

PHYSICIAN'S BULLETIN

SEPTEMBER 26, 2014: Vol. L, ISSUE 5



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MSI News

PHYSICIAN'S MANUAL UPDATE

2014

The Department of Health and Wellness in collaboration with Medavie Blue Cross and Doctors Nova Scotia are pleased to announce that the MSI Physician's Manual has undergone an update as result of the Nova Scotia Physician's Manual Modernization Project (NS PMMP). This newly updated Physician's Manual is a significant deliverable of the NS PMMP. A key goal of the NS PMMP is to prepare and sustain accurate and supporting documentation. As a result of this, the NS PMMP Steering Committee recommended that one of the first activities be to improve existing documentation for physicians and billing clerks.

The most significant change physicians and their billing clerks will notice is that the new manual merges the content of the previous Physician's Manual and the Billing Instructions Manual. Policy changes made from January to December 2013 including those approved by the Master Agreement Steering Group has been included in this version; however it may be necessary to refer to Bulletins for additional detailed information.

The work completed to achieve this goal included:

- Simplifying the document layout to improve readability.
- Analyzing and merging the content of the NS MSI Physician's Manual 2012 and the NS MSI Billing Instructions Manual 2012 in logical order.
- Critical appraisal to ensure the merging did not affect the content meaning.
- NS PMMP Working Group and Steering Committee review of the document structure, layout and content changes required to address duplication.
- Formal tracking of the content of each document as the merged Nova Scotia Medical Services Insurance Physician's Manual 2014 was created.
- Integrating policy changes made from January to December - 2013 including those approved by the Master Agreement Steering Group.

Other changes that have been made to the new version of the Physician's Manual are as follows:

- The introductory page to each section provides an overview of the content of the section and includes the definitions of key terms.
- Italicized numeric paragraph identifiers (e.g. 1.0.2) are included at the end of all headings and paragraphs in Section 1 to 7. These identifiers can be used when needing to refer to a specific item, for example when a billing clerk is contacting MSI with a question.
- There are more cross - references across Sections.
- Linked table of contents, updated index, and overall updated look & formatting changes

We are very pleased about the achievement of this deliverable and would like to thank everyone who contributed. The 2014 MSI Physician's Manual is now available at www.medavie.bluecross.ca/msiprograms

BULLETIN REDESIGN NEW THIS ISSUE!

The Department of Health and Wellness, in collaboration with Medavie Blue Cross and Doctors Nova Scotia is very pleased to announce the launch of the new redesigned Physician's Bulletin.

This critical document, which communicates key information on physician billing, now has a full table of contents that is web enabled for easy navigation. With a mouse click or a tap, readers will be able to swiftly navigate to content of interest or back to the main page. This front page contains an MSI news section to keep physicians and billing staff informed on latest developments. MSI's contact information is easily found on each page and content is grouped in categories making the flow of the document better and more intuitive.

Physician feedback has helped form the new design. Before the redesign began, physicians were surveyed for opportunities to improve the bulletin. Based on that feedback, a sample bulletin was created and the physicians were asked to test it. They were specifically asked to find key information, report the information and rate the ease with which they found the answers. They were also asked to provide additional thoughts on the new design.

The MSI Physician's Bulletin is only available electronically; physicians and billing staff must subscribe to receive the bulletin to ensure they are billing with the most up-to-date information.

Click [here](#) to subscribe

★ Fees New fees and highlighted fees

PROVINCIAL IMMUNIZATION CHANGES

Changes have been made to the immunization modifiers and descriptions to align them more closely with national standards. This will assist with the production of provincial immunization coverage rates. Schedule of Provincial Immunizations is attached in [Appendix A](#).

Effective September 25, 2014, the following provincial immunization modifiers have been termed:

HSC	Modifier
13.59L	RO=ADAC
13.59L	RO=ADPO
13.59L	RO=BOTR
13.59L	RO=HPVV
13.59L	RO=PAND
13.59L	RO=TEDI
13.59L	RO=VARI

Effective September 26, 2014, the following new provincial immunization codes are available for billing:

HSC	Modifier	Description
13.59L	RO=HAHB	HAHB - Hepatitis A and B Vaccine
13.59L	RO=HAHB(PT=RISK)	HAHB - Hepatitis A and B Vaccine (high risk patient)
13.59L	RO=HBIG(PT=RISK)	HBIG - Hepatitis B Immunoglobulin (high risk patient)
13.59L	RO=HBVV	HB - Hepatitis B Vaccine
13.59L	RO=HBVV(PT=RISK)	HB - Hepatitis B Vaccine (high risk patient)
13.59L	RO=HIBV	Hib - Haemophilus Influenzae Type B Vaccine
13.59L	RO=HIBV(PT=RISK)	Hib - Haemophilus Influenzae Type B Vaccine (high risk patient)
13.59L	RO=HPV4	HPV -4 - Human Papillomavirus Vaccine
13.59L	RO=PNEC(PT=RISK)	Pneu-P-13 - Pneumococcal-conjugate-valent Vaccine (high risk patient)
13.59L	RO=PNEU(PT=RISK)	Pneu-P-23 - Pneumococcal-Polysaccharide-valent Vaccine (high risk patient)
13.59L	RO=RABI	Rablg - Rabies Immunoglobulin
13.59L	RO=RABV	Rab - Rabies Vaccine
13.59L	RO=TDAP	Tdap - Tetanus, Toxoid, Diphtheria, Acellular Pertussis Vaccine
13.59L	RO=TDPP	Tdap-IPV - Tetanus toxoid, Diphtheria, Acellular Pertussis, Polio
13.59L	RO=TEDV	Td - Tetanus Toxoid, diphtheria Vaccine
13.59L	RO=TEIG	Tetanus Immunoglobulin
13.59L	RO=VAIG	Varlg - Varicella-Zoster Immunoglobulin
13.59L	RO=VARV	Var - Varicella vaccine
13.59L	RO=VARV(PT=RISK)	Var - Varicella vaccine (high risk patient)

Effective September 26, 2014, the following provincial immunization descriptions have been changed:

Modifier	Old Description	New Description
RO=INFL	Injection for various strains of Influenza	Inf – Influenza-Inactivated Vaccine
RO=MENC	Meningococcal type C Conjugate Vaccine	Men-C-C - Meningococcal conjugate Vaccine
RO=MENQ	Meningococcal Quadrivalent	Men-C-ACYW-135 - Meningococcal conjugate quadrivalent Vaccine
RO=MMAR	Injection for Measles, Mumps and Rubella	MMR - Measles, Mumps, Rubella Vaccine
RO=MMRT	Injection for Measles, Mumps and Rubella for travel only to areas of risk for Measles	MMRV - Measles, Mumps, Rubella and varicella for travel only to areas of risk for Measles
RO=MMRV	MMAR/VARI Injections	MMRV - Measles, Mumps, Rubella and Varicella Vaccine
RO=PENT	Injection for Diphtheria, Pertussis, Tetanus, Poliomyelitis and Haemophilus	DTaP-IPV-Hib - Diphtheria, Tetanus, Acellular Pertussis, Polio, Haemophilus Influenzae Type B Vaccine
RO=PNEC	Pneumococcal Conjugate vaccine (Prenar)	Pneu-P-13 - Pneumococcal-conjugate-valent Vaccine
RO=PNEU	Injection for Pneumococcal Pneumonia, Bacteraemia and Meningitis	Pneu-P-23 - Pneumococcal-Polysaccharide-valent Vaccine

Please note that effective September 26, 2014, the following billing guidelines will be enforced:

HSC	Modifier	Billing Guideline
13.59L	Any with high risk modifier (PT=RISK)	Modifier PT=RISK requires text stating the patient's clinical high risk diagnosis and reasoning for administration
13.59L	RO=PENT	Not to be billed before 6 weeks of age, the same immunization cannot be claimed within 4 weeks of each other
13.59L	RO=PNEC	Not to be billed before 6 weeks of age

Examples of Provincial Immunization Schedules:

Childhood Vaccine Schedule:

Vaccine	Modifier	2 months	4 months	6 months	12 months	18 months	4-6 years
DTaP-IPV-Hib <i>Diphtheria, Tetanus, Acellular Pertussis, Polio, Haemophilus influenzae type b vaccine</i>	RO=PENT	✓	✓	✓		✓	
Pneu-P-13 <i>Pneumococcal-conjugate-valent vaccine</i>	RO=PNEC	✓	✓		✓		
Men-C-C <i>Meningococcal conjugate vaccine</i>	RO=MENC				✓		
MMRV <i>Measles, Mumps, Rubella and Varicella vaccine</i>	RO=MMRV				✓		✓
Tdap - IPV <i>Tetanus Toxoid, Diphtheria, Acellular Pertussis, Polio vaccine</i>	RO=TDPP						✓

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School Vaccine Schedule:

Vaccine	Modifier	Grade 7
HPV-4 <i>Human Papillomavirus vaccine (3 doses)</i>	RO=HPV4	✓
HB <i>Hepatitis B vaccine</i>	RO=HBVV	✓
Tdap <i>Tetanus Toxoid, Diphtheria, Acellular Pertussis</i>	RO=TDAP	✓
Men-C-C <i>Meningococcal conjugate</i>	RO=MENC	✓

Adult Vaccine Schedule:

