PHYSICIANS' BULLETIN

NOVA SCOTIA MEDICAL SERVICES INSURANCE

December 16, 2011 Volume XLVI - #5

Inside this issue

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

ANAESTHESIA UNIT CHANGE

Effective October 1st, 2011, Anaesthesia Unit (AU) value will be Increased from $16.47 to $19.55.

NOTE: Please continue to submit claims in the normal manner. Ninety days after the system has been updated, a retroactive payment will be processed.

NEW FEES

Effective January 01, 2011 the following new Health Service Code is available for billing:

Category	Code	Description	Unit Value
VADT	28.73F	**Intravitreal Injection of a pharmacologic agent for the treatment of wet macular degeneration** For a patient diagnosed with wet macular degeneration, this fee includes the counselling of the patient, preparation of the eye, administration of subconjunctival anaesthesia and topical antibiotic as required and injection of the pharmacologic agent. Regions required.	25

Physicians holding eligible services must submit their claims from January 1st onward within 90 days of the date for this bulletin. Please include text referring to this bulletin for any service over the 90 day time frame.

Effective September 01, 2011 the following new Health Service Codes are available for billing:

Category	Code	Description	Unit Value
MASG	93.79F	**Thumb CMC Joint Tendon Interpositional Arthoplasty** To include removal of the trapezium, dissection of tendon, protection of radial nerve and osteotomies as required. Regions required.	190 4+T
MASG	93.48A	**Total Ankle Arthroplasty with Prosthesis** Procedure includes insertion of hardware, all associated bone preparation and soft tissue procedures such as alteration of tendon length, tendon transfer and repair, and synovectomy as required. Regions required.	350 4+T
VEDT	04.49C	**Peripheral Blood Film Review** Review of peripheral blood film by the pathologist or hematopathologist in response to a perceived abnormality in the complete blood count as determined by local laboratory policies. Includes review of blood film, patient history, correlation with other laboratory tests, assessment or morphology of all cell lines with the provision of a report and recommendations. For clinical diagnostic purposes only. Not for QA.	10
VEDT	16.91R	**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. AN=LABR	140
VEDT	04.49B	**HLA Identification and Crossmatch** HLA of a donor's blood followed by screening of potential recipients based on existing HLA typing. Crossmatching of potential donor recipient pairs is then performed to assess transplant potential.	52.90

Category	Code	Description	Unit Value
VEDT	04.49A	**HLA Typing** HLA typing for bone marrow and solid organ transplant patients. Includes sequencing of DNA and comparison of all HLA loci as required to assess donor/recipient compatibility.	52.90
VEDT	04.49D	**Flow Cytometry** Flow Cytometry for the diagnosis and follow up of patients with hematologic malignancies and immune disorders. To include interpretation of scout specimen and selection of all markers required to render a diagnosis.	52.90
VEDT	53.81A	**Bone Marrow Interpretation** Examination of all slides, confirmation of cell counts, interpretation of hematopoesis and iron stains, required to render a diagnosis based on WHO criteria.	28.62
VEDT	02.75B	**Coronary CT Angiography** Coronary CT Angiography performed under direct supervision of the radiologist. Fee includes the performance and interpretation of the scan with all necessary work station, plus the administration of medication to control heart rate and contrast material as required. **Not to be used as a screening test in asymptomatic patients.** Not billable with: CT 1141 CT Thorax with contrast CT 1180 3D Reconstruction **Specialty restriction** DIRD, RADI Diagnostic and Therapeutic Radiology Level 2 (150 training cases plus 8 weeks training in CT angiography) or greater certification for CT Angiography as described by the Canadian Association of Radiologists and Canadian Cardiovascular Society. Physicians wishing to use this code for billing must provide appropriate documentation of qualifications to MSI to be kept on file. May not be performed on less than 64 slice CT scanner.	120

Category	Code	Description	Unit Value
VADT	98.98A	**Percutaneous expansion/inflation of a tissue expander** Full fee for first expander, 50% for each additional expander (to a maximum of three expanders) per patient per day. A maximum of four expansions per expander, following insertion of a medically necessary expander. Not to be billed for cosmetic expanders. May only be billed after 98.98 or 97.95 have been billed.	13
ADON	99.09A	**Morbid Obesity Surgical Add On** Billable once per patient per physician in addition to the amount payable for the major procedure(s) where a morbidly obese patient undergoes surgery to the neck, hip, or trunk and: a. has a BMI (body mass index) greater than 50 and this is recorded in the patient's health record. b. the procedure is performed using an open technique through an incision for major neck and hip surgery and an open or laparoscopic technique for the trunk and is performed under general, or neuraxial anaesthesia. c. the principle technique is neither aspiration, core or fine needle biopsy, dilation, endoscopy, cautery, ablation, nor catheterization. d. not billable for bariatric surgery.	32.9 MSU 4.6 AU
ADON	49.99C	**Repeat Open Heart Surgery** An add on code for repeat open heart surgery or revision of open cardiac surgery with pump, via a Sternotomy when the repeat surgery is 28 days or more after the previous open heart procedure. Not billable unless a repeat Sternotomy is the method of approach. The fee would be applicable to repeat coronary artery bypass grafting, open valve replacement surgery, heart transplantation, and congenital heart surgery.	120

Category	Code	Description	Unit Value	
ADON	48.2C	**Total Arterial Grafting** Procedures Auxiliary to Open Heart Surgery: ADON to CABG when all grafts are non-LIMA arterial grafts. Used with HSC 48.12, 48.13 or 48.14 This ADON covers the harvest, preparation, and use of arterial grafts for coronary artery bypass graft surgery from sites other than the left internal mammary artery (LIMA) which is considered included in the base fee (HSC 48.12, 48.13 or 48.14). Not billable when any vein grafting is used for coronary artery bypass graft surgery.	100	
MAFR	91.95C	**External Fixation of Tibial plafond fracture** Closed reduction with external fixation of a tibial plafond fracture with or without minimal internal fixation. Stage one of the treatment of a tibial plafond fracture, also known as a pilon fracture, or distal tibial explosion fracture. The purpose of this stage is to stabilise the fracture and allow for resolution of soft tissue swelling and wound management prior to open reduction and internal fixation of the same fracture. May not be billed with 91.35B, or 91.35E same limb, same region.	150	4+T
MAFR	91.95D	**External Fixation of Tibial plafond fracture, with open reduction and internal fixation of fibular fracture** Closed reduction with external fixation of a tibial plafond fracture with or without minimal internal fixation, with open reduction and internal fixation of distal fibular fracture. Stage one of the treatment of a tibial plafond fracture, also known as a pilon fracture, or distal tibial explosion fracture, when there is a distal fibular fracture of the same limb. The purpose of this stage is to stabilise the fracture and allow for resolution of soft tissue swelling and wound management prior to open reduction and internal fixation of the same fracture. May not be billed with 91.35B, or 91.35E same limb, same region.	175	4+T

Physicians holding eligible services must submit their claims from September 1st onward within 90 days of the date for this bulletin. Please include text referring to this bulletin for any service over the 90 day time frame.

FEE CORRECTION

Please note the following corrections to the Angioplasty anaesthesia units.

