PHYSICIANS' BULLETIN

NOVA SCOTIA MEDICAL SERVICES INSURANCE

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Inside this Issue

NEW FEES

Effective April 1, 2010 the following new Health Service Codes are available for billing:

Category	Code	Description	Unit Value
VEDT	68.99G	**Renal access and nephroureteral stent placement for stone extraction** This procedure establishes a percutaneous tract to allow minimally invasive, percutaneous nephrolithotomy (PNL) for removal of renal calculi. Under local anaesthetic, an access needle is advanced into the specific renal calyx to allow direct access to the renal calculous. A guidewire is advanced through the needle and manipulated down the ureter past the stone(s) into the bladder. A nephroureteral catheter is then introduced. The patient is then transferred to the operating room for PNL under a general anaesthetic. The placement of the stent must be precise as the urologist will go on to dilate that access tract to a 30 French diameter.	160
VEDT	68.99H	**Antegrade ureteric stent insertion with or without balloon dilation** This procedure is done for ureteric obstruction secondary to stones or malignancy. Under local anaesthetic and conscious sedation, a guidewire is advanced through a preexisting nephrostomy tube, which is then removed. A diagnostic catheter is introduced over the guidewire and then threaded down the ureter, past the obstruction and into the bladder. A double J ureteric stent is advanced over the catheter into the bladder. A nephrostomy tube is then reinserted. A balloon dilation of the stricture may be required.	120

Category	Code	Description	Unit Value
VEDT	68.99I	**Balloon dilation of ureteric stricture** This procedure is done for ureteric obstruction secondary to stones or malignancy. Under local anaesthetic and conscious sedation, a guidewire is advanced through a preexisting nephrostomy tube, which is then removed. A diagnostic catheter is introduced over the guidewire and then threaded down the ureter, past the obstruction and into the bladder. An angioplasty balloon is advanced over the guidewire and across the stricture and inflated. This may need to be repeated several times in order to alleviate the stricture.	100

Physicians holding eligible services must submit their claims from April 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.

REVISED LOCUM PROGRAM

Effective July 1, 2010, a revised Locum Program has been approved by the Master Agreement Steering Group.

Program Guidelines

Locum Physician Eligibility

- Locum physicians are required to be licensed by the College of Physicians and Surgeons of Nova Scotia.

Locum Coverage Eligibility for Family Practitioners: the following are the criteria for which the Provincial Locum Program will fund locum coverage for a Family Practitioner (all criteria must be met):

- Scheduled leave of physician for vacation, CME, maternity and medical leave OR unplanned leave due to illness
- Physician located in any community outside Capital District Health Authority; and, the following communities within Capital District Health Authority: Musquodoboit Harbour, Middle Musquodoboit, Upper Musquodoboit, Jeddore, Ship Harbour, Sheet Harbour, Brooklyn, Falmouth, Kempt Shore, Newport Corner, Smiths Corner, Summerville, Three Mile Plains, Windsor, and Windsor Forks. Current facilities located in Porters Lake and Mineville, will continue to be eligible for Locum funding until March 31, 2013, based on a five year history of Locum coverage requests. As of April 1, 2013, these facilities will no longer be eligible to receive Locum funding, unless changes to the program are approved through the MASG.

1. Maximum 30 days coverage funded per fiscal year for each physician.

Locum Coverage Eligibility for Specialists: the following are the criteria for which the Provincial Locum Program will fund coverage for Specialists (all criteria must be met).

- Scheduled leave of physicians for vacation, CME, maternity and medical leave OR unplanned leave due to illness; OR, coverage for a position that has been vacated within the previous six months where an ongoing core service is being provided, OR, weekend coverage.

- Coverage for DHAs 1-8
- Core specialty services covered: general internal medicine, general surgery, anaesthesiology, orthopaedic surgery, obstetrics/gynaecology, psychiatry, paediatrics, pathology and radiology.
- Coverage provided for services in a Regional hospital for physician groups that have an active call rotation of 5 or fewer physicians
- Maximum 30 days funded coverage for each core service physician or vacant position per fiscal year; except 45 days coverage for physicians where they are the solo practitioner in a core service.

Note: Specialists with an active clinical practice will not be funded through the locum program to cover services within their own DHAs

Services to be provided by locum physicians:

General Practitioners

- Office practice coverage
- On-call or emergency department coverage where indicated, as requested on application form

Specialists

- Hospital coverage including on-call
- Office coverage where indicated, as requested on application form

Payment Rates

The following rates will be paid to physicians for providing locum coverage under the Provincial Locum Program effective July 1, 2010:

General Practitioners

- Minimum daily income guarantee: increase from $600 to $700
- *note: physician may request payment by FFS rather than income guarantee, in which case they will receive only per diem and mileage through the Provincial Locum Program, in addition to their FFS billings*
- Top up in addition to minimum daily income guarantee will paid based on volume of services provided, as indicated by shadow billings
- Per diem to cover locum physician expenses, eg food and accommodation: increase from $130 to $150 per day
- Overhead: increase from $180 to $210 per day payable to host practice to cover office overhead expenses;
  Note: where the locum physician is eligible to receive a 'top up' payment, the locum physician will receive 70% of the top up payment amount, and the host practice will receive 30% as overhead.
- Mileage at current Nova Scotia Government rate

Specialists

- Minimum daily income guarantee: $1200 (no change from current rate)
  Note: physician may request payment by FFS rather than income guarantee, in which case they will receive only per diem and mileage through the Provincial Locum Program, in addition to their FFS billings
- Top up in addition to minimum daily income guarantee will be paid based on volume of services provided, as indicated by shadow billings
- Per diem to cover locum physician expenses, eg food and accommodation: increase from $130 to $150 per day
- Overhead: $210/day payable to host practice where office coverage is required
- Mileage at Nova Scotia Government rate
- On-call fee to be funded by DOH and administered by the DHA.

