

PHYSICIAN'S BULLETIN

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IMMUNIZATIONS ADMINISTERED BY OTHER HEALTH CARE PROFESSIONALS

Family physicians are reminded that they may only claim for vaccines they have either personally administered or those administered by nurses under direct supervision and employment of the physician. In the latter circumstance, the physician may only claim for the procedure if the physician is personally on the premises when the nurse administers the vaccine.

Family physicians cannot bill for services provided by nurses that are hired by NSHA as they would not be directly employed by the physician and therefore no service can be billed.

In the past, some family physicians have claimed for influenza vaccines administered by pharmacists, as a reminder, physicians may not claim for any immunizations/vaccines administered by a pharmacist.

NEW INTERIM FEES

The following Interim Health Service codes are effective November 13, 2020 – May 31, 2022.

Category	Code	Description	Base Units
VEDT	66.98E	Percutaneous Insertion of Tunneled Intraperitoneal Catheter for use in dialysis. Description This is a comprehensive code for the percutaneous insertion of a tunneled intraperitoneal catheter, it includes all imaging guidance and injection of contrast as required to complete the procedure. Specialty Restriction: SP=NEPH Location: LO=HOSP (QEII only)	125 MSU
VEDT	66.98F	Removal of Tunneled Intraperitoneal Catheter (for use in dialysis) Description This is a comprehensive code for the removal of tunneled intraperitoneal catheter, it includes all services required to remove the device and close the wound. Specialty Restriction: SP=NEPH Location: LO=HOSP (QEII only)	75 MSU
VEDT	66.98G	Repositioning of Tunneled Intraperitoneal Catheter for use in dialysis Description This is a comprehensive code for the repositioning of a tunneled intraperitoneal catheter, it includes all imaging guidance and injection of contrast as required to complete the procedure. Specialty Restriction: SP=NEPH Location: LO=HOSP (QEII only)	75 MSU

The following Interim Health Service code is effective November 13, 2020 – May 31, 2022.

Category	Code	Description	Base Units
VEDT	15.93D	Removal or Revision of Intracranial neurostimulator electrodes (SEEG) Description This is a comprehensive code for the removal of neurostimulator electrodes such as stereoelectroencephalography (SEEG) electrodes. Specialty Restriction: SP=NUSG, SP=PEDI Location: LO=HOSP (QEII & IWK only)	124 MSU



NEW INTERIM FEES (CONTINUED)

As described in the [October 15, 2020 Physicians Bulletin](#), the following interim health service codes are now available for billing effective October 19, 2020:

51.95A - Chronic Dialysis, treatment and supervision of care for the patient with end stage kidney disease, in hospital (hemodialysis or peritoneal dialysis) or in central outpatient hemodialysis units (for example; Halifax Victoria General Hospital, Yarmouth Regional Hospital, Cape Breton Regional Hospital) for a 24 hour period

51.95B - Chronic Hemodialysis, treatment and supervision of care for the patient with end stage kidney disease, in an urban satellite hemodialysis unit as designated by the Health Authority (for example; Halifax Infirmary, Dartmouth General, and North Sydney hemodialysis units) for a 24 hour period

51.95C - Chronic Hemodialysis, treatment and supervision of care, in a rural satellite hemodialysis unit as designated by the Health Authority (for example; Inverness, Straight Richmond, Antigonish, Pictou, Springhill, Liverpool, Berwick) for a 24 hour period.

51.95D - Chronic dialysis, treatment and supervision of care, for the patient on home peritoneal dialysis or home hemodialysis for a 24 hour period

FEE REVISIONS

Expanded eligibility for high dose influenza

As announced in the September 24, 2020 Physicians Bulletin, for the 2020/21 flu season the high-dose influenza vaccine may now be claimed for patients equal to or greater than 65 years of age who are also hospitalized and designated alternate level of care awaiting long-term care facility placement. Physicians holding eligible inpatient claims for health service code 13.59L RO=HDIN services performed on or after October 13, 2020 may now submit.