Category	Code	Modifiers	Description	Unit Value
VADT	51.59J		**Percutaneous Arterial Angioplasty – Central Vessels**	137.7 **15+T**
		RG=INRE	Aorta - infra renal	
			May be billed in addition to other adjacent vessel angioplasty if indicated.	
VADT	51.59K		**Percutaneous Arterial Angioplasty – Lower Limbs**	183.6 **8+T**
		RG=RANT	Anterior Tibial – right side	
		RG=LANT	Anterior Tibial – left side	
		RG=RPOT	Posterior Tibial – right side	
		RG=LPOT	Posterior Tibial – left side	
		RG=RPER	Peroneal – right side	
		RG=LPER	Peroneal – left side	
			Code may be billed for a maximum of 2 vessels per side (Lt or Rt)	
VADT	51.59O		**Venous Angioplasty – Lower Limbs**	137.7 **10+T**
		RG=RCOI	Common iliac – right side	
		RG=LCOI	Common iliac – left side	
		RG=RINI	Internal iliac – right side	
		RG=LINI	Internal iliac – left side	
		RG=REXI	External iliac – right side	
		RG=LEXI	External iliac – left side	
			Code may be billed for a maximum of 2 vessels per side (Lt or Rt) for the following indications:	
			May-Thurner Syndrome (compression of left iliac vein secondary to overlying iliac artery)	

Post Thrombotic Stenoses

Neoplastic Compression or Invasion

Post Renal Transplant Venous stenosis

FEE REVISIONS:

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

Category	Code	Description	Unit Value
MAFR	91.35B	**Fractured tibial plafond, with or without fibula, open reduction and internal fixation – including removal of pre-existing internal or external fixation devices (regions required)** Open reduction and internal fixation of tibial plafond facture, also known as a pilon fracture, or distal tibial explosion fracture. This is the second stage of a two stage procedure. The fee includes removal of any external and/or internal fixation previously inserted, for the same fracture. May not bill with 90.69B for same region, same day. Not to be billed with any fee code for removal of fixation device for the same fracture, same region, same day.	200 4+T

Claims for this code with a service date from September 1, 2011 to January 5, 2012 will be identified and reconciliation will occur in the spring of 2012. The reconciliation will be calculated after the 90-day waiting period for submission of claims.

Effective January 6, 2012 the following Health Service Code will no longer be active:

Category	Code	Description	Unit Value
ANAE	16.91K	**Continuous conduction anaesthesia for relief of pain** AN=LABR, RP=INTL AN=LABR, RP=SUBS	7+T Time only

Please note that this fee has been replaced with the new Health Service code 16.91R – **Continuous Conduction Anaesthesia for relief of pain in labour**.

Effective January 6, 2012 the following Pathology Bulk Billing Codes will no longer be active:

Code	Description	Unit Value
P2327	**Bone marrow interpretation**	15.44
P3327	**Bone marrow interpretation (35% premium)**	24.44
P5327	**Bone marrow interpretation (50% premium)**	24.44

Please note that these have been replaced with the new patient specific Health Service code **53.81A – Bone Marrow Interpretation.**

INTERIM FEE – ULTRASOUND EYE

Effective January 1st 2012 the following health service codes; R1270 and R1271 will be terminated and replaced with 2 new patient specific interim fee codes listed below:

Category	Description	Unit Value
VADT	**Real Time (eye) Ultrasound**	38.7
VDAT	**Axial Length Measurement by Ultrasound**	25.44

Please hold all eligible service encounters to allow MSI the required time to update the system. Once a new health service code has been assigned, it will be published in the MSI Physicians' Bulletin. These interim fee are in affect for 18 months.

UPCOMING FEES

The following fees have been approved by the Master Agreement Steering Group (MASG) for inclusion into the Fee Schedule, effective October 1, 2011.

Category	Description	Unit Value
MASG	**Cervical Total Disc Arthroplasty (artificial disc)**	750 8+T
	Total disc Arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteotomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical. For the surgical treatment of cervical myelopathy and myeloradiculopathy in patients with an otherwise biomechanically normal spine amenable to the anterior approach.	

MASG	**Cervical Laminoplasty** 2 Level cervical Laminoplasty to include osteotomies, and insertion of hardware for fixation of lamina, with duraplasty and lysis of adhesions as required. For the treatment of cervical myelopathy and myeloradiculopathy Not to be billed with laminectomy codes: 16.09A through D 16.1A and B 16.2A and B 16.3A through C 16.49A 16.5A and B 16.93D	500 8+T

Category	**Description**	**Unit Value**
MASG	**Repair of Sternal Non-union** Repair of Sternal non-union/dehiscence – open reduction and internal fixation using plates and screws, to include harvest and placement of bone graft as required. Includes removal of existing hardware (wire), debridement and irrigation of the wound, and tissue shifts required for skin closure. At least one week post cardiac surgery. Not to be billed with: 90.4A Reclosure of sternal wound….150 98.79A Reclosure of sternal wound….150 (regions required) 90.69B Removal of internal fixation-metal plate, band, screw or nail….71 (regions required) 89.3A Sternal Split 200 MSU Not to be billed with BOGR codes. For example: BOGR 90.00A Bone graft – clavicle….175 BOGR 90.04A Bone graft – femur – neck or shaft….175	750 20+T
MASG	**Laparoscopic Assisted Colectomy; right, left, or segmental** Laparoscopic resection of the appropriate segment of colon. Includes mobilisation of colon, identification of the ureter, dissection of mesocolic vessels, division of colon, delivery of colon through the extraction site, with intra- or extra-corporeal anastomosis of bowel, and closure of the extraction site. This is intended to be a comprehensive fee for the entire procedure. Not to be billed with HSC 66.19 Other Laparotomy, or HSC 66.83 Laparoscopy.	350 8+T

MASG	**Laparoscopic Assisted Anterior Resection**	420 8+T
	Laparoscopic resection of the appropriate segment of colon with coloproctostomy (low pelvic anastomosis). Includes mobilisation of colon, identification of the ureter, dissection of mesocolic vessels, division of colon, delivery of colon through the extraction site, with intra- or extra-corporeal anastomosis of bowel (including EEA stapling), to include all stapling, and closure of the extraction site. This is intended to be a comprehensive fee for the entire procedure. Not to be billed with HSC 66.19 Other Laparotomy, HSC 66.83 Laparoscopy, or HSC 60.52A Lower anterior Resection where EEA stapler is used.	

Category	**Description**	**Unit Value**
MASG	**Laparoscopic Hysterectomy –Total, Subtotal, or Laparoscopically assisted**	300 6+T
	Removal of the uterus and cervix using the laparoscopic approach with delivery of the uterus through the vagina or through an abdominal port using morcellation, bivalving, or coring as required. The uterine body (corpus) must be laparoscopically detached from at least the upper surrounding supportive and vascular structures in order to bill for this procedure. This is intended to be a comprehensive fee for the entire procedure. This fee is not to be billed when laparoscopy is performed as a diagnostic procedure at the time of surgery.	
MASG	**Complex Palmar Fasciectomy for Dupuytren's Disease**	180 4+T
	To be used for open, complex fasciectomy for excision of Dupuytren's disease involving the palmar fascia. To include local tissue shifts, Z plasty, harvesting and placement of skin graft as required for wound closure. Not to be billed with 98.51C, 98.51D Local Tissue shifts – Z plasty and flaps, skin grafts. Clinical example: Complex palmar disease, with or without MCP joint involvement limiting extension (grade 2) or web space involvement.	

