

# PHYSICIAN'S BULLETIN

November 18, 2016: Vol. LI, ISSUE 17



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## MSI News

### IMPORTANT UPDATE

#### Canadian Medical Protective Insurance (CMPA) Assistance

Effective January 1, 2017, the Department of Health and Wellness will be responsible for the coordination and processing of all eligible CMPA reimbursement, as per the 2015-2019 Master Agreement.

CMPA premium reimbursement to eligible physicians will be facilitated by MSI, through a bottom line adjustment to the physician's preferred business arrangement in place with MSI. Semi-annual payments will be made based on the following payment schedule:

- June 2017
- December, 2017
- June, 2018
- December, 2018
- June, 2019
- December, 2019

Early in the New Year you will receive a package from MSI requesting completion of a Business Arrangement form and supporting banking documentation. A new business arrangement will be set up by MSI for each physician specifically for the Canadian Medical Protective Insurance (CMPA) Assistance reimbursement.

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## NEW FEES

### Methadone Management

Effective November 18, 2016 the following 5 new health services codes will be available for reporting methadone management.

**PLEASE NOTE:** Physician's wishing to claim these 5 codes must be registered with the College of Physicians and Surgeons of Nova Scotia (CPSNS) as having a current valid Health Canada exemption to prescribe methadone for dependency **AND must contact CPSNS to give them permission to release their name to MSI.** MSI cannot directly request this information for privacy reasons. Once MSI receives a physician's name from CPSNS the physician will be permitted to claim for these fees after the next system update. **Once the physician has contacted CPSNS to release their name, the physician is advised to hold their claims until the next system update.**

Category	Code	Description	Base Units
VIST	03.03J	<p><b>Initial Opioid Use Disorder Assessment in a community setting for initiation of Methadone Treatment – (30 minutes)</b></p> <p>This is a time based fee for the complete assessment of the patient entering into opioid agonist treatment (OAT) with methadone for the first time. The required elements of this service are outlined in the College of Physicians and Surgeons of Nova Scotia (CPSNS) Methadone Maintenance Treatment (MMT) Handbook and must be documented in the patient's health record. Required elements include:</p> <ol style="list-style-type: none"> <li>A complete substance use history including illicit, prescription and OTC medications with a risk of abuse and a DSM diagnosis for each problematic drug</li> <li>A complete addiction treatment history;</li> <li>Past medical and surgical history;</li> <li>Family history;</li> <li>Psychosocial history, including living situation, source of income and education;</li> <li>Review of systems;</li> <li>A focused physical examination, when indicated;</li> <li>Review of treatment options;</li> <li>Formulation of a treatment plan;</li> <li>Communication with the patient and/or family to obtain information for the assessment as well as for support staff working in the treatment environment;</li> <li>Communication with previous care providers, including family doctors, pharmacists, addiction services staff, etc. as necessary.</li> <li>Obtain a patient profile for the previous 12 months through the Nova Scotia Prescription Monitoring Program (NSPMP) and register the patient in the NSPMP Methadone Program Monitoring Service.</li> <li>Obtain a urine drug screen</li> <li>The physician should request blood work serology (screening for HIV, and Hepatitis A, B and C) during initiation or within a reasonable amount of time after initiation of OAT (not required if patient is a transfer from another physician or from a specialized treatment program unless blood serology has not previously been completed).</li> <li>Consider obtaining an ECG if indicated.</li> </ol> <p>Start and stop times are to be documented in the health record.</p> <p>It is recognized that the required elements may be gathered over several visits with the patient. This fee is for the initial visit only. Regular visit fees may be billed for subsequent visits.</p> <p><b>Billing Guidelines</b></p> <ul style="list-style-type: none"> <li>Billable only by the physician working outside of the Provincial Methadone Treatment Clinic who is most actively supervising/responsible for the patient's use of methadone.</li> <li>Multiples of 15 minutes may be billed in addition to the base fee code to a maximum of 2</li> <li>80% of the time must be spent in face to face contact with the patient and/or family.</li> <li>If time less than 25 minutes, bill as regular visit.</li> <li>Once per physician per patient.</li> </ul> <p><b>Specialty restriction</b> Physicians registered with the CPSNS as having a current valid Health Canada exemption to prescribe methadone for dependency.</p> <p><b>Location OFFC</b></p>	50 MSU + MU (1 MU/15min = 25 MSU)

