PHYSICIANS' BULLETIN

NOVA SCOTIA MEDICAL SERVICES INSURANCE

June 18, 2012 Volume XLVIII - #2

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On-line documentation available at:
www.gov.ns.ca/health/physicians_bulletin

ANAESTHESIA MODIFIER CLARIFICATION

Clarification on the intended use of Controlled Hypotension CO=CHYO:

There have been discussions involving the intended use for this technique and it is currently under review by MSI. The use of controlled hypotension is intended for longer cases with excessive bleeding to minimize blood loss and reduce the need for transfusions provided there are no contraindications for this technique. Also it is intended for specific cases in order to optimize surgical view. Therefore MSI now requires explanatory text when claiming for controlled hypotension.

MSI HEALTH CARD RENEWAL

The Nova Scotia Health Card is the unique patient identifier that links all systems together to ensure seamless care for all residents of Nova Scotia. It is the most important piece of health identification.
A valid health card must be submitted each and every time a patient visits their physician or accesses any provincial health care program. Please ensure that patient claims are submitted with current and accurate information.
It is the patients responsibility to ensure their health card is up to date, however should your office be presented with an expired health card please have them complete the attached renewal form. This can be faxed to MSI at (902) 481-3160. Please note these renewal forms are available online at:
http://www.gov.ns.ca/health/msi/MSI_Health_Card_Renewal_Form_Nov05.pdf

NEW FEES

Effective April 1, 2012 the following new health service codes are available for billing:

Category	Code	Modifiers	Description	Unit Value
MASG	14.49J		**Posterior Fossa Craniotomy** Posterior Fossa Craniotomy for the excision of intracranial, infratentorial lesions, such as cysts, tumors or intracerebral hematoma. Billing Guidelines: May be billed with ADON 15.12B Duraplasty	975 14+T

Category	Code	Modifiers	Description	Unit Value
MASG	17.39B	RG=LEFT RG=RIGT RG=BOTH	**Neuroplasty of Major Peripheral Nerve of the Upper extremity (excluding median nerve at the carpal tunnel, and ulnar nerve at the elbow). Specifically; Guyon's Canal (ulnar nerve release at wrist), Anterior Interosseous Nerve(median nerve in forearm), Posterior Interosseous nerve (radial nerve in forearm)** Neuroplasty or release of major upper extremity peripheral nerves to include the surgical decompression of an intact nerve from scar tissue, including neurolysis and or transposition to repair or restore the nerve.	125 4+T
MASG	17.39C		**Neuroplasty of Major Peripheral Nerve of the Lower extremity. Specifically; Peroneal Nerve release, Tarsal Tunnel (posterior tibial nerve)** Neuroplasty or release of major lower extremity peripheral nerves to include the surgical decompression of an intact nerve from scar tissue, including neurolysis and or transposition to repair or restore the nerve.	125 4+T
MASG	17.5B	RG=LEFT RG=RIGT RG=BOTH	**Ulnar Nerve Release at the elbow (cubital tunnel)** This is a composite fee for the surgical release of the ulnar nerve at the elbow for relief of ulnar nerve entrapment syndrome by any or all means, specifically; simple release, subcutaneous release, or primary submuscular release. Includes neuroplasty, exploration and transposition with or without neurolysis. <u>Billing Guidelines:</u> Not to be billed with: • HSC 17.05D Explore peripheral nerve transplant or transposition with/without neurolysis, or • HSC 17.5A Exploration of peripheral nerve transplant or nerve transposition with or without neurolysis.	125 4+T
ADON	13.59L	RO=ADPO	Injection for Adacel-Polio (Tdap-IPV) **NOTE: Effective June 22, 2012 the 13.59L with RO=QUAD will no longer be used. After this date please use the new modifier of RO=ADPO when giving either the Quadracel or Adacel-Polio vaccines.**	6