ADON	**Release of each additional digit including proximal interphalangeal joint release (Add on to Complex Palmar Fasciectomy)** An add on code to complex palmar fasciectomy to be used for release of each additional digit to a maximum of four. Involvement of digit must include the PIP joint. To include any necessary joint or tendon releases; local tissue shifts, Z plasty, harvesting and placement of skin graft as required for wound closure. Not to be billed with: 98.51C, 98.51D Local Tissue shifts – Z plasty and flaps, 95.01 incision of tendon sheath, 92.63A Excision (capsulectomy, synovectomy, debridement) of metacarpophalangeal joint. 93.79B, C, or E Arthroplasty or reconstruction of interphalangeal and/or metacarpophalangeal joint(s). Clinical example: Complex palmar disease, with involvement of a multiple digits (grade 3) to the level of the PIP joint or beyond.	70 4+T

Category	**Description**	**Unit Value**
ADON (Interim fee)	**Unilateral Breast Tomosynthesis** Tomosynthesis of one breast for diagnostic purposes. Patient specific add on to 485 Mammo "Mammography unilateral", or 490 Mammo "Mammography Diagnostic Bilateral" when breast tomosynthesis is performed, on one breast, in addition to full field digital mammography for diagnostic, not screening, purposes. *This is a two year term fee and will require reassessment at the end of the term date.	5
ADON (Interim fee)	**Bilateral Breast Tomosynthesis** Tomosynthesis of both breasts for diagnostic purposes Patient specific add on to 490 Mammo "Mammography Diagnostic Bilateral" when breast tomosynthesis is performed, on one breast, in addition to full field digital mammography for diagnostic, not screening, purposes. *This is a two year term fee and will require reassessment at the end of the term date.	10

NOTE: Please hold all eligible service encounters to allow MSI the required time to update the system. Once a new Health Service Code has been assigned, it wil be published in the MSI Physicians' Bulletin.

CODE CLARIFICATION

Effective October 1, 2011 the following fee has been amended with additional billing Information:

Category	Code	Description	Unit Value
MASG	94.13B PO=PART	**Partial Excision fascia (open) – Palmar Dupuytren's Disease** To be used for open, partial excision of palmar fascia for Dupuytren's disease involving the palmar fascia and first web space. To include local tissue shifts, Z plasty, harvesting and placement of skin graft as required for wound closure. Not to be billed with Z plasty, flap or skin graft for same region. Clinical example: Simple nodules or simple palmar band (grade 1), done under local or wrist block anaesthesia.	100 4+T

UPCOMING FEE ADJUSTMENTS

The following fee adjustments have been approved by the Master Agreement Steering Group (MASG) for inclusion into the Fee Schedule, effective October 1, 2011.

Category	Code	Description	Unit Value
MASG	80.2A	**Subtotal Abdominal Hysterectomy** Abdominal approach to the removal of the uterus without the cervix. This procedure should be reserved for difficult hysterectomies when the removal of the cervix is judged to put the patient at additional risk of surgical complications. Adnexal surgery may be billed at LV50 as is the case with other routes of hysterectomy.	240 6+T
MASG	80.2B	**Subtotal Abdominal Hysterectomy with rectocele and/or cystocele repair** Abdominal approach to the removal of the uterus without the cervix, with repair of rectocele and/or cystocele.	287 6+T

		This procedure should be reserved for difficult hysterectomies when the removal of the cervix is judged to put the patient at additional risk of surgical complications. Not to be billed with HSC 82.41 Repair of cystocele – paravaginal repair, 82.42 Repair of rectocele – paravaginal repair, 82.43 Repair of cystocele and rectocele – paravaginal repair.		
MASG	80.3	**Total Abdominal Hysterectomy** Removal of the uterus and cervix using the abdominal approach. This is intended to be a comprehensive fee for the entire procedure.	240	6+T
MASG	80.3A	**Total Abdominal Hysterectomy with rectocele and/or cystocele repair** Abdominal approach to the removal of the uterus and cervix, with repair of rectocele and/or cystocele. This is intended to be a comprehensive fee for the entire procedure. Not to be billed with HSC 82.41 Repair of cystocele – paravaginal repair, 82.42 Repair of rectocele – paravaginal repair, 82.43 Repair of cystocele and rectocele – paravaginal repair.	287	6+T
Category	**Code**	**Description**	**Unit Value**	
MASG	80.3B	**Total Abdominal Hysterectomy with retropubic incontinence repair** Abdominal approach to the removal of the uterus and cervix, with retropubic incontinence repair such as urethropexy. This is intended to be a comprehensive fee for the entire procedure. Not to be billed with HSC 71.5A Urethrovesical Suspension for Stress Incontinence.	287	6+T
MASG	80.4	**Vaginal Hysterectomy** Removal of the uterus and cervix using the vaginal approach. This is intended to be a comprehensive fee for the entire procedure.	240	6+T
MASG	80.4A	**Total Vaginal Hysterectomy with rectocele and/or cystocele repair** Vaginal approach to the removal of the uterus and cervix, with repair of rectocele and/or	287	6+T

cystocele.

This is intended to be a comprehensive fee for the entire procedure.
Not to be billed with HSC 82.41 Repair of cystocele – paravaginal repair, 82.42 Repair of rectocele – paravaginal repair, 82.43 Repair of cystocele and rectocele – paravaginal repair

NOTE: Please continue to submit claims in the normal manner. Ninety days after the system has been updated, a retroactive payment will be processed.

PROCEDURES FOR TREATMENT OF SNORING

Physicians are advised that procedures for the treatment of snoring are uninsured and therefore cannot be billed to MSI.

LONG TERM CARE CLINICAL GERIATRIC ASSESSMENT FORM – REVISED

The CGA form has been slightly revised based on feedback from physicians. Revisions include minor formatting as well as the removal of the shaded areas which made copying and faxing difficult.

Please begin using this revised version immediately.

Templates are available for download on the members side of the Doctors Nova Scotia website and all applicable LTC facilities will be provided with this revised document as well.

PREAMBLE REVISIONS

The Master Agreement Steering Group (MASG) has approved the following preamble amendments, effective September 1, 2011.

7.5.5 A Prolonged Consultation may be applied to cases where the consultation extends beyond one hour for comprehensive consultations and a half-hour for repeat consultations, ***or a half hour for OBGY consultations - specifically for preconceptual consultation(Maternal fetal medicine), consultation for issues of sexual dysfunction, reproductive endocrinology, gynecologic oncology, and urogynaecology.*** A prolonged consultation cannot be claimed with a limited consultation. Prolonged consultations are paid in 15-minute time blocks or portion thereof. Prolonged consultations are not to be confused with active treatment associated with detention.A prolonged consultation may be claimed only by the following specialties:
(a)Anaesthesia
(b)Internal Medicine
(c) Neurology
(d)Physical Medicine
(e)Pediatrics
(f)Psychiatry
(g)Obstetrics and Gynaecology

Prolonged consultations for Obstetrics and Gynaecology with a service date from September 1, 2011 to January 5, 2012 that were held according to the October 2011 bulletin can be submitted now including multiples indicating the time spent with the patient. Claims will be identified and reconciliation will occur in the spring of 2012. The reconciliation will be calculated after the 90-dayswaiting period for submission of claims. This will ensure all services are caught when the reconciliation is completed.

The Master Agreement Steering Group (MASG) has approved the following preamble amendments, effective October 1, 2011.

Effective October 1st, 2011 Time Premiums may be claimed for select endoscopic procedures. For complete list of procedures please refer to the preamble.

