

# PHYSICIAN'S BULLETIN

October 23, 2015: Vol. LI, ISSUE 9



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## MSI News

### NEW MSI CLAIMS PROCESSING AND PAYMENT SYSTEM

In the coming months, MSI will be transitioning to a new claims processing system. While physicians will not see a change in the way their claims are processed once the transition is complete in early December, there are a number of items related to submission of claims that we would like to make physicians and billing clerks aware of.

1. In order to maintain the claims history of Nova Scotia residents in the MSI database, it is important that an individual's claims history be stable over a period of time during the transition. This means that between November 20 and December 3, 2015 physicians will be required to hold all deletions and readjudications of claims. New claims will be able to be processed in the usual manner; only deletions and readjudications will be impacted.
2. During the transition dates above, there will be a delay in sending adjudication responses. When the transition to the new claims system is complete at midnight on December 3, the system will be fully functional and deletions and readjudications will be able to be processed. However, adjudication responses will not be available from December 4th – 6th. **As the November 20th date approaches, we ask that all physician offices and billing clerks work to review any outstanding claims requiring deletion and/or re-adjudication to minimize the impact during the technology transition.**
3. The Preamble to the MSI Physician's Manual stipulates that claims must be submitted within 90 days of the date of service. Effective December 3, 2015, this 90-day rule will be enforced for **both fee for service and shadow-billed services** with the following exceptions only:
  - Reciprocal billing claims (out of province) must be submitted within 12 months of the date of service.
  - Resubmission of refused claims or incorrect billings must be resubmitted to MSI within 185 days of the date of service. Each resubmission must contain an annotation in the text field of the Service Encounter submission referencing the previous Service Encounter Number.

**Physicians who shadow bill and have outstanding claims that have not yet been submitted are asked to work with their billing clerk to ensure compliance with the 90 day limit.** Effective December 3, all claims outside this window will be adjudicated as "pay at zero" and returned to the provider. Shadow claims that are submitted more than 90 days from the date of service will fall under the purview of the Outdated Claims Policy which states:

Outdated claims will only be considered by MSI if extenuating circumstances can be demonstrated for a late submission and are within a reasonable time frame past the 90 day limit. Requests for an extension must be made to MSI in writing and will be approved on a case by case basis. The time frame for submitting the request to MSI for late submission should be within one month following the 90 day limit.

Claims for registered hospital in-patients must also be submitted within the 90-day time limit whether the patient has been discharged or continues as an in-patient.

MSI is committed to a smooth transition with minimal impact on physicians during our technology transition. Should you have any questions or concerns we may be reached as follows between 8 a.m. and 5 p.m. Monday through Friday.

Local Phone: 902-496-7011  
 Toll-Free Phone: 1-866-553-0585  
 Email: [MSI\\_Assessment@medavie.ca](mailto:MSI_Assessment@medavie.ca)

 **Fees** New Fees and Highlighted Fees

**INTERIM FEES**

*Note: Physicians holding eligible services must submit their claims from April 1, 2015 onward within 90 days of the date of this bulletin. Please ensure previously paid claims for these services are deleted prior to resubmitting a new claim. Please contact MSI directly for detailed instructions on how to submit these outdated eligible services.*

Effective April 1, 2015 the following interim health service codes are available for billing.

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

Category	Code	Description	Base Units
VEDT	03.38B	<p><b>Exercise Induced Asthma Assessment, interpretation. Includes interpretation of all serial spirometry, flow/volume loops, bronchodilation responsiveness, and oximetry required to assess the patient.</b></p> <p>This code is used to report the interpretation of all spirometry, oximetry, and bronchodilation responsiveness, as required, to properly assess the response of the patient to exercise.</p> <p><b>Billing Guidelines</b>                      Only for interpretation of tests performed in a hospital pulmonary function laboratory (Preamble 5.3.190).                      Do not report with:</p> <ul style="list-style-type: none"> <li>• 11110 Simple spirometry</li> <li>• 11140 Flow /volume loops</li> <li>• 03.38C Interpretation of Spirometry Pre and Post Bronchodilator</li> </ul> <p><b>Specialty Restriction</b>                      RSMD, INMD</p> <p><b>Location</b>                      HOSP</p>	20 MSU

