

PHYSICIAN'S BULLETIN

March 30, 2026: Vol. LXXI, ISSUE 2



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MSI UNIT VALUE CHANGES

MEDICAL SERVICE UNIT

Effective April 1, 2026, the Medical Service Unit (MSU) value will increase from \$2.90 to \$2.96

ANAESTHESIA UNIT

Effective April 1, 2026, the Anesthesia Unit (AU) will increase from \$27.38 to \$27.93

Sessional hourly rates, Longitudinal Family Medicine (LFM) hourly and panel rates, Intensive Care Unit (ICU) minimum income daily guarantees, General Internal Medicine (GIM) minimum income daily guarantees, Emergency Department (ED) hourly rates, Psychiatry hourly rates, Collaborative Emergency Centre (CEC) rates, Community Hospital Inpatient Program (CHIP) rates, Regional Hospitalist daily stipend rates, Primary Maternity Care Program hourly rates, Pathology List B payments, and Alternative Payment Plan (APP) annual rates will increase by 2% effective April 1, 2026.

NEW INTERIM FEE

Effective April 1, 2026, the CPIP has transitioned from the yearly incentive payment to a monthly health service code for work required to create and maintain a Collaborative Family Practice.

The previous CPIP annual incentive remunerated physicians for collaborative work. The payment was made in the fiscal year based on previous calendar year billing threshold eligibility. The new Collaborative Family Practice (CFP) fee code will remunerate eligible physicians for collaborative work on a monthly basis.

Eligible physicians will still need to complete a final annual application process in order to receive the incentive payment owed to them for the 2025/26 year. This final lump sum payment will be issued in Fall 2026. It is expected this application process will launch in mid-April. More information to follow, via notification from DNS and Physician's Bulletins.

Prior to submitting CFP claims, the family physicians in the collaborative practice must complete the verification declaration form. Please reach out to DNS if you require access to this declaration. Should the physician leave the CP, notice must be given to MSI.

The new Health Service Code is available effective April 1, 2026 for monthly billing:

Category	Code	Description	Base Units
PRVR	CFP1	Collaborative Family Practice Work with Interdisciplinary Team of Health Care Professionals – Monthly Fee Description: This HSC will be claimable for the month in which the family physician participates face-to-face (in-person) or virtually with other Regulated Health Care Provider (RHP) team members to provide services in support of the Collaborative Family Practice (CP) as outlined below: <ul style="list-style-type: none">○ Active participation in structured team meetings at least once per month,○ Discussions with other regulated health care providers working in the collaborative practice regarding patient care that are not otherwise billable,○ Family physicians must have an average monthly billing of ≥ 1000 MSU per month in the Collaborative Family Practice. Fee codes for team leadership and development may be subsequently developed and this does not preclude physicians claiming other leadership development fee codes that may be developed. The work must be verifiable, where possible, in the physician's practice schedule (EMR calendar). Meetings must be attended by more than one team member. Minutes of any team meeting must be kept on location in the physician's CP office and available upon request. Meeting minutes must include the date of the meeting, topics discussed, and a list of attendees. Team members may attend the meetings virtually or in person. Note: The work involved in running the business of the physician's medical corporation or independent practice is not considered to be included. Collaborative Practice is defined as: <ul style="list-style-type: none">● A Collaborative family practice with at least three regulated health care providers (RHPs), 2 of which are in different professions, at least one being a family physician, working together collaboratively.	146.7



Category	Code	Description	Base Units
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- All RHPs provide team based comprehensive, continuous primary health care (ME=CARE) to a common group of patients and have access to their respective health records in an EMR.
- All health care providers are preferable co-located however, recognizing that some providers will work in several locations, providers must at least be in attendance, either in person or virtually, for deliverables.
- The non-physician RHP must be an integral part of the CP team. Non-physician RHP must collectively provide at least 20 hours per week to the CP.

Notes:

- This HSC for CP work is intended for family physician's.
- Clinics in which health care is provided on an episodic basis, such as walk in clinics, are not eligible for this model of care.
- CP incentive HSCs are intended for permanent members of the CP. Locum physician's in the CP are not eligible to claim for CP incentive HSCs unless they are covering for an approved leave of absence.
- CP incentive HSCs are intended to support multidisciplinary office-based primary care and are not intended for groups with hospital-based practices only, such as hospitalists.

Billing Guidelines:

- Physician's must sign a verification declaration form prior to having access to this HSC.
ME=CARE eligible physician's only.
- The verification must be updated yearly.
- Should the physician leave the CP, notice must be given to MSI and the CFP1 fee code must not be billed.
- This HSC may be claimed once per physician per month per fiscal year (1 April – 31 March) even if the physician meets the eligibility requirements for more than one practice location.
- Physician's must have an average monthly billing of greater than or equal to 1000 MSU per month in the Collaborative Practice.
- Meetings must be documented and verifiable in the physician's practice schedule (EMR calendar)
- Meeting minutes with the date of the meeting, topics discussed, and a list of attendees must be kept in the physician's CP office and be available upon request.
- Meeting time spent discussing the business of the physician's medical corporation or independent practice may not be claimed.

