

PHYSICIAN'S BULLETIN

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MSI News

MSI UNIT VALUE CHANGES

MEDICAL SERVICE UNIT/ANAESTHESIA UNIT CHANGE

Effective April 1, 2018, the Medical Service Unit (MSU) value will be increased from \$2.44 to \$2.48 and the Anaesthesia Unit (AU) value will be increased from \$20.76 to \$21.07.

PSYCHIATRY FEES

Effective April 1, 2018 the hourly Psychiatry rate for General Practitioners will increase to \$113.33 while the hourly rate for Specialists increases to \$153.67 as per the tariff agreement.

SESSIONAL PAYMENTS

Effective April 1, 2018 the hourly Sessional rate for General Practitioners will increase to \$148.80 while the hourly rate for Specialists increases to \$173.60 as per the tariff agreement.

WORKERS' COMPENSATION BOARD MEDICAL SERVICE UNIT / ANAESTHETIC

Effective April 1, 2018 the Workers' Compensation Board MSU Value will increase from \$2.71 to \$2.76 and the Workers' Compensation Board Anaesthetic Unit Value will increase from \$23.07 to \$23.41.

NEW FEES

Effective April 1, 2018 the following health service premium will be available for billing. Physicians are asked to hold these premiums until notified that they may be submitted for payment.

Category	Code	Description	Base Units	Anaes Units
ADON		<p>After Hours Service Premium (extended service hours)</p> <p>This premium applies in circumstances where elective procedures are moved to an eligible premium time period due to factors beyond the control of the physician.</p> <p>The 35% after hours service premium is intended to compensate the physician for the disruption of their personal time while providing extended hours of service in addition to the scheduled workday.</p> <p>Eligible time periods are defined as:</p> <ul style="list-style-type: none"> a. Weekday evenings: Mon-Friday 17:00-23:59 b. After midnight: Tuesday-Saturday 00:00-07:59 c. Weekend day time: Saturday 08:00-16:59 d. Weekend night time and Sunday all day: Saturday to Monday 17:00-07:59 e. Official recognized holidays: 08:00-23:59 <p>Billing Guidelines</p> <p>May only be reported for scheduled electively booked interventional procedures that have been moved to a premium eligible time period due to factors beyond the control of the physician.</p> <p>The premium does not apply to elective procedures that have been intentionally booked during premium hours ex: elective cases booked to start before 0800 hours, scheduled weekend joint replacement OR lists etc.</p> <p>Specialty Restriction Surgical specialties, endoscopies and interventional radiology</p> <p>Location HOSP</p>	35% premium	35%

Effective March 23, 2018 the following health service codes will be available for billing:

Category	Code	Description	Base Units	Anaes Units
MASG	76.95B	Insertion of semi-rigid or malleable penile prosthesis	140 MSU	5+T
MASG	76.96B	Removal with or without reinsertion of semi-rigid or malleable penile prosthesis	IC @125MSU/hr	5+T
<p>These HSCs are specific to the insertion, and/or removal, with or without re-insertion of a malleable or semi-rigid penile prosthesis to include any urethral dilation required to insert the device.</p> <p>Billing Guidelines</p> <p>Cystoscopy, when required, may be reported in addition to these HSCs. For the removal with or without reinsertion of semi-rigid or malleable penile prosthesis, IC will be paid at 125 MSU/hr based on surgical start and stop time as documented in the record of operation which must be submitted with the claim.</p> <p>Specialty Restriction UROL Location HOSP</p>				

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

Category	Code	Description	Base Units	Anaes Units
MASG	76.95C	Inflatable penile prosthesis-insertion of all components (pump, cylinders and reservoir)	230 MSU	6+T
MASG	76.96C	Inflatable penile prosthesis-removal of any or all components (pump, cylinders and reservoir), with or without reinsertion	IC @130MSU/hr	6+T
<p>These HSCs are specific to the insertion, and/or removal, with or without reinsertion of an inflatable penile prosthesis with all its components (pump, cylinders and reservoir) to include any urethral dilation required to insert the device.</p> <p>Billing Guidelines</p> <p>Cystoscopy, when required, may be reported in addition to this HSC. For the removal with or without reinsertion of an inflatable penile prosthesis (any or all components-pump, cylinders and reservoir), IC will be paid at 130 MSU/hr based on surgical start and stop time as documented in the record of operation which must be submitted with the claim.</p> <p>Specialty Restriction UROL Location HOSP</p>				

