

PHYSICIAN'S BULLETIN

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CONTENTS

Fees

New Fees

1 13.59L RO=RSVV

Fee Updates

- 2 Facility On-Call
- 2 LFM Service Encounters

Preamble Update

- 3 Community-based CGA

In Every Issue

Updated Files
Useful Links
Contact Information

NEW FEES

Effective November 1, 2024 the following health service code is available for billing:

Category	Code	Description	Base Units
ADON	13.59L	Provincial Immunization – Respiratory Syncytial Virus Vaccine for older adults RO=RSVV	6 MSU
		Description Respiratory Syncytial Virus (RSV) Vaccine for 60 years and older residing in licensed long-term care facilities and those hospital inpatients 60 years and older who are awaiting placement.	
		Billing Guidelines: <ul style="list-style-type: none">• Maximum 1 dose• Minimum 60 years of age residing in licensed long-term care facilities and those minimum 60 years of age hospital inpatients who are awaiting placement.	
		Location: LO=NRHM, LO=HOSP	

FACILITY ON CALL UPDATES

Effective August 1, 2024, the following Rota may only be claimed from the IWK facility.

Health Service Code	Description	Approved Facility
F1006	Facility on Call Category 1 – Hospitalist	17

Physicians are advised of the correction to the following Facility On-Call Rotas effective September 27, 2024. The following must meet the established Facility On-Call billing guidelines for a **Level 3 Rota**.

Health Service Code	Description	Weekday	Weekend/Holidays (DA=RGE1)	Approved Facility
F3040	Inpatient Withdrawal Management	\$200	\$250	165388

May only be claimed one per day per physician.

Health Service Code	Description	Weekday	Weekend/Holidays (DA=RGE1)	Approved Facility
F3041	Recovery Support Center	\$200	\$250	165388

LFM SERVICE ENCOUNTER VALUE ADJUSTMENTS FOR SELECT SERVICES

Effective immediately, the LFM Service Encounter values for some services under the Longitudinal Family Medicine payment model will change. The changes will apply retroactively, effective April 1, 2024 onwards, and will be reflected in LFM physicians' historical SER on their quarterly reports. Changes include:

Service	Code + Modifiers	Current Value	New Value
Comprehensive Well Infant/Child Visit Using the Rourke Baby Record	03.03 CT=RKBR; ME=CARE, RO=WBCR	1	2
Routine Pre Natal Visit	03.03 LO=OFFC, RO=ANTL, RP=SUBS, ME=CARE	1	2
Well Baby Care	03.03 LO=OFFC, ME=CARE, RO=WBCR	1	2
Complete Pregnancy Exam	03.04 LO=OFFC, RO=ANTL, RP=INTL (RF=REFD)	1	2
Post Natal Care Visit	03.03 LO=OFFC, RO=PTNT	1	2
Medical Abortion	03.03V	1	3
IUD Insertion	81.8	2	3
Long Term Care Clinical Geriatric Assessment	CGA1	1	2



NEW PREMABLE ADDITION

The following has been added to the Physician’s Manual Preamble to clarify the use of the Comprehensive Geriatric Assessment (CGA) tool in the community setting. The CGA tool may form part of a prolonged geriatric office visit (03.03A). Existing preamble rules for visits must be satisfied.

Community-based Comprehensive Geriatric Assessment

A community-based Comprehensive Geriatric Assessment (CGA) equips primary health care providers with a well-established, evidence-informed process to detect the early onset of health problems in their geriatric patients and potentially enable timely intervention to improve health. The CGA is a process of care available to all physicians, in which older adults health and function are assessed and a corresponding treatment plan is developed. The CGA and documentation thereof in the patient’s health record may form part of the prolonged geriatric visit. Age-related health problems once identified through the CGA could be modified through targeted interventions. Evidence supports the role of early intervention in slowing the progression of health conditions and improving long-term health outcomes.

It is recommended that the CGA process be initiated and documented as a baseline in all patients over the age of 65 or who exhibit signs of frailty. If frailty is identified, development and implementation of a wellness plan is recommended with the CGA process repeated and documented yearly. In the non-frail elderly population, it is recommended that the CGA process be repeated every five years. The CGA should be made available to frail patients for inclusion in their Green Sleeve, for presentation when seeking acute care, and be attached to all consultation requests.

The CGA tool is available to all primary care providers in paper-based or electronic format in their EMRs.



Billing Matters Billing Reminders, Updates, New Explanatory Codes

Physicians 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.

NEW AND UPDATED EXPLANATORY CODES

Code	Description
GN137	INVALID REFERRAL PROVIDER TYPE FOR THIS SERVICE.
CN022	INVALID REFERRAL PROVIDER TYPE FOR SPECIALITY CODE PRESENT ON SERVICE ENCOUNTER.
AD098	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS RO=RSVV MAY NOT BE CLAIMED FROM THIS LOCATION





UPDATED FILES

Updated files reflecting changes are available for download on Friday September 27, 2024. The files to download are:
Health Service (SERVICES.DAT),
Modifiers (MODVALS.DAT),
Health Service Description (SERV_DSC.DAT), and Explanatory Codes (EXPLAIN.DAT).

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HELPFUL LINKS NOVA SCOTIA MEDICAL INSURANCE (MSI)

<http://msi.medavie.bluecross.ca/>

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

www.novascotia.ca/dhw/

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