Endoscopic Procedures eligible for premium:

Fiberoptic bronchoscopy		
VADT 01.08A Transbronchial lung biopsy with fiberscope	110	6+T
Other nonoperative bronchoscopy		
VADT 01.09 Other nonoperative bronchoscopy	60	6+T
VADT 01.09A Bronchoscopy with biopsy	65	6+T
VADT 01.09B Bronchoscopy - with foreign body removal	85	6+T
Other nonoperative esophagoscopy		
VADT 01.12 Other nonoperative esophagoscopy	60	4+T
VADT 01.12A Oesophagobronchoscopy	85	6+T
VADT 01.12B Oesophagoscopy with biopsy	65	4+T
VADT 01.12C Oesophagoscopy - with removal of foreign body	85	4+T
Gastroscopy		
VADT 01.14A Injection of ulcer through the scope for G.I. bleed or application of crazy glue into fundal region of stomach (scope included)	120	4+T
VADT 01.14C Esophagogastroscopy	70	4+T
VADT 01.14D Esophagogastroscopy with biopsy	75	4+T
VADT 01.14E Esophagogastroscopy-with removal of foreign body	85	4+T
ADON 01.14F Insertion of intragastric balloon in addition to gastroscopic fee	50	
ADON 01.14G Removal of polyps in addition to the appropriate esophagogastroscopy - plus multiples, if applicable	10	
Colonoscopy		
VADT 01.22C Colonoscopy of descending colon	40	4+T
ADON 01.22F Balloon dilation of colonic stricture (In addition to colonoscopy)	30	
Endoscopic excision or destruction of lesion or tissue of esophagus		
ADON 54.21A Electrocautery of GI bleeding lesions - add on to endoscopic fees	10	
Pancreatic Sphincterotomy		
VADT 63.82A Esophagogastroduodenoscopy - with papillotomy	230	4+T
Endoscopic Retrograde Cholangiography (ERC)		
VADT 63.95A Esophagogastroduodenoscopy - with basket extraction of stones	173.4	4+T
VADT 63.95B Esophagogastroduodenoscopy - with indwelling naso biliary catheter	170	4+T
VADT 63.95C Esophagogastroduodenoscopy - with biliary stents	170	4+T

VADT 64.91A Esophagogastroduodenoscopy - with cannulation of pancreatic duct	120	4+T
ADON 64.91B Choledochoscopy with associated procedure	25	

NOTE: Please hold all eligible service encounters to allow MSI the required time to update the system. Once the system has been updated, the changes will be published in an upcoming MSI Physicians' Bulletin.

EXPLANATORY CODES

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

MF001	Service encounter has been refused as a removal of fixation device claim was previously made for the same region on that service date.
MF002	Service encounter has been refused as a removal of fixation device fee is included in previously billed 91.35B.
MF003	Service encounter has been refused as you have already made a claim for health service code 91.35B or 91.35E.
MF004	Service encounter has been refused as you have already made a claim for health service code 91.35C or 91.35D.
PP024	Services provided by a non-physician are not insured. (ex. chiropractor, physiotherapist, pac-physician's assistant, podiatrist, nurse practitioner).
VA041	Service encounter has been refused as you have already billed 2 vessels for this side.
VE007	Service encounter has been refused as the conduction of anaesthesia for relief of pain in labour has already been claimed for this patient.

UPDATED FILES – AVAILABILITY

Updated files reflecting changes are available for download on Friday, January 6th, 2012. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), and explanation code (EXPLAIN.DAT).

Long-Term Care
Clinical Geriatric Assessment (CGA)

PATIENT ID

WNL: Within Normal Limits ASST: Assisted
IND: Independent DEP: Dependent

Chief lifelong occupation: _____ Education: (yrs) _____

Cr Cl/eGFR: _____

Infection Control
MRSA _____ Pos _____ Neg
VRE _____ Pos _____ Neg
Flu shot given (d/m/y) _____
Pneumococcal vaccine given (d/m/y) _____
TB test done (d/m/y) _____
Tetanus (d/m/y) _____

Cognitive Status*
❒ WNL
❒ Dementia
❒ Delirium
MMSE _____

Emotional*
❒ WNL
❒ Depression
❒ Other
❒ Hallucinations/Delusions
❒ ⇩Mood
❒ Anxiety
Date (d/m/y): _____

Behaviours*
❒ Verbal Non-aggressive
❒ Verbal Aggressive
❒ Physical Non-aggressive
❒ Physical Aggressive

Communication:

Speech
❒ WNL
❒ Impaired

Hearing
❒ WNL
❒ Impaired

Vision
❒ WNL
❒ Impaired

Foot-care needed
❒ Yes ❒ No

Dental care needed
❒ Yes ❒ No

Skin Integrity Issues
❒ Yes ❒ No

Strength
❒ WNL ❒ Weak
Upper: Proximal Distal R L
Lower: Proximal Distal R L

Mobility	Transfers	❒ IND ❒ ASST ❒ DEP
	Walking Aid	❒ IND Slow ❒ ASST ❒ DEP _____
Balance	Balance	❒ WNL ❒ Impaired
	Falls	❒ No ❒ Yes Frequency
Elimination	Bowel	❒ Constip ❒ Cont ❒ Incont
	Bladder	❒ Catheter ❒ Cont ❒ Incont
Nutrition	Weight	❒ STABLE ❒ LOSS ❒ GAIN
	Appetite	❒ WNL ❒ FAIR ❒ POOR
ADLs	Feeding	❒ IND ❒ ASST ❒ DEP
	Bathing	❒ IND ❒ ASST ❒ DEP
	Dressing	❒ IND ❒ ASST ❒ DEP
	Toileting	❒ IND ❒ ASST ❒ DEP

Personal Directives ❒ Yes ❒ No
Substitute Decision Maker: _____
Tel #: _____

Code Status:
❒ Do Not Attempt to Resuscitate
❒ Do Not Hospitalize
❒ Hospitalize
❒ Attempt to Resuscitate

Marital Status
❒ Married
❒ Divorced
❒ Widowed
❒ Single

Family Stress
❒ None
❒ Low
❒ Moderate
❒ High

Problems/Past History/Diagnosis*	Medication Adjustment Required*	Associated Medication*
1.	❒	
2.	❒	
3.	❒	
4.	❒	
5.	❒	
6.	❒	
7.	❒	
8.	❒	
9.	❒	
10.	❒	
11.	❒	
12.	❒	

Current Frailty Score* (Scale description on next page)

*** NOTE: The physician must complete all items marked with an asterisk (*) and meet all Master Agreement Long-Term Clinical Geriatric Assessment (CGA) program criteria in order to claim the CGA fee.**

Scale	❒ 5. Mildly Frail	❒ 6. Moderately Frail	❒ 7. Severely Frail	❒ 8. Very Severely ill	❒ 9. Terminally Ill

Clinical Frailty Scale**

5. Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and **need help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7. Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover from even a minor illness.

