PHYSICIAN'S BULLETIN

March 6 2020: Vol. LXV, ISSUE 2

NOVA SCOTIA MEDICAL SERVICES INSURANCE

CONTENTS

MSI News

MSI UNIT VALUE CHANGES

MEDICAL SERVICE UNIT

Effective April 1, 2020, the Medical Service Unit (MSU) value will increase from $2.53 to $2.58.

ANAESTHESIA UNIT

Effective April 1, 2020, the Anaesthesia Unit (AU) value will increase from $21.56 to $22.71.

PSYCHIATRY FEES

Effective April 1, 2020, the hourly psychiatry rate for General Practitioners will increase to $150.60 while the hourly rate for Specialists increases to $204.20 as per the tariff agreement.

SESSIONAL FEES

Effective April 1, 2020 the hourly sessional payment rate for General Practitioners will increase to $154.80 and the hourly rate for Specialists will increase to $180.60 as per the tariff agreement.

EMERGENCY DEPARTMENT HOURLY RATES

Effective April 1, 2020 the regional emergency department hourly rate will increase to $232.51. Other levels will increase as per page 45 of the tariff agreement.

WORKERS COMPENSATION BOARD UNIT VALUE CHANGES

WCB MEDICAL SERVICE UNIT

Effective April 1, 2020, the Workers Compensation Board Medical Service Unit (WCB MSU) value will increase from $2.81 to $2.87.

WORKERS COMPENSATION BOARD ANAESTHESIA UNIT

Effective April 1, 2020, the Workers Compensation Board Anaesthesia Unit (WCB AU) value will increase from $23.96 to $25.23.

UPDATED FEES

Workers' Compensation Board Medical Service Unit Update

As per the contract between WCB and Doctors Nova Scotia, an annual escalator based on the Consumer Price Index has been calculated for the listed WCB specific fees for fiscal year 2019-20, as well as 2020-21.

Due to the increase in CPI for 2018 and 2019, all of the WCB specific services listed below will have their values increased by 2.2% effective April 1st, 2019 followed by an additional increase of 2.09% effective April 1st, 2020:

CODE	DESCRIPTION	APRIL 2019 VALUE	APRIL 2020 VALUE
WCB12	EPS physician assessment Service. Combined office visit and completion of Form 8/10 For complex **initial** assessments exceeding 50 minutes, EPS physicians may bill additional 15 minute increments to a maximum of 1 additional hour	**Initial visit:** $184.00 + $53.78 per 15 minutes to a maximum 4x (RO=EPS1 and RP=INTL) **Subsequent visit:** $184.00 (RO=EPS1 and RP=SUBS)	**Initial visit:** $187.87 + $54.93 per 15 minutes to a maximum 4x (RO=EPS1 and RP=INTL) **Subsequent visit:** $187.87 (RO=EPS1 and RP=SUBS)
WCB13	Chart Summaries / Written Reports. Detailed reports billed in 15-minute intervals - plus multiples, if applicable	GPs…….$44.96 per 15 min EPS(RO=EPS1) $53.78 per 15 min Specialists……..$60.50 per 15 min	GPs…….$45.92 per 15 min EPS(RO=EPS1) $54.93 per 15 min Specialists……..$61.79 per 15 min
WCB15	Case Conferencing and Teleconferencing (Treating Physician) Conferencing billed by the Treating Physician - plus multiples, if applicable	GPs…….$44.96 per 15 min EPS(RO=EPS1) $53.78 per 15 min Specialists……..$60.50 per 15 min	GPs…….$45.92 per 15 min EPS(RO=EPS1) $54.93 per 15 min Specialists……..$61.79 per 15 min
WCB17	Photocopies of Chart Notes	10 pgs or less (ME=UP10)……..$26.92 11-25 pgs (ME=UP25)……..$53.76 26-50 pgs (ME=UP50)….. $107.48 Over 50 pgs (ME=OV50)……$161.21	10 pgs or less (ME=UP10)……..$27.49 11-25 pgs (ME=UP25)……..$54.93 26-50 pgs (ME=UP50)….. $109.75 Over 50 pgs (ME=OV50)……$164.59
WCB20	Carpal Tunnel Syndrome (CTS) Assessment Report	$68.99	$70.46
WCB21	Follow-up visit report	$40.35	$41.21
WCB22	Completed Mandatory Generic Exemption Request Form	$13.49 per form	$13.78 per form
WCB23	Completed Non-Opioid Special Authorization Request Form	$13.49 per form	$13.78 per form
WCB24	Completed Opioid Special Authorization Request Form	$45.21 per form	$46.18 per form
WCB25	Completed WCB Substance Abuse Assessment Form	$30.12	$30.77
WCB26	Return to Work Report – Physician's Report Form 8/10	$68.99	$70.46

