PHYSICIAN'S BULLETIN

MSI News

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NEW PHYSICIAN WEBSITE LOCATION

The platform that the MSI Physician's Website is housed on has been upgraded to more current technology. In doing so, we have updated the URL. The Website can now be found at http://msi.medavie.bluecross.ca/

IOVA SCOTIA MEDICAL SERVICES INSURANC

The former URL (<u>www.medavie.bluecross.ca/msiprograms</u>) remains active and will redirect to the current site. For efficiency, it would be advisable to update any saved bookmarks and favourites.



FEE REVISIONS

Effective May 20, 2016 the following health service codes have been revised to allow for 5 multiples to be claimed.

Category	Code	Description	Value
DEFT	WCB22	Completed Mandatory Generic Exemption Request Form	\$12.50
DEFT	WCB23	Completed Non-Opioid Special Authorization Request Form	\$12.50
DEFT	WCB24	Completed Opioid Special Authorization Request Form	\$42.00

PROVINCIAL IMMUNIZATION CHANGES

Effective May 19, 2016 the following new immunization is available for billing:

HSC	Modifier	Description	Base Units
13.59L	RO=IPVV	IPV-Inactivated Polio Vaccine <u>Billing Guidelines</u> May only be claimed once per lifetime. If the patient was previously incompletely immunized, the physician may bill EC with explanatory text.	6 MSU

Effective May 19, 2016 the following billing guidelines will be implemented:

HSC	Modifier	Description
13.59L	RO=MMAR	MMR - Measles, Mumps, Rubella Vaccine
		Billing Guidelines This vaccine cannot be billed if the first and second doses are not given at least 4 weeks apart, if patient was born on January 1, 1970 or later. If the 2 nd injection is given within this 4 week period, the claim will be refused.
13.59L	RO=TDAP	Tdap - Tetanus, Toxoid, Diphtheria, Acellular Pertussis Vaccine
		<u>Billing Guidelines</u> This vaccine cannot be claimed if the same immunization was previously billed while the patient was 18 years of age or older.
13.59L	RO=TEDV	Td - Tetanus Toxoid, Diphtheria Vaccine
		<u>Billing Guidelines</u> This vaccine cannot be claimed if the same immunization was previously given to the patient within the previous 10 years unless the new claim also has the high risk modifier (PT=RISK). If the claim has the high risk modifier it will require explanatory text and will be manually assessed.



FEE REVISIONS CONTINUED

Effective May 19, 2016 the following billing guideline has been modified:

HSC	Modifier	Description
13.59L	RO=ADPO	Adacel-Polio (Tdap-IPV) <u>Billing Guideline</u> The previous restriction, if patient has already had the injection for diptheria, pertussis, tetanus and poliomyelitis (RO=QUAD) has been removed.

Billing Matters Billing Reminders, New Explanatory Codes

BILLING REMINDERS

Reminder - Claims for Pathology Interpretation of Surgical Specimens (Gross and Microscopic)

When more than one surgical specimen is received from a patient, the following rules apply:

- P2325 may be claimed for each specimen taken from anatomically distinct surgical sites.
- P2345 may be claimed when three or more separate surgical specimens are taken from the same anatomic site.
- P2346 may be claimed when a single large complex cancer specimen, which includes lymph nodes, is examined for the purposes of providing a pathologic cancer staging.

For the purposes of correctly interpreting anatomic pathology fee code P2325 and P2345, the body is considered to be divided into the following distinct anatomical areas:

- head and neck
- upper limbs
- lower limbs
- trunk anterior and posterior

The following organ systems are also considered to be distinct surgical sites:

- upper GI tract
- lower GI tract
- female reproductive system
- male reproductive system
- separate organs within the abdominal or thoracic cavities may be claimed as distinct sites

For example:

P2325

- two colonic polyps from the transverse and descending colon are to be claimed as HSC P2325 (no multiples) as both come from the lower GI tract
- examination of tissue from the colon (two specimens) and liver (two specimens) are claimed as P2325 with two multiples as the colon and liver are anatomically distinct sites.

