

PHYSICIAN'S BULLETIN

January 21, 2022: Vol. LXVII, ISSUE 1



CONTENTS

<u>Fees</u>	<u>Fee Updates</u>	<u>Billing Matters</u>	<u>In Every Issue</u>
New Fees 1 05.9A 2 03.8A, 03.8B 3 03.8C 4 03.8D, 03.8E	5 Pathology terminations Preamble Change 5 GP Enhanced Hours Premium	7 Prior Approval Surgeries 7 CDM1 Reminder 7 Provider Profiles	7 Updated Files 7 Useful Links 7 Contact Information

NEW FEES

Effective January 21, 2022 the following health service code is available for billing:

Category	Code	Description	Base Units
VEDT	05.9A	Complex, small surgical specimens, gross and microscopic Description This service includes the gross assessment and description of the complex, small surgical specimen as described below, preparation of tissue cassettes and slides, followed by microscopic review, interpretation, ordering and reviewing additional studies, and the preparation of a final report. Small, Complex Specimens Include Only: 1. Core biopsy specimens of solid organs (limited to breast, prostate, lung, kidney, liver, lymph node, pancreas, and thyroid). 2. Endobronchial biopsy of lung. 3. Directed/targeted core biopsy of bone and soft tissue lesions. 4. LEEP or cone biopsies of uterine cervix for dysplasia or in situ/ invasive malignancy. 5. Trans-anal endoscopic microsurgical resections. The following specimen types are excluded and are to be reported under P2345 or P2346 as appropriate: 1. Endoscopic upper/lower gastrointestinal tract biopsies. 2. Skin biopsies/excisions. 3. Surgical resections (partial or complete) of vas deferens, fallopian tube, ovary, appendix, and gall bladder specimens with benign diagnosis. 4. Specimens that meet the definition for fee code P2346. Premium Eligible: US=PREM, US=PR50 Specialty Restriction: SP=PATH and associated subspecialties ANPA, HAPA, NEPA Location: LO=HOSP	60 MSU

NEW FEES (CONTINUED)

Effective January 21, 2022 the following health service codes are available for billing:

Category	Code	Description	Base Units
VEDT	03.8A	Complete Autopsy, non-complex, gross and microscopic – all ages	500 MSU
		<p>Description This autopsy service includes the gross assessment and description of the corpse, the removal of tissue specimens as required with preparation of tissue cassettes and slides, followed by microscopic review, interpretation, ordering and reviewing additional studies, and the preparation of a final report.</p> <p>Billing Guidelines</p> <ul style="list-style-type: none"> • May only be claimed once per unique health card number. • Service date is the date of the autopsy not the date of the final report. <p>Premium Eligible: US=PREM, US=PR50</p> <p>Specialty Restriction: SP=PATH and associated subspecialties ANPA, HAPA, NEPA</p> <p>Location: LO=HOSP</p>	

Category	Code	Description	Base Units
VEDT	03.8B	Limited Autopsy, non-complex, gross and microscopic – all ages	332.5 MSU
		<p>Description This autopsy service includes the gross assessment and description of more than one organ system of the corpse, the removal of tissue specimens as required with preparation of tissue cassettes and slides, followed by microscopic review, interpretation, ordering and reviewing additional studies, and the preparation of a final report. For example, thorax and abdomen only, or brain and heart only.</p> <p>Billing Guidelines</p> <ul style="list-style-type: none"> • May only be claimed once per unique health card number. • Service date is the date of the autopsy not the date of the final report. • Regions required: RG=CVOS – CARDIOVASCULAR ORGAN SYSTEM RG=RSOS – RESPIRATORY ORGAN SYSTEM RG=GIOS – GASTROINTESTINAL ORGAN SYSTEM RG=REOS – RENAL ORGAN SYSTEM RG=MROS – MALE REPRODUCTIVE SYSTEM RG=FROS – FEMALE REPRODUCTIVE SYSTEM RG=NROS – NEUROLOGICAL ORGAN SYSTEM RG=INOS – INTEGUMENTARY ORGAN SYSTEM 	