CODE	DESCRIPTION	APRIL 2019 VALUE	APRIL 2020 VALUE
WCB27	Eye Report	$60.50	$61.79
WCB28	Comprehensive Visit for Work Related Injury or Illness	$69.41	$70.89
WCB29	Initial Request Form For Medical Cannabis	$74.89	$76.49
WCB30	Extension Request Form For Medical Cannabis	$44.96	$45.92
WCB31	WCB Interim Fee – Comprehensive Visit for Work Related Injury or Illness When Condition Has Changed	$69.41	$70.89

Note: these increases will be automatically applied to any claims with a date of service on or after March 6, 2020. Claims made with service dates from April 1, 2019 – March 5, 2020 will be identified and a retroactive payment will be sent to physicians once the 90 day window for these services has elapsed.

FEE REVISIONS

INCREASES IN COMPREHENSIVE PRIMARY CARE FEE CODES

As per the master agreement, the following fees shall have their values increased for family physicians.
(New Value is the value effective April 1, 2020)

	Old Value	New Value
Description	**MSU**	**MSU**
Office Visit (ME=CARE)	15.28	15.95
Geriatric Office Visit (ME=CARE)	18.90	19.73
Office Visit After-Hours (ME=CARE)	19.10	19.94
Geriatric Office Visit After-Hours (ME=CARE)	23.63	24.67
Office Visit – Well Baby Care (ME=CARE)	15.28	15.95
Office Visit Well Baby Care After-Hours (ME=CARE)	19.10	19.94
Office Visit Prenatal Care (ME=CARE)	15.28	15.95
Office Visit Prenatal Care After-Hours (ME=CARE)	19.10	19.94
Office Visit Postnatal Care After-Hours (ME=CARE)	24.58	25.67
Subsq. Inpatient Care Visit (Days 2, 3)	23.81	24.85
Subsq. Inpatient Care Visit – Newborn (Days 2, 3)	23.81	24.85
Subsq. Inpatient Care Visit – Post-Partum (Days 2, 3)	23.81	24.85
Subsq. Inpatient Care Visit (Days 4-7)	19.67	20.53
Subsq. Inpatient Care Visit – Post-Partum (Days 4-7)	19.67	20.53
Subsq. Inpatient Care Visit (Daily to 56 days)	16.56	17.29
Subsq. Inpatient Care Visit (Weekly after Day 56)	16.56	17.29

INCREASES IN PSYCHIATRY FEE CODES

As per the master agreement, the following fees shall have their values increased for psychiatrists.
(New Value is the value effective April 1, 2020) *Note: these increases are for psychiatrists only*

	Old Value	New Value
Description	**MSU**	**MSU**
Routine Psychiatric Visit (08.5B)	38.16	42.68
Psychotherapy (08.49B)	38.32	43.25
Comprehensive Consultation (03.08)	82.30	94.85
Child Psychiatric Assessment (08.19A)	42.08	48.87
Group Therapy (08.44)	9.63	11.66
Therapeutic/Diagnostic Interview Relating to a child (08.19B)	38.30	43.23

BACK TO CONTENTS

INCREASES IN OBSTETRIC AND GYNECOLOGY FEE CODES

As per the master agreement, the following fees shall have their values increased for obstetrics and gynecology services.
(New Value is the value effective April 1, 2020)