9. Terminally Ill – Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

**1. Canadian Study on Health & Aging, Revised 2008
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173; 489-495

CGA Associated Visits	
Date	**Comments**

Physician Name (please print): _____ Physician Signature: _____

Signed on (d/m/y): _____ (Visit required on this date)

NOVA SCOTIA MEDICAL SERVICES INSURANCE

PROGRAMS OF THE NOVA SCOTIA DEPT. OF HEALTH

PO BOX 500 HALIFAX NOVA SCOTIA B3J 2S1

TELEPHONE (902) 468-9700

RADIOLOGY STATISTICAL BILLING REPORT

PROVIDER or GROUP NAME	
PROVIDER or GROUP No	**BUSINESS ARRANGEMENT No**
INSTITUTION NAME	**INSTITUTION No**
CONTACT PERSON	**PHONE NUMBER**
BILLING PERIOD FROM	**TO**

CODE	GROUP	DESCRIPTION	UNIT VALUE	IN PATIENT	OUT PATIENT	TOTAL EXAMS	TOTAL UNITS
1	Other	Interpretation of submitted films	6.25				
2	Other	Fluoroscopy in O.R.	3.13				
3	Other	Conventional Tomography	9.38				
5	H&N	Skull—routine views	4.40				
6	H&N	Temporomandibular joints	4.34				
7	H&N	Internal auditory meati	4.34				
8	H&N	Sella turcica	4.34				
9	H&N	Optic foramina	4.34				
11	H&N	Mastoids—added view	4.34				
12	H&N	Eye for foreign body	4.34				
15	H&N	Facial bones	4.40				
20	H&N	Mandible	3.31				
25	H&N	Nasal bones	3.31				
30	H&N	Sinuses—paranasal	3.88				
35	H&N	Salivary gland region	3.31				
45	H&N	Panorex (Teeth—full set)	4.97				
50	H&N	Arthrogram	20.76				
55	H&N	Dacrocystogram	5.53				
60	H&N	Sialogram	9.38				
70	H&N	Speech study	44.24				
105	Bone	Cervical spine	5.19				

CODE	GROUP	DESCRIPTION	UNIT VALUE	IN PATIENT	OUT PATIENT	TOTAL EXAMS	TOTAL UNITS
110	Bone	Thoracic spine	3.31				
115	Bone	Lumbar spine	5.19				
120	Bone	Sacrum/coccyx	3.31				
125	Bone	Scoliosis series	8.85				
126	Bone	Scoliosis with stress	11.07				
129	Bone	Metastatic series (5)	9.12				
130	Bone	Metabolic bone survey	9.12				
131	Bone	All long bones added to 129	2.28				
140	Mylo	Discogram	11.07				
150	Mylo	Lumbar myelogram	18.75				
151	Mylo	Complete myelogram	28.14				
152	Mylo	Cervical injection myelogram	18.75				
185	Other	Fetal Study	3.31				
205	Bone	Shoulder	3.41				
210	Bone	Scapula	3.41				
215	Bone	A.C. joints with & without weights	3.41				
220	Bone	Clavicle	3.41				
221	Bone	Bone age determination	4.53				
223	Bone	Scaphoid	3.41				
224	Bone	Humerus	3.41				
225	Bone	Elbow	3.41				
226	Bone	Wrist	3.41				
227	Bone	Forearm	3.41				
228	Bone	Hand	3.41				
229	Bone	Finger	1.71				
230	Bone	Arthrogram shoulder	20.76				
305	Bone	Hip	3.41				
310	Bone	Pelvis	3.31				
315	Bone	Pelvis and hips	3.99				
320	Bone	Sacroiliac joints	3.31				
321	Bone	Patella	3.41				
322	Bone	Foot	3.41				
323	Bone	Ankle	3.41				
324	Bone	Knee	3.41				
325	Bone	Calcaneus	3.41				
326	Bone	Tibia & fibula	3.41				

CODE	GROUP	DESCRIPTION	UNIT VALUE	IN PATIENT	OUT PATIENT	TOTAL EXAMS	TOTAL UNITS
327	Bone	Toe	1.71				
328	Bone	Feet—weight bearing	6.64				
335	Bone	Femur	3.41				
340	Bone	Orthoroentgenogram (leg length measurement)	2.58				
350	Bone	Arthrogram hip	20.76				
351	Bone	Arthrogram knee	20.76				
403	Other	Fluoroscopy 10 minutes	12.50				
404	Chest	Single view	3.13				
405	Chest	Multiple views	5.13				
425	Chest	Ribs—each side	2.90				
435	Chest	Sternum	3.31				
439	Bone	Dual photon densitometry	11.73				
440	Bone	Sternoclavicular joints	3.41				
445	H&N	Neck—for soft tissue	3.31				
470	Chest	Bronchogram unilateral	11.07				
484	Mammo	Mammography screening bilateral	5.09				
485	Mammo	Mammography unilateral	7.19				
486	Mammo	Breast cystography	6.63				
490	Mammo	Mammography diagnostic bilateral	14.07				
495	Mammo	Needle localization	34.39				
500	Mammo	Galactography	6.63				
505	Mammo	Stereotactic localization	19.29				
510	Mammo	Surgical specimen radiography	3.82				
605	Abdomen	Survey film	3.13				
610	Abdomen	Multiple films	3.88				
620	G.I.	Esophagus	14.62				
625	G.I.	Upper G.I. series	18.69				
630	G.I.	Upper G.I. Paediatric	28.05				
635	G.I.	Small bowel study	9.67				
640	G.I.	Enteroclysis	26.57				
650	G.I.	Colon—barium only	14.91				
655	G.I.	Colon Paediatric—single	22.37				
660	G.I.	Colon—double contrast	19.92				
666	G.I.	Defaecography	26.57				
670	G.I.	Cholecystogram	4.97				
690	G.I.	T-tube Cholangiogram	6.63				

691	G.I.	Operative Cholangiogram	4.66				
695	G.I.	ERCP	6.63				
CODE	**GROUP**	**DESCRIPTION**	**UNIT VALUE**	**IN PATIENT**	**OUT PATIENT**	**TOTAL EXAMS**	**TOTAL UNITS**
709	G.I.	Herniography	9.38				
710	G.I.	Fistula/sinus with contrast	4.40				
745	G.I.	Percutaneous Transhepatic Cholangiogram	6.63				
815	G.I.	Intravenous urogram (IVP)	14.53				
823	G.U.	Retrograde pyelogram	4.53				
830	G.U.	Voiding cystourethrogram	11.07				
835	G.U.	Cystogram Paediatric	18.75				
840	G.U.	Loopogram	4.40				
845	G.U.	Retrograde urethrogram	4.53				
846	G.U.	Cavernosogram	4.40				
850	G.U.	Antegrade (T-tube) Pyelogram	4.53				
865	G.U.	Renal cystogram	6.63				
885	G.U.	Vasogram	4.40				
895	G.U.	Hysterosalpingogram	5.53				
910	G.U.	Pelvimetry	6.63				
1001	Vascular	Venous DSA—abnormal or renal	35.52				
1002	Vascular	Venous DSA—Aortic arch	39.58				
1003	Vascular	Pulmonary angiogram bilateral	93.79				
1004	Vascular	Pulmonary angiogram unilateral	62.53				
1006	Vascular	Unilateral peripheral arteriogram	22.14				
1007	Vascular	Bilateral peripheral arteriogram	33.21				
1008	Vascular	Aortography (abdominal)	44.21				
1009	Vascular	Visceral selective arteriogram	44.21				
1010	Vascular	Venogram extremity	25.01				
1011	Vascular	Venocavogram selective	22.14				
1012	Vascular	Visceral Venogram	22.14				
1013	Vascular	Spinal artery selective	22.14				
1014	Vascular	Bronchial artery selective	44.21				
1015	Vascular	Lymphangiogram	44.21				
1016	Vascular	Arch aortogram	44.21				
1017	Vascular	Spleenoportogram	53.90				
1018	Vascular	Intraoperative angiogram	43.77				
1021	Vascular	Common carotid bilateral	55.83				
1022	Vascular	Internal carotid bilateral	55.83				

