

# PHYSICIAN'S BULLETIN

July 22, 2022: Vol. LXVII, ISSUE 10



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## NEW FEES

As announced in the [June 30, 2022 Physician's Bulletin](#), HSC 13.59R *Evusheld injection for the prevention of COVID-19 in immune compromised adults and children* is now available for billing retroactive to July 1, 2022.

For the intramuscular injection of tixagevimab and cilgavimab (Evusheld) for use as pre-exposure prophylaxis in individuals with severe immunocompromise, with no known history of cardiovascular disease. Prescribed by primary care providers or specialists and submitted to the [COVID-19 Non-Severe Therapy Pharmacist Consult Service](#) for criteria confirmation and facilitation of supply distribution for administration by the prescriber or their delegate.

Category	Code	Description	Base Units
ADON	13.59R	<b>Evusheld injection for the prevention of COVID-19 in immune compromised adults and children</b>  <b>Description</b> Evusheld Intramuscular Injection for the prevention of COVID-19 in severely immune compromised adults and children.  <b>Billing Guidelines:</b> Payable at 6 MSU for the first injection and 3 MSU for subsequent injections May be claimed in addition to a visit Eligible for 13.59M tray fee where appropriate  <b>Multiples:</b> 2 IM injections	6 MSU +MU

## NEW INTERIM FEES

As announced in the [May 27, 2022 Physician's Bulletin](#), the following GAS health service codes are now available for billing retroactive to May 11, 2022:

Category	Code	Description	Base Units	Anae Units
MASG	97.79B	<b>Masculinization of the chest wall</b> <b>Prior Approval/Preauthorization required (PA)</b>  <b>Description</b> Complete masculinization of the chest wall for surgical treatment of well documented persistent gender dysphoria to include bilateral subcutaneous mastectomy, nipple and or areolar reduction or transposition, nipple areolar flap or free graft, chest contouring, complex wound closure and initial scar camouflage as required. No additional uninsured services may be performed or charged to the patient during this encounter. Insertion of pectoral implants is not an insured service.  <b>Billing Guidelines</b> <ul style="list-style-type: none"><li>• Must have prior approval from MSI for gender affirming surgery (GAS) based on a complete and approved GAS application which is available online: <a href="https://novascotia.ca/dhw/gender-affirming-surgery/">https://novascotia.ca/dhw/gender-affirming-surgery/</a></li><li>• May not be claimed with:<ul style="list-style-type: none"><li>○ Mastectomy HSC's: 97.12, 97.13, 97.14, 97.15, 97.31A, 97.31C, 97.32, 97.32B</li><li>○ Reconstruction of nipple HSC: 97.77</li><li>○ Tissue shift/graft HSC's to include, but not limited to: 98.51B, 98.51C, 98.51D, 98.51E</li></ul></li><li>• Once per patient per lifetime</li></ul> RO=SRAS applicable  <b>Specialty Restriction:</b> SP=PLAS (non fee for service)  <b>Location:</b> LO=HOSP	425 MSU	4+T



## NEW INTERIM FEES (CONTINUED)

Category	Code	Description	Base Units	Anae Units
MASG	97.44A	<p><b>Feminization of chest wall</b>  <b>Prior Approval/Preauthorization required (PA)</b></p> <p><b>Description</b>            Complete feminization of the chest wall for the surgical treatment of well documented persistent gender dysphoria to include bilateral augmentation mammoplasty with insertion of prosthesis or prostheses, nipple-areolar reconstruction, advancement flaps, tissue shifts, complex wound closure and initial scar camouflage as required. No additional uninsured services may be performed or charged to the patient during this surgical encounter.</p> <p><b>Billing Guidelines</b></p> <ul style="list-style-type: none"> <li>• Must have prior approval from MSI for gender affirming surgery (GAS) based on a complete and approved GAS application which is available online:  <a href="https://novascotia.ca/dhw/gender-affirming-surgery/">https://novascotia.ca/dhw/gender-affirming-surgery/</a></li> <li>• May not be claimed with:               <ul style="list-style-type: none"> <li>○ Augmentation Mammoplasty HSC's: 97.43, 97.44</li> <li>○ Insertion of tissue expander HSC: 98.98</li> <li>○ Breast Reconstruction HSC's: 97.6B, 97.6C, 97.6D, 97.75A</li> <li>○ Reconstruction of nipple HSC: 97.77</li> <li>○ Tissue shift/graft HSC's to include, but not limited to: 98.51B, 98.51C, 98.51D, 98.51E</li> </ul> </li> <li>• Once per patient per lifetime</li> </ul> <p>RO=SRAS applicable</p> <p><b>Specialty Restriction:</b>            SP=PLAS (non fee for service)</p> <p><b>Location:</b>            LO=HOSP</p>	350 MSU	4+T