Category	Code	Description	Base Units
VIST	03.03K	<p><b>Initial Opioid Use Disorder Assessment for Methadone Treatment – Transfer from Methadone Maintenance Treatment Clinic to Community Physician</b></p> <p>This is a fixed fee for the complete assessment of the patient being transferred from an established Methadone Maintenance Treatment (MMT) Clinic to the care of the physician who will be most responsible for that patient's ongoing OAT with methadone. The required elements of this service are outlined in the College of Physicians and Surgeons of Nova Scotia (CPSNS) MMT Handbook and must be documented in the patient's health record. Required elements include:</p> <ol style="list-style-type: none"> <li>A complete or updated substance use history including illicit, prescription and OTC medications with a risk of abuse and a DSM diagnosis for each problematic drug</li> <li>A complete or updated addiction treatment history;</li> <li>A complete or updated past medical and surgical history;</li> <li>A family history;</li> <li>A psychosocial history, including current living situation, source (s) of income and education;</li> <li>Review of systems;</li> <li>A focused physical examination, when indicated;</li> <li>Review of treatment options;</li> <li>Formulation of a treatment plan;</li> <li>Communication with the patient and/or family to obtain information for the assessment as well as for support staff working in the treatment environment;</li> <li>Communication with previous care providers, including family doctors, pharmacists, addiction services staff, etc. as necessary.</li> <li>Obtain a patient profile for the previous 12 months through the Nova Scotia Prescription Monitoring Program (NSPMP) and register the patient in the NSPMP Methadone Program Monitoring Service.</li> <li>Obtain a urine drug screen</li> <li>The physician should request blood work serology (screening for HIV, and Hepatitis A, B and C) if not done recently by the previous provider.</li> <li>Consider obtaining an ECG if indicated</li> </ol> <p>It is recognized that the required elements may be gathered over several visits with the patient. This fee is for the initial visit only. Regular visit fees may be billed for subsequent visits.</p> <p><b>Billing Guidelines</b></p> <ul style="list-style-type: none"> <li>Billable only by the physician who is most responsible for the patient's ongoing methadone treatment.</li> <li>Once per physician per patient.</li> </ul> <p><b>Specialty Restriction</b>            Physicians registered with the CPSNS as having a current valid Health Canada exemption to prescribe methadone for dependency.</p> <p><b>Location OFFC</b></p>	50 MSU

Category	Code	Description	Base Units
VIST	03.03L	<p><b>Permanent Transfer of patient on active Methadone Treatment for substance use disorder – Full acceptance of responsibility for ongoing care - Initial Visit with accepting physician</b></p> <p>This is a fixed fee available to the physician accepting full and ongoing responsibility for OAT with methadone for the patient's substance use disorder from the community physician currently providing care due to a patient's relocation or desire for permanent change in care provider. The required elements of this service are outlined in the College of Physicians and Surgeons of Nova Scotia (CPSNS) MMT Handbook and must be documented in the patient's health record. Required elements include:</p> <ol style="list-style-type: none"> <li>A complete or updated substance use history including illicit, prescription and OTC medications with a risk of abuse and a DSM diagnosis for each problematic drug</li> <li>A complete or updated addiction treatment history;</li> <li>A complete or updated past medical and surgical history;</li> <li>A family history;</li> <li>A psychosocial history, including current living situation, source (s) of income and education;</li> <li>Review of systems;</li> <li>A focused physical examination, when indicated;</li> <li>Review of treatment options;</li> <li>Formulation of a treatment plan;</li> <li>Communication with the patient and/or family to obtain information for the assessment as well as for support staff working in the treatment environment;</li> <li>Communication with previous care providers, including family doctors, pharmacists, addiction services staff, etc. as necessary.</li> <li>Obtain a patient profile for the previous 12 months through the Nova Scotia Prescription Monitoring Program (NSPMP) and register the patient in the NSPMP Methadone Program Monitoring Service.</li> <li>Obtain a urine drug screen</li> <li>The physician should request blood work serology (screening for HIV, and Hepatitis A, B and C) if not done recently by the previous provider.</li> <li>Consider obtaining an ECG if indicated</li> </ol> <p>It is recognized that the required elements may be gathered over several visits with the patient. This fee is for the initial visit only. Regular visit fees may be billed for subsequent visits.</p> <p><b>Billing Guidelines</b></p> <ul style="list-style-type: none"> <li>Billable only by the physician who is assuming responsibility for the patient's ongoing OAT with methadone.</li> <li>Billable once per physician per patient.</li> <li>Billable only by the accepting physician.</li> </ul> <p><b>Specialty Restriction</b> Physicians registered with the CPSNS as having a current valid Health Canada exemption to prescribe methadone for dependency.</p> <p><b>Location OFFC</b></p>	50 MSU