Vaccine	Modifier	Adults to age 64	Adults 65 and older
Inf <i>Influenza Vaccine (every flu season)</i>	RO=INFL	✓	✓
Td <i>Td - Tetanus Toxoid, diphtheria Vaccine (every 10 year)</i>	RO=TEDV	✓	✓

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Vaccine	Modifier	Adults to age 64	Adults 65 and older
Pneu-P-23 <i>Pneumococcal-Polysaccharide-valent (1 dose)</i>	RO=PNEU	✓ (high risk only)	✓
MMR <i>Measles, Mumps, Rubella Vaccine (2 doses)</i>	RO=MMAR	✓ (adults born in 1970 or later)	

FEE REVISIONS

Effective September 26, 2014, Pre-Authorization will be required for the following health service code:

Category	Code	Description	Unit Value
MISG	98.12R	DESTRUCTION (DERMABRASION) OF SINGLE AREA (E.G. TRAUMA SCAR)	35 4+T

Effective September 25, 2014, the following health service codes will no longer be active:

Category	Code	Description	Unit Value
DEFT	WCB9	EXPEDITED NON-EMERGENCY ORTHOPAEDIC CONSULTATIONS	30.43
MASG	71.4A*	COMBINED ABDOMINAL VAGINAL FASCIAL SLING PROCEDURE	
		RO=ABDO	300 6+T
		RO=VGSG	150 6+T

*Replaced by MASG 71.4D – Pubo-vaginal sling with autologous fascia for female urinary incontinence, includes cystoscopy as required, 350 MSU, 6+T (as outlined on page 4 of the [July 18, 2014 MSI Bulletin](#).)

Billing Matters Billing Reminders, New Explanatory Codes

NEW EXPLANATORY CODES

Code	Description
AD051	SERVICE ENCOUNTER HAS BEEN DISALLOWED. WHEN CLAIMING FOR HIGH RISK PATIENTS (PT=RISK), TEXT IS REQUIRED. PLEASE RESUBMIT WITH THE APPROPRIATE TEXT.
AD052	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT IS LESS THAN 6 WEEKS OLD
AD053	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PENT INJECTION HAS BEEN PREVIOUSLY APPROVED IN THE PREVIOUS 4 WEEKS
BK001	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE NOT INCLUDED TEXT REFERRING TO THE ANATOMICAL SITE SPECIMEN WAS TAKEN FROM. PLEASE RESUBMIT WITH APPROPRIATE TEXT.
BK002	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR AN ABDOMINAL SURVEY FILM AT THE SAME ENCOUNTER.
BK003	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR AN INTRAVENOUS UROGRAM (IVP) AT THE SAME ENCOUNTER.
BK004	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AT THE SAME ENCOUNTER YOU HAVE CLAIMED FOR AN INTRAVENOUS UROGRAM (IVP), WHICH CANNOT BE CLAIMED WITH ROUTINE TOMOGRAPHY. IF TOMOGRAPHY WAS NOT ROUTINE, PLEASE RESUBMIT WITH TEXT INDICATING THE SITUATION.
BK005	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR A SERVICE IN WHICH FLUOROSCOPY IS INCLUDED FOR THE SAME ENCOUNTER.
BK006	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR A FLUOROSCOPY DURING THE SAME ENCOUNTER.

NEW EXPLANATORY CODES CONTINUED

Code	Description
BK007	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS NOT YET ELIGIBLE FOR ELECTRONIC BILLING.
BK008	SERVICE ENCOUNTER FOR FLUOROSCOPY HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR ANOTHER SERVICE AT THE SAME ENCOUNTER.
BK009	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED FOR A STAND ALONE FLUOROSCOPY FEE AT THE SAME ENCOUNTER.
BK010	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT IS OVER 12 YEARS OLD. PLEASE SUBMIT A CLAIM FOR THE APPLICABLE NON PAEDIATRIC CODE FOR PAYMENT.
BK011	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR AN UPPER G.I. SERIES FOR THIS PATIENT AT THE SAME ENCOUNTER.
BK012	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR A COLON G.I. SERIES FOR THIS PATIENT AT THE SAME ENCOUNTER.
BK013	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED FOR A CYSTOGRAPHY OR CYSTOURETHROGRAM FOR THIS PATIENT AT THE SAME ENCOUNTER.
BK014	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED A CT FEE FOR THE SAME REGION DURING THIS ENCOUNTER. WHEN A CT EXAMINATION IS PERFORMED WITH AND WITHOUT CONTRAST, THE COMBINED CODE SHOULD BE USED.
BK015	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY SUBMITTED A SEPARATE CLAIM FOR THIS CT WITH OR WITHOUT CONTRAST AT THE SAME ENCOUNTER. PLEASE SUBMIT A DELETE FOR THE INDIVIDUAL FEE BEFORE CLAIMING THIS COMBINED CODE.
BK016	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY SUBMITTED A CLAIM FOR THIS CT WITH AND WITHOUT CONTRAST COMBINATION CODE AT THE SAME ENCOUNTER.
CS007	SERVICE ENCOUNTER HAS BEEN DISALLOWED. WHEN A VISIT AND CAST AND/OR SPLINT ARE PERFORMED AT THE SAME SERVICE ENCOUNTER, ONLY ONE IS APPROVED.
GN064	SURGICAL ASSIST CLAIMS (RO=SRAS) CANNOT BE CLAIMED UNTIL AFTER THE SURGEON HAS CLAIMED FOR THE SURGICAL SERVICES. PLEASE ENSURE THE PRIMARY SURGEON HAS SUBMITTED CLAIMS FOR THE SAME HSC AND RESUBMIT.
GN065	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE HAS ALREADY BEEN CLAIMED BY ANOTHER PROVIDER ON THIS DAY.
M0J46	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS SURGICAL ASSIST CLAIMS FOR HSC 98.49C OR 98.49D CANNOT BE CLAIMED UNTIL THE SURGEON HAS CLAIMED FOR THE SURGICAL SERVICES.

