PHYSICIAN'S BULLETIN

February 9, 2018: Vol. LIX, ISSUE 12

NOVA SCOTIA MEDICAL SERVICES INSURANCE

CONTENTS

MSI News

1 MSI Documentation Reminder

Fees

2 Cystoscopy with intravesicular injection(s) of chemodenervating agent (HSC 71.7F) (*revised March 31, 2020)*

2 Inpatient Trauma Service Leader Level I Trauma Centre

- Inpatient Trauma Service Leader Level I Trauma Centre (HSC 03.04G)
- Inpatient Trauma Service Tertiary survey Day 2 (HSC 03.04H)
- Inpatient Trauma Service subsequent daily visit Day 3 (HSC 03.03T)
- Inpatient subsequent daily visit D4-7 (HSC 03.03U)

Billing Matters

4 Billing Reminders

- Visit and Programming to a Pacemaker (HSC 49.83B and 49.83C)
- MRI Guided Placement of MRI Compatible Clip (HSC 97.99A)
- Visits to Pronounce Death
- Insertion and Removal of Intradermal Progestin Contraceptive Device (HSC 13.53A and 13.53C)
- Duplicate Services
- Arthroscopic Debridement (HSC 92.89M)
- Arthroscopy
- Pathology Interpretation

4 Clarification

- Other incision with drainage of skin and subcutaneous tissue (HSC 98.03)

5 MSI Health Card Renewal

5 New Explanatory Codes

In Every Issue

6 Updated Files

6 Useful Links

6 Contact Information

Appendices

7 MSI Health Card Renewal Form

MSI News

MSI DOCUMENTATION REMINDER

As in the past, for MSI purposes, an appropriate medical record must be maintained for all insured services claimed. This record must contain the patient's name, health card number, date of service, reason for the visit or presenting complaint(s), clinical findings appropriate to the presenting complaint(s), the working diagnosis and the treatment prescribed, and start and stop times for time based codes.

From the documentation recorded for psychotherapy services, it should be evident that in the treatment of mental illness, behavioural maladaptations, or emotional problems, the physician "deliberately established a professional relationship with the patient for the purposes of removing, modifying or alleviating existing symptoms, of attenuating or reversing disturbed patterns of behaviour, and of promoting positive personality growth and development." There should be evidence of the discussions that took place between the physician and the patient, the patient's response, and the subsequent advice that was given to the patient by the physician in an attempt to promote an improvement in the emotional well being of the patient. Similarly, for all counselling services, the presenting problem should be outlined as well as advice given to the patient by the physician and the ongoing management/treatment plan. The recording of symptoms followed by "long discussion," "long talk," "counselled," "supportive psychotherapy," etc., is not considered appropriate documentation for the billing of psychotherapy or counselling services.

Where a procedural code is claimed, the patient record of that procedure must contain information which is sufficient to verify the type and extent of the procedure according to the Fee Schedule.

Where a differential fee is claimed based on time, location, etc., the information on the patient's record must substantiate the claim.

Where the fee claimed is calculated on a time basis, start and finish times must be part of the patient record of that service.

All claims submitted to MSI must be verifiable from the patient records associated with the services claimed. If the record does not substantiate the claim for the service on that date, then the service is not paid for or a lesser benefit is given. **When the clinical record does not support the service claimed, there will be a recovery to MSI at the time of audit.** Documentation of services which are being claimed to MSI must be completed before claims for those services are submitted to MSI.

NEW FEES

Effective February 9, 2018 the following health service code will be available for billing:

Revised March 31, 2020 – See April 2020 Bulletin for updated information

Category	Code	Description	Base Units	Anaes Units
MASG	71.7F	**Cystoscopy with intravesicular injection(s) of chemodenervating agent** **Billing Guidelines** Not to be reported with other cystoscopy related HSCs. For example, do not report with HSC 01.34A, 01.34B, 01.34C, 01.34G **Specialty Restriction** UROL, OBGY **Location** HOSP	90 MSU	4+T

NEW INTERIM FEES (2015-2019 MASTER AGREEMENT)

Effective February 9, 2018 the following interim health service codes will be available for billing:

Category	Code	Description	Base Units
VIST		**Inpatient Trauma Service Leader Level I Trauma Centre**	
	03.04G	1. Inpatient Trauma Service Admission and Assessment Day 1	100 MSU(+MU)
	03.04H	2. Inpatient Trauma Service Tertiary survey Day 2	62 MSU(+MU)
	03.03T	3. Inpatient Trauma Service subsequent daily visit Day 3	23 MSU
	03.03U	4. Inpatient subsequent daily visit Day 4-7	19 MSU
		The Inpatient Trauma Service Leader HSC's are intended for the care and co-ordination of care for the patient on the inpatient trauma service in a level I trauma centre. Day 1 and Day 2 HSC's are time based codes intended for the first hour of care and coordination of care. The care is to include: Complete history and physical examination Documentation of all injuries in the health record Review of all formal radiological reports and laboratory tests results Ongoing and active daily medical and surgical management Co-ordination of care between specialty services	