UPDATED FEES

Workers' Compensation Board Medical Service Unit Update

As per the contract between WCB and Doctors Nova Scotia, an annual escalator based on the Consumer Price Index has been calculated for the listed WCB specific fees for fiscal year 2018-19.

Due to the increase in CPI for 2017, all of the WCB specific services listed below will have their values increased by 1.65% effective April 1st, 2018:

CODE	DESCRIPTION	NEW VALUE
WCB12	EPS physician assessment Service. Combined office visit and completion of Form 8/10 For complex initial assessments exceeding 50 minutes, EPS physicians may bill additional 15 minute increments to a maximum of 1 additional hour	Initial visit: \$180.03 + \$51.61 per 15 minutes to a maximum 4x (RO=EPS1 and RP=INTL) Subsequent visit: \$180.03 (RO=EPS1 and RP=SUBS)
WCB13	Chart Summaries / Written Reports. Detailed reports billed in 15-minute intervals - plus multiples, if applicable	GPs.....\$43.97 per 15 min EPS(RO=EPS1) \$52.61 per 15 min Specialists.....\$59.17 per 15 min
WCB15	Case Conferencing and Teleconferencing (Treating Physician) Conferencing billed by the Treating Physician - plus multiples, if applicable	GPs.....\$43.97 per 15 min EPS(RO=EPS1)\$52.61 per 15 min Specialists.....\$59.17 per 15 min
WCB17	Photocopies of Chart Notes	10 pgs or less (ME=UP10).....\$26.33 11-25 pgs (ME=UP25).....\$52.61 26-50 pgs (ME=UP50)..... \$105.16 Over 50 pgs (ME=OV50).....\$157.71
WCB20	Carpal Tunnel Syndrome (CTS) Assessment Report	\$67.48
WCB21	Follow-up visit report	\$39.47
WCB22	Completed Mandatory Generic Exemption Request Form	\$13.19 per form
WCB23	Completed Non-Opioid Special Authorization Request Form	\$13.19 per form
WCB24	Completed Opioid Special Authorization Request Form	\$44.22 per form
WCB25	Completed WCB Substance Abuse Assessment Form	\$29.45
WCB26	Return to Work Report – Physician’s Report Form 8/10	\$67.48
WCB27	Eye Report	\$59.17
WCB28	Comprehensive Visit for Work Related Injury or Illness	\$67.90



BILLING REMINDERS

Text required on claims for removal of progestin contraceptive device (HSC 13.53C)

Physicians are reminded to include explanatory text on claims for removal of progestin contraceptive device. This health service code is for the removal of intradermal devices. Removal of intrauterine devices are to be claimed using visit codes.

Correct Location Code When Submitting Claim to MSI

Physicians are reminded to use the correct location and facility code when submitting claims to MSI. The location code to be used is the physical location of where the service was provided.

Elective Out of Province Services (within Canada)

Prior approval is required from the Nova Scotia Department of Health and Wellness before referring a patient out of province for insured health services unavailable in Nova Scotia if the patient wishes to be considered for travel and accommodation assistance. Approval must be sought through the Medical Consultant, MSI. The referral must be from a specialist registered in Nova Scotia, who is actively involved in the eligible resident's care. The referral must include the following:

- A description of the eligible resident's relevant medical history.
- A description of the health services requested as well as an estimation of the expected benefit to the patient.
- Confirmation that the health service(s) are provided in a publicly funded facility and are covered by the medical insurer in the proposed province
- Written confirmation of the medical evidence supporting the requested health service.
- When the proposed health service is a new or emerging health service, documentation must be included of reputable clinical trials beyond Phase III, published in peer reviewed medical literature.
- Information on the available health services in Nova Scotia and an explanation of why these are not sufficient for the resident's needs.
- The contact information of the physician who will be treating the patient so a copy of the approval documentation can be forwarded to their office.
- A description of any follow-up requirements.
- A written recommendation in support of the out-of-province health services, confirming that this is the specialist's recommendation and that the referral is not being provided solely at the request of the patient.
- Written confirmation of, the patient's medical requirement for travel with an escort, if required.
- The costs for an escort will not be covered by DHW if there is no medical evidence to support the need for an escort. Evidence of medical need for an escort is not required if the resident is under 19 years of age.

MSI will review the application and provide a response to the appropriate specialist within 30 days of receiving a complete application.

Upon approval of the application, the Department of Health and Wellness will contact the eligible resident and provide the appropriate application forms for travel and accommodation assistance.

Elective out of Country Services

Individuals requiring elective, insured health services that are not available within Canada must be authorized by the DHW prior to making any medical and/or travel arrangement to ensure the service will be insured and in order for the DHW/MSI to negotiate a reasonable and fair compensation with out of country providers prior to the provision of services.

In order for a patient to be referred outside Canada for treatment, prior written approval is required from the Medical Consultant, MSI. The referral must be from a specialist registered in Nova Scotia, who is actively involved in the eligible resident's care. The referral must include the following:

- A description of the eligible resident's relevant medical history.
- A description of the health services requested as well as an estimation of the expected benefit to the patient.
- The contact information of the physician who will be treating the patient so a copy of the approval documentation can be forwarded to their office.

- Written confirmation of the medical evidence supporting the requested health service.
- When the proposed health service is a new or emerging health service, documentation must be included of reputable clinical trials beyond Phase III, published in peer reviewed medical literature.
- Information on the available health services in Canada and an explanation of why these are not sufficient for the resident's needs.
- A description of any follow-up requirements.
- A written recommendation in support of the out-of-country health services, confirming that this is the specialist's recommendation and that the referral is not being provided solely at the request of the patient.
- Written confirmation of the patient's medical requirement for travel with an escort, if required.
- The costs for an escort will not be covered by DHW if there is no medical evidence to support the need for an escort. Evidence of medical need for an escort is not required if the resident is under 19 years of age.

MSI will review the application and provide a response to the appropriate specialist within 30 days of receiving a complete application.

Upon approval of the application, the Department of Health and Wellness will contact the eligible resident and provide the appropriate application forms for travel and accommodation assistance.

NEW AND UPDATED EXPLANATORY CODES

Code	Description
MJ064	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR URETHRAL DILATION AT THE SAME ENCOUNTER. THIS SERVICE INCLUDES ANY URETHRAL DILATION REQUIRED TO INSERT THE DEVICE.
MN016	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR AN INSERTION OR REMOVAL WITH OR WITHOUT REINSERTION OF A PENILE PROSTHESIS AT THE SAME ENCOUNTER WHICH INCLUDES ANY URETHRAL DILATION REQUIRED TO INSERT THE DEVICE.
NR088	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR URETHRAL DILATION AT THE SAME ENCOUNTER. THIS SERVICE INCLUDES ANY URETHRAL DILATION REQUIRED TO INSERT THE DEVICE.
VA087	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR AN INSERTION OR REMOVAL WITH OR WITHOUT REINSERTION OF A PENILE PROSTHESIS AT THE SAME ENCOUNTER WHICH INCLUDES ANY URETHRAL DILATION REQUIRED TO INSERT THE DEVICE.
VA088	SERVICE ENCOUNTER HAS BEEN DISALLOWED. PLEASE RESUBMIT, INDICATING IN THE TEXT FIELD THIS CLAIM IS FOR THE REMOVAL OF AN INTRADERMAL DEVICE.

UPDATED FILES

Updated files reflecting changes are available for download on Friday March 23, 2018. The files to download are health service (SERVICES.DAT), health service description (SERV_DESC.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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