## INTERIM FEES CONTINUED

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

Category	Code	Description	Base Units
VEDT	03.38C	<p><b>Interpretation of Spirometry Pre and Post Bronchodilator</b></p> <p>This code is used to report the interpretation of spirometry, before and after the administration of a bronchodilator. This includes all testing required to properly assess the response of the patient</p> <p><b>Billing Guidelines</b> Only for interpretation of tests performed in a hospital pulmonary function laboratory (Preamble 5.3.190). Do not report with:</p> <ul style="list-style-type: none"> <li>• I1110 Simple spirometry</li> <li>• I1140 Flow /volume loops</li> <li>• 03.38B Exercise testing for assessment of asthma.</li> </ul> <p><b>Specialty Restriction</b> RSMD, INMD</p> <p><b>Location</b> HOSP</p>	10 MSU
VEDT	03.38D	<p><b>Six Minute Walk Test, interpretation, when this is the sole procedure.</b></p> <p>For the interpretation of the results of the six minute walk test when this is the only pulmonary function test performed for that patient that day. Results must include: the distance walked, pulse oximetry readings, heart rate, and subjective exertion.</p> <p><b>Billing Guidelines</b> Only for interpretation of tests performed in a hospital pulmonary function laboratory (Preamble 5.3.190). Do not report with:</p> <ul style="list-style-type: none"> <li>• Any other pulmonary function tests same patient same day.</li> </ul> <p><b>Specialty Restriction</b> RSMD, INMD</p> <p><b>Location</b> HOSP</p>	2 MSU



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## FEE REVISIONS

Effective April 1, 2015 the following health service code has been revised to allow for two multiples to be claimed.

*Radiologists looking to claim two tomographies on prior submitted encounters are asked to submit a delete for the previously paid single multiple service before resubmitting a new claim with a multiple of two. Physicians must submit their claims from April 1, 2015 onward within 90 days of the date of this bulletin. Please contact MSI directly for detailed instructions on how to submit these outdated eligible claims.*

Category	Code	Group	Description	Base Units
BULK	R1950	Nuc. Med.	<b>Tomography (add on)</b>	12.50 MSU

Effective October 22, 2015 the following health services code is no longer active.

Category	Code	Description	Base Units
DEFT	WCB10	<b>WCB completion of Form 10 in conjunction with an expedited non-emergency Orthopaedic Major Surgical Procedure</b>	IC



## Billing Matters

Billing Reminders, New Explanatory Codes

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## BILLING REMINDERS

### Claims for HSC R403 – Fluoroscopy

As per Preamble section 5.3.149, this health service code may only be used when the radiologist is not claiming another procedure. For example, it may be used when a radiologist personally provides fluoroscopy support for another physician who is doing a procedure such as a hysterosalpingogram, bronchoscopy or ERCP. It cannot be claimed when the radiologist has claimed another procedure such as insertion of a PICC line, abscess drainage or gastrostomy tube insertion either as part of the same service encounter or a subsequent service encounter.

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## ADDITIONAL BILLING INFORMATION

### Optic Nerve Imaging HSC 02.02B Diagnostic Codes

Please see the current list of acceptable diagnostic codes that may be used when claiming Optic Nerve Imaging (02.02B):

- 36252 - Exudative Senile Macular Degeneration
- 36201 - Background Diabetic Retinopathy
- 36235 - Central Retinal Vein Occlusion
- 36236 - Venous Tributary Occlusion
- 37927 - Vitreomacular Adhesion
- 3659 - Unspecified Glaucoma



