

PHYSICIAN'S BULLETIN

August 9th, 2019: Vol. LXIV, ISSUE 16



CONTENTS

MSI News

1 NSPRAP

Fees

Fee Revisions

2 03.09C

2 WCB Updates

Billing Matters

Billing Reminders

3 Addendum 03.09A

4 Multiple Long Bone Fractures

4 Explanatory Codes

In Every Issue

5 Updated Files

5 Useful Links

5 Contact Information

Appendices

2019 Cut Off Dates

MSI News

SEEKING PHYSICIAN ASSESSORS

The Nova Scotia Practice Ready Assessment Program (NSPRAP) is a new program funded by the Department of Health and Wellness and developed by multiple stakeholders to assess international medical graduates (IMGs) who have practiced abroad and would like to practice family medicine in underserved communities in Nova Scotia. Those who successfully meet eligibility requirements and pre-screening will need to be placed with experienced family physicians in our communities to determine whether they are in fact practice-ready. The internationally-trained physicians will be placed and assessed in two different communities for 6 weeks each. They are to be exposed to a variety of clinical settings but are not being assessed to provide intrapartum obstetrical care or ER care.

Physician assessors will receive assessor training, be remunerated both for the training and the 6-week assessment period and will be able to claim some Main-Pro credits.

The Assessors' primary duties are to:

- Orient the candidate to the clinical practice including local and regional healthcare services;
- Provide clinical exposures appropriate for the purpose of assessment of candidates (eg. ambulatory/clinic, ER, hospital in-patient and long term-care);
- Assess candidate's clinical skills (should be at the level of a Canadian-trained family medicine resident entering practice);
- Assess candidate's ability to communicate both verbally and in writing;
- Assess their professional demeanor and conduct with patients and colleagues; and
- Complete the required evaluation forms of the candidates' performance and any other documentation required by the program.

Physicians interested in being a physician assessor should contact Gwen MacPherson, Program Coordinator at info@nsprap.ca or Dr. Fiona Bergin, Program Clinical Director at fiona.bergin@dal.ca or 902-473-7188 for more information.

*Candidates will be looking for short-term rentals in the communities in which they will be assessed. If you know of any in your community (whether you wish to be an assessor or not), we would appreciate you providing us with that information to share with them.

FEE REVISION

The following health service code may now be claimed from a nursing home location:

Category	Code	Description	Base Units
CONS	03.09C	Palliative Care Consultation	62 + MU
<p>Description The palliative care consultation can only be claimed by designated physicians, general practitioners or specialists, with recognized expertise in palliative care. The service provided must fulfil the normal requirements for a consultation as specified in the preamble. The consultation includes a psychosocial assessment, comprehensive review of pharmacotherapy, appropriate counselling, and consideration of appropriate community resources where indicated.</p> <p>Billing Guidelines Payable once per patient per physician Maximum 3 hours (8 multiples) Start and stop times must be recorded in the health record and in the text field of the claim when billing multiples.</p> <p>Specialty Restriction Physicians with recognized expertise in Palliative Care or Certificate of added Competence Physician must forward a letter to MSI indicating their credentials</p> <p>Location LO=HOSP, LO=OFFC, LO=HOME, LO=NRHM</p>			

WCB UPDATES

Submission Requirements

As noted in the June Physician's Bulletin, when submitting claims with a payment responsibility of WCB, one or both of the following are now required:

- Patient's WCB claim number
- Patient's Injury date (month and year)

In some cases, you may provide a service to a patient before a WCB claim exists. In these cases, the month and year of injury should be submitted.

This additional information will be used to verify that the patient was eligible for WCB coverage on the date that the service was provided. Although Medavie will be receiving WCB eligibility updates daily, you may notice a difference in the length of time it takes to process some WCB claims, as this required verification will be completed prior to the claim being paid. Confirming whether your patient is eligible for benefits at the time the claim is submitted for payment will help prevent billing errors and reduce the need for payment reversals.