Infants under 5kg modifier (CO=UN5K) added to ANAE services

The infants under 5kg modifier has been added to the following health service codes so the proper anesthetic procedure fee may be claimed without a reassessment request:

- 65.01A - Repair of inguinal hernia with hydrocele
- 65.01 - Repair of inguinal hernia, unqualified
- 66.19 - Other laparotomy
- 50.24A - Coarctation of aorta
- 02.76 - Magnetic resonance imaging
- 51.0B - Pulmonary repair - subclavian – Blalock
- 01.09 - Other nonoperative bronchoscopy
- 15.34 - Ventricular shunt to abdominal cavity and organs
- 50.93G - Implantation of subcutaneous venous access system
- 03.39Q - Examination under anaesthesia with intubation
- 49.95 - Right cardiac catheterization

*For additional information on anesthetic service modifiers please see Physician's Manual preamble 3.2.33.



FEE REVISIONS (CONTINUED)

Premium time modifiers may now be claimed on health service codes 47.25A and 47.25B

Category	Code	Description	Base Units	Anaes Units
MASG	47.25A	<p>Aortic Valve and ascending aorta replacement with reimplantation of coronary arteries (Bio-Bentall or Mechanical Bentall repair)</p> <p>Description This is a comprehensive code for aortic root replacement with ascending aorta graft and valve conduit including coronary reimplantation.</p> <p>Billing Guidelines Not reportable with:</p> <ul style="list-style-type: none"> • 47.25 Other replacement of Aortic valve • 50.34B Excision of thoracic aorta aneurysm • 48.13 Aortocoronary bypass of two coronary vessels <p>May report, where clinically indicated, with:</p> <ul style="list-style-type: none"> • ADON 51.61 Extracorporeal Circulation Auxiliary to open heart surgery • ADON 49.99C Repeat open heart surgery <p>Premium US=PREM, US=PR50</p> <p>Specialty Restriction: SP=CASG</p> <p>Location: LO=HOSP</p>	1105 MSU	35+T
MASG	47.25B	<p>Valve sparing aortic root replacement or remodeling (David or Yacoub) with reimplantation or coronary arteries (VSR)</p> <p>Description This is a comprehensive code for valve sparing aortic root replacement with graft, aortic valve suspension or remodeling, and coronary artery reimplantation.</p> <p>Billing Guidelines Not reportable with:</p> <ul style="list-style-type: none"> • 47.25 Other replacement of Aortic valve • 50.34B Excision of thoracic aorta aneurysm • 48.13 Aortocoronary bypass of two coronary vessels <p>May report, where clinically indicated, with:</p> <ul style="list-style-type: none"> • ADON 51.61 Extracorporeal Circulation Auxiliary to open heart surgery • ADON 49.99C Repeat open heart surgery <p>Premium US=PREM, US=PR50</p> <p>Specialty Restriction: SP=CASG</p> <p>Location: LO=HOSP</p>	1105 MSU	35+T

*Please refer to Physician's Manual preamble 5.1.81 for designated premium times.



FEE REVISIONS (CONTINUED)

The effective period for interim health service code 03.04I – PSP mental health comprehensive visit to establish the Practice Support Program (PSP) mental health plan, has been extended to April 30, 2021.