Category	Code	Modifiers	Description	Unit Value
VADT	03.26C		**Female Pelvic Examination with Speculum** For the performance of a comprehensive pelvic examination in either a ***symptomatic***, female patient or screening for sexually transmitted infections. The following elements are to be documented in the health record: 1. Visual inspection of the vulva and perineum 2. Insertion of the speculum into the vagina to inspect the vault and cervix 3. Bimanual examination of the pelvis 4. Conduction of a pelvi-rectal examination where indicated. Billing Guidelines: • Not billable with Pap smear VADT 03.26A, or ADON 03.26B	10.5
VIST	03.03E	AG=ADUT	**03.03 Adults with Developmental Disabilities Visit**	19.5
	03.04C	AG=ADUT	**03.04 Adults with Developmental Disabilities Complete Examination** This fee is to apply to the care of adults with developmental disabilities by family physicians in the office, hospital, at home, or in residential care facilities. Billing Guidelines: ***For the following ICD diagnostic codes only*:** • 29900 Autism • 29980 Retts Disorder, Pervasive Developmental Disorder, Asperger's Disorder • 3155 Mixed Developmental Disorder • 3430 Cerebral Palsy(paraplegic, congenital) • 3431 Cerebral Palsy (hemiplegic, congenital) • 7580 Chromosomal Abnormalities • 7580 Down's Syndrome • 7583 Cri du Chat syndrome • 7583 Velo-cardiofacial syndrome • 7595 Tuberous sclerosis • 75989 Noonan Syndrome • 75981 Prader Willi • 75983 Fragile X • 75989 Angelman's Syndrome • 76071 Fetal Alcohol Syndrome	36

To Include those not specifically coded:
Under 758:

- Williams Syndrome
- Deletion 22q11.2
- Smith-Magenis Syndrome(17p deletion)
- Charge (Hall Hittner) Syndrome

Under 3155:
May include conditions that are frequently but not always associated with developmental or cognitive disability, such as:

- Cerebral Palsy, Neurofibromatosis
- Deletion 22q11.2
- Chronic Brain injury (traumatic or hypoxic).

In these cases the physician may be expected to record the ICD code, if one is available, and add "with Developmental Disability" or "with DD".

Not to be billed with:
VIST 03.03 Supportive Care

Note: Physicians holding eligible services must submit their claims from April, 2012 onward within 90 days of the date of this bulletin. Please include text referring to this bulletin for any service over the 90 day time frame.

FEE REVISIONS

Effective October 1, 2011 the following fee revision is now in effect:

Category	Code	Modifiers	Description	Unit Value
VEDT	16.91R	AN=LABR	Continuous Conduction Anaesthesia for relief of pain in labour Provision of neuraxial anaesthesia for relief of pain in labour and delivery. To include the entire epidural insertion, all top-ups, maintenance, normal vaginal delivery and removal of epidural catheter. To be billed only by the physician who initiates the epidural. Once per patient per labour.	166 MSU effective Oct 1, 2011

NOTE: Claims for these codes with a service date from October 1, 2011 to June 21, 2012 will be identified and a reconcilliation will occur in the fall of 2012. The reconciliation will be calculated after the 90 day waiting period for submission of claims.

DISCOUNTINUED HEALTH SERVICE CODES

Effective June 22, 2012 the following health service code will no longer be active:

Category	Code	Modifiers	Description	Unit Value
ADON	13.59L	RO=QUAD	Injection for diphtheria, pertussis and poliomyelitis	6

Please note that this has been replaced by health service code 13.59L RO=ADPO

BILLING FOR SERVICES PROVIDED BY OTHER HEALTH CARE PROVIDERS

Preamble Rule 5.3.1 states "All insured services claimed must reflect services rendered personally by the physician in an appropriate clinical setting. The physician may claim for visits conducted partially by the nurse only if the physician has personally participated in the visit and this is reflected in the clinical note. A signature or electronic sign off of the chart is not considered sufficient documentation of direct participation in the visit.

