

# PHYSICIAN'S BULLETIN

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## PREAMBLE CHANGE

Effective September 17, 2021 the rate for detention time is increased:

### Current Definition

#### Detention Time (5.1.75)

...This may include time spent with the patient travelling from one location to another. However, travel time to transport donor organs from a donor site to the recipient site for transplantation begins at the time the retrieving surgeon accompanied by the donor organs leave the donor site. Where any service is performed during the time spent with the patient, either the service or the detention time, but not both, should be claimed. The circumstances in each case, and the time involved, should be documented with the service encounter. (5.1.77)

The fee for detention is 12.5 units per 15 minutes. The detention modifier RO=DETE must be indicated on the service encounter. (5.1.78)...

### New Definition

#### Detention Time (5.1.75)

...This may include time spent with the patient travelling from one location to another. However, travel time to transport donor organs from a donor **facility** to the recipient **facility** for transplantation begins at the time the retrieving surgeon accompanied by the donor organs leave the donor **facility**. Where any service is performed during the time spent with the patient, either the service or the detention time, but not both, should be claimed. The circumstances in each case, and the time involved, should be documented with the service encounter. (5.1.77)

The fee for detention is **15 units per 15 minutes for general practitioners and 17.5 units per 15 minutes for specialists**. The detention modifier RO=DETE must be indicated on the service encounter. (5.1.78)...

## FEE REVISION

Effective September 17, 2021 the following health service code value has been updated:

Category	Code	Description	Base Units
ADON	87.98A	<b>Detention During Obstetrical Delivery (for attendance beyond three hours) RO=DETE</b>	<b>15 MSU per 15 minutes</b>
		<b>Description</b> Detention time for obstetrical delivery performed by a family physician when the physician is required to be in attendance beyond three hours, notwithstanding clause 5.2.75 (see below) of the Physicians Manual (2014). Each 15-minute time increment beyond three hours has a rate of <b>15 MSU</b> to a maximum of 8 hours.	
		<b>Billing Guidelines</b> May only be claimed as an add-on for HSC 87.98 Delivery NEC. 1 multiple = 3 hours with patient 2 multiples = 3 hours, 15 minutes 3 multiples = 3.5 hours 4 multiples = 3.75 hours 5 multiples = 4 hours etc. to a maximum of: 21 multiples = 8 hours	
		<b>Specialty Restriction</b> SP=GENP	
		{ATTENDANCE AT LABOUR AND DELIVERY (5.2.75)} This is a service involving constant or periodic attendance on a patient during the period of labour to provide all aspects of care. This includes the initial assessment, and such subsequent assessment as may be indicated, including ongoing monitoring of the patient's condition. Obstetrical delivery covers services rendered during delivery, including medical or surgical inductions by the attending physician, suturing of minor lacerations, hypnosis, detention time during labour, local or regional anesthesia and manual removal of placenta by the attending physician, and all obstetrical manoeuvres that may be required, e.g. use of forceps.}	



