

PHYSICIAN'S BULLETIN

November 26, 2021: Vol. LXVI, ISSUE 17



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PREAMBLE CHANGE

Current Definition

Continuing Care: is defined as a limited visit following a consultation that can be claimed for services provided in the office, home or to registered inpatients by specialist consultants. It is intended that the consultants assume responsibility for the care of the patient's medical condition. When the patient remains in the hospital and the consultant is providing continuing care, the general practitioner or paediatrician may claim supportive care. Only one consultant per specialty may claim continuing care for a patient at a time. When a specialist is providing continuing care in the home or office, the general practitioner may claim the appropriate visit code. (5.1.25)

New Definition

Continuing Care: is defined as a limited visit following a consultation that can be claimed for services provided in the office, home or to registered inpatients by specialist consultants. It is intended that the consultants assume responsibility for the care of the patient's medical condition. When the patient remains in the hospital and the consultant is providing continuing care, the general practitioner or paediatrician may claim supportive care. **Only one consultant may claim continuing care for a hospital inpatient at a time.** When a specialist is providing continuing care in the home or office, the general practitioner may claim the appropriate visit code. (5.1.25)

FEE INCREASE

Effective April 1, 2021 the fee for Hospital Inpatient Continuing Care for SP=INMD and its associated specialties has been increased to 18.39 MSU.

Category	Code	Description	Base Units
VIST	03.03	Continuing Care RO=CNTC, LO=HOSP, FN=INPT, RF=REFD	18.39 MSU

**Increase will be automatically applied to any claims with a date of service on or after November 26, 2021. Claims made with service dates from April 1, 2021 – November 25, 2021 will be identified, and a retroactive payment will be sent to physicians once the 90-day window has elapsed.*

NEW FEE

Effective April 1, 2021 the following health service code is available for billing:

Category	Code	Description	Base Units
VIST	03.03	Continuing Care – Attending Physician (Most Responsible Physician - MRP) RO=CNTC, RF=REFD DA=DA23 – Days 2, 3 and first day out of ICU DA=DA47 – Days 4-7	26.43 MSU 21.84 MSU
Description This enhanced continuing care visit fee may be claimed by the attending physician (MRP) on days two through seven, and the first day out of ICU, when they are the specialist physician who is primarily responsible for the daily care of the hospital inpatient. There can only be one attending physician (MRP) on any given day. Attending physician (MRP) status must be recorded in the patient's health record.			
Billing Guidelines <ul style="list-style-type: none">• May only be claimed once per patient per day by the attending physician most responsible for the daily care of the hospital inpatient.• First day out of ICU should be considered equivalent to Day 2 and subsequent inpatient days as 3,4,5,6,7 for the purpose of reporting these enhanced continuing care codes.• No other physician may claim an enhanced visit fee on the same patient, same day.• Other specialist physicians may claim directive care as appropriate.• Family physicians providing care may claim subsequent visits at the basic rate as appropriate.• If there is a transfer of care, the count of days in hospital remains the same and does not restart.• Rates to change in conjunction with the negotiated subsequent daily visit rates for GENP for the remainder of the current 2019 Master Agreement.			
Specialty Restriction: SP=INMD and all associated medicine specialties (CARD, CLIA, DERM, ENME, GAST, GEMD, HAGY, INDI, MDON, MEMI, NEPE, NEPH, NEUR, PHMD, RHEU, RSMD)			
Location: LO=HOSP FN=INPT			

**Physicians who have already submitted their claims at the lower rate may delete and resubmit to be paid at the higher fee. For claims that are now over 90 days, physicians are required to submit with a preauthorization number in the appropriate field.*



NEW FEE

The following health service code is now available for billing back to September 17, 2021.

Category	Code	Description	Base Units
VIST	03.03	Comprehensive well infant/child visit using the Rourke Baby Record CT=RKBR, RO=WBCR	24 MSU
		Description This comprehensive visit code may be claimed when the Rourke Baby Record is used to guide the visit, is completed in full, reviewed and signed by the physician, and documented in the health record. A comprehensive physical and developmental assessment must be performed. Age-appropriate preventative care and education to the parent(s)/caregiver according to the RBR must be delivered and documented in the RBR and the health record.	
		Billing Guidelines Claimable for 2 visits between 0 and <6 months 1 visit between 6 months and <12 months 1 visit between 12 months and <18 months 1 visit between 18 months and <24 months All other well infant/child visits to be claimed at the regular, applicable well baby care rate. Immunizations may be claimed in addition to the visit and must be delivered in accordance with NS Public Health recommendations.	
		Specialty Restriction: SP=GENP ME=CARE, SP=PEDI	
		May be claimed by physicians in episodic care clinics (walk-in) if the patient is unattached (must be noted on the health record and text on the claim)	
		Premium: TI=GPEW eligible	
		Location: LO=OFFC	