## NEW INTERIM FEES (CONTINUED)

Category	Code	Description	Base Units	Anae Units
MISG	97.99B	<p><b>Revision of gender affirming chest surgery Prior Approval/Preauthorization required (PA)</b></p> <p><b>Description</b> Revision of chest surgery performed within 18 months of MSI approved gender affirming chest surgery to address complications and functional impairment only. This comprehensive service includes any unilateral or bilateral scar revision, re-contouring of the chest wall, revision of nipple, and areolar reconstruction as required. The physician will submit a written request documenting the reason for the proposed revision to MSI for PA. Photographs of the affected area may be requested to support the request. No additional uninsured services may be performed or charged to the patient during this surgical encounter.</p> <p><b>Billing Guidelines</b></p> <ul style="list-style-type: none"> <li>• Original chest surgery must have had prior approval from MSI for gender affirming surgery based on a complete and approved GAS application.</li> <li>• Only one per patient per lifetime</li> <li>• Requires a formal request for prior approval/preauthorization from MSI by the physician proposing the procedure.</li> <li>• May not be claimed with: <ul style="list-style-type: none"> <li>○ Reconstruction of nipple HSC: 97.77</li> <li>○ Tissue shift/graft HSC's to include, but not limited to: 98.51B, 98.51C, 98.51D, 98.51E</li> </ul> </li> </ul> <p>RO=SRAS applicable</p> <p><b>Specialty Restriction:</b> SP=PLAS (non fee for service)</p> <p><b>Location:</b> LO=HOSP</p>	150 MSU	4+T



## NEW INTERIM FEES (CONTINUED)

Category	Code	Description	Base Units
CONS	03.09M	<b>Preoperative comprehensive assessment for gender affirming surgery</b>	62 MSU
<p><b>Description</b>            This health service code is for the comprehensive assessment of the patient with a confirmed diagnosis of persistent gender dysphoria by the plastic surgeon intending to perform the surgery. The patient's MSI approval for gender affirming surgery should be in place prior to the consultation. The assessment must be documented in the health record and include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• History and physical examination</li> <li>• Discussion of surgical care</li> <li>• Documentation that the current WPATH (World Professional Association for Transgendered Health) standards for care for surgical readiness have been met</li> <li>• Review of psychological assessment to ensure patient is a candidate for reconstructive surgery and discussion with other health professionals concerning patient eligibility as required</li> <li>• Discussion with patient support person(s) as required</li> </ul> <p><b>Billing Guidelines</b>            Once per patient per lifetime</p> <p><b>Specialty Restriction:</b>            SP=PLAS (non fee for service)</p> <p><b>Location:</b>            LO=OFFC</p>			

Category	Code	Description	Base Units
VIST	03.03Y	<b>Post operative care – gender affirming chest surgery</b>	36 MSU
<p><b>Description</b>            This health service code is for the post operative assessment of the patient who has undergone MSI approved gender affirming chest surgery in the previous 18 months. May be claimed once in the 18 months after gender affirming chest surgery by the surgeon who performed the surgery.</p> <p><b>Billing Guidelines</b>            May be claimed once per patient within 18 months post gender affirming surgery by the physician who claimed the original gender affirming surgery.</p> <p><b>Specialty Restriction:</b>            SP=PLAS (non fee for service)</p> <p><b>Location:</b>            LO=OFFC</p>			



## NEW INTERIM FEES (CONTINUED)

As announced in the [May 27, 2022 Physician's Bulletin](#), the following health service codes are now available for billing retroactive to May 1, 2022:

Category	Code	Description	Base Units
VADT	09.13C	<b>Ophthalmic Ultrasound of the anterior segment by High Resolution Biomicroscopy or immersion B-scan (water bath) for the assessment of the anterior chamber, unilateral or bilateral.</b>	38.7 MSU
<p><b>Description</b> Assessment of one or both anterior chambers by high resolution ultrasound. If a complete ophthalmic US (A-scan or B-scan) is provided by the same physician, claim for only one or the other but not both. Not to be used for glaucoma screening. May be claimed only when the service is personally rendered by the physician.</p> <p><b>Billing Guidelines</b> Not billable with:</p> <ul style="list-style-type: none"> <li>• 09.13A real time (eye) ultrasound</li> </ul> <p><b>Specialty Restriction:</b> SP=OPHT with training in ocular oncology</p> <p><b>Location:</b> LO=OFFC</p>			

Category	Code	Description	Base Units
VADT	02.02C	<b>Ophthalmic Biometry by partial coherence interferometry with IOL (intraocular lens) power calculation, unilateral or bilateral.</b>	25.44 MSU
<p><b>Description</b> Ophthalmic biometry measurements by partial interferometry with IOL power calculation in one or both eyes. If ophthalmic biometry by ophthalmic US (A-scan) is also used for the same patient, claim for only one or the other but not both. The test, the results, and the physician's interpretation of the results must be documented in the patient's health record.</p> <p><b>Billing Guidelines</b> Not billable with:</p> <ul style="list-style-type: none"> <li>• 03.12 Tonometry</li> <li>• 09.13A real time (eye) ultrasound</li> <li>• 09.13B Axial length measurement by ultrasound</li> </ul> <p><b>Specialty Restriction:</b> SP=OPHT</p> <p><b>Location:</b> LO=OFFC</p>			