Category	Code	Description	Base Units
DEFT	MMM1	<p><b>Methadone Treatment Monthly Management Fee: Intensive</b></p> <p>For physicians working in a primary care setting who are managing patients in the induction and stabilization phase of OAT with methadone. These patients will be seen by the physician for a visit at least twice per month (not including visits for urine drug screening alone) for support and dose adjustments. These visits may be billed in addition to the management fee.</p> <p><b>Description</b></p> <p>This fee may be billed once per month by the physician, outside of the Methadone Treatment Clinic, who is most responsible for the care of the patient in the induction and initial stabilization phase of opioid agonist treatment (OAT) with methadone for a substance use disorder as defined by DSM V criteria. The patient will be seen by the physician at least twice per month in their general practice (not including visits for urine drug screening alone). The following items are considered to be included in this service:</p> <ul style="list-style-type: none"> <li>• All medication reviews and methadone dosage adjustments as required;</li> <li>• Communicating on a regular and timely basis with the pharmacy responsible for administering the patient's opioid agonist (methadone) dose for the provision of safe and effective OAT: managing missed doses, checking on daily presentation at the pharmacy, helping coordinate prescriptions going to multiple pharmacies if there are Sunday or holiday closures or if a patient is travelling;</li> <li>• Coordinating care for the patient's concurrent medical conditions;</li> <li>• Counseling the patient on issues related to their substance use disorder;</li> <li>• Connecting the patient to appropriate community resources;</li> <li>• Providing case management and coordination of care functions, and facilitating connection with other addiction care providers;</li> <li>• Arranging random point of care (POC) urine drug screening (UDS) as required by the College of Physicians and Surgeons of Nova Scotia Methadone Maintenance Treatment guidelines appropriate for the patient's phase of treatment; To include generation of random UDS encounters, collection of urine, interpretation of results, documentation of process of randomization and results of the screen in the health care record, and provision of feedback to the patient based on the results.</li> <li>• A visit may not be claimed if the sole purpose of the patient's office encounter is to provide a urine sample.</li> </ul> <p><b>Billing Guidelines</b></p> <ul style="list-style-type: none"> <li>• Only one claim per patient per month. Maximum six per patient per year.</li> <li>• Regular visit fees may be billed in addition to the monthly fee.</li> <li>• Billable only by the physician working outside of the Provincial Methadone Treatment Clinic who is most actively supervising/responsible for the patient's use of methadone.</li> <li>• If there is no evidence to support randomization of the point of care urine drug screen then the fee will not be paid.</li> <li>• Payment stops when the patient stops methadone or moves to the maintenance phase of treatment.</li> </ul> <p><b>Specialty restriction</b></p> <p>Physicians registered with the CPSNS as having a current valid Health Canada exemption to prescribe methadone for dependency.</p> <p><b>Location OFFC</b></p>	125 MSU

