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Fees New Fees and Highlighted Fees

NEW INTERIM FEES (2015-2019 MASTER AGREEMENT)

Mindfulness-Based Cognitive Therapy (MBCT)

As of August 25, 2017 eligible services can now be submitted for dates of service July 28, 2017 onward. Physicians have 90 days from the date of this Bulletin to submit these claims. Please contact MSI directly for detailed instructions on how to submit these outdated eligible services.

PLEASE NOTE: Physicians eligible to claim this code are restricted to PSYC trained in MBCT or GENP trained in group psychotherapy and MBCT. Credentials must be submitted to MSI directly. Once MSI receives a physician's credentials and grants approval, the physician will be permitted to claim for this fee after the next system update. Once the physician has contacted MSI with their credentials, the physician is advised to hold their claims until the next system update.

Category	Code	Description	Base Units
PSYC	08.44A	Mindfulness-Based Cognitive Therapy (MBCT) Group therapy fee per patient per two hour session (minimum 8 to maximum 12 patients per group)	14.3MSU
		MBCT is defined as a specific psychological intervention incorporating elements of cognitive behavioural therapy and mindfulness. This fee is for each two hour session of the eight week MBCT course provided for a group of 8 to 12 patients with recurrent episodes of depression.	
		Billing Guidelines	
		Fee is per patient, per two hour session.	
		Session dates and start/stop times must be documented in the health record of each participant.	
		One series of 8 sessions per patient per 365 days.	



Specialty restriction

- GENP with approval from MSI.
- PSYC with approval from MSI.

Physicians approved to report this HSC will be required to provide proof that they have completed a minimum five day intensive training in MBCT for MBCT providers within the last five years (for example, a seven day retreat in Mind-Body Medicine from the Centre for Mindfulness in Medicine, Health Care and Society or equivalent), and attest to an ongoing personal mindfulness practice.

of course materials and for the services of a privately paid non-MD therapist if applicable.

GENP will, in addition to the above, need to provide evidence of training in the provision of group psychotherapy from a recognized training program and of ongoing practice in mental health and group therapy. PSYC are considered to have had training in the provision of group psychotherapy through their respective residency programs.

Start and stop time to be documented in health record; however session outline and activities are standardized to be completed in 2 hours.

Location

LO=OFFC, HOSP, OTHR

INTERIM FEES MADE PERMANENT

Effective August 25, 2017, the following interim fees have been made permanent.

Category	Code	Description		Base Units	Anaes Units
MASG	65.59D	Total Abdominal Wall Reco advancement flaps This is a comprehensive fee	nstruction with myofascial for the repair of a massive, complex	IC at 130 MSU per hour	8+T
		abdominal wall hernia. The p hernia, all lysis of adhesions, removal of pre-existing mesh fascial bipartition with compo placement of mesh or biologi	rocedure includes the reduction of the and bowel resection as required, as required, rectus muscle mobilization, nent separation, with or without c graft, and skin excision. Operative n must be submitted with billing claim.		
		intra-abdominal procedure sa	dhesions, bowel resection or any other ame patient same day. Payment skin" operating time as documented in		
			July 2014 bulletin, the operative report be submitted with the billing claim.		
		Specialty Restriction GNSG, PLAS	Location HOSP		





Billing Matters Billing Reminders, New Explanatory Codes



NEW AND UPDATED EXPLANATORY CODES

Code	Description
	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE CONSECUTIVE ANAESTHETIC HEALTH SERVICE CODE
	CLAIMED DOES NOT MATCH FIRST ANAESTHETIC HEALTH SERVICE CODED. PLEASE RESUBMIT USING THE
AN006	CORRECT HEALTH SERVICE CODE.
GN096	PRE PAYMENT REVIEW. PLEASE SUBMIT DOCUMENTATION TO FURTHER ASSIST IN ASSESSING THIS CLAIM.
	SERVICE ENCOUNTER HAS BEEN DISALLOWED. ENSURING THE FUNCTIONAL INTEGRITY OF VITAL
GN097	STRUCTURES DURING A SURGICAL PROCEDURE IS INCLUDED IN THE SURGICAL HSC.
	SERVICE ENCOUNTER HAS BEEN DISALLOWED. THERE WAS NO SEPARATE AND DISTINCT SURGICAL
GN098	SERVICE. THE HSC CLAIMED WAS PART OF ANOTHER PAID SERVICE ENCOUNTER.
	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 03.12 WAS BILLED AT THE SAME ENCOUNTER AND IS A
MA072	COMPONENT OF THIS PROCEDURE.
	REQUEST FOR READJUDICATION HAS BEEN REFUSED. DELETE THIS SUBMISSION AND SUBMIT A NEW
NR086	SERVICE ENCOUNTER BASED ON THE INFORMATION YOU HAVE PROVIDED.
	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 8 SESSIONS FOR MINDFULNESS BASED
PC035	COGNITIVE THERAPY IN A 365 DAY PERIOD HAS BEEN REACHED.
	SERVICES PROVIDED BY A NON-PHYSICIAN ARE NOT INSURED. (EX. CHIROPRACTOR, PHYSIOTHERAPIST,
PP024	PAC-PHYSICIANS ASSISTANT, PODIATRIST, NURSE PRACTITIONER).
	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 27.72, 27.72B, 27.73, 27.73A OR 27.73B WAS BILLED AT
VA080	THE SAME ENCOUNTER AND INCLUDES THIS PROCEDURE.
	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CLAIM FOR 51.95 RP=INTL HAS ALREADY BEEN CLAIMED
VA081	FOR THIS PATIENT.
	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE TEXT DOES NOT WARRANT PAYMENT OF A
VT152	COMPREHENSIVE VISIT, PLEASE RESUBMIT AS A LIMITED VISIT.







UPDATED FILES

Updated files reflecting changes are available for download on Friday August 25, 2017. The files to download are health service (SERVICES.DAT), health service description (SERV DESC.DAT) and, explanatory codes (EXPLAIN.DAT).

HELPFUL LINKS

NOVA SCOTIA MEDICAL INSURANCE (MSI)

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

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS

www.novascotia.ca/dhw/

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

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

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