

## Notice to Physicians

### FACILITY ON-CALL, PMC, CHIP – TRANSITION TO ELECTRONIC BILLING

**Effective July 1, 2021** Facility On-Call payments are transitioning to electronic billing and will be made directly by MSI to physicians as Fee-for-Service (FFS) claims. All other components of the program (i.e., established rotas, eligibility or rates) remain unchanged.

New health service codes (i.e., fee codes) have been established for each existing rota. As of July 1, physicians will submit their Facility On-Call claims directly to MSI. All shifts will be directly paid to the on-call physicians through either an individual or group FFS Business Arrangement (BA). If you do not have a FFS BA, please contact MSI at 902-496-7011 (HRM local), 1-866-553-0585 (toll free) or [msiproviders@medavie.bluecross.ca](mailto:msiproviders@medavie.bluecross.ca).

Physicians will continue to be paid per the categories as specified in the [Nova Scotia Facility On-Call Program Guidelines](#). Categories of the Program are based on different levels of service and apply to physicians providing on-call services in approved regional and tertiary hospitals and/or participating Community Hospital Inpatient Program (CHIP) and Primary Maternity Care (PMC) program sites.

Where rotas have organized themselves to share in the call payments for any given shift(s), the following options exist:

1. Physicians share a call shift equally:
  - Use the 50% modifier when billing; both physicians would claim the Facility On-Call fee and use the modifier PO=HALF.
2. Multiple physicians regularly share in the daily call stipend:
  - Using a group BA; the most responsible physician would claim the stipend for the shift. MSI will make the payment to the group bank account. It is left to the group administrator to disburse funding to the participating physicians.

When submitting claims for Facility On-Call:

- Use the generic health card number **0000002352**, date of birth **April 1, 1969** and diagnostic code **V689** for billing purposes.
- Use the **service date that aligns with the beginning time of the shift covered** (for both normal coverage and call-backs). For a weekday coverage running from 1700 to 0800 hours the following day, the claim should include the service date that aligns with the 1700 start time.

*For more examples or information, please refer to the FAQs below.*

Note: Where on-call services are remunerated within program funding (e.g., AFP, ICU-APP Option Levels 1-3) there will be no change; these physicians will continue to be remunerated through existing processes.

**Q: What is the intent of the Facility On-Call Program?**

A: Although the Facility On-Call Program is for 24-hours, the funding being provided is intended to recognize “after hours” emergency calls/services, not routine consultation, or the routine care of inpatients. “After-hours” is defined as weekday evenings/nights (1700 - 0800), weekends (24 hours) and holidays (24 hours) beginning at 0800. It is meant to provide remuneration for the physician where personal time is disrupted by having to provide on-call services.

**Q: How do I know which category I am in or which health service code to bill?**

A: Physicians should use the health service code appropriate to their category, specialty, and location. Please see the Fee Code Table below to clarify the locations for each health service code. Physicians will continue to be paid per the categories as specified in the Nova Scotia Facility On-Call Program Guidelines. Only the submission and payment processes are changing.

**Q: Can I bill regular health service codes in addition to the Facility On-Call health service codes?**

A: Eligible physicians who are called into the facility can claim services rendered in addition to receiving on-call funding where applicable with their funding (e.g. specialists with APP may claim after hours services as fee for service with the implementation of the current Master Agreement). Providers should confirm what services are appropriate for billing purposes before attempting to do so. Note: all after-hours claims should be billed using appropriate health card numbers and after-hours modifiers.

**Q: How do I bill the Facility On-Call health service codes?**

A: The health services codes are available for download in the vendor software.

**Q: What if I do not have the ability to submit electronic claims?**

A: If you do not have a FFS or Group FFS Business Arrangement (BA) you will need to obtain one by contacting MSI at 902-496-7011 (HRM local), 1-866-553-0585 (toll free) or [msiproviders@medavie.bluecross.ca](mailto:msiproviders@medavie.bluecross.ca). Physicians who do not have billing software often engage the services of a [Service Bureau](#). Service Bureaus are independent billing providers who do complete billing for physicians for a fee. *Prices vary and are set by the independent Service Bureaus; physicians should choose the Service Bureau which best suits their needs.*

**Q: What about my Facility On-Call coverage for service dates up to June 30?**

A: All claims up to June 30, 2021, will continue to be paid via the invoice method through NSHA/IWK. As of July 1, 2021, Facility On-Call claims should be submitted as FFS using the new health service codes.

