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Inside this Issue

- Retroactive Payment
- MSI MSU Value
- MSI Anaesthesia Unit Value
- Alternative Payment Plans (APP)
- General Practice Community Remote On-Call
- Emergency Department Funding
- Sessional Payments
- General Practice Evening and Weekend Office Visit Incentive
- Interim Fee Codes for PET/CT Scan and Interpretation
- MSI Documentation Reminder
- MSI Medical Consultant, MSI Monitoring
- Advertisement for MSI Medical Consultant

The Department of Health would like to advise you of the following Tariff Agreement modifications effective April 1, 2008.

The proposed Tariff Agreement between Doctors Nova Scotia and the Department of Health specified an increase to the value of the Medical Service Unit (MSU) effective April 1, 2008. Any service encounters submitted on or after July 11, 2008, with a date of service of April 1, 2008 onward, will be paid according to the new MSU value.

Additional information related to the proposed Tariff Agreement between Doctors Nova Scotia and the Department of Health will be detailed in a later bulletin.

RETROACTIVE PAYMENT

All claims eligible for a Medical Service Unit (MSU) and Anaesthesia Unit (AU) increase with a service date of April 1, 2008 to July 10, 2008 inclusive and a date of payment prior to July 30, 2008 will be identified and a retroactive payment will be calculated and paid in the fall of 2008.

If there are any questions regarding the retroactive payment, please contact Heather Etsell at (902) 496-7166.

MSI MEDICAL SERVICE UNIT

The MSU value increase April 1, 2008 is as follows:

April 1, 2008 – March 31, 2009	\$2.23
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MSI ANAESTHESIA UNIT

The AU value increase April 1, 2008 is as follows:

April 1, 2008 – March 31, 2009	\$15.91
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ALTERNATIVE PAYMENT PLANS (APP)

The funding rates per full-time equivalent (FTE) for regional anaesthesia, geriatric specialist and palliative care specialist APP contracts are increased as follows: Effective April 1, 2008: MSU Increase plus \$15,000

The funding rates per full-time equivalent (FTE) for regional paediatrics, obstetrics/gynecology and neonatology and psychiatry APP contracts are increased as follows: Effective April 1, 2008: MSU Increase plus \$5,000

The funding rates per full-time equivalent (FTE) for general practice APP contracts are increased as follows: Effective April 1, 2008: MSU Increase plus \$5,000. These increases apply to all general practice APPs including family physicians, general practitioner/nurse practitioner, general practitioner palliative care, general practitioner geriatric, clinician assessment for practice program and group APP contract.

Alternative Payment Plans

GENERAL PRACTICE COMMUNITY REMOTE ON-CALL

The existing Community Remote Practice On-Call Program will continue for the period of April 1, 2008 until March 31, 2009. All physicians who are currently paid through this program will be “grandfathered”. The biweekly payment is 447.23 MSU at a MSU value of \$2.23.

EMERGENCY DEPARTMENT FUNDING

Effective April 1, 2008, QEII, IWK and Regional Hospital’s Emergency Department physician funding will increase to 70 MSUs per hour at a MSU value of \$2.23.

Effective April 1, 2008, all other Emergency Department’s current arrangement for “billable hours” be paid at the increased MSU value of \$2.23.

Emergency Department Funding

SESSIONAL PAYMENTS

The sessional payment rates for both General Practitioners and Specialists increase for this year of the agreement is as follows:

	Hourly Rate in MSUs	
	General Practitioners	Specialists
April 1, 2008	56	66

GENERAL PRACTICE EVENING AND WEEKEND OFFICE VISIT INCENTIVE PROGRAM

Family physicians should continue to submit eligible claims with the GPEW modifier. These payments will no longer show as a bottom line adjustment. Additional information related to this incentive program will be detailed in a later bulletin.

INTERIM FEE CODES FOR PET/CT SCAN AND INTERPRETATION

The following two new fee codes for PET/CT scanning and interpretation for the section of Radiology have been set up with an effective date of June 23, 2008. The codes are temporary for one year. These services are to be patient specific and billed electronically.

Interim Fee for
PET/CT Scan

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Unit Value</u>
VEDT	02.79B	PET/CT scan and interpretation, one body region	87
VEDT	02.79C	PET/CT scan and interpretation, multiple body regions (including whole body scan)	125

The Scans can only be ordered by a Medical, Surgical or Radiation Oncologist directly involved in the cancer management of the patient. The ordering Oncologist is responsible for documenting the medical necessity of the scan and that it is within the current list of indications.