The CFP code will be subject to audit in accordance with billing guidelines. DHW may facilitate a verification process to ensure eligibility criteria are met.

Claims must be submitted to HCN: 0016417388, DOB April 1, 1969

Dx code: V68.9 (unspecific administrative purpose)

Specialty Restriction:

SP=GENP Eligible for ME=CARE

Location:

LO=OFFC



FEE UPDATES

AHCP1- ALLIED HEALTH CARE PROVIDER TO PHYSICIAN

(PHYSICIAN ADVICE REQUESTED BY A REGULATED HEALTH PROFESSIONAL)

Effective March 27, 2026, to better support the use of this interim fee and upcoming changes, supporting text is required to indicate the method of interaction 'i.e., 'Synchronous' for each claim submitted.

FACILITY ON CALL

Effective April 1, 2026, two additional facilities (20 and 37) will be available for FCHP1

Health Service Code	Description	Weekday	Weekend/Holiday (DA=RGE1)	Approved Facilities
FCHP1	Community Hospital Inpatient Program	\$350	\$500	Strait-Richmond, Northside General, Fisherman's Memorial, Soldiers Memorial, Queens General, Roseway, New Waterford Consolidated, Inverness, Digby General, Hants Community

PRECEPTOR PREMIUMS

The following list of health service codes are excluded from the 5% billing premium eligibility, due to the nature of the HSC compensating for a flat rate or not compensating for the provision of a particular service. Please do not submit the CV10 on these HSC, If the compensation variable is attached to these HSC upon submission the 5% will not be payable.

Health Service Code	Description
All Facility On Call	Facility on-call categories, Community on-call
All LFM/FN Hourly	All HSC for LFM/First Nations hourly tracking
PREC1, PREC2, PREC3	DAILY PRECEPTOR STIPENDS
HOVM1	BLENDED MILEAGE AND TRAVEL DETENTION TIME FOR HOME VISITS .46 UNITS/KM
C9999	COMMUNITY SERVICES
TPR1	TELEPHONE PRESCRIPTION RENEWAL
UDS1	URINE DRUG SCREEN TRAY FEE
13.59M	PROVINCIAL IMMUNIZATION-TRAY FEE
03.26B	PAP SMEAR-TRAY FEE
NSHP1/NSHP2	ALLIED HEALTH CARE PRACTITIONER SERVICE
CFP1	COLLABORATIVE FAMILY PRACTICE WORK WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS MONTHLY FEE



PREAMBLE UPDATE - CLARIFICATION

Please see below clarification on the paediatric overage preamble:

New Definition

5.2.114

A. PAEDIATRIC CARE OF PATIENTS 0-18 YEARS OF AGE INCLUSIVE. (UP TO 19TH BIRTHDAY)

- Paediatric fee codes apply to patients 0-18 years of age inclusive. This includes services provided in the hospital or office for consultations and visits, provided all other health service code requirements are met. (5.2.115)

B. PAEDIATRIC CARE OF OVERAGE PATIENTS 19 YEARS OF AGE AND OLDER (5.2.116)

- Overage is defined as the day of the 19th birthday and over.
- **All** services associated with the care of overage patients in hospital by a paediatrician are to be paid at paediatric rates.
- Paediatric consultations, whether comprehensive or limited, **outside hospital** for overage patients are to be paid at paediatric rates.
- Visits, excluding paediatric consultations, outside hospital for overage patients are **not** to be paid at paediatric rates except **with prior approval**, for:
 - Behavioral management.
 - Follow-up visits in a paediatrician's office for approved overage patients with complex multi-system medical problems.

Application must be made in writing to the MSI Medical Consultant and prior approval obtained for each patient. Application for approval must clearly state the diagnosis and provide sufficient clinical information to support complex multi-system medical problems. **Approvals will be granted for a maximum of 24 months.** (5.2.117)



Billing Matters Billing Reminders, Updates, New Explanatory Codes

DAILY PRECEPTOR STIPENDS

For clarity on the PREC1 – 'Physician Assistants' are Physician Assistant Students. Approval of other allied providers not explicitly listed will require an application process. Further communication will be provided on this process once finalized.

LFM SERVICE ENCOUNTER CHEAT SHEET

LFM physicians are reminded of the '[LFM Service Encounter Cheat Sheet](https://msi.medavie.bluecross.ca/longitudinal-family-medicine/)' located on the MSI Website: <https://msi.medavie.bluecross.ca/longitudinal-family-medicine/> where an updated version has been published.

CMPA REBATES

Physicians are reminded of the CMPA rebate process. Physician's do not need to sign up each year, rebates are automatically processed based on a list of eligible physician's provided by CMPA. You may wish to ensure that CMPA has Nova Scotia as your main province of residence <https://www.cmpa-acpm.ca/en/connect/contact-us>. A physician is eligible to receive a reimbursement of 90% of their premium fees in excess of \$1,750. Rebates are issued quarterly, however if the threshold is not met, no rebate will be issued.

Payment statements can be found on your eLink under 'Downloads'. For assistance with logging into eLink, please contact our provider coordinator dept msiproviders@medavie.ca 902-496-7011 (option 1, option 1). If you require assistance with navigating and viewing your statements, please contact the assessment dept at 902-496-7011 msi_assessment@medavie.bluecross.ca.

