

## Notice to Physicians

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### LFM TRAY FEES - UPDATE

Effective immediately, physicians remunerated under the LFM funding model may submit Tray Fees under their Fee for Service business arrangement for payment at full value when rendering a health service that allows for Tray Fees. The health service itself must still be billed under the LFM business arrangement for payment at the LFM value. This applies to:

- 03.26B – Pap smear tray fee
- 13.59M – Provincial immunization tray fee
- UDS1 – Urine drug screen tray fee

Physicians are not required to go back and delete and resubmit any previously submitted tray fees, as MSI will issue a one-time retroactive top-up payment to LFM physicians for any Tray Fees submitted under the LFM business arrangement from October 1, 2023 - July 26, 2024. This will be reconciled once 90 days has elapsed.

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### PREAMBLE UPDATES

Please be advised of the following Preamble addition:

#### New Definition

##### **Substitute Decision Maker**

When a patient lacks the capacity to make decisions, physicians may interact with the patient's substitute decision maker (SDM), as described through the Nova Scotia Personal Directives Act, to provide services to their patients. The patient must be present during the service encounter. This provision is not intended for family meetings. The SDM and the circumstances requiring the physician to provide care through the SDM must be documented in the patient's health record. (1.1.162)

## PREAMBLE UPDATES CONTINUED

Please be advised of the following Preamble update:

### Updated Definition

#### **GP Enhanced Hours Modifier (5.1.188)**

This modifier is intended to promote enhanced patient access to primary care outside of traditional office hours. This modifier is available for select services provided by family physicians who have an ongoing relationship with their patients, and for select services provided by family physicians in walk-in clinics. (5.1.189)

#### 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 should offer and book appointments during these time periods.
- Select services provided in walk-in clinics are eligible for the GP Enhanced Hours Modifier during these eligible time periods. (5.1.190)

The following visit services are eligible for the GP Enhanced Hours Modifier:

- 03.03 Office visits – includes WBCR, ANTL, PTNT etc.
- 03.03A Geriatric office visits
- 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
- 03.04I 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

The following visit services are eligible for the GP Enhanced Hours Modifier when billed by the patient's family physician only. Walk-in clinics may not bill the following services:

- 03.03B Complex care
- 08.49C Lifestyle counselling (5.1.229)

Claims for eligible services should be submitted with the modifier TI=GPEW. (5.1.191)

NOTE: For services where the GP Enhanced Hours Modifier has been claimed, a record must be maintained and readily available to verify that the patient was seen for an appointment during an eligible time period. The appointment time should be recorded in the patient's record. (5.1.192)

Contract physicians may shadow bill the GP Enhanced Hours Modifier as appropriate. (5.1.193)

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## AUDIOLOGISTS REFERRING TO SPECIALISTS

As part of the Premier's Healthcare Improvement Challenge, one of the top ten ideas proposed was expanding the accepted referring provider types to include audiologists to send direct referrals to ear, nose and throat (ENT) physicians.

Effective August 1, 2024, the following specialties may claim a consultation when a patient is referred to them by an audiologist:

- OTOL - Otolaryngology
- NEUR - Neurology
- INMD – Internal Medicine

Referrals from audiologists apply to HSC 03.07 and 03.08 only. All applicable preamble rules for consultations apply.

Specialists are not eligible to claim 03.09K when providing advice to audiologists. However, audiologists are considered eligible allied health care practitioners for family physicians claiming AHCP1.

Audiologists who intend to refer are required to complete an application and register to receive an MSI Provider Number for the purpose of referring patients to the identified specialties.

Physicians will need to use this provider number when submitting their claims. Audiologists should send an email to [MSIProviders@medavie.ca](mailto:MSIProviders@medavie.ca) to receive and return their application.



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

#### **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.



### UPDATED FILES

There are no updated files to download.

### CONTACT INFORMATION

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#### 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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