WCB UPDATES (CONTINUED)

Return to Work (RTW) Service

Physicians are now able to claim a WCB28 (Comprehensive Visit for Work Related Injury or Illness) or 03.03/03.03A (Limited Visit) depending upon the service provided. If you have been holding any 03.03/03.03A claims since June 27/19, these can now be submitted for payment.

Long Term Benefits (LTB) Service

If your patient has been transitioned to receiving long term benefits, WCB no longer requires the Physician's Report Form 8/10 for follow-up visits. Generally, visits would be no more than monthly for follow-up of the original compensable injury. The health service code to be used for these visits is 03.03 or 03.03A. If WCB28 is submitted, the claim will be refused.

If your patient's condition changes and it is necessary to provide a comprehensive visit, the following interim WCB health service code is now available for billing. Under these circumstances, you may submit a Physician's Report Form 8/10 to WCB outlining the changes in the patient's condition or treatment.

Category	Code	Description	Value
DEFT	WCB31	WCB Interim Fee - Comprehensive Visit for Work Related Injury or Illness When Condition Has Changed.	\$67.90



Billing Matters Billing Reminders, Updates, New Explanatory Codes

UPDATES

Addendum – 03.09A

In the June 14, 2019 Physicians Bulletin HSC 03.09A was incorrectly categorized as a 'VIST' 03.09A is a consult service and is categorized as a 'CONS'.

2019 Cut off Dates

Please see the updated 2019 Cut off Dates as changes have been made.



BILLING REMINDERS

Multiple Long Bone Fractures

This is a reminder that the LV=LV85 modifier applies to certain open reduction fractures. The following is a list of applicable codes:

HSC	DESCRIPTION
91.30A	Fractured humerus neck without dislocation of head - open reduction
91.30B	Fractured humerus shaft - open reduction
91.30C	Fractured humerus - epicondyle - medial - open reduction
91.30D	Fractured humerus - epicondyle - lateral - open reduction
91.30E	Fractured humerus tuberosity - open reduction
91.30F	Fractured humerus neck with dislocation of head - open reduction
91.30G	Fractured humerus - supra or transcondylar - open reduction
91.31	Open reduction of fracture with internal fixation, radius and ulna
91.31A	Open reduction - fractured olecranon
91.31B	Open reduction - radius - head or neck
91.31C	Open reduction fractured radius or ulna - shaft
91.31D	Colles' or Smith's fracture - open reduction
91.31E	Monteggia's or Galeazzi's fracture - open reduction
91.31G	Distal comminuted intra-articular fracture of radius (to include distal ulna) due to high energy trauma. To include open reduction, internal/external fixation as required when performed in conjunction with remote donor site bone graft.
91.34A	Fracture femur neck - open reduction with internal fixation
91.34B	Fractured femur - pertrochanteric - open reduction
91.34C	Fractured femur - shaft or transcondylar - open reduction
91.34D	Fracture femur neck - prosthetic replacement
91.35A	Fracture - tibia with or without fibula - shaft - open reduction
91.35B	Fractured tibial plafond, with or without fibula, open reduction and internal fixation - including removal of pre-existing internal or external fixation devices.
91.35C	Fractured tibia with or without fibula - plateau - open reduction
91.35D	Fractured ankle - single malleolus - open reduction
91.35E	Fracture fibula - open reduction
91.35F	Fractured ankle - bi or trimalleolar - open reduction
91.38A	Fractured - clavicle - open reduction
91.95C	External fixation of tibial plafond fracture
91.95D	External fixation of tibial plafond fracture, with open reduction and internal fixation of fibular fracture.

