>Billing Guidelines</b> May not be billed with: 1.34 Cystoscopy 71.02 Ureterolysis 82.7 Enterocele repair 68.98A Exploration of ureter</p> <p><b>Specialty Restriction</b> OBY</p> <p><b>Location</b> HOSP</p>	350 MSU	6+T
MASG	82.64E		<p><b>Laparoscopic Sacral Colpopexy</b></p> <p>This is a comprehensive, time-based fee for the laparoscopic repair of a post-hysterectomy vaginal vault prolapse. This comprehensive fee includes all procedures performed during the operative period on the same patient, same day. In order to bill this HSC the entire abdominal portion of the procedure must be performed laparoscopically.</p> <p><b>Billing Guidelines</b> No other HSC's may be billed same physician, same patient, same service encounter.</p> <p><b>Specialty Restriction</b> OBY</p> <p><b>Location</b> HOSP</p>	IC at 140MSU/hr	6+T
MASG	82.64F		<p><b>Colpopexy, vaginal; fixation to sacrospinous ligament(s)</b></p> <p>This fee is for the vaginal approach to vaginal vault suspension post-hysterectomy via attachment to the sacrospinous ligament(s) either unilateral or bilateral.</p> <p><b>Billing Guidelines</b> Not to be billed with any other enterocele repair: HSC 82.7 HSC 82.64B</p> <p><b>Specialty Restriction</b> OBY</p> <p><b>Location</b> HOSP</p>	200 MSU	6+T

## FEE REVISIONS

Effective January 30, 2015 the following health service code has been revised.

Category	Code	Modifiers	Description	Base Units	Anaes Units
MASG	60.52B	RO=FPHN RO=SPHN	<p><b>Laparoscopically Assisted Anterior Resection</b></p> <p>Laparoscopic resection of the appropriate segment of colon with coloproctostomy (low pelvic anastomosis). Includes mobilisation of colon, identification of the ureter, dissection of mesocolic vessels, division of colon, delivery of colon through the extraction site, with intra- or extra-corporeal anastomosis of bowel (including EEA stapling), to include all stapling, and closure of the extraction site.</p> <p>When an ileostomy is required an ADON fee may be used to bill for this portion of the procedure.</p> <p>To bill as SPHN, the second surgeon must actively participate for 75% of the procedure time. When the second surgeon fee is billed no other assistant fee may be billed.</p> <p><b>Billing Guidelines</b> This is intended to be a comprehensive fee for the entire procedure. Not to be billed with: 1.24C Sigmoidoscopy 58.11 Colostomy 58.21 Ileostomy for ulcerative colitis 58.39A Ileostomy with tube 66.19 Other Laparotomy, 66.83 Laparoscopy, 60.52A Lower anterior Resection where EEA stapler is used.</p> <p><b>Specialty Restriction</b> Primary surgeon: Minimally Invasive Surgeon MIS RO=SPHN restricted to GNSG</p> <p><b>Location</b> HOSP</p>	420 MSU 315 MSU	8+T

Effective January 29, 2015 the following health service code will no longer be active

Category	Code	Modifiers	Description	Base Units	Anaes Units
MASG	60.4A		<b>Abdominal-perineal resection plus colostomy</b>	450 MSU	8+T





## BILLING REMINDERS

### Surgeon and Surgical Assistant Claims

As outlined in the July 18, 2014 and November 21, 2014 Physician's Bulletin, surgical assistants are remunerated at 33.8% of the fee paid to the surgeon and the health service codes claimed for surgical assistant services are expected to align with those submitted by the primary surgeon and must adhere to Preamble rules. If a claim for a surgical assistant fee is received in the absence of a claim from the surgeon, the claim will be returned with explanatory code GN064 indicating that the claim cannot be paid as no claim has been submitted by a surgeon for this service. It is therefore important that the surgeon's claims are submitted to MSI in a timely manner and within the 90 day time frame to allow the surgical assistant to also be paid for these services. This includes billings from all revenue streams including shadow claims.

## NEW EXPLANATORY CODES

Code	Description
<b>GN055</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE ALREADY CLAIMED THE SURGEON / SURGICAL ASSIST FEE FOR THIS SERVICE.
<b>GN067</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 82.64D AT THE SAME ENCOUNTER.
<b>GN068</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE ALREADY BILLED HSC 82.64E AT THE SAME ENCOUNTER.
<b>MA064</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR A SIGMOIDOSCOPY, COLOSTOMY, OR ILEOSTOMY AT THE SAME ENCOUNTER.
<b>MA065</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR 57.59B, 60.4C OR 60.52B AT THIS ENCOUNTER. IF YOU ARE ATTEMPTING TO CLAIM AN ILEOSTOMY WITH THIS PROCEDURE PLEASE USE THE ADDON HSC 58.01A
<b>MA066</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS A SECOND PHYSICIAN CLAIM EXISTS FOR THIS ENCOUNTER. A SURGICAL ASSIST CANNOT ALSO BE CLAIMED.
<b>MA067</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 60.52B CANNOT BE CLAIMED WITH HSC 66.19, 66.83 OR 60.52A AT THE SAME ENCOUNTER
<b>MA068</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 66.19 OR 66.83 CANNOT BE CLAIMED WITH HSC 60.52B AT THE SAME ENCOUNTER
<b>MJ050</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED ONE OF THE FOLLOWING HSCS 01.34A, B, C, D, E, F, G, H, 71.02, 82.7, OR 68.98A AT THE SAME ENCOUNTER.
<b>MJ051</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE ALREADY BILLED AN ENTEROCELE REPAIR (HSC 82.7 OR 82.64B) AT THE SAME ENCOUNTER.
<b>MJ052</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE ALREADY BILLED HSC 82.64F AT THE SAME ENCOUNTER.
<b>MN012</b>	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE ALREADY CLAIMED THIS SERVICE FOR THIS PATIENT ON THE SAME DAY.
<b>MN014</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 60.52A CANNOT BE CLAIMED WITH 60.52B AT THE SAME ENCOUNTER
<b>VA065</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR A COLECTOMY WITH COLOPROCTOSTOMY AT THIS ENCOUNTER
<b>VT129</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 82.64E IS A COMPREHENSIVE SERVICE AND YOU HAVE ALREADY CLAIMED ANOTHER SERVICE AT THE SAME ENCOUNTER.
<b>VT130</b>	SERVICE ENCOUNTER HAS BEEN REFUSED. THE DOCUMENTATION PROVIDED SUPPORTS AN INITIAL VISIT WITH COMPLETE EXAMINATION, NOT A CONSULT (SEE PREAMBLE 5.1.7). PLEASE RESUBMIT WITH THE APPROPRIATE HSC.
<b>WB033</b>	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE REQUIRED WCB FORM WAS NOT RECEIVED WITHIN THE APPROPRIATE TIME.





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## UPDATED FILES

Updated files reflecting changes are available for download on Friday, January 30, 2015. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), explanatory codes (EXPLAIN.DAT), and modifier values (MODVALS.DAT).

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## HELPFUL LINKS

### NOVA SCOTIA MEDICAL INSURANCE (MSI)

[www.medavie.bluecross.ca/msiprograms](http://www.medavie.bluecross.ca/msiprograms)

### NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

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

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## CONTACT INFORMATION

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