Category	Code	Description	Base Units
DEFT	MMM2	<p><b>Methadone Treatment Monthly Management Fee: Maintenance</b></p> <p>For physicians working in a primary care setting who are managing patients in the maintenance phase of OAT with methadone. These patients will be seen by the physician for a visit at least once per month (not including visits for urine drug screening alone) for support and dose adjustments. These visits may be billed in addition to the management fee.</p> <p><b>Description</b></p> <p>This fee may be billed once per month by the physician, outside of the Methadone Treatment Clinic, who is most responsible for the care of the patient in the maintenance phase of opioid agonist treatment (OAT) with methadone for a substance use disorder as defined by DSM V criteria. The patient will be seen by the physician at least once per month in their general practice (not including visits for urine drug screening alone). The following items are considered to be included in this service:</p> <ul style="list-style-type: none"> <li>• All medication reviews and methadone dosage adjustments as required;</li> <li>• Communicating on a regular and timely basis with the pharmacy responsible for administering the patient's opioid agonist (methadone) dose for the provision of safe and effective OAT: managing missed doses, checking on daily presentation at the pharmacy, helping coordinate prescriptions going to multiple pharmacies if there are Sunday or holiday closures or if a patient is travelling;</li> <li>• Coordinating care for the patient's concurrent medical conditions;</li> <li>• Counseling the patient on issues related to their substance use disorder;</li> <li>• Connecting the patient to appropriate community resources;</li> <li>• Providing case management and coordination of care functions, and facilitating connection with other addiction care providers;</li> <li>• Arranging random point of care (POC) urine drug screening (UDS) as required by the College of Physicians and Surgeons of Nova Scotia Methadone Maintenance Treatment guidelines appropriate for the patient's phase of treatment; To include generation of random UDS encounters, collection of urine, interpretation of results, documentation of process of randomization and results of the screen in the health care record, and provision of feedback to the patient based on the results.</li> <li>• A visit may not be claimed if the sole purpose of the patient's office encounter is to provide a urine sample.</li> </ul> <p><b>Billing Guidelines</b></p> <ul style="list-style-type: none"> <li>• Only one claim per patient per month.</li> <li>• May bill for visits in addition to the monthly fee.</li> <li>• Billable only by the physician working outside of the Provincial Methadone Treatment Clinic who is most actively supervising/responsible for the patient's use of methadone.</li> <li>• If there is no evidence to support randomization of the POC UDS then the fee will not be paid.</li> <li>• Payment stops when the patient stops methadone.</li> </ul> <p><b>Specialty restriction</b></p> <p>Physicians registered with the CPSNS as having a current valid Health Canada exemption to prescribe methadone for dependency.</p> <p><b>Location OFFC</b></p>	68 MSU





### BILLING REMINDERS

#### Echocardiograms Reminder

When submitting claims for echocardiograms, physicians may claim either I1132 (Doppler – quantitative) or I1313 (Doppler – qualitative), but not both. A quantitative study includes the elements of a qualitative study.

#### Premiums for Radiology Services Reminder

MSI has had a number of inquiries from radiologists concerning the use of premium fees (i.e. services claimed with the modifiers US=PREM and US=PR50). As per Preamble section 5.1.82, premium fees may be claimed for certain services provided on an emergency basis during designated time periods. An emergency basis is defined as services that must be performed without delay because of the medical condition of the patient.

Premium fees may be claimed for eligible diagnostic imaging services when the patient's condition requires that the imaging service be done without delay during a designated time period and the interpretation by the radiologist and the formal report are completed during the same designated time period.

Services of a non-emergency nature provided during premium hours do not qualify for premium rates.

It is not appropriate for radiologists to claim services using premium modifiers in the following circumstances:

- during times the radiologist or resident he/she is supervising is scheduled to be onsite in the radiology department
- for non-emergent studies

Additionally, radiologists are reminded that they may only claim for the services provided by a resident if they, as the attending, are onsite. A physician may claim either for the resident's procedure or for his or her own services, but not both, when they are performed at the same time. (Preamble (5.2.9))

At the time of implementation of premium fees for radiology in 2002, radiologists were advised that they must maintain a log of bulk billed services that were submitted with premium codes. Although services are no longer bulk billed, all physicians claiming premium fees are required to be able to provide documentation that verifies Preamble requirements for these services have been met.

#### Services Related to Research Studies Reminder

Physicians are reminded that costs of medical services that are primarily related to research or experimentation are not the responsibility of the patient or MSI. (*Preamble 2.2.25*).

