

# PHYSICIAN'S BULLETIN

October 27, 2023: Vol. LXVIII, ISSUE 13



## CONTENTS

### MSI News

---

1 Fee Adjustments

### Fees

---

### New Fees

2 HDAY1, HEVW1

### Updates

3 NPIV1

3 Prolonged 03.03

### In Every Issue

---

10 Updated Files

10 Useful Links

10 Contact Information

## MSI News

Physicians are advised of the October Migration taking place on **October 29, 2023**. The information included in this bulletin will be in effect for billing purposes as of **October 29, 2023**.

### Virtual ME=CARE Office Visits

Offices are advised that ME=CARE virtual office visits have been updated to the correct MSU effective October 29, 2023. Services submitted with the AP=PHON/AP=VIRC modifier from service dates July 24 - October 28, 2023 will be identified and a retro payment will apply once the 90-day billing window has elapsed.

**03.03 AP=PHON/VIRC ME=CARE RP=SUBS 17 MSU**

**03.03 AP=PHON/VIRC ME=CARE RP=SUBS TI=GPEW 21.25 MSU**

### Prolonged Nursing Home Visits

Effective September 15, 2023 prolonged nursing home visits were updated to pay multiples for Daytime, TI=EVNT, TI=ETMD, TI=MDNT.

The weekend visits will be updated to start paying multiples for prolonged visits for service dates effective October 29, 2023 and therefore a retro payment will apply for prolonged visits when multiples are submitted and start and stop times are indicated in the text of the claim for service dates between July 24 - October 28, 2023.

**03.03 DA=RGE1 TI=AMNN US=UNOF**

**03.03 DA=RGE1 TI=NNEV US=UNOF**

### Virtual Nursing Home Visits

Physicians are advised that the US=UNOF modifier is not eligible when submitting AP=PHON/VIRC encounters. This will be adjusted in an upcoming migration, and physicians should use text indicating virtual encounters until the US=UNOF modifier is removed from these applicable virtual visits.

\*Reminder, virtual visits are not eligible for prolonged/multiples.

## NEW FEES

Effective October 1, 2023 the following health service codes for the purpose of tracking the LFM hours based on those outlined in Schedule A of their LFM contract will be available for billing:

**Physicians are required to submit these claims under their LFM Hourly Business Arrangement Number in order to meet the conditions of their LFM contract. The hours are paid bi-weekly and the hours submitted biweekly are for tracking purposes per Section 4.2.3. These billings will also be used to track any reconciliation payments physicians are entitled to when they work, and bill, more or less than their contracted hours. Reconciliation payments will be made annually after the billing period has expired.**

Category	Code	Description	Base Units
PRVR	HDAY1	Longitudinal Family Medicine (LFM) model hourly fee code for clinical daytime hours worked (both direct and indirect). \$92.70 per hour (weekdays)	0 MSU
PRVR	HEVW1	Longitudinal Family Medicine (LFM) model hourly fee code for clinical evening/weekend/holiday hours worked. \$139.05 per hour (evenings/weekends/holidays)	0 MSU

To claim a premium hour HEVW1, direct patient services must be provided during that hour. If no direct patient care is provided in an hour on evening, weekend or holidays, the evening/weekend/holiday hour(s) is to be billed at HDAY1.

**Description**  
Billable clinical hours for patient specific clinical services both direct and indirect.

HDAY1 for daytime  
HEVW1 for evenings/weekends/holidays

Daytime hours mean the hours between 0800 – 1700 Monday through Friday. Evening, Weekend and Holiday hours follow the eligible time-period for the GP Enhanced Hours Premium as outlined in the Physician’s Manual.

Please see ‘Schedule C’ of the 2023-27 Physician Agreement full details on the LFM Model

**Billing Guidelines / Exclusions**

- Only one HDAY1 per day per provider
- Only one HEVW1 per day per provider
- Maximum of 24 hours per day across both HSC
- The HSC’s must be billed under the LFM Hourly Health Card Number 0015800568, DOB April 1, 1969, Dx Code V689.

**Physicians must submit the number of hours in the claimed units of the claim (i.e., 8.5 daytime hours = 8.5 units).**

**Documentation Requirements**  
Physicians are responsible to ensure they are entering the correct number of claimed units to match the time worked.