ELIGIBILITY CRITERIA FOR BTO ESCORTS

The Department of Health and Wellness eligibility criteria for client escorts reads:

The program covers costs for client escorts who are considered “essential”. The need for an essential escort is determined at the time of BTO registration. Categories include:

- Visually impaired/disabled (mentally or physically)
- Very frail patient who cannot be on their own or cannot transport themselves to treatments
- Patient requiring feeding tube
- Bone Marrow Transplant donor or recipient (these patients are medically required to have someone with them at all times)
- Parents of child with cancer

EXPLANATORY CODES

The following new explanatory codes have been added to the system:

AD041 Service encounter has been refused as you have already made a claim for HSC 16.91M, 46.04G or 46.04I at the same service encounter.

AD042 Service encounter has been refused as a claim was already made for this service on the same date.

AD043 Service encounter has been refused as a claim was previously made for HSC 46.04L: Intraoperative placement of interpleural catheter for paravertebral block, for this patient on the same day.

AD044 Service encounter has been refused as you have previously billed the maximum of two claims for HSC 13.59L RO=MMRV for this patient.

MA013 Service encounter has been refused as you have already made a claim for health service code 17.05D or 17.5A at the same encounter

MA014 Service encounter has been refused as you have already made a claim for health service code 17.5B at the same encounter.

MA015 Service encounter has been refused as you have already billed a blepharoptosis code for the same eye on that date.

MA016 Service encounter has been refused as you have already billed a blepharoplasty code for the same eye on that date.

MA017 Service encounter has been refused as you have already billed a blepharoplasty or blepharoptosis code for the same eye on that date.

MA018 Service encounter has been refused as you have already billed a removal of periorbital fat code for the same eye on that date.

MA019 Service encounter has been refused. When a blepharoplasty is performed for a diagnosis of bleparochalasis or dermatochalasis, code 22.5C should be used, not a lid ptosis code.

VA042 Service encounter has been refused as you have previously claimed a pap smear or tray fee for this patient on the same day.

VA043 Service encounter has been refused as you have previously claimed a pelvic examination for this patient on the same day.

VA044 Service encounter has been refused as you cannot claim a tray fee with a pelvic examination (HSC 03.26C).

VT092 Service encounter has been refused as 03.03 supportive care has been claimed this day.

VT093 Service encounter has been refused as 03.03E or 03.04C has been claimed this day.

VT094 Service encounter has been refused as you have not used a qualifying diagnostic code.

UPDATED FILES – AVAILABILITY

Updated files reflecting changes are available for download on Friday, June 22nd, 2012. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), modifier values (MODVALS.DAT) and explanation code (EXPLAIN.DAT).

SCHEDULE OF PROVINCIAL IMMUNIZATIONS

Refer to the following fee schedule when claiming for individual immunization(s) not billed in conjunction with an office visit or a single immunization billed in conjunction with an office visit:

IMMUNIZATION	HEALTH SERVICE CODE	MODIFIER	MSUs	DIAGNOSTIC CODE
PENTA (DaPTP, Hib)	13.59L	RO=PENT	6.0	V069
MMR	13.59L	RO=MMAR	6.0	V069
Adacel-Polio (Tdap-IPV)	13.59L	RO=ADPO	6.0	V069
Td	13.59L	RO=TEDI	6.0	V069
Influenza - Pregnant	13.59L	RO=INFL	6.0	V221
Influenza - Males and non-pregnant females	13.59L	RO=INFL	6.0	V048
Varicella	13.59L	RO=VARI	6.0	V069
Adacel	13.59L	RO=ADAC	6.0	V069
Menjugate	13.59L	RO=MENC	6.0	V069
Pneumococcal Polysaccharide	13.59L	RO=PNEU	6.0	V069
Pneumococcal Polysaccharide In addition to Influenza	13.59L	RO=PNEU	6.0	V066
Boostrix®	13.59L	RO=BOTR	6.0	V069
Pneumococcal Conjugate	13.59L	RO=PNEC	6.0	V069
Combined MMR and Varicella	13.59L	RO=MMRV	6.0	V069

When claiming immunization with a visit, the visit will be paid in full at 100%. The first inoculation will be in full at 6.0 MSU and all subsequent inoculations will be paid at 3.0 MSU or 50%. If the purpose of the visit is for immunization only, then the first two inoculations will be paid at 100% and all subsequent inoculations at 50% of the specified MSU.