PREAMBLE CHANGE

Current Definition	New Definition
<p>Well Baby Care (5.2.105)</p> <p>Well baby care visits are payable as one per month during the first six months; one visit during each three month period up to one year of age; and one visit at 18 months of age. The visit fee at 12 months of age has a four week buffer on either side of the first birthday for billing. The visit fee at 18 months of age has a two week buffer on either side of the date of 18 months of age for billing. (5.2.106)</p>	<p>Well Baby Care (5.2.105)</p> <p>Well infant/child visits are payable as one per month during the first six months; one visit during each three month period up to one year of age; and one visit at 18 months of age. It is recommended that the Rourke Baby Record be used to guide each visit and be documented in the health record. In order to provide optimal protection, age recommendations from the Nova Scotia Provincial Immunization Schedule must be followed.</p> <p>A comprehensive well infant/child visit may be claimed for 2 visits between 0 and <6 months, 1 visit between 6 months and <12 months, 1 visit between 12 months and <18 months, and 1 visit between 18 months and <24 months. In order to claim the comprehensive well infant/child visit, a complete physical and developmental assessment must be performed, the Rourke Baby Record (RBR) must be used to guide the visit, completed in full, reviewed and signed by the physician and documented in the health record. Age-appropriate preventative care and education to the parent(s)/caregiver according to the RBR must be delivered and documented in the RBR and recorded in the health record.</p> <p>All other well infant/child visits to be claimed at the regular, applicable well baby care rate. (5.2.106)</p>



NEW FEE

The following health service code is available for billing effective November 26, 2021.

This health service code will be backdated to April 1, 2021 but will not be available to bill for service dates prior to November 26, 2021 until the next system update. Notification will be provided in a future bulletin when physicians may start claiming their Urine Drug Screen Tray Fees back to April 1, 2021.

Category	Code	Description	Base Units
ADON	UDS1	Urine Drug Screen Tray Fee	2.3 MSU
Description When the physician has incurred the cost of supplies when performing a UDS, a tray fee can be claimed. May not be claimed if the UDS kits have been provided free of charge.			
Billing Guidelines Add on to: DEFT OAT1 DEFT OAT2 VIST 03.03J VIST 03.03K VIST 03.03L			
Multiples: OAT1 – max 4 per patient per 30 days OAT2 – max 4 per patient per 30 days Special permission is required if greater than 4 tests have been provided to a patient in 30 days. 03.03J – max 1 per patient 03.03K – max 1 per patient 03.03L – max 1 per patient			
Location: LO=OFFC			



Billing Matters Billing Reminders, Updates, New Explanatory Codes

13.590 Injection of ONA for Treatment of Chronic Migraine

Physicians are reminded of the approval period for 13.590: Prior approval will be valid for treatment provided for a period of 24 months. If treatment continues to be recommended after this time period, prior approval must be requested again. Full details of the 13.590 health service code can be found in the [May 14, 2020 Physicians Bulletin](#).

03.04I Practice Support Program Mental Health Comprehensive Visit

As announced in the October 27, 2021 Physician's Bulletin, health service code 03.04I has been made permanent. Physicians holding their claims may now bill this health service code back to November 1, 2021. Full details of 03.04I health service code can be found in the [October 27, 2021 Physicians Bulletin](#).



BILLING MATTERS (CONTINUED)

Teaching Stipend (TESP1 and TESP2)

MSI is working in collaboration with Dalhousie and the Department of Health and Wellness on the approval process for the teaching stipend (HSC TESP1 and TESP2) billing requests. Communication will be provided in the coming months.

Blood Alcohol Sampling

Physicians are advised as outlined in Preamble 2.2.45, claims for blood alcohol sampling on impaired drivers will be processed by Medavie Blue Cross. Please forward service encounters for blood alcohol sampling on the physician's letterhead to:

MSI Accounting Department
PO Box 500
Halifax, NS B3J 2S1

NEW AND UPDATED EXPLANATORY CODES

Code	Description
AD089	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS IS AN ADD ON FEE TO HSC ASSOCIATED WITH OAT PROVISION ONLY
AD090	SERVICE ENCOUNTER HAS BEEN REFUSED AS ONLY 1 URINE DRUG SCREEN TRAY FEE CAN BE BILLED IN ASSOCIATION WITH 03.03J, 03.03K OR 03.03L
AD091	SERVICE ENCOUNTER HAS BEEN DISSALLOWED AS THE MAXIMUM OF 4 URINE DRUG SCREEN TRAY FEES PER PATIENT IN THE PREVIOUS 30 DAYS HAS BEEN REACHED. PLEASE INCLUDE TEXT INDICATING IF SPECIAL PERMISSION HAS BEEN GRANTED TO EXCEED THIS MAXIMUM
BK063	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE HAS ALREADY BEEN CLAIMED ON THE SAME DAY AS 50.0B. PLEASE RESUBMIT WITH TEXT INDICATING THE MEDICAL NECESSITY FOR AN ADDITIONAL CLAIM
GN121	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CLAIM FOR HSC 50.0B HAS ALREADY BEEN CLAIMED AT THE SAME ENCOUNTER. HSC 50.0B IS A COMPREHENSIVE FEE THAT INCLUDES ALL ACCESS AND VISUALIZATION TO PERFORM THE PROCEDURE
VE036	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CLAIM FOR ACCESS OR VISUALIZATION HAS ALREADY BEEN CLAIMED AT THE SAME ENCOUNTER. HSC 50.0B IS A COMPREHENSIVE FEE THAT INCLUDES ALL ACCESS AND VISUALIZATION TO PERFORM THE PROCEDURE
VT174	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 9 WELL INFANT/CHILD VISITS HAS BEEN REACHED
VT175	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 5 COMPREHENSIVE WELL INFANT/CHILD VISITS USING THE ROURKE BABY RECORD HAS BEEN REACHED
VT176	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A WELL INFANT/CHILD VISIT CLAIMED BY A PROVIDER OTHER THAN THE FAMILY PHYSICIAN REQUIRES TEXT INDICATING THAT THE PATIENT IS UNATTACHED.