#### Audiometry Reminder

09.41E - Impedance audiometry including tympanometry, static compliance, multiple frequency acoustic reflex and/or reflex decay testing including interpretation

09.41F - Impedance audiometry interpretation only of tympanogram, impedance/compliance and stapedial reflex tests

09.41G - Impedance audiometry including tympanometry, static compliance, single frequency acoustic reflex and/or reflex decay testing including interpretation

HSC 09.41E or G should only be claimed when the physician personally performs and interprets the test. HSC 09.41F should only be claimed when the physician personally interprets either of the tests (09.41E or G). Only one of these HSCs may be claimed per patient per day.



## BILLING REMINDERS CONTINUED



### Medical Assistance in Dying (MAID) Fee Summary

The following new interim visit Health service codes were introduced in September 2016 to reimburse physicians for MAID services provided:

#### 03.03M - Medical assistance in dying – First physician

This fee is to reimburse the first physician for time spent providing MAID services outlined in the CPSNS Professional Standard Regarding Medical Assistance in Dying. It includes, but not limited to, the time spent engaging the patient in a discussion of their diagnosis, prognosis, and treatment options, discussing the availability of palliative care for terminally ill patients, assessment of patient for MAID criteria, and arrangement for a second physician to assess the patient.

#### 03.03O - Medical assistance in dying – Second physician

This fee is to reimburse the second physician for time spent providing MAID services outlined in the CPSNS Professional Standard Regarding Medical Assistance in Dying. It includes, but not limited to, the time spent conducting the subsequent assessment of the patient for MAID criteria.

#### 03.03N - Medical assistance in dying – Prescribing physician

This fee is to reimburse the prescribing physician for time spent providing MAID services outlined in the CPSNS Professional Standard Regarding Medical Assistance in Dying. It includes, but not limited to, procuring the medication and administration at the patient's request.

More detail on the services required for medical assistance in dying can be found on the CPSNS website at <http://www.cpsns.ns.ca/Standards-Guidelines/Medical-Assistance-in-Dying>

Each code pays at 30 MSU for the first 30 minutes and 15 MSU per 15 minutes thereafter to a maximum of 2 hours.

The MAID fees are currently interim while billing information is gathered. They are also categorized as independent consideration (IC) and have no automatic MSU value in the system. Each claim submitted is held by MSI and manually adjudicated based on the information provided by the submitter in the claim text.

#### Billing Guidelines:

Physicians must document in the patient's medical record all steps described in the CPSNS Professional Standard Regarding Medical Assistance in Dying. The physician must also record the start and stop times for the face to face component of the service and the start and stop times for the non-face to face components in the patient's medical record. Both of these times must be submitted in the text field on the electronic claim made to MSI for proper claim assessment.

Non face to face components include all documentation, discussion with other Regulated Health Professionals as necessary and the family if required, and administration process where applicable. The total duration of all components may be claimed. Physicians may not claim for services provided by non-medical personnel such as nurses and nurse practitioners nor for the services of medical trainees such as residents.

If the first or second physician is a specialist and the patient has been formally referred the physician may bill the appropriate specialist prolonged consult fee with the same time documentation requirements as noted above. MAID must be noted in text on the MSI claim form. If the prescribing or administering physician is a specialist the 03.03N code noted above will apply.

Physicians are permitted to claim the MAID fees across multiple encounters and should submit a separate claim for each day the service was provided. Each daily service must meet the minimum 30 minute requirement; shorter encounters should be claimed as a normal visit. Beyond the first 30 minutes, payment for each claim will be rounded down to the nearest 15 minute increment. The maximum of two hours per MAID code per patient applies to each encounter.

### Long Term Care Fees Reminder

As per the Homes for Special Care Regulations "Every resident of a nursing home or a home for the aged shall be personally seen by a qualified medical practitioner at least once every six months and the medical practitioner shall examine the medical records of the resident and determine on each occasion whether the resident requires a physical examination."

Physicians are reminded that they may report CGA1, which includes at least one visit with the patient, twice per fiscal year following the billing guidelines listed in Preamble section 5.1.168. Physicians may also report additional visits when required by medical necessity (or necessity for follow up of an ongoing medical problem) and there has been a request from the patient, their family or nursing home staff for the visit.