Category	Code	Description	Base Units
VIST	03.04I	<p>PSP Mental Health Comprehensive Visit to establish the PSP Mental Health Plan (PSP= Practice Support Program)</p> <p>This code is for the complete assessment of the patient with a confirmed mental illness meeting the diagnostic criteria in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of sufficient severity and acuity to cause clinically significant distress or impairment in social, occupational, or other important areas of functioning and warrant the development of a Mental Health care plan. This is not intended for patients with self-limited or short lived mental health symptoms. The assessment is to be performed by the PSP trained family physician most responsible for the patient's mental health care. The Mental Health Plan and start and stop times must be documented in the health record.</p> <p>This complete assessment is to include all of the following elements and be documented in the health record:</p> <ul style="list-style-type: none"> • The patient's DSM diagnosis, psychiatric history and current mental state including suicide risk assessment as appropriate • Obtaining collateral history and information from caregivers as required • Performance of a complete medication review to include collateral information from pharmacy and assisted living facility as appropriate • Reviewing and documenting results of relevant validated assessment tools, laboratory, and other test results • Documentation of a clinical plan for the patient's care over the next year. Includes advanced care planning where appropriate • Outline of expected outcomes as a result of the treatment plan • Outline of linkages with other health care providers and community resources who will be involved in the patients care. • Confirmation that the plan has been created jointly and shared with the patient or their medical representative. The plan is to be shared with other care providers as appropriate • A documented care plan must be in place before access to additional counselling hours is provided <p>It is recognized that the required elements may require more than one visit to complete. This health service code may be claimed at the final visit only when all of the information is complete and documented in the health record; other visits may be reported at the usual rate.</p> <p>All elements must be documented in the health record before reporting this PSP MHP visit service.</p> <p>Billing Guidelines</p> <ul style="list-style-type: none"> • Reportable by the patient's PSP trained physician only • Not reportable with any other visit fee for the same physician, same patient, same day • Not reportable for services provided at walk-in clinics • Not to be used for patients living in nursing homes, residential care facilities or hospices • Reportable only once per patient per year • 50 MSU for first 30 minutes, 25 MSU for each additional 15 minutes, up to a maximum of 1 hour (5 multiples) • Start and stop times must be reported in the text field of the claim to MSI, as well as in the clinical record <p>Specialty Restriction GENP with PSP Training</p> <p>Location OFFC, HOME</p>	50 MSU +MU



INTERIM FEES MADE PERMANENT

As announced in the October 26, 2020 Physician's Bulletin, the following health service codes are now permanent. Physicians holding their claims for service dates after October 30, 2020 may now submit their billings.

Category	Code	Description	Base Units
VADT	13.59P	Insertion of Buprenorphine Implant (e.g. Probuphine) for the treatment of opioid use disorder This HSC is for the insertion of the non-biodegradable buprenorphine delivery implant for the treatment of opioid use disorder	20 MSU
VADT	13.59Q	Removal of Buprenorphine Implant (e.g. Probuphine) This HSC is for the removal of the non-biodegradable buprenorphine delivery implant For removal and reinsertion of the non-biodegradable buprenorphine delivery implant, report the removal code at 100% and the insertion code at LV50. Billing Guidelines May not be claimed in addition to OAT1 or OAT2 by any physician for the same patient for 6 months following implantation. If the implant is removed early or there are special circumstances to consider the physician should add text to the OAT management claim explaining the circumstances.	20 MSU

As announced in the October 26, 2020 Physician's Bulletin, the following health service code is now permanent. Physicians holding their claims for service dates after October 30, 2020 may now submit their billings.

Category	Code	Description	Base Units
VEDT	50.0B	Endovascular Thrombectomy-Intracranial Endovascular Thrombectomy for the purpose of revascularization of a thrombotic or embolic occlusion of one or more intracranial vessels. This comprehensive health service code includes: Selective catheterization, diagnostic angiography and all selective angiography required to perform the procedure within the vascular territory. SRAS allowed at usual rate (no specialty restriction on surgical assistant) Specialty Restriction Neuroradiology (DIRD with subspecialty in neuroradiology) Location HOSP (QEII only)	300 MSU



INTERIM FEES MADE PERMANENT (CONTINUED)

The health service code for Mindfulness Based Cognitive Therapy is now a permanent fee.