## NEW EXPLANATORY CODES

Code	Description
AN004	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE FIRST ANAE START TIME SPECIFIED ON THIS CLAIM DOES NOT MATCH THE TIME PROVIDED ON THE PREVIOUSLY SUBMITTED CLAIM FOR THE FIRST ANAESTHESIOLOGIST SERVICE.
BK050	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 03.38B OR 03.38C HAS ALREADY BEEN CLAIMED FOR THIS PATIENT ON THIS DAY
CR020	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CLAIM FOR DIRECTIVE CARE OR CONTINUING CARE HAS ALREADY BEEN APPROVED FOR THIS PATIENT ON THE SAME DAY.
GN076	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE ALREADY BILLED A VISIT AT THE SAME ENCOUNTER. PLEASE SUBMIT A DELETE FOR THE VISIT BEFORE RESUBMITTING FOR THE CGA1.
GN077	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE ALREADY CLAIMED A SERVICE THAT INCLUDES SUTURING AT THE SAME ENCOUNTER.
GN078	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PROVIDER NUMBER IS NOT VALID FOR THIS SERVICE.
MN015	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU PREVIOUSLY BILLED AT THE SAME ENCOUNTER A SERVICE WHERE SUTURING OF THE SKIN IS INCLUDED IN THE PROCEDURE.
VE013	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PHYSICIAN HAS PREVIOUSLY BILLED ANOTHER PULMONARY FUNCTION TEST FOR THIS PATIENT ON THE SAME DAY.
VE014	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PHYSICIAN HAS PREVIOUSLY BILLED FOR STAND ALONE FEE 03.38D FOR THIS PATIENT ON THE SAME DAY.
VE015	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU CANNOT BILL 03.38B AND 03.38C ON THE SAME DAY
VT132	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CLAIM FOR CRITICAL CARE HAS ALREADY BEEN APPROVED FOR THIS PATIENT ON THE SAME DAY.
WB035	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR WCB17 HAS ALREADY BEEN APPROVED FOR THIS DATE.



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## UPDATED FILES

Updated files reflecting changes are available for download on Friday, October 23, 2015. The files to download are health service (SERVICES.DAT), health service description (SERVDSC.DAT), explanatory codes (EXPLAIN.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

### 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](mailto: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

In partnership with



## 2016 CUT-OFF DATES FOR RECEIPT OF PAPER AND ELECTRONIC CLAIMS

PAPER CLAIMS	ELECTRONIC CLAIMS	PAYMENT DATE
<b>December 23, 2015**</b>	<b>December 30, 2015**</b>	January 6, 2016
January 11, 2016	January 14, 2016	January 20, 2016
January 25, 2016	January 28, 2016	February 3, 2016
<b>February 5, 2016**</b>	<b>February 10, 2016**</b>	February 17, 2016
February 22, 2016	February 25, 2016	March 2, 2016
March 7, 2016	March 10, 2016	March 16, 2016
<b>March 18, 2016**</b>	<b>March 23, 2016**</b>	March 30, 2016
April 4, 2016	April 7, 2016	April 13, 2016
April 18, 2016	April 21, 2016	April 27, 2016
May 2, 2016	May 5, 2016	May 11, 2016
<b>May 13, 2016**</b>	<b>May 18, 2016**</b>	May 25, 2016
May 30, 2016	June 2, 2016	June 08, 2016
June 13, 2016	June 16, 2016	June 22, 2016
<b>June 24, 2016**</b>	<b>June 29, 2016**</b>	July 6, 2016
July 11, 2016	July 14, 2016	July 20, 2016
<b>July 22, 2016**</b>	<b>July 27, 2016**</b>	August 3, 2016
August 08, 2016	August 11, 2016	August 17, 2016
August 22, 2016	August 25, 2016	August 31, 2016
<b>September 2, 2016**</b>	September 08, 2016	September 14, 2016
September 19, 2016	September 22, 2016	September 28, 2016
<b>September 30, 2016**</b>	<b>October 5, 2016**</b>	October 12, 2016
October 17, 2016	October 20, 2016	October 26, 2016
October 31, 2016	November 3, 2016	November 09, 2016
November 14, 2016	November 17, 2016	November 23, 2016
November 28, 2016	December 1, 2016	December 7, 2016
December 12, 2016	December 15, 2016	December 21, 2016
<b>December 21, 2016**</b>	<b>December 28, 2016**</b>	January 4, 2017
<b>11:00 AM CUT OFF</b>	<b>11:59 PM CUT OFF</b>	

