

PHYSICIAN'S BULLETIN

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MSI DOCUMENTATION REMINDER

As in the past, for MSI purposes, an appropriate medical record must be maintained for all insured services claimed. This record must contain the patient's name, health card number, date of service, reason for the visit or presenting complaint(s), clinical findings appropriate to the presenting complaint(s), the working diagnosis and the treatment prescribed, and start and stop times for time based codes.

From the documentation recorded for psychotherapy services, it should be evident that in the treatment of mental illness, behavioural maladaptation's, or emotional problems, the physician "deliberately established a professional relationship with the patient for the purposes of removing, modifying or alleviating existing symptoms, of attenuating or reversing disturbed patterns of behaviour, and of promoting positive personality growth and development." There should be evidence of the discussions that took place between the physician and the patient, the patient's response, and the subsequent advice that was given to the patient by the physician in an attempt to promote an improvement in the emotional wellbeing of the patient. Similarly, for all counselling services, the presenting problem should be outlined as well as advice given to the patient by the physician and the ongoing management/treatment plan. The recording of symptoms followed by "long discussion," "long talk," "counselled," "supportive psychotherapy," etc., is not considered appropriate documentation for the billing of psychotherapy or counselling services.

Where a procedural code is claimed, the patient record of that procedure must contain information which is sufficient to verify the type and extent of the procedure according to the Fee Schedule. Where a differential fee is claimed based on time, location, etc., the information on the patient's record must substantiate the claim. Where the fee claimed is calculated on a time basis, start and finish times must be part of the patient record of that service.

All claims submitted to MSI must be verifiable from the patient records associated with the services claimed. If the record does not substantiate the claim for the service on that date, then the service is not paid for or a lesser benefit is given. When the clinical record does not support the service claimed, there may be a recovery to MSI at the time of audit. Documentation of services which are being claimed to MSI must be completed before claims for those services are submitted to MSI.

NEW INTERIM FEE

The following interim fee is effective July 23, 2021:

| Category | Code | Description | Base Units | Anaes Units |
|----------|--------|--|--------------------|-------------|
| VEDT | 47.25C | <p>Transcatheter Aortic Valve Implantation (TAVI) First Physician (RO=FPHN) Second Physician (RO=SPHN)</p> <p>Description This comprehensive health service code includes all physician work required to perform a transcatheter aortic valve implantation. This work includes, when performed percutaneous and/or open arterial cardiac access, placement of any sheath required, balloon aortic valvuloplasty, delivery, deployment and placement of the valve, temporary pacemaker insertion and closure of access sites. All means used to guide the procedure such as contrast injections, angiography, fluoroscopy, right and left cardiac catheterization, supra-avalvular aortography, aortic and left ventricular outflow tract measurements are included such that any radiological supervision and interpretation should not be reported or claimed.</p> <p>Billing Guidelines Do not report with the following same patient same day:</p> <ul style="list-style-type: none"> • 47.03 - Closed heart valvotomy, aortic valve • 47.25 - Other replacement of aortic valve • 47.52A - Closure of arterial septal defect • 49.73 - Implantation of endocardial electrodes • 50.82 - Aortography • 50.82C - Aortic arch study • 50.91 - Arterial catheterization • 50.99C - Femoral vein puncture • 51.61B - Off pump coronary artery bypass surgery <p>Do not report with: R1071 - Aortic root (cardiac)</p> <p>Specialty Restriction: SP=CASG, SP=CARD, SP=GNSG</p> <p>Location: LO=HOSP (QEII only)</p> | 611 MSU 611 MSU | 15+T |





NEW AND UPDATED EXPLANATORY CODES

| Code | Description |
|-------|--|
| VE033 | SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED A SEPARATE FEE FOR A PORTION OF THIS SERVICE ON THE SAME DATE. |
| VE034 | SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED THE COMPREHENSIVE TRANSCUTANEOUS AORTIC VALVE IMPLANTATION (TAVI) FEE FOR THIS PATIENT ON THIS DAY. |
| VE035 | SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS INTERPRETATION IS INCLUDED IN THE COMPREHENSIVE FEE FOR TRANSCUTANEOUS AORTIC VALVE IMPLANTATION PERFORMED ON THAT DATE. |



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

UPDATED FILES

Updated files reflecting changes are available for download on Friday July 23rd, 2021. The files to download are:
 Health Service (SERVICES.DAT), Health Service Description (SERV_DSC.DAT), and Explanatory Codes (EXPLAIN.DAT).

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

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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