BACK TO CONTENTS

Category	Code	Description	Base Units

Billing Guidelines

1. Patient must have met the criteria for Trauma Team activation as set by Trauma Nova Scotia and been referred to the Trauma Service by the Trauma Team Leader in the ER.
2. Reportable only while an inpatient on the Trauma Service. Not reportable if the patient is admitted to ICU.
3. For Day 1 Admission and Assessment and Day 2 Tertiary Survey, **start and stop times** must be recorded in the health record.
4. Day 2 Tertiary Survey is only reportable by the same physician providing the admission assessment (same provider number) and is not reportable if Day 1 Admission and Assessment HSC has not been reported.
5. Reportable in addition to operative procedures by the same physician and/or physician of the same specialty (exempt from Preamble 5.3.52 and 5.3.55) if the visit is independent of the operative procedure performed.
6. Reportable by only one physician per patient.

Premium

Inpatient Trauma Service Admission and Assessment Day 1 is premium eligible.
Day 2 and subsequent daily visits are not premium eligible.

Specialty restriction

Inpatient Trauma Service physician members as designated by Trauma Nova Scotia.

Multiples

1. Inpatient Trauma Service Admission and Assessment Day 1 Per 15 minutes, maximum of 5 multiples (2 hours total time)
2. Inpatient Trauma Service Tertiary survey Day 2 Per 15 minutes, maximum of three multiples (90 minutes total time)

Location

HOSP

Preamble Reference:

SURGICAL SERVICES MAJOR (5.3.50)
Surgical procedures are described as major if they have a value in excess of 50 units: (5.3.51)
The procedure fee is intended to cover the operation and customary preoperative, operative and postoperative care by the surgeon or a designated covering physician. (5.3.52)

a) A consultation at any time prior to surgery may be claimed, even if the surgery is on the same day. A visit other than a consultation is not payable the same day as a major surgical procedure.(5.3.53)
b) Preoperative care includes:
   i. Comprehensive visit (the admission history and physical exam)
   ii. Hospital visits for up to two calendar days immediately prior to and including the day of surgery
   iii. Hospital visits in a preoperative period that extends beyond two days should be claimed using the appropriate visit codes (5.3.54)
c) Postoperative care includes care during the postoperative hospital stay up to 14 days. (5.3.55)
d) Urgent visits or emergency hospital visits (See Section 5 (5.1.52)) to attend the patient for an unrelated condition are not included in the surgical benefit and may be claimed accordingly. (5.3.56)
e) Hospital visits may be claimed starting on the 15th postoperative day for visits if the postoperative in hospital stay exceeds 14 consecutive calendar days. For the purpose of calculation, the day of the last operative procedure is considered day zero. Weekly routine visit maximums beyond 56 days apply starting from the date of admission. (5.3.57)
f) When a patient is readmitted to hospital during the first 14 days of the post-surgical period because of postoperative complications which do not require a surgical procedure, the surgeon or other physician attending this readmitted patient should claim hospital visits as for a new admission. (5.3.58)

BACK TO CONTENTS

Note: There will be no reduction in the surgical payment when a service related to the surgery is claimed by another physician in the postoperative period. (5.3.59)

BILLING REMINDERS

Visit and Programming to a Pacemaker (HSC 49.83B and 49.83C)

Physicians are reminded that the visit and programming to a pacemaker health service codes include a visit in their description. It is inappropriate to make a separate claim for a visit or consult service at the same encounter.

MRI Guided Placement of MRI Compatible Clip (HSC 97.99A)

Physicians are reminded that health service code 97.99A MRI guided placement of MRI compatible clip to locate a breast abnormality, includes any related biopsy. It is inappropriate to report an additional breast biopsy code during the same encounter.

Visits to Pronounce Death

If a physician attends a patient to pronounce death, a limited visit may be claimed. However, this service may not be claimed using an urgent modifier. If another healthcare provider, such as a nurse, pronounces the patient, the physician may not claim a visit. It is not appropriate to claim a visit for filling out the death certificate or for telephone calls related to the death.

Insertion and Removal of Intradermal Progestin Contraceptive Device (HSC 13.53A and 13.53C)

Physicians are reminded that these HSCs are for the insertion or removal of intradermal progestin contraceptive devices only. They may not be used for insertion or removal of intrauterine progestin contraceptive devices.