UPDATED FILES

Updated files reflecting changes are available for download on Friday November 26th, 2021. 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

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/

In partnership with



2022 CUT-OFF DATES FOR RECEIPT OF PAPER AND ELECTRONIC CLAIMS

PAPER CLAIMS	ELECTRONIC CLAIMS	PAYMENT DATE	SALARY CONTRACT PAY PERIOD
December 31, 2021**	January 6, 2022	January 12, 2022	December 24, 2021-January 6, 2022
January 17, 2022	January 20, 2022	January 26, 2022	January 7-20, 2022
January 31, 2022	February 3, 2022	February 9, 2022	January 21-February 3, 2022
February 11, 2022**	February 16, 2022**	February 23, 2022	February 4-17, 2022
February 28, 2022	March 3, 2022	March 9, 2022	February 18-March 3, 2022
March 14, 2022	March 17, 2022	March 23, 2022	March 4-17, 2022
March 28, 2022	March 31, 2022	April 6, 2022	March 18-31, 2022
April 8, 2022**	April 13, 2022**	April 20, 2022	April 1-14, 2022
April 25, 2022	April 28, 2022	May 4, 2022	April 15-28, 2022
May 9, 2022	May 12, 2022	May 18, 2022	April 29-May 12, 2022
May 20, 2022**	May 26, 2022	June 1, 2022	May 13-26, 2022
June 6, 2022	June 9, 2022	June 15, 2022	May 27-June 9, 2022
June 20, 2022	June 23, 2022	June 29, 2022	June 10-23, 2022
July 4, 2022	July 7, 2022	July 13, 2022	June 24-July 7, 2022
July 18, 2022	July 21, 2022	July 27, 2022	July 8-21, 2022
July 29, 2022**	August 4, 2022	August 10, 2022	July 22-August 4, 2022
August 15, 2022	August 18, 2022	August 24, 2022	August 5-18, 2022
August 26, 2022**	August 31, 2022**	September 7, 2022	August 19-September 1, 2022
September 12, 2022	September 15, 2022	September 21, 2022	September 2-15, 2022
September 23, 2022**	September 28, 2022**	October 5, 2022	September 16-29, 2022
October 7, 2022**	October 13, 2022	October 19, 2022	September 30-October 13, 2022
October 24, 2022	October 27, 2022	November 2, 2022	October 14-27, 2022
November 4, 2022**	November 9, 2022**	November 16, 2022	October 28-November 10, 2022
November 21, 2022	November 24, 2022	November 30, 2022	November 11-24, 2022
December 5, 2022	December 8, 2022	December 14, 2022	November 25-December 8, 2022
December 15, 2022**	December 20, 2022**	December 28, 2022	December 9-22, 2022
December 30, 2022**	January 5, 2023	January 11, 2023	December 23, 2022-January 5, 2023
11:00 AM CUT OFF	11:59 PM CUT OFF		

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

2022 HOLIDAY DATES

Please make a note in your schedule of the following dates MSI will accept as "Holidays".

NEW YEAR'S DAY	MONDAY, JANUARY 3, 2022
HERITAGE DAY	MONDAY, FEBRUARY 21, 2022
GOOD FRIDAY	FRIDAY, APRIL 15, 2022
EASTER MONDAY	MONDAY, APRIL 18, 2022
VICTORIA DAY	MONDAY, MAY 23, 2022
CANADA DAY	FRIDAY, JULY 1, 2022
CIVIC HOLIDAY	MONDAY, AUGUST 1, 2022
LABOUR DAY	MONDAY, SEPTEMBER 5, 2022
NATIONAL DAY FOR TRUTH AND RECONCILIATION	FRIDAY, SEPTEMBER 30, 2022
THANKSGIVING DAY	MONDAY, OCTOBER 10, 2022
REMEMBRANCE DAY	FRIDAY, NOVEMBER 11, 2022
CHRISTMAS DAY	MONDAY, DECEMBER 26, 2022
BOXING DAY	TUESDAY, DECEMBER 27, 2022
NEW YEAR'S DAY	MONDAY, JANUARY 2, 2023