**Q: How often can I bill the Facility On-Call health service code?**

A: The health service code can be billed once per eligible physician per rota per 24-hour period.

**Q: Can I bill for covering two facilities or two rotas in the same facility at the same time?**

A: Physicians cannot claim for more than one on-call payment on the same day. For example, an OBGYN cannot claim separate call shifts when covering the Dartmouth General (as primary) and IWK (as secondary) on the same day. The physician would claim the call which provides the higher compensation – typically the primary call rota. Similarly, if a physician who is on-call for PMC was requested to also cover hospitalist, the physician would claim the on-call for PMC as there is no difference in the category between those two programs.

**Q: When do I use the US=CALL modifier?**

A: A physician may also claim a callback rate in addition to the Category 3 daily rate if they are required to return to the hospital while providing call services. To claim, first submit for the appropriate daily rate, followed by a second claim for the same health service code using the US=CALL modifier. Physicians not scheduled to provide Facility On-Call services may not claim a callback. Facility On-Call Category 4 callback fee can only be claimed once per 24 hours. It is available to physicians whose specialty or subspecialty does not have a designated on-call rota.

**Q: How do I bill when I am on call for a half shift?**

A: If you provide coverage for a half shift, use the PO=HALF modifier to indicate the partial coverage. A separate physician providing coverage for the remainder of the rota is to claim the other half. Total claims for each day cannot exceed 100% of the Facility On-Call Category daily value. For example, if two Anaesthesiologists are sharing a Saturday call – one is doing daytime, the other is doing nighttime – they would both bill the fee code F1001, use the weekend modifier DA-RGE1 and use the additional modifier PO=HALF. Each physician will be paid half the call rate for that shift (\$200 each).

**Q: How will this work for group payments?**

A: For physicians who receive remuneration through group funding, the Facility On-Call code can be billed to the Group FFS Business Arrangement. Using this group BA, one physician will claim the stipend for the shift. MSI will make the payment to the group bank account. It is left to the group administrator to disburse funding to the participating physicians.

**Q: What documentation is required to substantiate my Facility On-Call claims?**

A: For quarterly and annual review purposes, DHW will require documentation. This will include written on-call schedules and, for callback claims, documentation of the reason for each callback. Physicians should keep records of their call participation and what portion of call shifts are fulfilled. Additionally, all service claims made while on-call should use the appropriate modifiers where applicable (e.g. nighttime claims should use nighttime and/or urgent modifiers).

**Q: How does this transition to electronic billing affect CHIP and PMC workbooks?**

A: The sessional-paid Community Hospital Inpatient Program (CHIP) or Primary Maternity Care (PMC) Program will also transition to the new health service codes after June 30, 2021. All CHIP and PMC workbooks have been revised to remove the Facility On-Call claims. MSI has sent these workbook templates to each site lead.