RG=MSOS – MUSCOSKELETAL ORGAN SYSTEM
 RG=OPOS – OPHTHALMOLOGICAL ORGAN SYSTEM
 RG=ENOS – ENDOCRINE ORGAN SYSTEM
 RG=HLOS – HEMATOPOIETIC AND LYMPHOID ORGAN SYSTEM
 RG=CRBC – CRANIAL BODY CAVITY
 RG=SPBC – SPINAL BODY CAVITY
 RG=THBC – THORACIC BODY CAVITY
 RG=APBC – ABDOMINOPELVIC BODY CAVITY

*More than one organ system is required in order to bill this code. Please bill the first organ system with the corresponding region modifier and indicate subsequent organ systems in text.

Premium Eligible:

US=PREM, US=PR50

Specialty Restriction:

SP=PATH and associated subspecialties ANPA, HAPA, NEPA

Location:

LO=HOSP

Category	Code	Description	Base Units
VEDT	03.8C	Complex Autopsy, gross and microscopic – all ages	665 MSU
		<p>Description A complete, complex autopsy is indicated and may be claimed for the following indications only:</p> <ol style="list-style-type: none"> 1. Multiple clinical questions or cause of death clinically uncertain, quality of care issues, post-surgical or post-obstetrical death. 2. Metastatic malignancy of unknown origin. 3. Prolonged acute hospital stay >1 month. 4. Congenital heart disease or metabolic autopsy in the paediatric setting. <p>This autopsy service includes the gross assessment and description of the corpse, the removal of tissue specimens as required with preparation of tissue cassettes and slides, followed by microscopic review, interpretation, ordering and reviewing additional studies, and the preparation of a final report.</p> <p>Billing Guidelines</p> <ul style="list-style-type: none"> • May not be claimed with any other autopsy health service code. • May only be claimed once per unique health card number. • Service date is the date of the autopsy not the date of the final report. <p>Premium Eligible: US=PREM, US=PR50</p> <p>Specialty Restriction: SP=PATH and associated subspecialties ANPA, HAPA, NEPA</p> <p>Location: LO=HOSP</p>	



Category	Code	Description	Base Units
VEDT	03.8D	<p>Autopsy, brain and/or spinal cord only with detailed neuropathologic examination as part of a full autopsy, gross and microscopic – all ages</p> <p>Description Examination, gross and microscopic, of the brain and/or spinal cord with a detailed neuropathologic assessment and report.</p> <p>Billing Guidelines</p> <ul style="list-style-type: none"> • May only be claimed once per unique health card number. • Service date is the date of the autopsy not the date of the final report. <p>Premium Eligible: US=PREM, US=PR50</p> <p>Specialty Restriction: SP=PATH and associated subspecialties ANPA, HAPA, NEPA</p> <p>Location: LO=HOSP</p>	200 MSU

Category	Code	Description	Base Units
VEDT	03.8E	<p>Autopsy, removal of brain and/or spinal cord only for detailed neuropathologic examination</p> <p>Description The removal of the brain and/or spinal cord for detailed neuropathologic examination.</p> <p>Billing Guidelines</p> <ul style="list-style-type: none"> • May not be claimed if performed as part of a complete autopsy. • May only be claimed once per unique health card number. • Service date is the date of the autopsy not the date of the final report. <p>Premium Eligible: US=PREM, US=PR50</p> <p>Specialty Restriction: SP=PATH and associated subspecialties ANPA, HAPA, NEPA</p> <p>Location: LO=HOSP</p>	75 MSU



FEE UPDATES

The following BULK pathology codes will be termed effective January 21, 2022.