1023	Vascular	External carotid bilateral	55.83				
1024	Vascular	Vertebral bilateral	55.83				
1026	Vascular	Common carotid unilateral	30.45				
CODE	**GROUP**	**DESCRIPTION**	**UNIT VALUE**	**IN PATIENT**	**OUT PATIENT**	**TOTAL EXAMS**	**TOTAL UNITS**
1027	Vascular	Internal carotid unilateral	30.45				
1028	Vascular	External carotid unilateral	30.45				
1029	Vascular	Vertebral unilateral	30.45				
1056	Cardiac	Coronary Arteries	50.75				
1057	Cardiac	Coronary Arteries with Ergot	25.38				
1058	Cardiac	Coronary Artery Grafts	50.75				
1059	Cardiac	P.T.C.A.	50.75				
1061	Cardiac	Right Ventriculogram	25.38				
1062	Cardiac	Left Ventriculogram	25.38				
1063	Cardiac	Cardiac Panning <45 min.	60.90				
1064	Cardiac	Cardiac Panning >45min.	121.81				
1071	Cardiac	Aortic Root (cardiac)	25.38				
1105	C.T.	CT head without contrast	42.33				
1111	C.T.	CT head with contrast	42.33				
1115	C.T.	CT head without + with contrast	53.27				
1121	C.T.	CT neck without contrast	42.33				
1125	C.T.	CT neck with contrast	42.33				
1130	C.T.	CT neck without + with contrast	53.27				
1135	C.T.	CT thorax without contrast	42.33				
1141	C.T.	CT thorax with contrast	42.33				
1145	C.T.	CT thorax without + with contrast	53.27				
1150	C.T.	CT abdomen without contrast	42.33				
1155	C.T.	CT abdomen with contrast	42.33				
1160	C.T.	CT abdomen without + with contrast	53.27				
1162	C.T.	CT extremities without contrast	42.33				
1163	C.T.	CT extremities with contrast	42.33				
1164	C.T.	CT extremities without and with contrast	53.27				
1165	C.T.	CT pelvis without contrast	42.33				
1166	C.T.	CT pelvis with contrast	42.33				
1167	C.T.	CT pelvis without and with contrast	53.27				
1169	C.T.	CT spine without contrast	42.33				
1170	C.T.	CT spine with contrast	42.33				
1172	C.T.	CT spine without + with contrast	53.27				

1173	C.T.	Densitometry CT	9.07				
1180	C.T.	3D reconstruction	12.16				
1186	C.T.	CT head special without contrast	42.33				
1187	C.T.	CT head special with contrast	42.33				
CODE	**GROUP**	**DESCRIPTION**	**UNIT VALUE**	**IN PATIENT**	**OUT PATIENT**	**TOTAL EXAMS**	**TOTAL UNITS**
1188	C.T.	CT head special without + with contrast	53.27				
1205	Ultrasound	Abdomen general	25.39				
1206	Ultrasound	Spine	25.39				
1211	Ultrasound	Aorta	12.50				
1212	Ultrasound	Appendix	18.75				
1214	Ultrasound	Pylorus	18.75				
1213	Ultrasound	Kidneys	18.75				
1220	Ultrasound	Pelvis, male or female (GYN)	18.75				
1225	Ultrasound	Endovaginal	26.95				
1226	Ultrasound	Endovaginal with pelvic	38.70				
1231	Ultrasound	Endorectal	25.39				
1245	Ultrasound	Obstetrical	27.51				
1246	Ultrasound	Obstetrical, recheck	12.50				
1250	Ultrasound	Biophysical profile	4.84				
1255	Ultrasound	Obs. Multiple – (add on)	20.04				
1256	Ultrasound	Obs. Multiple – recheck (add on)	6.25				
1264	Ultrasound	Cerebral	33.49				
1265	Ultrasound	Thyroid/parathyroid (NECK)	18.75				
1275	Ultrasound	Scrotum	25.45				
1280	Ultrasound	Shoulder	18.75				
1285	Ultrasound	Hip	18.75				
1295	Ultrasound	Breast, single	12.50				
1296	Ultrasound	Chest	18.75				
1297	Ultrasound	Popliteal fossa	12.50				
1298	Ultrasound	Subcutaneous mass	12.50				
1306	Ultrasound	Intraoperative U/S	47.56				
1307	Ultrasound	Portable – M.D. in attendance	18.75				
1309	Ultrasound	Fetal echo	78.16				
1310	Ultrasound	Two Dimensional cardiac	47.56				
1311	Ultrasound	M-Mode cardiac	25.44				
1312	Ultrasound	Doppler-Quantitative, cardiac	30.45				
1313	Ultrasound	Doppler – Qualitative, cardiac	15.23				

1335	Ultrasound	Doppler abdominal blood vessels	33.49				
1340	Ultrasound	Carotid doppler	33.49				
1345	Ultrasound	Doppler-extremities	18.75				
CODE	**GROUP**	**DESCRIPTION**	**UNIT VALUE**	**IN PATIENT**	**OUT PATIENT**	**TOTAL EXAMS**	**TOTAL UNITS**
1405	M.R.I.	Cranial Multisection SE	40.97				
1406	M.R.I.	Cranial Multisection IR	25.76				
1407	M.R.I.	Cranial Repeat, sequence	19.91				
1409	M.R.I.	ENT Multisection SE	40.97				
1411	M.R.I.	ENT Multisection IR	25.76				
1412	M.R.I.	ENT Repeat, sequence	19.91				
1415	M.R.I.	Thorax Multisection SE	46.83				
1416	M.R.I.	Thorax Multisection IR	40.97				
1417	M.R.I.	Thorax Repeat, sequence	23.42				
1420	M.R.I.	Abdomen Multisection SE	46.83				
1421	M.R.I.	Abdomen Multisection IR	40.97				
1422	M.R.I.	Abdomen Repeat, sequence	23.42				
1425	M.R.I.	Pelvis Multisection SE	46.83				
1426	M.R.I.	Pelvis Multisection IR	40.97				
1427	M.R.I.	Pelvis Repeat sequence	23.42				
1430	M.R.I.	Extremities Multisection SE	40.97				
1431	M.R.I.	Extremities Multisection IR	25.76				
1432	M.R.I.	Extremities Repeat, sequence	19.91				
1440	M.R.I.	Spine (one seq.) Multisection SE	37.47				
1441	M.R.I.	Spine (one seq.) Multisection IR	24.58				
1442	M.R.I.	Spine (one seq. Repeat, sequence	18.73				
1445	M.R.I.	Spine (two adjoining) Multisection SE	44.50				
1446	M.R.I.	Spine (two adjoining) Multisection IR	37.47				
1447	M.R.I.	Spine (two adjoining) Repeat sequence	22.25				
1450	M.R.I.	Spine (two not add.) Multisection SE	66.74				
1451	M.R.I.	Spine (two not add.) Multisection IR	37.47				
1452	M.R.I.	Spine (two not add.) Repeat sequence	32.78				
1453	M.R.I.	Add 30% for gating	14.05				
1776	Nuc. Med.	Labelled WBC	41.04				
1777	Nuc. Med.	Gallium (one area)	28.14				
1778	Nuc. Med.	Gallium (multiple areas)	35.08				
1790	Nuc. Med.	Vascular study (flow) add on	11.73				
1810	Nuc. Med.	Brain scan	11.73				