Gynecology Fee Code Changes

HSC	Description	Old Value MSU	New Value MSU
03.03V	Medical Abortion/Termination of early pregnancy	47.50	62.63
80.89A	Abortion – Incomplete; examination of the uterus without D&C or anaes.	25.00	32.96
79.1	Conization of cervix including colposcopy	51.00	67.24
87.21	Dilation and Curettage for termination of pregnancy	71.00	93.61
81.09	Other Dilation and Curettage	42.50	56.04
81.09A	Endocervical Curettage	10.00	13.19
98.12V	Curettage of warts, including papillomata, keratosis, nevi, moles, pyogenic granulomata, etc., for malignant or recognized pre-malignant condition	12.00	15.82
81.69A	Endometrial Biopsy	19.00	25.05
80.4C	Laparoscopic Hysterectomy	300.00	395.55
80.3	Total Abdominal Hysterectomy	240.00	316.44
80.4A	Vaginal Hysterectomy – uterus-total vaginal w/ rectocoele / cystocoele repair	287.00	378.41
80.4	Vaginal Hysterectomy (subtotal)	240.00	316.44
80.2A	Subtotal Abdominal Hysterectomy	240.00	316.44
80.3A	Uterus – total abdominal w/ rectocoele / cystocoele repair	287.00	378.41
80.3C	Abdominal hysterectomy with salpingo-oophorectomy including bilateral selective pelvic lymphadenectomies, omental biopsy / selective periaortic	400.00	527.40
77.19C	Laparoscopic ovarian cystectomy	150.00	197.78
86.3A	Surgical removal of extrauterine (ectopic) preg. by any means (incl. tubal)	130.00	171.41
78.1A	Salpingectomy for morbidity, not for sterilization	130.00	171.41
10.16	Insertion of vaginal pessary	23.50	30.98
80.19A	Other excision or destruction of lesion of uterus myomectomy	160.00	210.96
82.81A	Colposcopy	8.50	11.21
78.39A	Interruption or removal of fallopian tubes for sterilization purposes	105.00	138.44
77.51	Removal of both ovaries and tubes	195.00	257.11
80.81	Hysteroscopy	42.50	56.04
77.19A	Salpingectomy and salpingo-oophorectomy	130.00	171.41

Obstetric Fee Code Changes

HSC	Description	Old Value MSU	New Value MSU
87.98	Delivery (RF=REFD, SP=OBGY)	260.00	342.81
87.98	Delivery (SP=OBGY or SP=GENP)	200.00	263.70
86.1	Cervical Caesarean Section	260.00	342.81
84.79	Other Vacuum Extraction	260.00	342.81
86.1A	Caesarean section with tubal ligation	280.00	369.18
84.71	Vacuum extraction with episiotomy	260.00	342.81
84.0	Low forceps delivery without episiotomy	260.00	342.81
84.1	Low forceps delivery (with episiotomy)	260.00	342.81
84.8	Other specified instrumental delivery	260.00	342.81
84.29	Other mid forceps delivery	260.00	342.81
84.21	Mid forceps delivery (with episiotomy)	260.00	342.81
84.53	Total breech extraction	260.00	342.81
84.51	Breech extraction, unqualified	260.00	342.81
84.31	High forceps delivery with episiotomy	260.00	342.81
84.39	Other high forceps delivery	260.00	342.81
84.52	Partial breech extraction	260.00	342.81
84.61	Partial breech extraction with forceps to aftercoming head	260.00	342.81
84.62	Total breech extraction with forceps to aftercoming head	260.00	342.81
84.9	Unspecified instrumental delivery	260.00	342.81

BACK TO CONTENTS

INCREASES IN OBSTETRIC AND GYNECOLOGY FEE CODES *(continued)*

As per the master agreement, the following fees shall have their values increased for obstetrics and gynecology services.
(New Value is the value effective April 1, 2020)