## NEW AND REVISED EXPLANATORY CODES



Code	Description
DE024	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE HAS ALREADY BEEN APPROVED FOR THIS MONTH.
DE025	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR MMM2 (MAINTENANCE) HAS ALREADY BEEN BILLED FOR THIS PATIENT.
DE026	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MMM1 FEE HAS ALREADY BEEN CLAIMED THE MAXIMUM OF SIX TIMES FOR THIS PATIENT DURING THIS CALENDAR YEAR.
DE027	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR MMM2 HAS ALREADY BEEN BILLED FOR THIS PATIENT DURING THIS MONTH.
DE028	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR MMM1 HAS ALREADY BEEN BILLED FOR THIS PATIENT DURING THIS MONTH.
GN082	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU ARE NOT CURRENTLY PERMITTED TO BILL THIS SERVICE. PLEASE CONTACT CPSNS TO REGISTER. REFER TO NOVEMBER 2016 PHYSICIANS BULLETIN.
VT134	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE INITIAL OPIOID USE DISORDER ASSESSMENT HAS BEEN PREVIOUSLY PAID
VT135	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE INITIAL OPIOID USE DISORDER ASSESSMENT FOR METHADONE TREATMENT - TRANSFER FROM CLINIC TO PHYSICIAN HAS BEEN PAID
VT136	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PERMANENT TRANSFER OF PATIENT ON ACTIVE METHADONE TREATMENT FOR SUBSTANCE USE DISORDER - INITIAL VISIT WITH ACCEPTING PHYSICIAN HAS BEEN PREVIOUSLY PAID
BK058	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BILLED FOR A QUANTITATIVE OR QUALITATIVE DOPPLER INTERPRETATION ON THE SAME DAY. PLEASE RESUBMIT THIS CLAIM WITH ELECTRONIC TEXT EXPLAINING THE NECESSITY OF THE 2ND INTERPRETATION.
PR014	SERVICE ENCOUNTER HAS BEEN REFUSED AS A MAXIMUM FOR THIS CODE HAS ALREADY BEEN REACHED.
GN083	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE DOCUMENTATION DOES NOT INCLUDE A DESCRIPTION OF THE CLAIMED PROCEDURE.
GN084	SERVICE ENCOUNTER HAS BEEN DISALLOWED BECAUSE THE PROCEDURE IS A NECESSARY PART OF ANOTHER PAID SERVICE ENCOUNTER.
GN085	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ASSISTANT FEES CANNOT BE CLAIMED IN THESE CIRCUMSTANCES.
GN086	FOR ATTENDANCE ON THE PATIENT FOR THE PURPOSE OF PRONOUNCEMENT OF DEATH, A LIMITED VISIT ONLY MAY BE CLAIMED, PER PREAMBLE 5.3.223.
VT137	IT IS NOT APPROPRIATE TO BILL MSI FOR A MEET AND GREET VISIT WITH A NEW PATIENT UNLESS A HEALTH RELATED CONCERN/COMPLAINT HAS BEEN ADDRESSED AT THE VISIT.
AD066	SERVICE ENCOUNTER HAS BEEN REFUSED AS A COLONOSCOPY ADD ON FEE MAY ONLY BE CLAIMED AFTER A COLONOSCOPY IS BILLED FOR THE SAME OCCURRENCE
OP041	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE DIAGNOSTIC CODE BILLED IS NOT VALID FOR THIS SERVICE
MJ055	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS MSI REQUIRES THE START AND END TIMES OF THIS PROCEDURE TO ASSESS. PLEASE RESUBMIT THIS CLAIM WITH THE START AND END TIMES IN THE TEXT FIELD
VA073	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR DIALYSIS HAS ALREADY BEEN BILLED FOR THIS PATIENT ON THIS DAY
PP023	YOUR CLAIM FOR DENTAL SERVICES HAS BEEN FORWARDED TO GREEN SHIELD FOR REVIEW.





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## UPDATED FILES

Updated files reflecting changes are available for download on Friday November 18, 2016. The files to download are health service (SERVICES.DAT), health service description (SERV\_DESC.DAT) and, explanatory codes (EXPLAIN.DAT).