**Specialty Restriction:**  
SP=GENP



## FEE UPDATES

### New Patient Intake Visit (NPIV1)

Effective July 24, 2023 the NPIV1 is now billable from LO=NRHM for physicians who have Nursing Home incorporated in their LFM hours. For full guidelines, please see the [Interim Fee Reference Guide \(PDF\)](#)

**NOTE:** The rule preventing HSC NPIV1 from being claimed when the physician has claimed ME=CARE for that patient in the past has been removed. Physicians should no longer use HSC EC for their NPIV1 claims. The fee can only be billed once per physician per patient when the physician is first accepting the patient into their attached roster. NPIV1 cannot be billed for patients already on your roster.



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

### New Patient Intake Visit (NPIV1) time

As noted in the billing guidelines: The first multiple for the NPIV1 health service code is for the first 30 minutes of service. For New Patient Intake Visits that are **less than 30 minutes** (including both the face-to-face and non-face-to-face time), the physician should bill fee code **NPIV1 with one (1) multiple only**. For New Patient Intake Visits that are **greater than 30 minutes** (including both face to face and non face to face time) the physician can bill four (4) additional multiples up to a **maximum of five (5) multiples and 90 minutes total duration**. When billing multiples, start and stop times of the total time spent in both face-to-face and non-face-to-face activities must be documented in the health record and on the text field of the claim.

Multiples	Total time spent (including direct and indirect time)
NPIV1	1-30 minutes
2	31-45 minutes
3	46-60 minutes
4	61-75 minutes
5	76-90 minutes

While most ADON codes are not able to be billed in addition to the NPIV1, 03.03P (First Visit after In-Patient Discharge – Maternal Care) and 03.03S (First Visit after In-Patient Discharge – Complex Care) are able to be billed in addition to the NPIV1, when appropriate.

### GENP 03.03 Prolonged visits

Physicians are advised that, in most cases, it is not appropriate to claim ADON codes in addition to a prolonged visit. As a prolonged visit is intended to compensate for the complexities of the service being provided, it is not appropriate to claim any additional add on codes. Exception: physicians are eligible to claim provincial immunizations (13.34A) (13.59L) and applicable tray fees (13.59M) in addition to a prolonged visit.

Reminder for claiming multiples for the prolonged 03.03 visits:

To claim multiples for prolonged 03.03 visits, 80% of the total time must be spent in direct physician to patient contact. Start and stop times of the direct physician to patient contact must be documented in the health record and the text field of the MSI claim.

Multiples	Total Time	Direct physician to patient contact
MU 2	30 minutes	24 minutes
MU 3	45 minutes	36 minutes
MU 4	60 minutes	48 minutes



## **PHYSICIAN'S MANUAL**

Applicable updates in the Physician's Bulletin's will be reflected in the [Physician's Manual](#) within 3 weeks; however, it may be necessary to refer to Physician's Bulletins for additional detailed information and any billing clarifications or reminders.

## **INTERIM FEE REFERENCE GUIDE**

Physicians are reminded of the [Interim Fee Reference Guide \(PDF\)](#) available on the MSI website, which provides a comprehensive list of all current interim fees.

---

## **NEW AND UPDATED EXPLANATORY CODES**

<b>Code</b>	<b>Description</b>
LF001	SERVICE ENCOUNTER HAS BEEN REFUSED AS NO MORE THAN 24 HOURS MAY BE BILLED PER DAY FOR HSC HDAY1.
LF002	SERVICE ENCOUNTER HAS BEEN REFUSED AS NO MORE THAN 24 HOURS MAY BE BILLED PER DAY FOR HSC HEVW1.
LF003	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU CANNOT CLAIM 0 HOURS FOR THIS HSC.
LF005	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS HSC HAS ALREADY BEEN CLAIMED FOR THIS DATE.



**In every issue** Helpful links, contact information, events and news, updated files

### **UPDATED FILES**

Updated files reflecting changes are available for download on October 29, 2023. The files to download are:  
Health Service (SERVICES.DAT),  
Health Service Description (SERV\_DSC.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/)

In partnership with