P2345

- three colonic polyps from the ascending, transverse and descending colons are to be claimed using HSC P2345 (no multiples)
- examination of tissue from four cervical biopsy sites and a single endocervical curettage sample should be claimed as HSC P2345 (no multiples) as all specimens are from the female reproductive system



P2325 + P2345

• examination of tissue from the colon (three specimens) and liver (two specimens) are to be claimed as P2345 (for the three colonic specimens) and P2325 (for the two liver specimens)

P2346

• a single complex gynaecologic cancer specimen which includes lymph nodes is to be claimed as HSC P2346 and not as multiples or second service occurrences using HSCs P2325 and/or P2345

Reminder - Sleep Studies

Health Service Codes exist in Nova Scotia for Level 1, Level 2 and Level 3 Sleep Studies. When claiming these studies, the following requirements apply:

HSC 03.19C - Sleep Studies (Level 1)

HSC 03.19C is for a Level 1 study (overnight polysomnography) a full sleep study in a hospital sleep laboratory with a sleep technologist in attendance.

At a minimum all of the following must be recorded:

- 2-3 leads of electroencephalogram
- 2 leads of electrooculogram
- submental EMG
- ECG
- airflow nose and mouth by thermistor or nasal pressure cannulae
- respiratory effort
- oxygen saturation
- snoring
- anterior tibialis electromyogram
- body position

Physicians must have formal fellowship level training and be credentialed to interpret Level 1 sleep studies by the Nova Scotia Health Authority in order to claim this health service code.

HSC 03.19F - Level 2 Sleep Apnea Testing

At a minimum all of the following parameters must be measured:

- electrooculogram
- heart rate
- air flow
- respiratory effort
- oxygen saturation
- anterior tibialis EMG
- body position

Physicians must have completed fellowship level training including interpretation of sleep studies

HSC 03.19G - Level 3 Sleep Apnea Testing

All of the following parameters must be measured:

- heart rate
- air flow
- respiratory effort
- oxygen saturation
- body position

Physicians must have completed fellowship level training including interpretation of sleep studies.

Physicians claiming these services are asked to review their billing practices to confirm that they are selecting the appropriate health service code.





NEW EXPLANATORY CODES

Code	Description
AD060	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE SECOND DOSE OF THE MEASLES, MUMPS, AND RUBELLA VACCINE CANNOT BE ADMINISTERED WITHIN 28 DAYS OF THE FIRST DOSE.
AD061	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE TETANUS TOXOID, DIPHTHERIA, AND ACELLULAR PERTUSSIS IMMUNIZATION HAS PREVIOUSLY BEEN CLAIMED FOR THIS PATIENT WHILE OVER 18 YEARS OF AGE.
AD062	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM NUMBER OF IPVV INJECTIONS HAS BEEN REACHED.
AD063	SERVICE ENCOUNTER HAS BEEN REFUSED AS A TETANUS TOXOID, DIPTHERIA INJECTION HAS ALREADY BEEN APPROVED IN THE PREVIOUS 10 YEARS.
MA019	SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A BLEPHAROPLASTY IS PERFORMED FOR A DIAGNOSIS OF BLEPAROCHALASIS OR DERMATOCHALASIS, CODE 22.5C SHOULD BE USED, NOT A LID PTOSIS CODE. PRIOR TO SUBMITTING 22.5C, PLEASE CONTACT THE ASSESSMENT DEPT FOR A PA NUMBER.
WBPPC	PHYSICIAN COMPLIANCE. FEES ADJUSTED OR REVERSED DUE TO NON-COMPLIANCE OF THE DOCS NS CONTRACT.

In every issue Helpful links, contact information, updated files

UPDATED FILES

Updated files reflecting changes are available for download on Thursday, May 19, 2016. The files to download are health service (SERVICES.DAT), explanatory codes (EXPLAIN.DAT) and modifier values (MODVALS.DAT).

HELPFUL LINKS NOVA SCOTIA MEDICAL INSURANCE (MSI)

http://msi.medavie.bluecross.ca/

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

www.novascotia.ca/dhw/

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