Program Administration

- The Provincial Locum Program will be administered by Physician Services, Nova Scotia Department of Health
- An application form will be completed and signed by the locum physician and the host DHA (for specialists) or physician/practice (for family physicians) and submitted to Physician Services (Application forms available on the Nova Scotia Department of Health website; as well as members' section on Doctors Nova Scotia website).
- Approval/decline of locum application by Physician Services within 2 working days with notification of locum physician and DHA Chief of Staff or host physician/practice (approval by Physician Services is conditional on granting of license by College of Physicians and Surgeons of Nova Scotia)
- The locum physician must contact MSI (Betty Foster 496-7107 or Emily Pelley 496-7560) prior to starting the locum to receive a locum shadow billing arrangement number, and to provide their banking information. Payment through the Provincial Locum Program can only be provided where the locum physician has obtained a locum shadow billing arrangement number.
- The locum physician will prepare shadow billings for all services provided; the host DHA or host physician/practice will provide administrative support for shadow billing
- At the end of the locum, or on a weekly basis, the locum physician will submit a completed Claim Form to Physician Services for payment. (Send completed forms to Heather Coady at Physician Services, via fax: 902-424-1740 or email: heather.coady@gov.ns.ca .
- Physician Services will verify the Claim Form and submit to MSI for payment
- At the end of the locum, if the locum physician or host physician believes services provided exceed the value of the guaranteed daily rate over the course of the locum, they can apply for a 'top up' payment by contacting Physician Services and requesting a 'reconciliation' of payment.
- Shadow billing - The provision of shadow billings is critical to the budget of the Provincial Locum Program, as the total amount of shadow billings is charged to the FFS cost centre. The locum program is only charged for the difference between the shadow billings and the guaranteed daily rate.

For **General Practice** locums, the office of the host physician is expected to provide administrative support to the locum physician for shadow billing. Payment for the minimum daily guarantee for locum services will be subject to receipt of shadow billings.
For **Specialist** locums, the host DHA is expected to provide administrative support to the locum physician for shadow billing. Payment for locum services will be subject to receipt of shadow billings.

BILLING CLARIFICATION

In regards to the following Health Service Codes:

Category	Code	Description	Unit Value
VADT	02.89A	**11-14 week prenatal screening ultrasound** for the determination of nuchal translucency	35
		In multifetal pregnancies each additional fetus is paid at 70%.	24.5
		Images of the nuchal area, nasal bones, intracranial contents, abdomen, heart and upper and lower extremities must be obtained in addition to the standard images for ultrasound <13 weeks.	
		To be billed by fetal maternal medicine specialists and radiologists only. Operators must be certified by the Fetal Maternal Medicine Foundation of Canada or the UK to perform NT measurements. Operators and the centre in which the service is provided, must supply evidence of current certification and quality assurance results annually to MSI to be kept on file. Only physicians with qualifications as stipulated will be eligible for remuneration for this service.	

Category	Code	Description	Unit Value
VADT	02.89B	**Genetic sonogram**	60
		For known or suspected fetal anatomic or genetic abnormality in high risk pregnancies	
		In multifetal pregnancies each additional fetus is paid at 70%	42
		Includes all standard biometry and anatomic review, a detailed fetal heart assessment, and an assessment of potential ultrasound markers (soft markers). Soft markers to include: Increased nuchal translucency, Absent nasal bone, Echogenic bowel, Pyelectasis, Ventriculomegaly, Shortened long bones (humerus, femur), Echogenic intracardiac focus, Choroid plexus cysts.	
		May be billed only once per patient per pregnancy.	
		Patients must be at an increased risk for genetic aneuploidy either by maternal age>40, or by past obstetrical or family history.	
		To be billed only by fetal maternal medicine specialists and radiologists with the credentials to perform fetal ultrasound/echocardiography.	
		Sonogram must be performed by the physician specialist for payment.	

Please be advised the above fees are intended to include all necessary imaging. The bulk billing ultrasound codes are not to be billed in addition to these VADT codes.

PAYMENT RULES

Please note that payment rules for services will continue to be inserted into the system periodically, as necessary. These rules are created to adhere to the billing guidelines laid out in the Physicians' Manual and Bulletins.

EXPLANATORY CODES

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

VA033	Service encounter has been refused as you have already claimed the maximum of four subsequent days for invasive EEG video telemetry.
VA034	Service encounter has been refused as you have already claimed the maximum of nine subsequent days for non-invasive EEG video telemetry.

PP023	Your claim for dental services has been forwarded to Quickcard Solutions Inc. for review.

UPDATED FILES – AVAILABILITY

Updated files reflecting changes are available for download on Friday, July 23rd, 2010. The files to download are health service (SERVICES.DAT), health service description (SERV DSC.DAT), and explanation code (EXPLAIN.DAT).

ANNOUNCEMENT

We are pleased to announce that Dr. Rhonda Church has joined the MSI Monitoring team of Medavie Blue Cross as the new Medical Consultant effective July 12, 2010. Our previous MSI Monitoring Medical Consultant, Dr. Gayle Higgins, has accepted a position in the MSI Assessment Department and will continue to work with Dr. Church during a transition period until mid-August. If you have any MSI Monitoring related questions, please contact Dr. Church at 902-496-7112.