Indications for PET/CT

Cancer	Indications
Breast	Evaluation of recurrence/residual disease, distant metastases (staging/restaging) and disease/therapeutic monitoring
Colorectal	Evaluation of recurrence/restaging, distant metastases and disease/therapeutic monitoring
Lung	Diagnosis of single pulmonary nodule, staging distant metastases, recurrence/restaging and disease/therapeutic monitoring
Head and Neck	Diagnosis of occult and synchronous tumours and recurrence/restaging and radiation planning
Lymphoma	Staging, restaging and monitoring
Oesophageal	Staging, restaging and monitoring
Melanoma	Recurrence/restaging, distant metastases
Thyroid	Limited to recurrent disease not confirmed by I ¹³¹ scintigraphy

MSI DOCUMENTATION REMINDER

As in the past, for MSI purposes, an appropriate medical record must be maintained for all insured services claimed. This record must contain the patient's name, health card number, date of service, reason for the visit or presenting complaint(s), clinical findings appropriate to the presenting complaint(s), the working diagnosis and the treatment prescribed.

From the documentation recorded for psychotherapy services, it should be evident that in the treatment of mental illness, behavioural maladaptions, or emotional problems, the physician "deliberately established a professional relationship with the patient for the purposes of removing, modifying or retarding existing symptoms,

*Appropriate
Documentation is
Required on All
Claims Submitted*

of attenuating or reversing disturbed patterns of behaviour, and of promoting positive personality growth and development.” There should be evidence of the discussions that took place between the physician and the patient, the patient’s response, and the subsequent advice that was given to the patient by the physician in an attempt to promote an improvement in the emotional well being of the patient. Similarly, for all counselling services, the presenting problem should be outlined as well as advice given to the patient by the physician and the ongoing management/treatment plan. The recording of symptoms followed by “long discussion,” “long talk,” “counselled,” “supportive psychotherapy,” etc., is not considered appropriate documentation for the billing of psychotherapy or counselling services.

Where a procedural code is claimed, the patient record of that procedure must contain information which is sufficient to verify the type and extent of the procedure according to the Fee Schedule.

Where a differential fee is claimed based on time, location, etc., the information on the patient’s record must substantiate the claim.

Where the fee claimed is calculated on a time basis, start and finish times must be part of the patient record of that service.

All claims submitted to MSI must be verifiable from the patient records associated with the services claimed. If the record does not substantiate the claim for the service, then the service is not paid for or a lesser benefit is given.

Documentation of services which are being claimed to MSI must be completed before claims for those services are submitted to MSI.

All service encounters claimed to MSI are the sole responsibility of the physician rendering the service with respect to appropriate documentation and claim submission.

MSI MEDICAL CONSULTANT, MSI MONITORING

We are pleased to announce that Dr Gayle Higgins has joined the MSI Monitoring department of Medavie Blue Cross earlier this month. Although Dr Karen Sample retired June 30/08 after having spent 13 years with our organization, she has agreed to continue on a part time basis for 6 months to ensure a smooth transition of responsibilities. If you have any MSI related questions or concerns, please do not hesitate to contact Dr Higgins at 496 -7112.

New Staff



YOUR HEALTH SERVICES PARTNER SINCE 1943

COMPETITION #0523508

MEDICAL CONSULTANT MEDICAL SERVICES INSURANCE (MSI)

Founded in 1943, Medavie Blue Cross provides reliable, cost-effective health, dental, travel, life and disability benefits to more than one million group and individual subscribers.

At Medavie Blue Cross we understand that our employees play a key role in building a strong and successful organization. We believe in our people and encourage them to learn and grow within the company. We live up to our core purpose of "improving lives through our products and services, people and expertise" through our strong focus on customer service and access to state-of-the-art technology. Are you looking for challenging, fast-paced and team-oriented work? The career you've been looking for may be waiting for you at Medavie Blue Cross.

Medavie Blue Cross administers Medical Services Insurance (MSI) programs on behalf of the Nova Scotia Department of Health. We are currently searching for a physician to join the MSI Programs team of the Government Programs Division, in a part-time capacity. Reporting to the Manager, your primary function will be to support the MSI claims adjudication system. In this role, you will be responsible to provide a professional link between the physicians, government and patients. You will also work closely with our client, the Nova Scotia Department of Health, advising on MSI related matters.

As an ideal candidate, you are licenced as a physician in Nova Scotia with a minimum of 15 years experience in a range of practice settings and an understanding of the fee-for-service billing system. A surgical and administrative background would be an asset.

If you are interested in working with a team of professionals in a challenging role and you possess the necessary qualifications, please follow the instructions for applying online via the career section of the Medavie Blue Cross Corporate website at www.medavie.bluecross.ca no later than **Friday August 15, 2008**.



Medavie Blue Cross is an equal opportunity employer.

www.medavie.bluecross.ca