Gynecology and Obstetrics Fee Code Changes

HSC	Description	Old Value MSU	New Value MSU
81.8	Insertion of intra-uterine contraceptive device	32.00	42.19
81.01	Dilation and curettage following delivery or abortion	57.00	75.15
86.61	Aspiration curettage following delivery or abortion	57.00	75.15

OB/GYN Consultation Fee Code Changes

HSC	Description	Old Value MSU	New Value MSU
03.08	Comprehensive Consultation (Prolonged)	35.10	37.60
03.07	Limited Consultation	24.50	27.00
03.07	Repeat Consultation (Prolonged)	22.50	25.00

Effective March 6, 2020 the ADON health service code 99.09A has been revised as follows:

Category	Code	Description	Base Units	Anesthesia Units
ADON	99.09A	**BMI Surgical Premium** **Description:** This premium may be reported by physicians providing surgical services, as described in the billing guidelines, and general or neuraxial anaesthesia for a patient with a body mass index (BMI) greater than or equal to 40. **Billing Guidelines:** Billable once per patient per physician in addition to the amount payable for the major procedure(s) where a patient with an elevated BMI undergoes surgery to the neck, hip, or trunk and: a) Has a body mass index (BMI) greater than or equal to 40 and this is recorded in the patient's health record b) The procedure is performed using an open technique through an incision for major neck and hip surgery and an open or laparoscopic technique for the trunk and is performed under general, or neuraxial anaesthesia. c) The principle technique is neither aspiration, core or fine needle biopsy, dilation, endoscopy, cautery, ablation, nor catheterization. d) Not billable for bariatric surgery. **Location:** LO=HOSP	32.9 MSU	4.6 AU

BACK TO CONTENTS

PREAMBLE CHANGE

Current Definition	New Definition
Morbid Obesity (5.2.38) When providing general, or neuraxial anaesthesia for a patient with a body mass index (BMI) greater than 50, the units will be increased. a) Has a BMI (body mass index) greater than 50 and this is recorded in the patient's health record.	**Morbid Obesity (5.2.38)** When providing general, or neuraxial anaesthesia for a patient with a body mass index (BMI) greater than or equal to 40, the units will be increased. a) Has a BMI (body mass index) greater than or equal to 40 and this is recorded in the patient's health record.
Morbid Obesity Add on Fee (5.3.85) a) has a BMI (body mass index) greater than 50 and this is recorded in the patient's health record.	**Morbid Obesity Add on Fee (5.3.85)** a) has a BMI (body mass index) greater than or equal to 40 and this is recorded in the patient's health record.

NEW FEES

Effective March 6, 2020 the following codes are available for billing:

Category	Code	Description	Base Units	Anesthesia Units
MASG	52.31A	**Resection of Upper Aerodigestive Tract Malignancy with Lymphadenectomy** **Description** This is a comprehensive health service code for the resection of an upper aerodigestive tract (nasal cavity, oral cavity, oropharynx, hypopharynx, larynx, trachea and esophagus) malignancy and lymphadenectomy of at least two contiguous levels (e.g. levels I-III neck dissection, levels II-IV neck dissection). All necessary ablative procedures, resection of multiple soft tissue and bony subsites, resection of cranial or peripheral nerves, and ligation of major vessels are included in this HSC. Nerve monitoring via EMG, placement of NG tube and tracheostomy tube are included. A diagnosis of malignancy must be established preoperatively, by intraoperative frozen section, or on final pathology. Complex reconstruction by pedicled flaps or free tissue transfer may be reported in addition to this HSC. **If the case time exceeds 5 hours based on actual case start time to actual end time (or the time the primary surgeon leaves the case) then report EC @ 160 MSU/hr** with operative note and operating room record. **Billing Guidelines** This is a comprehensive fee not to be reported with other resection, ablative or lymphadenectomy codes. May be reported with reconstruction by pedicled flaps or free tissue transfer. Usual rules of multiples apply. **Specialty Restriction:** SP=OTOL members of the head and neck subsection within the Dalhousie Division of ORL-HNS* **Location:** LO=HOSP – Restricted to QEII site only	800 MSU	10 + T