### NOTE:

Though we will strive to achieve these goals, it may not always be possible due to unforeseen system issues. It is advisable not to leave these submissions to the last day.

Each electronically submitted service encounter must be received, processed and accepted by 11:59 p.m. on the cut-off date to ensure processing for that payment period.

Paper Claims include: Psychiatric Activity Reports, Rural Providers' Emergency on Call Activity Reports, Sessional Payments and Locum Claim Forms. Manual submissions must be received in the Assessment Department by 11:00 a.m. on the cut off date to ensure processing for that payment period.

**PLEASE NOTE, THE \*\* INDICATES A DATE VARIATION**

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## HOLIDAY DATES FOR 2016

Please make a note in your schedule of the following dates MSI will accept as "Holidays."	
NEW YEAR'S DAY	FRIDAY, JANUARY 1, 2016
HERITAGE DAY	MONDAY, FEBRUARY 15, 2016
GOOD FRIDAY	FRIDAY, MARCH 25, 2016
EASTER MONDAY	MONDAY, MARCH 28, 2016
VICTORIA DAY	MONDAY, MAY 23, 2016
CANADA DAY	FRIDAY, JULY 1, 2016
CIVIC HOLIDAY	MONDAY, AUGUST 1, 2016
LABOUR DAY	MONDAY, SEPTEMBER 5, 2016
THANKSGIVING DAY	MONDAY, OCTOBER 10, 2016
REMEMBRANCE DAY	FRIDAY, NOVEMBER 11, 2016
CHRISTMAS DAY	MONDAY, DECEMBER 26, 2016
BOXING DAY	TUESDAY, DECEMBER 27, 2016
NEW YEAR'S DAY	MONDAY, JANUARY 2, 2017



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## MEDICAL CONSULTANT JOB POSTING

<b>Job Title:</b>	Medical Consultant
<b>Internal/External:</b>	Internal/External
<b>Department:</b>	Medicare Programs
<b>Competition:</b>	2015-543
<b>Employment Type:</b>	Consultant Position – 3 year contract
<b>Location(s):</b>	Dartmouth, NS
<b>Salary:</b>	Competitive Compensation
<b>Reports to:</b>	Team Leader
<b>Closing Date:</b>	November 1, 2015

“We care about the work we do-and we're looking for new colleagues who do, too.”

### The Company:

For over 70 years, and across six provinces we've been a leading diversified health services partner for individuals, plan sponsors, plan advisors and governments across Canada. We are proud to be a not-for-profit organization committed to giving back to the communities where we live and work. We support the health and wellness of our employees and their families with various wellness programs and resources to support their personal and professional growth.

We're a team of 1,900 colleagues dedicated to collaboration, innovation, customer service, and committed to work-life balance, community involvement and career development which is why Medavie Blue Cross is recognized as one of Canada's 10 Most Admired Corporate Cultures. We care about the work we do-and we're looking for new colleagues who do, too.

### Role Summary:

We are currently accepting applications for a part time 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 candidates will be responsible for providing a professional link between physicians, government and patients.

### As a 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.

**As the ideal candidate, you possess the following qualifications:**

Education: University degree with a Doctorate in Medicine.

Work Experience: Ten 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.

**Canadian Citizenship - Please indicate in your application the reason you are entitled to work in Canada: Canadian citizenship, permanent resident status or work permit.**

**Reliability screening will be required.**

**Medavie Blue Cross is an equal opportunity employer.**