**Facility On-Call Category 1 (with PMC)**

Heath Service Code	Description	Weekday	Weekend/ Holidays (DA=RGE1)	Approved Regional and Tertiary Hospitals
F1001	Facility on Call Category 1 – Anaesthesia	\$300	\$400	South Shore Regional, Yarmouth Regional, Valley Regional, Colchester East Hants, Cumberland Regional, Aberdeen, St. Martha's, Cape Breton Regional, Dartmouth General
F1002	Facility on Call Category 1 – General Surgery	\$300	\$400	South Shore Regional, Yarmouth Regional, Valley Regional, Colchester East Hants, Cumberland Regional, Aberdeen, St. Martha's, Cape Breton Regional, Dartmouth General
F1003	Facility on Call Category 1 – Internal Medicine	\$300	\$400	South Shore Regional, Yarmouth Regional, Valley Regional, Colchester East Hants, Cumberland Regional, Aberdeen, St. Martha's, Cape Breton Regional, Dartmouth General
F1004	Facility on Call Category 1 – Obstetrics/Gynecology RO=OBS1 (Yarmouth and IWK only) RO=OBS2 (IWK only) RO=GYN1 (Dartmouth and IWK only)	\$300	\$400	South Shore Regional, Yarmouth Regional, Valley Regional, Colchester East Hants, Aberdeen, St. Martha's, Cape Breton Regional, Dartmouth General, IWK/Grace
F1005	Facility on Call Category 1 – Family Medicine-Primary Maternity Care	\$300	\$400	South Shore Regional, Yarmouth Regional, Valley Regional, Cumberland Regional, St. Martha's, Cape Breton Regional
F1006	Facility on Call Category 1 – Hospitalist	\$300	\$400	South Shore Regional, Yarmouth Regional, Valley Regional, Colchester East Hants, Cumberland Regional, Aberdeen, St. Martha's, Cape Breton Regional, Glace Bay, Dartmouth General, QEII, IWK/Grace
F1007	Facility on Call Category 1 – Diagnostic Imaging	\$300	\$400	South Shore Regional, Yarmouth Regional, Valley Regional, Colchester East Hants, Aberdeen, St. Martha's, Cape Breton Regional, Dartmouth General, QEII
F1008	Facility on Call Category 1 – Family Medicine O.R. Call Assists	\$300	\$400	Valley Regional, St. Martha's, Cape Breton Regional, Dartmouth General
F1009	Facility on Call Category 1 – Family Medicine (Mental Health)	\$300	\$400	Cape Breton Regional
F1010	Facility on Call Category 1 – Orthopedics	\$300	\$400	Valley Regional, Aberdeen, Cape Breton Regional.
F1011	Facility on Call Category 1 – Pediatrics	\$300	\$400	Valley Regional, Colchester East Hants, St. Martha's, Cape Breton Regional
F1012	Facility on Call Category 1 – Psychiatry	\$300	\$400	Colchester East Hants, St. Martha's, Cape Breton Regional.
F1013	Facility on Call Category 1 – Urology	\$300	\$400	Valley Regional, Cape Breton Regional, Dartmouth General, QEII
F1014	Facility on Call Category 1 – Ophthalmology	\$300	\$400	St. Martha's, Cape Breton Regional, QEII
F1015	Facility on Call Category 1 – Palliative Care	\$300	\$400	Cape Breton Regional
F1016	Facility on Call Category 1 – Nephrology	\$300	\$400	Cape Breton Regional, QEII, IWK/Grace

### Facility On-Call Category 2

Heath Service Code	Description	Weekday	Weekend/ Holidays (DA=RGE1)	Approved Regional and Tertiary Hospitals
F2010	Facility on Call Category 2 – Orthopedics	\$250	\$300	Dartmouth General
F2011	Facility on Call Category 2 – Pediatrics	\$250	\$300	Yarmouth Regional, Aberdeen
F2013	Facility on Call Category 2 – Urology	\$250	\$300	Colchester East Hants
F2014	Facility on Call Category 2 – Ophthalmology	\$250	\$300	Yarmouth Regional
F2017	Facility on Call Category 2 – Otolaryngology	\$250	\$300	Valley Regional, St. Martha's, Cape Breton Regional
F2018	Facility on Call Category 2 – Vascular Surgery	\$250	\$300	Valley Regional, Cape Breton Regional
F2004	Facility on Call Category 2 – Obstetrics/Gynecology	\$250	\$300	Cumberland Regional
F2019	Facility on Call Category 2 – Plastic Surgery	\$250	\$300	St. Martha's, Cape Breton Regional
F2020	Facility on Call Category 2 – Neonatology	\$250	\$300	Cape Breton Regional
F2021	Facility on Call Category 2 – Neurosurgery	\$250	\$300	Cape Breton Regional
F2022	Facility on Call Category 2 – Neurology	\$250	\$300	Cape Breton Regional