Category	Code	Description	Base Units
PSYC	08.44A	<p>Mindfulness-Based Cognitive Therapy (MBCT) Group therapy fee per patient per two hour session (minimum 8 to maximum 12 patients per group)</p> <p>Description MBCT is defined as a specific psychological intervention incorporating elements of cognitive behavioral therapy and mindfulness. This fee is for each two hour session of the eight week MBCT course provided for a group of 8 to 12 patients with recurrent episodes of depression.</p> <p>Billing Guidelines</p> <ul style="list-style-type: none">• Fee is per patient, per two hour session• Session dates and start/stop times must be documented in the health record of each participant• One series of 8 sessions per patient per 365 days• Additional fees may be charged to the patient for non-billable services such as the provision of course materials and for the services of a privately paid non-MD therapist if applicable. <p>Start and stop time to be documented in the health record; however session outline and activities are standardized to be completed in 2 hours.</p> <p>Specialty Restriction: SP=GENP with approval from MSI SP=PSYC with approval from MSI</p> <p>Physicians eligible to claim this code must submit credentials to MSI directly. Once MSI receives a physician's credentials and grants approval, the physician will be permitted to claim for this fee after the next system update.</p> <p>Location: LO=OFFC, LO=HOSP, LO=OTHR</p>	14.3 MSU



Billing Matters Billing Reminders, Updates, New Explanatory Codes

BILLING REMINDERS

Tonometry and Surgical Procedures

Physicians are reminded that tonometry is considered to be an included part of any surgical procedure services claimed, thus a separate claim should not be made for this service.



NEW AND UPDATED EXPLANATORY CODES

Code	Description
AD087	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS RO=HDIN MAY ONLY BE CLAIMED FROM A LONG TERM CARE/RESIDENTIAL CARE FACILITY OR HOSPITAL INPATIENT FOR PATIENT DESIGNATED ALTERNATE LEVEL OF CARE AWAITING LONG TERM CARE FACILITY PLACEMENT.
GN105	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE ALREADY CLAIMED A SURGICAL PROCEDURE ON THIS DAY. TONOMETRY IS CONSIDERED TO BE AN INCLUDED PART OF ANY SURGICAL PROCEDURE.
GN106	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE ALREADY CLAIMED FOR TONOMETRY ON THIS DAY FOR THIS PATIENT. TONOMETRY IS CONSIDERED TO BE AN INCLUDED PART OF ANY SURGICAL PROCEDURE.
VE028	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CHRONIC DIALYSIS MANAGEMENT DAILY TREATMENT AND SUPERVISION FEE HAS ALREADY BEEN CLAIMED FOR THIS PATIENT ON THAT DATE.
VE029	SERVICE ENCOUNTER HAS BEEN REFUSED AS AN OUTPATIENT VISIT OR CONSULT FROM A RELATED SPECIALTY HAS BEEN CLAIMED FOR THIS PATIENT ON THAT DATE.
VE030	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE SPECIALTY SUBMITTED MAY ONLY CLAIM THIS SERVICE FROM THE YARMOUTH REGIONAL HOSPITAL.
VE031	SERVICE ENCOUNTER HAS BEEN REFUSED AS ANOTHER CHRONIC DIALYSIS FEE HAS ALREADY BEEN CLAIMED FOR THIS PATIENT ON THAT DATE.
VT172	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CHRONIC DIALYSIS MANAGEMENT DAILY TREATMENT AND SUPERVISION FEE HAS BEEN CLAIMED FOR THIS PATIENT ON THAT DATE.
VT173	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY CLAIMED A DAILY DIALYSIS MANAGEMENT FEE FOR THIS PATIENT ON THIS DATE. IF THIS VISIT IS UNRELATED TO DIALYSIS MANAGEMENT PLEASE SUBMIT A REASSESSMENT REQUEST WITH SUPPORTING INFORMATION.



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

UPDATED FILES

Updated files reflecting changes are available for download on Friday November 13th, 2020. The files to download are:
Health Service (SERVICES.DAT),
Health Service Description (SERV_DSC.DAT), Modifiers (MODVALS.DAT) and, Explanatory Codes (EXPLAIN.DAT).

CONTACT INFORMATION

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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

HELPFUL LINKS

NOVA SCOTIA MEDICAL INSURANCE (MSI)

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

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

www.novascotia.ca/dhw/

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