NEW AND UPDATED EXPLANATORY CODES

Code	Description
VT165	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 03.03N CANNOT BE CLAIMED UNLESS THE PROVIDER HAS PREVIOUSLY CLAIMED FOR A MAID SERVICE WITH THE SAME PATIENT.
WBHOK	ELIGIBILITY APPROVED BY WCB
WBHNM	WCB DID NOT RECEIVE MEDICAL DOCUMENTATION FOR SERVICE DATE BILLED



In every issue Helpful links, contact information, events and news, updated files

UPDATED FILES

Updated files reflecting changes are available for download on Friday August 9th, 2019. The files to download are health service (SERVICES.DAT), health service description (SERV_DSC.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

In partnership with



2019 CUT-OFF DATES FOR RECEIPT OF PAPER AND ELECTRONIC CLAIMS

PAPER CLAIMS	ELECTRONIC CLAIMS	PAYMENT DATE	SALARY CONTRACT PAY PERIOD
December 19, 2018**	December 24, 2018**	January 2, 2019	December 14-27, 2018
January 7, 2019	January 10, 2019	January 16, 2019	December 28, 2018-January 10, 2019
January 21, 2019	January 24, 2019	January 30, 2019	January 11-24, 2019
February 4, 2019	February 7, 2019	February 13, 2019	January 25-February 7, 2019
February 15, 2019**	February 21, 2019	February 27, 2019	February 8-21, 2019
March 4, 2019	March 7, 2019	March 13, 2019	February 22-March 7, 2019
March 18, 2019	March 21, 2019	March 27, 2019	March 8-21, 2019
April 1, 2019	April 4, 2019	April 10, 2019	March 22-April 4, 2019
April 12, 2019**	April 17, 2019**	April 24, 2019	April 5-18, 2019
April 29, 2019	May 2, 2019	May 8, 2019	April 19-May 2, 2019
May 10, 2019**	May 15, 2019**	May 22, 2019	May 3-16, 2019
May 27, 2019	May 30, 2019	June 5, 2019	May 17-30, 2019
June 10, 2019	June 13, 2019	June 19, 2019	May 31-June 13, 2019
June 21, 2019**	June 26, 2019**	July 3, 2019	June 14-27, 2019
July 8, 2019	July 11, 2019	July 17, 2019	June 28-July 11, 2019
July 22, 2019	July 25, 2019	July 31, 2019	July 12-25, 2019
August 2, 2019**	August 8, 2019	August 14, 2019	July 26-August 8, 2019
August 19, 2019	August 22, 2019	August 28, 2019	August 9-22, 2019
August 30, 2019**	September 5, 2019	September 11, 2019	August 23-September 5, 2019
September 16, 2019	September 19, 2019	September 25, 2019	September 6-19, 2019
September 30, 2019	October 3, 2019	October 9, 2019	September 20-October 3, 2019
October 11, 2019**	October 17, 2019	October 23, 2019	October 4-17, 2019
October 28, 2019	October 31, 2019	November 6, 2019	October 18-31, 2019
November 8, 2019**	November 14, 2019	November 20, 2019	November 1-14, 2019
November 25, 2019	November 28, 2019	December 4, 2019	November 15-28, 2019
December 9, 2019	December 12, 2019	December 18, 2019	November 29-December 12, 2019
December 19, 2019**	December 24, 2019**	December 31, 2019	December 13-26, 2019
January 6, 2020	January 9, 2020	January 15, 2020	December 27, 2019-January 9, 2020
11:00 AM CUT OFF	11:59 PM CUT OFF		

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

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

NEW YEAR'S DAY	TUESDAY, JANUARY 1, 2019
HERITAGE DAY	MONDAY, FEBRUARY 18, 2019
GOOD FRIDAY	FRIDAY, APRIL 19, 2019
EASTER MONDAY	MONDAY, APRIL 22, 2019
VICTORIA DAY	MONDAY, MAY 20, 2019
CANADA DAY	MONDAY, JULY 1, 2019
CIVIC HOLIDAY	MONDAY, AUGUST 5, 2019
LABOUR DAY	MONDAY, SEPTEMBER 2, 2019
THANKSGIVING DAY	MONDAY, OCTOBER 14, 2019
REMEMBRANCE DAY	MONDAY, NOVEMBER 11, 2019
CHRISTMAS DAY	WEDNESDAY, DECEMBER 25, 2019
BOXING DAY	THURSDAY, DECEMBER 26, 2019
NEW YEAR'S DAY	WEDNESDAY, JANUARY 1, 2020