## PREAMBLE CHANGES

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<p><b>Prolonged Consultation</b></p> <p>A prolonged consultation may be claimed only by the following specialties:</p> <table border="0"> <tr> <td>a) Anesthesia</td> <td>15 units per 15 minutes</td> </tr> <tr> <td>b) Internal Medicine</td> <td>13.5 units per 15 minutes</td> </tr> <tr> <td>c) Neurology</td> <td>13.5 units per 15 minutes</td> </tr> <tr> <td>d) Physical Medicine</td> <td>13.5 units per 15 minutes</td> </tr> <tr> <td>e) Paediatrics</td> <td>16.3 units per 15 minutes</td> </tr> <tr> <td>f) Psychiatry</td> <td>18.22 units per 15 minutes</td> </tr> <tr> <td>g) Obstetrics and Gynaecology</td> <td>13.5 units per 15 minutes</td> </tr> <tr> <td>h) Palliative Care</td> <td>15.5 units per 15 minutes</td> </tr> </table> <p>(5.1.105)</p>	a) Anesthesia	15 units per 15 minutes	b) Internal Medicine	13.5 units per 15 minutes	c) Neurology	13.5 units per 15 minutes	d) Physical Medicine	13.5 units per 15 minutes	e) Paediatrics	16.3 units per 15 minutes	f) Psychiatry	18.22 units per 15 minutes	g) Obstetrics and Gynaecology	13.5 units per 15 minutes	h) Palliative Care	15.5 units per 15 minutes	<p><b>Prolonged Consultation</b></p> <p>A prolonged consultation may be claimed only by the following specialties:</p> <table border="0"> <tr> <td>a) Anesthesia</td> <td>15 units per 15 minutes</td> </tr> <tr> <td>b) Internal Medicine</td> <td>13.5 units per 15 minutes</td> </tr> <tr> <td>c) Neurology</td> <td>13.5 units per 15 minutes</td> </tr> <tr> <td>d) Physical Medicine</td> <td>13.5 units per 15 minutes</td> </tr> <tr> <td>e) Paediatrics</td> <td>16.3 units per 15 minutes</td> </tr> <tr> <td>f) Obstetrics and Gynaecology</td> <td>13.5 units per 15 minutes</td> </tr> <tr> <td>g) Palliative Care</td> <td>15.5 units per 15 minutes</td> </tr> </table> <p>(5.1.105)</p>	a) Anesthesia	15 units per 15 minutes	b) Internal Medicine	13.5 units per 15 minutes	c) Neurology	13.5 units per 15 minutes	d) Physical Medicine	13.5 units per 15 minutes	e) Paediatrics	16.3 units per 15 minutes	f) Obstetrics and Gynaecology	13.5 units per 15 minutes	g) Palliative Care	15.5 units per 15 minutes
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<p><b>Psychiatric Care (5.2.122)</b></p> <p>Psychiatric care is any form of assessment or treatment by a psychiatrist on the register of specialists of the Province of Nova Scotia, in which there is consideration and attempted alteration of the patient's biopsychosocial functioning. (5.2.123)</p>	<p><b>Psychiatric Care (5.2.122)</b></p> <p>Psychiatric care is any form of assessment or treatment by a psychiatrist on the register of specialists of the Province of Nova Scotia, in which there is consideration and attempted alteration of the patient's biopsychosocial functioning. <b>When psychiatric care extends beyond six months, the psychiatrist must document the rationale for continued specialist care in the patient's health record, and in a brief written report to the patient's primary care provider at least every six months.</b> (5.2.123)</p>																														
<p><b>Therapeutic/Diagnostic Interview (5.1.126)</b></p> <p>This service relates to a specific child and may take place with allied health professionals, education, correction, or other community resources. This applies to interviews by psychiatrists but does not preclude resident involvement. (5.2.127)</p>	<p><b>Therapeutic/Diagnostic Interview (5.2.126)</b></p> <p>This service relates to a specific child and may take place with <b>parents and/or caregivers</b>, allied health professionals, education, correction, or other community resources. This applies to interviews by psychiatrists but does not preclude resident involvement. (5.2.127)</p>																														

## FEE REVISION

Category	Code	Description	Base Units
PSYC	08.19B	Therapeutic/diagnostic interview - relating to a child with <b>parents and/or caregivers</b> , allied health professionals, education, correction, and other community resources	44.44 MSU
		<b>Specialty Restriction</b> SP=PSYC	22.22 units per 15 min. thereafter



## NEW FEE

Effective September 17, 2021 the following health service code is available for billing:

Category	Code	Description	Base Units																																	
CONS	03.08A	<b>Extended Comprehensive Psychiatry Consultation - When direct physician to patient time exceeds 60 minutes</b>	132.19 MSU + MU																																	
<b>Description</b> The extended comprehensive psychiatry consultation follows all of the preamble rules pertaining to comprehensive visits and consultations. After the initial 60 minutes of direct physician to patient time, the psychiatrist must spend at least 80% of the time in direct physician to patient contact (in person or synchronous PHIA compliant virtual care platform).  Multiples may be claimed after 75 minutes and are calculated in 15-minute intervals, or portion thereof. 80% of the time must be in direct physician to patient contact (in person or synchronous PHIA compliant virtual care platform). Multiples will be paid at ¼ of the current negotiated MSU value for the 03.08 psychiatry comprehensive consultation. If service time extends beyond 180 minutes, the claim must be submitted for manual assessment with clinical documentation.																																				
<b>Billing Guidelines</b> <ul style="list-style-type: none"><li>• Start and stop times must be recorded in the health record.</li><li>• Direct physician to patient time must be 61 minutes or greater.</li><li>• Consultations of 60 minutes or less to be reported as 03.08 at the current rate.</li><li>• No other services may be claimed for the same patient during that time period.</li><li>• If clinical service exceeds maximum time of 9 multiples (180 minutes) submit as EC for manual assessment with clinical documentation and electronic text.</li></ul>																																				
<b>Multiples</b> MU per 15 minutes, or portion thereof beyond 75 minutes. Maximum 9MU (total service time 180 minutes)																																				
<table border="1"><thead><tr><th>Multiples</th><th>Time Claimed</th><th>Time Spent with Patient</th></tr></thead><tbody><tr><td>1 multiple</td><td>61 minutes</td><td>61-71 minutes</td></tr><tr><td>2 multiples</td><td>75 minutes</td><td>72-86 minutes</td></tr><tr><td>3 multiples</td><td>90 minutes</td><td>87-101 minutes</td></tr><tr><td>4 multiples</td><td>105 minutes</td><td>102-116 minutes</td></tr><tr><td>5 multiples</td><td>120 minutes</td><td>117-131 minutes</td></tr><tr><td>6 multiples</td><td>135 minutes</td><td>132-146 minutes</td></tr><tr><td>7 multiples</td><td>150 minutes</td><td>147-161 minutes</td></tr><tr><td>8 multiples</td><td>165 minutes</td><td>162-176 minutes</td></tr><tr><td>to a maximum of:</td><td></td><td></td></tr><tr><td>9 multiples</td><td>180 minutes</td><td>177-180 minutes</td></tr></tbody></table>				Multiples	Time Claimed	Time Spent with Patient	1 multiple	61 minutes	61-71 minutes	2 multiples	75 minutes	72-86 minutes	3 multiples	90 minutes	87-101 minutes	4 multiples	105 minutes	102-116 minutes	5 multiples	120 minutes	117-131 minutes	6 multiples	135 minutes	132-146 minutes	7 multiples	150 minutes	147-161 minutes	8 multiples	165 minutes	162-176 minutes	to a maximum of:			9 multiples	180 minutes	177-180 minutes
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<b>Specialty Restriction:</b> SP=PSYC																																				
<b>Location:</b> LO=OFFC, LO=HOSP																																				





## Expanded eligibility for High-Dose Influenza Vaccine during 2021/22 flu season

Initially expanded in fall 2020, the high-dose influenza vaccine 13.59L RO=HDIN will again be available to 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. This extended eligibility will expire once the 2021/22 influenza season ends.

## Services provided by non-physicians

Physicians are reminded that services provided by non-physicians, including nurses, nurse practitioners and other groups are not insured by MSI. The only exception to this is that community-based family physicians who directly employ a nurse may claim for the following procedures done by the nurse, provided the physician is physically on the premises: Paps, provincial immunizations and other simple injections. If the nurse is not employed by the physician, such as in instances in which the nurse is an employee of Nova Scotia Health or the IWK, no services rendered by the nurse may be claimed by the physician. Other services, including but not limited to, procedures, visit services, and counselling services may not be claimed by a physician when they are rendered by non-physicians.

Physicians are reminded they may not claim for injections, immunizations and other services provided by pharmacists.

## 2021 Holiday Dates

Physicians are advised that September 30, 2021, National Day for Truth and Reconciliation is considered as a recognized holiday by MSI with respect to billing. Physicians may claim the holiday premium rate for certain services provided on an emergency basis. An emergency basis is defined as services that must be performed without delay because of the medical condition of the patient (Preamble 5.1.81). If a physician chooses to provide routine, scheduled services during a statutory holiday, they are not entitled to payment at the holiday rate.

The designated times where premium fees may be claimed and the payment rates are: (5.1.84)

Time Period	Time	Payment Rate
Monday to Friday	17:00 – 23:59	US = PREM (35 percent)
Tuesday to Saturday	00:00 – 07:59	US = PR50 (50 percent)
Saturday	08:00 – 16:59	US = PREM (35 percent)
Saturday to Monday	17:00 – 07:59	US = PR50 (50 percent)
Recognized Holidays	08:00 – 23:59	US = PR50 (50 percent)



## In every issue

Helpful links, contact information, events and news, updated files

### UPDATED FILES

Updated files reflecting changes are available for download on Friday September 17<sup>th</sup>, 2021. The files to download are: Health Service (SERVICES.DAT), and Health Service Description (SERV\_DSC.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](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

### HELPFUL LINKS

#### NOVA SCOTIA MEDICAL INSURANCE (MSI)

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

#### NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

[www.novascotia.ca/dhw/](http://www.novascotia.ca/dhw/)

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