

PHYSICIAN'S BULLETIN

January 17, 2025: Vol. LXX, ISSUE 1



CONTENTS

Fees

- 1 Advance Care Planning Discussion
- 2 Facility On-Call Update

Reminders

- 2 Provider Profiles

In Every Issue

- Updated Files
- Useful Links
- Contact Information

NEW INTERIM FEE

The following service is effective December 1, 2024; Physicians may now submit any claims they may have been holding for Advance Care Planning Discussion:

Category	Code	Description	Base Units
DEFT	ADCP1	Advance Care Planning Discussion	15 MSU
		Description Advance Care Planning Discussion may be claimed when the patient's family physician, or if the patient is admitted to an acute care facility, their most responsible physician, has a face to face (in person) conversation with the patient (or the patients substitute decision maker either face to face or virtually) to discuss their wishes for future health care based on their beliefs and values, determines the substitutes decision maker (SDM), documents the conversation in the patient's health record, and captures the outcome of that conversation by completing the initial Patient-Centered Priorities and Goals of Care (GOC) form. In extenuating circumstances, for established homebound patients only, as defined by the Preamble, this service may be rendered virtually by telephone or PHIA compliant video platform. The circumstances necessitating the virtual visit must be documented in the health record. Where possible, the GOC form should be submitted to the patient's hospital chart through the appropriate health records department. A copy of the document must be shared with the patient so that it may be added to their Green Sleeve folder, if applicable.	

Category	Code	Description	Base Units
		<p>Billing Guidelines: Documentation of the Advance Care Planning Discussion, the patient appointment substitute decision maker, and resultant completion of the Patient-Centered Priorities and Goals of Care (GOC) form must be in the patient's health record AND, where possible, the GOC form must be sent/faxed to the appropriate hospital records department for inclusion in the patient's hospital chart.</p> <p>May not be claimed where this service is part of the compensation for an existing health service:</p> <ul style="list-style-type: none"> • 03.04D Geriatrician's Initial Comprehensive Consultation • 03.04E Family Physician's Initial Geriatric Inpatient Medical Assessment • CGA1 LTC Clinical Geriatric Assessment • 03.09C Palliative Care Consultation • 03.09H Antenatal Palliative Care Consultation • Critical Care HSC's Adult and Pediatric 	

FACILITY ON-CALL UPDATES

Effective January 1, 2025, the Orthopedic rota F2010 has been terminated from a level 2 and replaced as a level 1 rota for Dartmouth General (Facility 65):

Health Service Code	Description	Weekday	Weekend/Holidays (DA=RGE1)	Approved Facilities
F1010	Facility On-Call Category 1 Orthopedics	\$350	\$500	Valley Regional, Aberdeen, Cape Breton Regional, Dartmouth General

Must meet the established Facility On-Call billing guidelines for a level 1 rota.



Billing Matters Billing Reminders, Updates, New Explanatory Codes

PROVIDER PROFILES

Physicians are reminded that provider profiles are sent out per request. If you would like to receive your 2023/2024 provider profile, please send your request to msi_assessment@medavie.bluecross.ca. In the email, please include your name and provider number, and the profile will be mailed to the address on file.



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

Code	Description
DE049	SERVICE ENCOUNTER IS REFUSED AS IT IS INCLUDED IN A SERVICE ALREADY CLAIMED ON THIS DATE.
DE050	SERVICE ENCOUNTER HAS BEEN REFUSED. PLEASE RESUBMIT WITH TEXT INDICATING THE CIRCUMSTANCES OF THE VIRTUAL SERVICE.
GN138	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE MAY NOT BE CLAIMED WITH ADCP1.
OP057	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED WITHIN THE PREVIOUS 2 YEARS. AT LEAST ONE DIAGNOSTIC CODE FOR THIS PT=CMPX CLAIM MUST BE FOR AN APPLICABLE NON ROUTINE DIAGNOSIS IN ORDER FOR CLAIM TO BE ELIGIBLE.
VE044	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PRIOR APPROVAL IS REQUIRED FOR THIS SERVICE.



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

UPDATED FILES

Updated files reflecting changes are available for download on Friday January 17, 2025. 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

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/

In partnership with