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## HELPFUL LINKS

### NOVA SCOTIA MEDICAL INSURANCE (MSI)

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

### NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

[www.novascotia.ca/dhw/](http://www.novascotia.ca/dhw/)

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## 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](mailto: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



## 2017 CUT-OFF DATES FOR RECEIPT OF PAPER AND ELECTRONIC CLAIMS



PAPER CLAIMS	ELECTRONIC CLAIMS	PAYMENT DATE	SALARY CONTRACT PAY PERIOD
<b>December 21, 2016**</b>	<b>December 28, 2015**</b>	January 4, 2017	December 16-29, 2016
January 8, 2017	January 12, 2017	January 18, 2017	December 30-January 12, 2017
January 22, 2017	January 26, 2017	February 1, 2017	January 13-26, 2017
February 5, 2017	February 9, 2017	February 15, 2017	January 27-February 9, 2017
<b>February 17, 2017**</b>	February 23, 2017	March 1, 2017	February 10-23, 2017
March 6, 2017	March 9, 2017	March 15, 2017	February 24-March 9, 2017
March 20, 2017	March 23, 2017	March 29, 2017	March 10-23, 2017
April 3, 2017	April 6, 2017	April 12, 2017	March 24-April 6, 2017
April 17, 2017	April 20, 2017	April 26, 2017	April 7-20, 2017
May 1, 2017	May 4, 2017	May 10, 2017	April 21-May 4, 2017
<b>May 12, 2017**</b>	<b>May 17, 2017**</b>	May 24, 2017	May 5-18, 2017
May 29, 2017	June 1, 2017	June 7, 2017	May 19-June 1, 2017
June 12, 2017	June 15, 2017	June 21, 2017	June 2-15, 2017
June 26, 2017	<b>June 29, 2017**</b>	July 5, 2017	June 16-29, 2017
July 10, 2017	July 13, 2017	July 19, 2017	June 30-July 13, 2017
July 24, 2017	July 27, 2017	August 2, 2017	July 14-27, 2017
August 4, 2017	August 10, 2017	August 16, 2017	July 28-August 10, 2017
August 21, 2017	August 24, 2017	August 30, 2017	August 11-24, 2017
<b>September 1, 2017**</b>	September 7, 2017	September 13, 2017	August 25-September 7, 2017
September 18, 2017	September 21, 2017	September 27, 2017	September 8-21, 2017
<b>September 29, 2017*</b>	<b>October 4, 2017**</b>	October 11, 2017	September 22-October 5, 2017
October 16, 2017	October 19, 2017	October 25, 2017	October 6-19, 2017
October 30, 2017	November 2, 2017	November 8, 2017	October 20-November 2, 2017
November 13, 2017	November 16, 2017	November 22, 2017	November 3-16, 2017
November 27, 2017	November 30, 2017	December 6, 2017	November 17-30, 2017
December 11, 2017	December 16, 2017	December 20, 2017	December 1-14, 2017
<b>December 20, 2017**</b>	December 27, 2017	January 3, 2018	December 15-28, 2017
<b>11:00 AM CUT OFF</b>	<b>11:59 PM CUT OFF</b>		

### 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, Sessional Payments and Locum Claim Forms. 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**



## HOLIDAY DATES FOR 2017

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

NEW YEAR'S DAY	MONDAY, JANUARY 2, 2017
HERITAGE DAY	MONDAY, FEBRUARY 20, 2017
GOOD FRIDAY	FRIDAY, APRIL 14, 2017
EASTER MONDAY	MONDAY, APRIL 17, 2017
VICTORIA DAY	MONDAY, MAY 22, 2017
CANADA DAY	MONDAY, JULY 3, 2017
CIVIC HOLIDAY	MONDAY, AUGUST 7, 2017
LABOUR DAY	MONDAY, SEPTEMBER 4, 2017
THANKSGIVING DAY	MONDAY, OCTOBER 9, 2017
REMEMBRANCE DAY	MONDAY, NOVEMBER 13, 2017
CHRISTMAS DAY	MONDAY, DECEMBER 25, 2017
BOXING DAY	TUESDAY, DECEMBER 26, 2017
NEW YEAR'S DAY	MONDAY, JANUARY 1, 2018

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