Duplicate Services

Physicians are reminded that it is inappropriate for two physicians to claim the same service for the same patient on the same day.

Arthroscopic Debridement (HSC 92.89M)

Physicians are reminded that an arthroscopic debridement is tricompartmental, and thus should only be claimed for services on the knee.

Arthroscopy

Physicians are reminded that composite arthroscopy fees include the procedure and arthroscopy. As well, when other or multiple surgical procedures are performed through the arthroscope, only the major fee applies.

Pathology Interpretation

Physicians are reminded that pathology interpretation billing and service date must be the date the patient was seen in hospital and had specimens removed. The date the report was completed is not the correct service date. The only exception would be for consults or second opinion, which should be claimed for the date of service of the consult.

CLARIFICATION

Other incision with drainage of skin and subcutaneous tissue (HSC 98.03)

The October 18, 2017 bulletin reported that other incision with drainage of skin and subcutaneous tissue (AN = LOCL) (HSC 98.03), fell under category MISG. The correct category is VADT for this health service code.

BACK TO CONTENTS

MSI HEALTH CARD RENEWAL

Revised Health card renewal form

Please be advised there is an updated version of the MSI Nova Scotia health card renewal form. This form should be used when a Nova Scotia resident's health card has expired. If the card has been expired for more than one year instruct the resident to contact our office to confirm eligibility.

This form cannot be used for new residents moving to Nova Scotia, to make changes to a residents file such as name, date of birth or gender changes and cannot be used to request duplicate or replacement cards if lost or stolen. This form cannot be used to renew cards for international students or foreign workers.

Helpful tips to ensure completeness of the renewal form and timely processing:

- Resident must sign the form to confirm they are ordinarily present in NS and to authorize the release of information for payment and audit purposes, this is mandatory to issue a health card
- Organ and/or tissue donation is optional and should only be signed if they wish to be a donor and should include their donor choice.
- A parent or guardian must sign for children under the age of 16

This form can also be found online at https://novascotia.ca/DHW/msi/docs/MSI-Health-Card-Renewal-Form.pdf. To ensure consistency with the renewal process, beginning **April 1, 2018** no other version of the renewal form will be accepted for processing.

For questions please contact the MSI Registration & Enquiry department at 902-496-7008 or toll free at 1-800-563-8880.

NEW AND UPDATED EXPLANATORY CODES

Code	Description
MJ062	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BILLED HSC 07.08A, B OR C AT THE SAME ENCOUNTER.
VA084	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BILLED A MAJOR SURGERY PROCEDURE AT THE SAME ENCOUNTER.
VA085	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 97.99A AT THE SAME ENCOUNTER.
VA086	SERVICE ENCOUNTER HAS BEEN REFUSED AS A VISIT OR CONSULT HAS ALREADY BEEN CLAIMED AT THE SAME ENCOUNTER. HSC 49.83B AND 49.83C INCLUDE THE ACCOMPANYING VISIT IN THE HEALTH SERVICE DESCRIPTION.
VE019	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 66.89A AT THE SAME ENCOUNTER.
VT155	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR HSC 49.83B OR 49.83C HAS ALREADY BEEN CLAIMED AT THE SAME ENCOUNTER AND INCLUDES THE ACCOMPANYING VISIT IN THE HEALTH SERVICE DESCRIPTION.
MJ063	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED A CYSTOSCOPY RELATED SERVICE AT THE SAME ENCOUNTER.

BACK TO CONTENTS

Code	Description
NR087	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 71.7F AT THE SAME ENCOUNTER.
VT156	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS START AND STOP TIMES FOR THIS SERVICE MUST BE INCLUDED IN TEXT.
VT157	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THERE IS NO CLAIM FOR 03.04G ADMISSION AND ASSESSMENT DAY 1 ON HISTORY BY THIS PROVIDER.
VT158	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE INPATIENT TRAUMA SERVICE TERTIARY SURVEY DAY 2 SHOULD ONLY BE BILLED BY THE PHYSICIAN THAT BILLS THE INITIAL DAY ONE ADMISSION AND ASSESSMENT.
VT159	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS INPATIENT TRAUMA SERVICE HAS ALREADY BEEN CLAIMED FOR THIS HOSPITAL ADMISSSION.
VT160	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 03.03U HAS ALREADY BEEN CLAIMED FOR THIS DAY.
VT161	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE HAS ALREADY BEEN CLAIMED FOR DAYS 4 THROUGH 7.

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

UPDATED FILES

Updated files reflecting changes are available for download on Friday February 9, 2018. 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

In partnership with

NOVA SCOTIA

BACK TO CONTENTS