ELECTIVE OUT OF PROVINCE AND OUT OF COUNTRY SERVICES REMINDER

Written pre-approval from the MSI Medical Consultant is required, before referring a patient for medical services outside Nova Scotia, if the patient is to be considered for coverage under the Nova Scotia Health Insurance Program and financial assistance with travel and accommodation.

Referrals must be completed by an appropriate referring physician, defined as a Nova Scotia physician who is treating the patient and has a relevant specialty for the requested service.

Pre-approval applies only to specific service(s) and facility authorized. Approval must be obtained before arranging care and making any financial commitments. Service(s) must be received within the approved time period. If additional services or an extension is needed, the referring Nova Scotia physician must submit a new request.

Application instructions, required documentation and submission details are available on the Department of Health and Wellness website and will be maintained there going forward:

<https://www.novascotia.ca/apply-pre-approval-medical-services-outside-nova-scotia-health-card>

TELEPHONE PRESCRIPTION RENEWAL REMINDER

As a reminder, this code (TPR1) is billable when a patient requests either by telephone, fax, or email to the physician to communicate a prescription renewal to a pharmacy, with no requirement to see the patient for an in-person visit. Full details can be found in the Interim Fee Guide: [MSI - Interim Fees –](#)

*Note: 4x/year is based on rolling year. There are no multiples attached to this HSC, it is meant to remunerate for the service, not the number of prescriptions written.

Physicians should exercise caution for billing TPR1 when a renewal request is received directly from the pharmacy to ensure prescriptions are not being ordered twice. As a reminder, the request must be patient initiated. Documentation on the patient's chart must indicate that this service was initiated at the patients request. The drug, dose, and amount prescribed must be documented. These can be done in the form of a visit note and must be retrievable upon request. If using the EMR as documentation, it must indicate all of the required elements listed.

If the physician does receive a renewal request initiated by their patient, with all the required elements documented, the physician would be eligible to bill for this service. The TPR1 prescription refill must be assessed, ordered and completed by the physician, not another allied health care provider such as a Nurse Practitioner or Pharmacist.

As with all interim fee codes, the TPR1 is in its evaluation period and as such an analysis was completed regarding prescription renewals. The findings determined cases where physicians and pharmacists are both potentially billing for the same renewal. In cases where a pharmacist completes the renewal without a requirement for physician intervention, only the pharmacist should bill for the renewal. Clarification is also being provided to pharmacists for awareness on eligible and appropriate billing practices.

PROVIDER PROFILES

Physicians are advised the 2024/2025 Provider Profiles are available to request. Provider profiles are sent out per request only. If you would like to receive your 2024/25 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.

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](#) available on the MSI website, which provides a comprehensive list of all current interim fees.

NEW AND UPDATED EXPLANATORY CODES

Code	Description
PV001	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR COLLABORATIVE PRACTICE DECLARATION FORM MUST BE SUBMITTED BEFORE CLAIMING CFP1
PV002	SERVICE ENCOUNTER HAS BEEN REFUSED AS ONLY ME=CARE ELIGIBLE PHYSICIANS MAY CLAIM CFP1
PC003	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE ALREADY CLAIMED THIS HSC IN THE CURRENT MONTH
PV004	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE ALREADY CLAIMED THIS HSC 12 TIMES DURING THE CURRENT FISCAL YEAR



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

UPDATED FILES

Updated files reflecting changes are available for download on March 27, 2026. 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



Physician Agreement - Program Payment Schedule (2026/27)

Program	Payment Date	Notes
CMPA Premium Reimbursement Covering January – March 2026	To be issued by May 31, 2026	.
CME (GP & Specialist) Payment for 2025/26 fiscal year (eligible billings based on 2024 calendar year)	To be issued by May 31, 2026	
FFS Rostering Grant	Spring 2026	
Physician Retirement Fund	Spring 2026	
CMPA Premium Reimbursement Covering April - June 2026	To be issued by August 31, 2026	
Electronic Medical Records (EMR – B&C) Payments for 2024/25 Fiscal Year	To be issued by August 31, 2026	
Surgical Assist Payments Payment based on eligible billings from April 1, 2025 – March 31, 2026	To be issued by September 30, 2026	
Collaborative Practice Incentive Program Final payments for old version of program	To be issued by October 31, 2026	Transitioning to fee code as of April 1 st , 2026 (CFP1)
CMPA Premium Reimbursement Covering July – September 2026	To be issued by November 30, 2026	
Rural Specialist Incentive Program Measurement period April 1, 2025 – March 31, 2026	To be issued by December 31, 2026	
Specialist Practice Support	To be issued by December 31, 2026	
CMPA Premium Reimbursement Covering October – December 2026	To be issued by February 28, 2027	
CMPA Premium Reimbursement Covering January – March 2027	To be issued by May 31, 2027	
EMR (Envelope “A” Payments) One time EMR Investment grant for eligible physicians.	Monthly	Continues to be issued monthly to eligible physicians.

**Please be advised payment dates noted are anticipated payments for these programs*