

## Notice to Physicians

### NEW FEE FOR GENDER AFFIRMING CARE

The following health service code will be effective with service dates starting July 28, 2023; however, physicians are asked to hold their claims until the system is updated. Notification will be published in a Physician's Bulletin when claims can be submitted.

News Release: [Province Implements Gender-Affirming Care Policy - Government of Nova Scotia, Canada](#)

Category	Code	Description	Base Units
VIST	03.04K	<p><b>Gender Transition Readiness Assessment, follow up of patients undergoing medical transition, and follow up of patients undergoing surgical transition where the primary care provider is required to provide postoperative care</b></p> <p><b>Description</b> Gender transition readiness assessment, gender transition follow up, and postoperative care of patients who have had gender affirming surgery provided to them out of province.</p> <p>Physicians providing Gender Affirming Care (GAC) and billing for GAC fee codes, are required to take the Community Based Research Centre (CBRC) free online training program, which includes Mainpro certification for physicians and residents prior to having access to the code. Certification is required to be submitted and kept on file at MSI.</p> <p>Required CBRC modules for physicians include:</p> <ol style="list-style-type: none"><li>1. Gender Affirming Hormone Prescription training.</li><li>2. Introduction to Affirming Spaces training (not a Mainpro course)</li><li>3. Gender Affirming Care: Surgical Readiness and Aftercare training</li></ol> <p>These courses can be accessed at CBRC Online Programming (teachable.com)</p> <p>Any necessary counselling or physical examinations are included in this HSC and should not be claimed separately.</p> <p><b>Billing Guidelines:</b></p> <ul style="list-style-type: none"><li>• This code is to be used only for services provided that are directly related to Gender Affirming Care; it does not replace all visit codes for that patient.</li></ul>	40 MSU +MU

- Base 30 minutes of time spent by the physician in direct patient care with multiples of 15 minutes when the service encounter exceeds 30 minutes to a maximum of 75 minutes. 80% of the time claimed must be in direct patient care.
- When claiming for multiples on a time-based service the start and stop times must be documented in the health record and submitted in text with the claim

**Multiples:**

20 MSU per 15 minutes to a maximum of 4 multiples (75 minutes)

**Premium Eligible:**

TI=GPEW

**Specialty Restriction:**

SP=GENP

**Location:**

LO=OFFC

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## UPDATE

GAS Health Service Codes 97.79B, 97.44A, 97.99B, 03.09M and 03.03Y are now available to FFS physicians. For full details on these codes, please see the [Interim Fee Reference Guide](#).

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## BREAST REDUCTION GUIDELINE UPDATE

Effective July 28, 2023, the Breast Reduction Guidelines have been updated.

The criteria of removing a minimum of 400 grams of breast tissue per side is no longer required.

As well, if a functional issue is clearly described in the request letter and accompanying a consultation letter, such as pain in the shoulders, neck and back and interfering with activities of daily living, the shoulder grooving criteria will be considered part of this.