Category	Code	Description	Base Units	Anesthesia Units
MASG	38.39C	**Resection of Salivary Gland Malignancy with Lymphadenectomy** This is a comprehensive health service code for the resection of a salivary gland (parotid, submandibular, sublingual) malignancy and lymphadenectomy of at least two contiguous levels (e.g. levels I-III neck dissection, levels II-IV neck dissection). All necessary ablative procedures, resection of multiple soft tissue and bony subsites, resection of cranial or peripheral nerves, and ligation of major vessels are included in this HSC. Nerve monitoring via EMG, placement of NG tube and tracheostomy tube are included. A diagnosis of malignancy must be established preoperatively, by intraoperative frozen section, or on final pathology. Complex reconstruction by pedicled flaps or free tissue transfer may be reported in addition to this HSC. **If the case time exceeds 4 hours based on actual case start time to actual end time (or the time the primary surgeon leaves the case) then report EC @ 160 MSU/hr** with operative note and operating room record. **Billing Guidelines** This is a comprehensive fee not to be reported with other resection, ablative or lymphadenectomy codes. May be reported with reconstruction by pedicled flaps or free tissue transfer. Usual rules of multiples apply. **Specialty Restriction:** SP=OTOL members of the head and neck subsection within the Dalhousie Division of ORL-HNS* **Location:** LO=HOSP – Restricted to QEII site only	640 MSU	10 + T

Category	Code	Description	Base Units
VADT	01.09D	**Bronchoscopy and Endobronchial Ultrasound (EBUS) with sampling of one or two mediastinal nodal stations and or hilar nodal stations or structures.** **Description** This is a comprehensive health service code to include diagnostic bronchoscopy, including imaging guidance where required, and endobronchial ultrasound guided transbronchial sampling of one or two mediastinal and/or hilar nodal stations or structures. **Billing Guidelines** Report number of stations or structures in text. For complex cases, such as endobronchial debulking of tumor, report EC with operative report and time to be remunerated at 125 MSU/hr. **Not to be reported** with other bronchoscopy HSCs: 01.08A Transbronchial lung biopsy with fiberscope 01.09 Other non-operative bronchoscopy 01.09A Bronchoscopy with biopsy 01.09B Bronchoscopy with foreign body removal **Not to be reported** with mediastinoscopy HSCs: 46.82 Mediastinoscopy 46.82A Mediastinoscopy with flexible bronchoscopy 46.82B Mediastinoscopy with rigid bronchoscopy **Specialty Restriction:** SP=RSMD with fellowship in interventional thoracic surgery and CASG (Thoracic surgeons) with EBUS training in their fellowship **Location:** LO=HOSP – Restricted to QEII site only	125 MSU

BACK TO CONTENTS

Category	Code	Description	Base Units
VADT	01.09E	**Bronchoscopy and Endobronchial Ultrasound (EBUS) with sampling of three or more nodal stations and or hilar nodal stations or structures.** **Description** This is a comprehensive health service code to include diagnostic bronchoscopy, including imaging guidance where required, and endobronchial ultrasound guided transbronchial sampling of three or more mediastinal and/or hilar nodal stations or structures. **Billing Guidelines** Report number of stations or structures in text. For complex cases, such as endobronchial debulking of tumor, report EC with operative report and time to be remunerated at 125 MSU/hr. **Not to be reported** with other bronchoscopy HSCs: 01.08A Transbronchial lung biopsy with fiberscope 01.09 Other non-operative bronchoscopy 01.09A Bronchoscopy with biopsy 01.09B Bronchoscopy with foreign body removal **Not to be reported** with mediastinoscopy HSCs: 46.82 Mediastinoscopy 46.82A Mediastinoscopy with flexible bronchoscopy 46.82B Mediastinoscopy with rigid bronchoscopy **Specialty Restriction:** SP=RSMD with fellowship in interventional thoracic surgery and CASG (Thoracic surgeons) with EBUS training in their fellowship **Location:** LO=HOSP – Restricted to QEII site only	150 MSU