Refer to the following table when claiming for a provincial immunization tray fee:

HEALTH SERVICE CODE	DESCRIPTION	MSUs
13.59M	Provincial Immunization Tray Fee	1.5 per multiple (Max 4)

Refer to the following diagnostic code table, when claiming for pneumococcal and varicella immunizations:

PATIENT'S CONDITION	**DIAGNOSTIC CODE**
At risk irrespective of age	Diagnostic code applicable to condition, e.g. 25000 diabetes mellitus
Close contact of at risk individual	V018
Well Senior	V069

HEALTH CARD RENEWAL

FULL NAME: _____ **HEALTH CARD #:** _____
{Given Name(s) & Surname}

MAILING ADDRESS (including Postal Code**):**

Street/PO Box/RR# _____ **GENDER (**M/F**):** _____

City/Town/Village/Postal Code_____ **DATE OF BIRTH:**_____
(Day/Month/Year**)**

HOME ADDRESS (if different from above**):**

Street/Apt#_____ **HOME PHONE #**_____

Community Name _____ **WORK PHONE #** _____

PLEASE NOTE: IF THE BIRTHDATE ON YOUR HEALTH CARD IS WRONG, YOU MUST PROVIDE A COPY OF YOUR BIRTH CERTIFICATE. ALSO**,** IF YOUR ADDRESS HAS CHANGED, PLEASE SPECIFY IF IT **IS NOT** A COMPLETE FAMILY MOVE.

I CERTIFY THAT I AM A PERMANENT RESIDENT OF NOVA SCOTIA. (A PERMANENT RESIDENT IS A PERSON WHO MAKES HIS/HER HOME AND IS ORDINARILY PRESENT IN NOVA SCOTIA.)
I AUTHORIZE ANY HEALTH SERVICE PROVIDER PAID BY MEDICAL SERVICES INSURANCE (MSI) TO RELEASE ANY INFORMATION REQUESTED BY MSI FOR CLAIMS PAYMENT AND AUDIT.

_____

SIGNATURE (A Parent/Guardian must sign for dependants under the age of 16) **DATE**

YOUR ORGAN AND/OR TISSUE DONOR DECISION MUST ALSO BE RENEWED.

ORGAN and TISSUE DONATION – GIVING LIFE

You now have the opportunity to offer someone a second chance at life by becoming an organ and/or tissue donor.
Please consider this option and if you are interested**, complete and sign the form below.**
Identification as a Donor will appear on your new Health Card (and must be reconfirmed during the renewal process).
The information below will be stored in a computerized donor registry.
For donor program information, please call: (902) 473-5523 or toll-free 1-877-841-3929.

Please specify which organ(s) and/or tissue(s) you wish to donate:

☐ **ALL** organ(s) and tissue(s) needed for transplant, **OR** ☐ **ONLY** the following organ(s) and/or tissue(s) needed for transplant

ORGANS: □ Lungs □ Heart □ Liver □ Kidneys □ Pancreas □ Small Bowel
TISSUES: □ Skin □ Vein □ Corneas (eyes) □ Bone & Related Structures □ Heart Valves/Pericardium

Your signature is required for organ and/or tissue donation. A parent/guardian must sign for dependants under the age of 16. Consent to organ and/or tissue donation is voluntary and is not required for Health Card eligibility.

DATE:: _____ Signature: _____

For Health Card information, call MSI at: (902) 496-7008 – or toll-free (in NS) at: 1-800-563-8880.

PLEASE FAX TO MSI REGISTRATION AND ENQUIRY AT (902) 481-3160
NOVA SCOTIA MSI, PO BOX 500, HALIFAX, NS B3J 2S1
PHONE (902) 496-7008 (1-800-563-8880)

(RE-013) June 2012