### Facility On-Call Category 3

Heath Service Code	Description	Weekday	Weekend/ Holidays (DA=RGE1)	Callback (US=CALL)	Approved Regional and Tertiary Hospitals
F3012	Facility on Call Category 3 – Psychiatry	\$150	\$200	\$100	South Shore Regional, Yarmouth Regional, Valley Regional
F3023	Facility on Call Category 3 – Pathology	\$150	\$200	\$100	South Shore Regional, Colchester East Hants, St. Martha's, Cape Breton Regional
F3024	Facility on Call Category 3 – Child Psychiatry	\$150	\$200	\$100	Colchester East Hants
F3017	Facility on Call Category 3 – Otolaryngology	\$150	\$200	\$100	Cumberland Regional
F3025	Facility on Call Category 3 – Radiation Oncology	\$150	\$200	\$100	Cape Breton Regional
F3026	Facility on Call Category 3 – Medical Oncology	\$150	\$200	\$100	Cape Breton Regional
F3027	Facility on Call Category 3 – Tissue Bank	\$150	\$200	\$100	QEII
F3028	Facility on Call Category 3 – Hyperbaric Unit	\$150	\$200	\$100	QEII
F3029	Facility on Call Category 3 – Urology Transplant	\$150	\$200	\$100	QEII
F3030	Facility on Call Category 3 – Ophthalmology - Orbital Reconstruction	\$150	\$200	\$100	QEII

### Facility On-Call Category 4

Heath Service Code	Description	Callback (US=CALL)	Approved Regional and Tertiary Hospitals
F4CB1	Facility on Call Category 4 – Callback (US=CALL modifier required)	\$300	South Shore Regional, Yarmouth Regional, Valley Regional, Colchester East Hants, Cumberland Regional, Aberdeen, St. Martha's, Cape Breton Regional, Dartmouth General, QEII, IWK/Grace

### Community Hospital Inpatient Program (CHIP)

Health Service Code	Description	Weekday	Weekend/ Holidays (DA=RGE1)	Approved CHIP Hospitals
FCHP1	Facility on Call – Community Hospital Inpatient Program	\$300	\$400	Strait-Richmond Hospital, Northside General Hospital, Fishermans Memorial Hospital, Soldiers Memorial Hospital, Queens General Hospital, Roseway Hospital, New Waterford Consolidated

Code	Description
GN109	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS ROTA HAS ALREADY BEEN CLAIMED AT EITHER HALF OR FULL VALUE FROM THIS FACILITY FOR THE SAME SERVICE DATE.
GN110	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS ROTA HAS ALREADY BEEN CLAIMED AT FULL VALUE FROM THIS FACILITY FOR THE SAME SERVICE DATE.
GN111	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE ALREADY CLAIMED A FACILITY ON-CALL CALLBACK RATE FOR THIS SERVICE DATE.
GN112	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE COMMUNITY HOSPITAL INPATIENT PROGRAM HAS ALREADY BEEN CLAIMED FROM THE SAME HOSPITAL ON THIS DATE.
GN113	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU MUST CLAIM A CATEGORY 3 FACILITY ON-CALL DAILY RATE PRIOR TO CLAIMING THE ASSOCIATED CALLBACK FEE.
GN114	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 2 OPHTHALMOLOGY ROTAS HAVE ALREADY BEEN CLAIMED FROM THIS FACILITY ON THIS DATE.
GN115	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 4 DIAGNOSTIC IMAGING ROTAS HAVE ALREADY BEEN CLAIMED FROM THIS FACILITY ON THIS DATE.
GN116	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR THE FACILITY ON-CALL OBSTETRICS/GYNECOLOGY ROTA USING THE SAME ROLE MODIFIER HAS ALREADY BEEN CLAIMED FROM THE IWK FOR THIS DATE.
GN117	SERVICE ENCOUNTER HAS BEEN REFUSED AS CLAIMS FOR HSC F1004 FROM THIS FACILITY SHOULD NOT INCLUDE A ROLE MODIFIER.
GN118	SERVICE ENCOUNTER HAS BEEN REFUSED AS CLAIMS FOR HSC F1004 FROM YARMOUTH SHOULD BE MADE USING THE RO=OBS1 MODIFIER.
GN119	SERVICE ENCOUNTER HAS BEEN REFUSED AS CLAIMS FOR HSC F1004 FROM DARTMOUTH GENERAL SHOULD BE MADE USING THE RO=GYN1 MODIFIER.
GN120	SERVICE ENCOUNTER HAS BEEN REFUSED AS CLAIMS FOR HSC F1004 FROM THE IWK SHOULD BE MADE USING THE APPROPRIATE RO MODIFIER FOR 1 <sup>ST</sup> OR 2 <sup>ND</sup> OBSTETRICS, OR 1 <sup>ST</sup> GYNECOLOGY.