1811	Nuc. Med.	Brain Perfusion	46.89				
1812	Nuc. Med.	CSF study (Cisternogram)	35.18				
1813	Nuc. Med.	Shunt function study	46.89				
1814	Nuc. Med.	Radionuclide Arthrogram	35.18				
CODE	**GROUP**	**DESCRIPTION**	**UNIT VALUE**	**IN PATIENT**	**OUT PATIENT**	**TOTAL EXAMS**	**TOTAL UNITS**
1816	Nuc. Med.	Bone scan – one area	23.45				
1817	Nuc. Med.	Bone scan – multiple areas	28.14				
1818	Nuc. Med.	Bone marrow – one area	23.45				
1819	Nuc. Med.	Marrow scan – multiple areas	28.14				
1820	Nuc. Med.	Bone Density	11.73				
1830	Nuc. Med.	Lung ventilation scan	23.45				
1835	Nuc. Med.	Lung scan perfusion	23.45				
1840	Nuc. Med.	Liver and spleen	18.75				
1843	Nuc. Med.	Haemangioma (RBC)	28.14				
1845	Nuc. Med.	Spleen scan (RBC)	18.75				
1850	Nuc. Med.	Hepatobiliary	23.45				
1853	Nuc. Med.	Bile salt study	23.45				
1855	Nuc. Med.	Gastric emptying	23.45				
1860	Nuc. Med.	Ectopic gastric mucosa	23.45				
1865	Nuc. Med.	G.I bleed	46.89				
1870	Nuc. Med.	G.E. reflux	18.75				
1871	Nuc. Med.	Esophageal motility	46.89				
1872	Nuc. Med.	Ciliary motion study	31.27				
1873	Nuc. Med.	Peritoneal/venous shunt	23.45				
1875	Nuc. Med.	Renal static imaging	11.73				
1880	Nuc. Med.	Renal scan and renogram	35.18				
1881	Nuc. Med.	A.C.E. renal scan	46.89				
1885	Nuc. Med.	Diuretic stimulation (add on)	11.73				
1890	Nuc. Med.	Testicual scan	23.45				
1899	Nuc. Med.	Residual urine (add on)	11.73				
1904	Nuc. Med.	Myocardial rest	23.45				
1905	Nuc. Med.	Mycardial Stress and rest	37.52				
1906	Nuc. Med.	Myocardial rest quantitative (add on)	7.04				
1907	Nuc. Med.	Myocardial stress and rest quantitative – add on	11.73				
1910	Nuc. Med.	MUGA with Quantitative	23.45				
1911	Nuc. Med.	Exercise MUGA	58.62				
1912	Nuc. Med.	Mycardial Infarction	23.45				

1913	Nuc. Med.	Cardiac first pass	28.14				
1914	Nuc. Med.	Cardiac shunt	23.45				
1915	Nuc. Med.	Venoscintigram	23.45				
1920	Nuc. Med.	Thyroid Uptake	18.75				
1921	Nuc. Med.	Thyroid scan	18.75				
CODE	**GROUP**	**DESCRIPTION**	**UNIT VALUE**	**IN PATIENT**	**OUT PATIENT**	**TOTAL EXAMS**	**TOTAL UNITS**
1922	Nuc. Med.	Thyroid uptake special	23.45				
1925	Nuc. Med.	Adrenal scan	70.34				
1930	Nuc. Med.	Parathryoid scan	35.18				
1935	Nuc. Med.	Tumor imaging	28.14				
1940	Nuc. Med.	Salivary gland scintigraphy	23.45				
1945	Nuc. Med.	Dacroscintigraphy	30.48				
1946	Nuc. Med.	Lymphoscintigram	23.45				
1947	Nuc. Med.	Isolated limb perfusion	11.73				
1950	Nuc. Med.	Tomography (add on)	12.50				
1951	Nuc. Med.	Hepatobiliary with pharmacologic stimulation	35.18				
1955	Nuc. Med.	Hyperthyroidism (Therapy)	42.21				
1960	Nuc. Med.	Carcinoma of Thyroid (Therapy)	58.62				
1961	Nuc. Med.	Metastatic Carcinoma (Therapy)	42.21				
1962	Nuc. Med.	Ascites or Pleural effusion (Therapy)	42.21				
1963	Nuc. Med.	Synovectomy (Therapy)	42.21				
1964	Nuc. Med.	Polycythemia (Therapy)	42.21				
1970	Nuc. Med.	Red cell volume	11.73				
1971	Nuc. Med.	Plasma volume	11.73				
1972	Nuc. Med.	Red cell survival	23.45				
1973	Nuc. Med.	Sequestration study	46.89				
1974	Nuc. Med.	Ferrokinetics	23.45				
1976	Nuc. Med.	Stool for blood loss	11.73				
1977	Nuc. Med.	I-131 Gastrointestinal protein loss study	11.73				
1978	Nuc. Med.	C-14 Breath test	11.73				
1979	Nuc. Med.	Glomerular Filtration Rate (with blood samples)	11.73				
1981	Nuc. Med.	Schilling test with or without intrinsic factor	11.73				
1995	Nuc. Med.	Retrograde Nuclide Cystogram	18.75				
			TOTAL UNITS FOR THIS CLAIM:				

PROGRAMS OF THE NOVA SCOTIA DEPT. OF HEALTH
PO BOX 500 HALIFAX NOVA SCOTIA B3J 2S1
TELEPHONE (902) 468-9700

NOVA SCOTIA MEDICAL SERVICES INSURANCE

PATHOLOGY STATISTICAL BILLING REPORT

Provider Name or Group Name:	
Provider Number or Group Number:	
Institution Name and Number:	
Business Arrangement Number:	
Billing Period From:	
Billing Period To:	
Contact Name / Phone Number:	

CODE	EXAMINATION DESCRIPTION	UNITS	In Patient	Out Patient	Number of Exams	TOTAL UNITS
P2320	Autopsy, gross (all ages)	123.50				
P2321	Autopsy, gross, negative cranium	95.42				
P2322	Autopsy, gross, limited	28.07				
P2323	Autopsy Tissues (Maximum 25 per autopsy)	4.49				
P2324	Surgicals, gross	7.30				
P2325	Surgicals, gross and microscopic	19.08				
P2326	Frozen Sections	31.99				
P2328	Interpretation–fine needle aspiration biopsy	15.00				
P2329	Cell Block	14.60				
P2330	Cytology (with a screener)	1.00				
P2331	Interpretation & Report–GYN cytology slides	5.00				
P2332	Interpretation & Report–NON GYN cytology slides	5.61				
P2333	Sex Chromatin Analysis	5.61				
P2334	Karyotype Test A–5 cells & 2 karyotypes	16.84				
P2335	Karyotype Test B–30 cells & 4 karyotypes	22.46				
P2336	Electron Microscopy Anatomical Pathology only	52.90				
P2337	* Immunohistochemistry–Head and Neck	10.00				
P2338	* Immunohistochemistry–Anterior Torso	10.00				
P2339	* Immunohistochemistry–Posterior Torso	10.00				
P2340	* Immunohistochemistry–Right arm	10.00				
P2341	* Immunohistochemistry–Left arm	10.00				
P2342	* Immunohistochemistry–Right leg	10.00				
P2343	* Immunohistochemistry–Left leg	10.00				
P2344	Liquid based preparation (thin prep) non gynaecological cytology (per slide)	15.00				
P2345	Surgicals, gross and microscopic 3 or more separate surgical specimens	29.62				
P2346	Surgicals, gross and microscopic, single large complex CA specimen including lymph notes	29.62				
* Immunohistochemistry Staining and Interpretation of Surgical (Anatomic) Pathology Specimens		**TOTAL UNITS CLAIMED:**				