P2320 – Autopsy, gross

P2321 – Autopsy, gross, negative cranium

P2322 – Autopsy, gross, limited

P2323 – Autopsy, tissues (maximum 25 per autopsy)

PREAMBLE UPDATE

Effective January 21, 2022 the GP Enhanced Hours Premium has been updated:

Current Definition

GP ENHANCED HOURS PREMIUM (5.1.188)

This premium is intended to promote enhanced patient access to comprehensive primary care outside of traditional office hours. This premium will be available only to physicians who have an ongoing clinical relationship with the patient and are practicing comprehensive and continuous primary care. Physicians working in a group or collaborative care setting may report this premium when providing care during the premium hours for patients of the practice if they have access to the patient's medical record. This premium is not available for unattached patients. This premium is not available for patients being seen in a walk-in clinic where the care provided is episodic in nature.

Billing Guidelines:

- The eligible time periods are from 6a.m. to 8a.m. weekday mornings and 5p.m. to 10p.m. on weeknights where weekdays are defined as Monday through Friday. On Saturday, Sunday and Holidays (as defined by the MSI Physicians Bulletin) the eligible time period is from 9a.m. to 10p.m.
- Physicians providing comprehensive and continuous primary care to patients (eligible for modifier ME=CARE only – see Physicians Bulletin May 17, 2018) should offer and book appointments during these time periods.
- Services eligible for the Enhanced Hours Premium are office visit services provided by a practitioner providing comprehensive and continuous primary care and who maintains a comprehensive patient chart to record all patient encounters, provides all necessary follow-up care for each encounter and takes responsibility for the initiation of, and the follow-up on, all related referrals.
- Eligible physicians may claim the premium for office services provided for their own patients as well as for patients from the registered patient panel of other eligible physicians within the same group practice, provided that the patient's health record can be accessed, and the encounter is recorded.
- Services provided in walk-in clinics are not eligible for the Enhanced Hours Premium. Walk-in clinics are defined as clinics/offices characterized by extended hours of operation, no requirement for an appointment, and episodic care with little or no follow-up. Walk in clinics have no standard patient panel and the patient list is constantly changing.

New Definition

GP ENHANCED HOURS PREMIUM (5.1.188)

This premium is intended to promote enhanced patient access to comprehensive primary care outside of traditional office hours. This premium will be available only to physicians who have an ongoing clinical relationship with the patient and are practicing comprehensive and continuous primary care. Physicians working in a group or collaborative care setting may report this premium when providing care during the premium hours for patients of the practice if they have access to the patient's medical record. This premium is not available for unattached patients. This premium is not available for patients being seen in a walk-in clinic where the care provided is episodic in nature.

Billing Guidelines:

- The eligible time periods are from 6a.m. to 8a.m. weekday mornings and 5p.m. to 10p.m. on weeknights where weekdays are defined as Monday through Friday. On Saturday, Sunday and Holidays (as defined by the MSI Physicians Bulletin) the eligible time period is from 9a.m. to 10p.m.
- Physicians providing comprehensive and continuous primary care to patients (eligible for modifier ME=CARE only – see Physicians Bulletin May 17, 2018) should offer and book appointments during these time periods.
- Services eligible for the Enhanced Hours Premium are office visit services provided by a practitioner providing comprehensive and continuous primary care and who maintains a comprehensive patient chart to record all patient encounters, provides all necessary follow-up care for each encounter and takes responsibility for the initiation of, and the follow-up on, all related referrals.
- Eligible physicians may claim the premium for office services provided for their own patients as well as for patients from the registered patient panel of other eligible physicians within the same group practice, provided that the patient's health record can be accessed, and the encounter is recorded.
- Services provided in walk-in clinics are not eligible for the Enhanced Hours Premium. Walk-in clinics are defined as clinics/offices characterized by extended hours of operation, no requirement for an appointment, and episodic care with little or no follow-up. Walk in clinics have no standard patient panel and the patient list is constantly changing.

Current Definition

Refer to the MSI Physician's Bulletins for services eligible for the 25% Enhanced Hours Premium.

Only one incentive can be claimed per patient encounter regardless of the number of services provided during the encounter. Claims for eligible services should be submitted with the modifier TI=GPEW

NOTE: For services where the Enhanced Hours Premium has been claimed, a record must be maintained and readily available to verify that the patient was booked for an appointment during a premium - eligible time period. The appointment time should be recorded in the patient's record or office appointment books retained.