## FEE UPDATES

### Facility On-Call

Effective March 1, 2022, HSC F1014 is available to bill from Yarmouth Regional Hospital (Facility 56)

Heath Service Code	Description	Approved Regional and Tertiary Hospitals
F1014	Facility on Call Category 1 – Ophthalmology	St. Martha's, Cape Breton Regional, QEII, Yarmouth Regional.

Effective August 1, 2022, HSC F1008 will be available for billing from Aberdeen Hospital (Facility 11)

Heath Service Code	Description	Approved Regional and Tertiary Hospitals
F1008	Facility on Call Category 1 – Family Medicine O.R. Call Assists	Valley Regional, St. Martha's, Cape Breton Regional, Dartmouth General, Aberdeen.

Effective August 1, 2022 the following Rota will be available for billing:

Heath Service Code	Description	Approved Regional and Tertiary Hospitals
F3016	Facility on Call Category 3 – Nephrology	Yarmouth Regional.

\*Must meet the established [Nova Scotia Facility On-Call Program Guidelines](#).

### Virtual Care Modifiers

As announced in the [May 27, 2022 Physician's Bulletin](#), modifiers for Virtual Care and Telephone encounters were introduced and are effective April 1, 2022. The modifiers, AP=PHON and AP=VIRC apply to visit, consultation, counselling and psychiatric care non-procedural services and may now be used from all locations, retroactive to April 1, 2022, however, hospital claims are limited to LO=OTPT.

### Interim Fee Extended

Interim health service code [02.75C](#) *Coronary Computed Tomographic (CT) Angiography for the preoperative evaluation of paediatric patients with congenital heart disease* has been extended to January 31, 2024.



## Billing Matters Billing Reminders, Updates, New Explanatory Codes

## NEW AND UPDATED EXPLANATORY CODES

Code	Description
MJ081	SERVICE ENCOUNTER HAS BEEN REFUSED AS THERE IS ALREADY A PAID CLAIM ON HISTORY FOR HSC 97.12, 97.13, 97.14, 97.15, 97.31A, 97.31C, 97.32, 97.32B, 97.77, 98.51B, 98.51C, 98.51D OR 98.51E AT THE SAME ENCOUNTER
MJ082	SERVICE ENCOUNTER HAS BEEN REFUSED AS THERE IS ALREADY A PAID CLAIM ON HISTORY FOR HSC 97.79B AT THE SAME ENCOUNTER
MJ083	SERVICE ENCOUNTER HAS BEEN REFUSED AS THERE IS ALREADY A PAID CLAIM ON HISTORY FOR HSC 97.43, 97.44, 98.98, 97.6B, 97.6C, 97.6D, 97.75A, 97.77, 98.51B, 98.51C, 98.51D OR 98.51E AT THE SAME ENCOUNTER
MJ084	SERVICE ENCOUNTER HAS BEEN REFUSED AS THERE IS ALREADY A PAID CLAIM ON HISTORY FOR HSC 97.44A AT THE SAME ENCOUNTER



Code	Description
MJ085	SERVICE ENCOUNTER HAS BEEN REFUSED AS THERE IS ALREADY A PAID CLAIM ON HISTORY FOR HSC 97.99B AT THE SAME ENCOUNTER
MN019	SERVICE ENCOUNTER HAS BEEN REFUSED AS THERE IS ALREADY A PAID CLAIM ON HISTORY FOR HSC 97.77, 98.51B, 98.51C, 98.51D OR 98.51E AT THE SAME ENCOUNTER
VA109	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 09.13A AT THE SAME ENCOUNTER
VA110	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED 09.13C AT THE SAME ENCOUNTER
VA111	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 03.12, 09.13A OR 09.13B AT THE SAME ENCOUNTER
VA112	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 02.02C AT THE SAME ENCOUNTER
VT177	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT CAN ONLY BE CLAIMED BY THE PHYSICIAN WHO CLAIMED THE ORIGINAL GAS SURGERY
VT178	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS ONLY PAYABLE ONCE PER PATIENT WITHIN 18 MONTHS POST SURGERY
VT124	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN URGENT VISIT (ALL LOCATIONS) APPLIES ONLY WHEN A PHYSICIAN TRAVELS FROM ONE LOCATION TO ANOTHER. PREAMBLE 5.1.52. RESUBMIT WITH TEXT STATING DETAILS OF THE PHYSICIANS TRAVEL

## 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 22, 2022. The files to download are:  
Health Service (SERVICES.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](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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