PROGRAMS OF THE NOVA SCOTIA DEPT. OF HEALTH
PO BOX 500 HALIFAX NOVA SCOTIA B3J 2S1
TELEPHONE (902) 468-9700

NOVA SCOTIA MEDICAL SERVICES INSURANCE

PATHOLOGY STATISTICAL BILLING REPORT - PREMIUM FEES

Provider Name or Group Name:	
Provider Number or Group Number:	
Institution Name and Number:	
Business Arrangement Number:	
Billing Period From:	
Billing Period To:	
Contact Name / Phone Number:	

CODE	EXAMINATION DESCRIPTION-PREMIUM TIME	Premium value	Unit value	In patient	Out patient	No. of exams	TOTAL UNITS
P3320	Autopsy, gross (all ages)	35%	166.73				
P5320	Autopsy, gross (all ages)	50%	185.25				
P3321	Autopsy, gross, negative cranium	35%	128.82				
P5321	Autopsy, gross, negative cranium	50%	143.13				
P3322	Autopsy, gross, limited	35%	37.89				
P5322	Autopsy, gross, limited	50%	42.11				
P3323	Autopsy Tissues (Maximum 25 per autopsy)	35%	13.49				
P5323	Autopsy Tissues (Maximum 25 per autopsy)	50%	13.49				
P3324	Surgicals, gross	35%	16.30				
P5324	Surgicals, gross	50%	16.30				
P3325	Surgicals, gross and microscopic	35%	28.08				
P5325	Surgicals, gross and microscopic	50%	28.62				
P3326	Frozen Sections	35%	43.19				
P5326	Frozen Sections	50%	47.99				
P3328	Interpretation - fine needle aspiration biopsy	35%	24.00				
P5328	Interpretation - fine needle aspiration biopsy	50%	24.00				
P3329	Cell Block	35%	23.60				
P5329	Cell Block	50%	23.60				
P3330	Cytology (with a screener)	35%	10.00				
P5330	Cytology (with a screener)	50%	10.00				
P3331	Interpretation & Report - GYN cytology slides	35%	14.00				
P5331	Interpretation & Report - GYN cytology slides	50%	14.00				
P3332	Interpretation & Report - NON GYN cytology slides	35%	14.61				
P5332	Interpretation & Report - NON GYN cytology slides	50%	14.61				
P3333	Sex Chromatin Analysis	35%	14.61				
P5333	Sex Chromatin Analysis	50%	14.61				
P3334	Karyotype Test A - 5 cells & 2 karyotypes	35%	25.84				
P5334	Karyotype Test A - 5 cells & 2 karyotypes	50%	25.84				
P3335	Karyotype Test B - 30 cells & 4 karyotypes	35%	31.46				
P5335	Karyotype Test B - 30 cells & 4 karyotypes	50%	33.69				
P3336	Electron Microscopy Anatomical Pathology only	35%	71.42				
P5336	Electron Microscopy Anatomical Pathology only	50%	79.35				
P3345	Surgicals, gross and microscopic 3 or more separate surgical specimens	35%	39.99				
P5345	Surgicals, gross and microscopic 3 or more separate surgical specimens	50%	44.43				
P3346	Surgicals, gross and microscopic, single large complex CA specimens including lymph notes	35%	39.99				
P5346	Surgicals, gross and microscopic, single large complex CA specimens including lymph notes	50%	44.43				
						TOTAL UNITS CLAIMED:	

2012 CUT-OFF DATES
FOR RECEIPT OF
PAPER & ELECTRONIC CLAIMS

PAPER CLAIMS	ELECTRONIC CLAIMS	PAYMENT DATE
December 30, 2011**	January 5, 2012	January 11, 2012
January 16, 2012	January 19, 2012	January 25, 2012
January 30, 2012	February 2, 2012	February 8, 2012
February 13, 2012	February 16, 2012	February 22, 2012
February 27, 2012	March 1, 2012	March 7, 2012
March 12, 2012	March 15, 2012	March 21, 2012
March 26, 2012	March 29, 2012	April 4, 2012
April 9, 2012	April 12, 2012	April 18, 2012
April 23, 2012	April 26, 2012	May 2, 2012
May 7, 2012	May 10, 2012	May 16, 2012
May 18, 2012 **	May 24, 2012	May 30, 2012
June 4, 2012	June 7, 2012	June 13, 2012
June 18, 2012	June 21, 2012	June 27, 2012
June 30, 2012 **	July 5, 2012	July 11, 2012
July 16, 2012	July 19, 2012	July 25, 2012
July 30, 2012	August 1, 2012 **	August 8, 2012
August 13, 2012	August 16, 2012	August 22, 2012
August 27, 2012	August 29, 2012 **	September 5, 2012
September 10, 2012	September 13, 2012	September 19, 2012
September 24, 2012	September 27, 2012	October 3, 2012
October 5 ,2012 **	October 11, 2012	October 17, 2012
October 22, 2012	October 25, 2012	October 31, 2012
November 5, 2012	November 7, 2012 **	November 14, 2012
November 19, 2012	November 22, 2012	November 28, 2012
December 3, 2012	December 6, 2012	December 12, 2012
December 13, 2012 **	December 18, 2012 **	December 24, 2012 **
December 31, 2012	January 3, 2013	January 9, 2013
11:00 AM CUT OFF	11:59 PM CUT OFF	

NOTE:
Though we will strive to achieve these goals, it may not always be possible due to unforeseen system issues. It is advisable not to leave these submissions to the last day.

Each electronically submitted service encounter must be received, processed and accepted by 11:59 p.m. on the cut-off date to ensure processing for that payment period.

Paper Claims include: Psychiatric Activity Reports, Rural Providers' Emergency on Call Activity Reports, Radiology, Pathology, Internal Medicine Monthly Statistical Reports and Sessional Payments. Manual submissions must be received in the Assessment Department by 11:00 a.m. on the cut off date to ensure processing for that payment period.

PLEASE NOTE, THE ** INDICATES A DATE VARIATION

November 30, 2011

HOLIDAY DATES FOR 2012

Please make a note in your schedule of the following dates MSI will accept as "Holidays."

NEW YEAR'S DAY	MONDAY, JANUARY 2, 2012
GOOD FRIDAY	FRIDAY, APRIL 6, 2012
EASTER MONDAY	MONDAY, APRIL 9, 2012
VICTORIA DAY	MONDAY, MAY 21, 2012
CANADA DAY	MONDAY, JULY 2, 2012
CIVIC HOLIDAY	*IF APPLICABLE*
LABOUR DAY	MONDAY, SEPTEMBER 3, 2012
THANKSGIVING DAY	MONDAY, OCTOBER 8, 2012
REMEMBRANCE DAY	MONDAY, NOVEMBER 12, 2012
CHRISTMAS DAY	TUESDAY, DECEMBER 25, 2012
BOXING DAY	WEDNESDAY, DECEMBER 26, 2012
NEW YEAR'S DAY	TUESDAY, JANUARY 1, 2013

MSI Assessment Department (902) 496-7011
Fax Number (902) 490-2275
Toll Free Number 1-866-553-0585

Happy Holidays!

From the Staff of the MSI Programs