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

UPDATED FILES

Updated files reflecting changes are available for download on Friday, September 26th, 2014. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), explanatory codes (EXPLAIN.DAT), and modifier values (MODVALS.DAT).

HELPFUL LINKS

NOVA SCOTIA MEDICAL SERVICES INSURANCE (MSI)

www.medavie.bluecross.ca/msiprograms

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

<http://novascotia.ca/DHW/>

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

In partnership with



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APPENDIX A
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
HAHB <i>Hepatitis A and B vaccine</i>	13.59L	RO=HAHB*	6.0	*See below
HBIG <i>Hepatitis B Immunoglobulin</i>	13.59L	RO=HBIG*	6.0	*See below
HB <i>Hepatitis B vaccine</i>	13.59L	RO=HBVV	6.0	V069
Hib <i>Haemophilus influenzae type b vaccine</i>	13.59L	RO=HIBV*	6.0	*See below
HPV-4 <i>Human Papillomavirus vaccine</i>	13.59L	RO=HPV4	6.0	V069
Inf <i>Influenza-Inactivated vaccine</i>	13.59L	RO=INFL	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
Men-C-C <i>Meningococcal conjugate vaccine</i>	13.59L	RO=MENC	6.0	V069
Men-C-ACYW-135 <i>Meningococcal conjugate quadrivalent vaccine</i>	13.59L	RO=MENQ*	6.0	*See below
MMR <i>Measles, Mumps, Rubella vaccine</i>	13.59L	RO=MMAR	6.0	V069
MMRV <i>Measles, Mumps, Rubella and Varicella vaccine for travel only to areas of risk for Measles</i>	13.59L	RO=MMRT*	6.0	*See below
MMRV <i>Measles, Mumps, Rubella and Varicella vaccine</i>	13.59L	RO=MMRV	6.0	V069
DTaP-IPV-Hib <i>Diphtheria, Tetanus, Acellular Pertussis, Polio, Haemophilus influenzae type b vaccine</i>	13.59L	RO=PENT	6.0	V069
Pneu-P-13 <i>Pneumococcal-conjugate-valent vaccine</i>	13.59L	RO=PNEC	6.0	V069
Pneu-P-23 <i>Pneumococcal-Polysaccharide-valent vaccine</i>	13.59L	RO=PNEU**	6.0	V066
Rablg <i>Rabies Immunoglobulin</i>	13.59L	RO=RABI*	6.0	*See below
Rab <i>Rabies vaccine</i>	13.59L	RO=RABV*	6.0	*See below

Tdap <i>Tetanus Toxoid, Diphtheria, Acellular Pertussis vaccine</i>	13.59L	RO=TDAP	6.0	V069
Tdap-IPV <i>Tetanus toxoid, Diphtheria, Acellular Pertussis, Polio vaccine</i>	13.59L	RO=TDPP	6.0	V069
Td <i>Tetanus Toxoid, diphtheria vaccine</i>	13.59L	RO=TEDV	6.0	V069
TIG <i>Tetanus Immunoglobulin</i>	13.59L	RO=TEIG*	6.0	*See below
Varlg <i>Varicella-Zoster Immunoglobulin</i>	13.59L	RO=VAIG*	6.0	*See below
Var <i>Varicella</i>	13.59L	RO=VARV	6.0	V069

When claiming immunization with a visit, the visit will be paid in full at 100%. The first inoculation will be paid 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 **at risk 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

** 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	V066