Teaching Stipend

As per the master agreement, effective April 1, 2020 the following codes will be availble for physician preceptors on an alternate payment plan to shadow bill the value of their teaching stipend when assuming responsibility for a Medical Student or a Resident Elective:

Category	Code	Description	Base Units
DEFT	TESP1	TEACHING STIPEND FOR MEDICAL STUDENT	0
DEFT	TESP2	TEACHING STIPEND FOR RESIDENT ELECTIVE	0

A teaching Stipend may only be claimed once per week per medical student/resident elective you are respnsible for. To shadow bill teaching stipend please use health card number 0000002352 with date of birth April 1, 1969. Diagnostic code V623 should also be included on the claim.

BACK TO CONTENTS

UPDATES

Amendment

HSC 87.98A Add On for Detention during Obstetrical Delivery (for attendance beyond three hours) had indicated the maximum number of multiples for 8 hours was 33. This has been corrected as the maximum of 8 hours is 21 multiples.

Facility On-Call for APP Specialist

Effective October 25, 2019, APP Specialists are eligible to bill Fee-For-Service (FFS) for Facility On-Call. APP Specialists who are eligible and wish to bill FFS for Facility On-Call must have a FFS Business Arrangement (BA) set up by MSI, if there is not an existing FFS BA. The BA form and contact information can be found at: https://msi.medavie.bluecross.ca/update-registration/

It is recognized that there may be claims with dates of service past the 90 day limit for claim submissions. An exception has been made to allow billing of outdated Facility On-Call claims with dates of service between October 25, 2019 to December 31, 2019. All outdated claims from this time period must be submitted no later than March 31, 2020. For information required to submit outdated claims contact: MSI_Assessment@medavie.bluecross.ca

APP Specialists who have submitted shadow claims from October 25, 2019 forward for Facility On-Call may reverse the claims and resubmit as FFS once a BA has been set up by MSI.

Clinic Sessional

Sessional arrangements are established for clinical services. With the exception of a few unique clinics, submission of claim forms without associated shadow billing will not be paid. If a clinic is cancelled due to inclement weather, closure of a facility, etc., the physician may reschedule that clinic for a later date and claim for those services. When submitting such claims, they should provide a summary on the claim form.

In cases where patients do not present for scheduled clinics and there is no shadow billing for a particular date, the physician should provide a summary of the unbillable services they provided for consideration and approval of payment. Physicians should expect to provide additional information to Medavie upon request where necessary to make an assessment.

Upcoming Changes

Please note that health service code 50.0B Endovascular Thrombectomy-Intracranial will be revised to permit surgical assist claims. More information will be available in the upcoming May 2020 Physician's Bulletin.

Please note there are upcoming changes to the billing guidelines for health service code 13.59O Injection of OnabotulinumtoxinA for the treatment of Chronic Migraine (prior approval). More information will be available in the upcoming May 2020 Physician's Bulletin.

BACK TO CONTENTS

NEW AND UPDATED EXPLANATORY CODES

Code	Description
GN104	SERVICE ENCOUNTER HAS BEEN REFUSED. HEALTH CARD NUMBER IS NOT VALID FOR SERVICE PROVIDED.
VA097	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 01.09D OR 01.09E FOR THIS PATIENT AT THE SAME ENCOUNTER.
VA098	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 01.08A, 01.09, 01.09A OR B, 46.82, 46.82A OR B FOR THIS PATIENT AT THE SAME ENCOUNTER.
VA099	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE NOT INCLUDED TEXT STATING THE NUMBER OF STATIONS OR STRUCTURES.

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

UPDATED FILES

Updated files reflecting changes are available for download on Friday March 6th, 2020. The files to download are:
Health Service (SERVICES.DAT), Health Service Description (SERV_DSC.DAT), and, Explanatory Codes (EXPLAIN.DAT).

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

HELPFUL LINKS

NOVA SCOTIA MEDICAL INSURANCE (MSI)
http://msi.medavie.bluecross.ca/

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS
www.novascotia.ca/dhw/

In partnership with

NOVA SCOTIA

BACK TO CONTENTS