APP contract physicians may shadow bill the GP Enhanced Hours Premium.

The Enhanced Hours Premium should not be claimed in circumstances where the patient is booked for an appointment time that is not eligible for the premium and then the physician "runs late".

New Definition

~~Refer to the MSI Physician's Bulletins for services eligible for the 25% Enhanced Hours Premium.~~

The following visit services are eligible for the 25% Enhanced Hours Premium:

- 03.03 Office visits – includes WBCR, ANTL, PTNT etc.**
- 03.03A Geriatric office visits**
- 03.03B Complex Care**
- 03.03C Palliative Care Support***
- 03.03E Adults with developmental disabilities***
- 03.03J OAT initial visit**
- 03.03K OAT transfer of care from program**
- 03.03L OAT transfer of care**
- 03.03V Medical Abortion**
- 03.04 Comprehensive visit**
- 03.04C Adults with developmental disabilities, complete exam***
- 03.04I PSP Mental Health visit**
- 03.09C Palliative care consultation***
- 08.41 Hypnotherapy**
- 08.44 Group therapy**
- 08.45 Family therapy**
- 08.49A Counselling**
- 08.49B Psychotherapy**
- 08.49C Lifestyle counselling**

Only one incentive can be claimed per patient encounter regardless of the number of services provided during the encounter.

Claims for eligible services should be submitted with the modifier TI=GPEW.

NOTE: For services where the Enhanced Hours Premium has been claimed, a record must be maintained and readily available to verify that the patient was booked for an appointment during a premium - eligible time period. The appointment time should be recorded in the patient's record or office appointment books retained.

APP contract physicians may shadow bill the GP Enhanced Hours Premium.

The Enhanced Hours Premium should not be claimed in circumstances where the patient is booked for an appointment time that is not eligible for the premium and then the physician "runs late".

Time Period	Time	Payment Rate
Monday to Friday	6:00a.m – 8:00 a.m	TI=GPEW (25% premium)
Monday to Friday	5:00p.m – 10:00 p.m	TI=GPEW (25% premium)
Saturday and Sunday	9:00a.m – 10:00 p.m	TI=GPEW (25% premium)
Recognized Holidays	9:00a.m – 10:00 p.m	TI=GPEW (25% premium)

*Note: Additions to the GPEW eligible services are 03.03C, 03.03E, 03.04C and 03.09C.

Restricted to SP=GENP, ME=CARE, LO=OFFC





Prior Approval Surgeries

Physicians are advised they will not have to write to MSI to request an extension for prior approvals received for surgeries being performed in Nova Scotia from March 2020 to present. These approvals will be extended for two additional years due to delays associated with the Pandemic. Surgeries being performed outside of Nova Scotia will still require a written request in order for an extension to be considered.

Chronic Disease Management Incentive

Physicians are reminded that the CDM incentive can be billed once per patient per fiscal year, providing all eligibility requirements are met. CDM1 claims must be submitted to MSI on or before March 31 in order to receive payment for that fiscal year. It is always advisable not to leave submissions to the last day.

Provider Profiles

Physicians are reminded that provider profiles are sent out per request. If you would like to receive your 2020/2021 provider profile, please send your request by email to msi_assessment@medavie.bluecross.ca. In the email, please include your name and provider number, and the profile will be mailed to the address on file.

NEW AND UPDATED EXPLANATORY CODES

Code	Description
VE037	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE MAY ONLY BE BILLED ONCE PER PATIENT.
VE038	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE MAY NOT BE CLAIMED WITH ANY OTHER AUTOPSY HSC.
VE039	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 03.8C HAS ALREADY BEEN CLAIMED AT THE SAME ENCOUNTER.
VE040	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE MAY NOT BE BILLED IF PERFORMED AS PART OF A COMPLETE AUTOPSY.





UPDATED FILES

Updated files reflecting changes are available for download on Friday January 21st, 2022. 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

