PHYSICIAN'S BULLETIN
July 10 2020: Vol. LXV, ISSUE 13

NOVA SCOTIA MEDICAL SERVICES INSURANCE

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Outdated Policy Reminder

All original claims must be submitted to MSI within 90 days from the date of service. Claims that are outside of the specified time limitations will only be considered if extenuating circumstances can be demonstrated for a late submission and are within a reasonable time frame past the 90 day limit. Request for an extension must be made to MSI in writing and will be approved on a case by case basis. The time frame for submitting the request to MSI for late submission should be within one month following the 90 day limit.

Examples of extenuating circumstances may include physical damage to office such as fire or flood and or a serious technical issue.

Service encounters submitted over the 90-day limitation will be adjudicated to pay "zero" with the following exceptions:
- Reciprocal billing claims (out of province) must be submitted within 12 months of the date(s) of service.
-Resubmission of refused claims or incorrect billings. These claims must be resubmitted to MSI within 185 days of the date of service. Each resubmission must contain an annotation in the text field of the service encounter submission referencing the previous service encounter number.

Circumstances relating to staffing issues/shortages and mislaid, misfiled, or lost claims cannot be accepted by MSI as valid explanations for a late submission.

Claims for registered hospital in-patients must also be submitted within the 90 day time limitation regardless if the patient has been discharged or continues on an in-patient basis. It is incumbent on the physician to obtain the required billing information for these patients and submit claims within the prescribed time limitations. Explanations relating to late discharge summaries, or facilities not consolidating the required information for the physician, cannot be accepted as a valid explanation for a late submission.

Please note: Failure to use a preauthorization code given by MSI and annotate the text field with the previous service encounter number will result in an adjudication paid at "zero".

UPDATES

87.98 Delivery NEC

Effective April 1, 2020 the non-referred GENP fee for HSC 87.98 Delivery NEC has been increased to 263.70 MSU. Physicians who have already submitted their claims at the lower rate may delete and resubmit to be paid at the higher fee. For claims that are now over 90 days, physicians are required to submit with a preauthorization number in the appropriate field.

Non-Face-to-Face services during Pandemic

Physicians are advised that eligible dates of service for health service code 03.03X and non-face-to-face services provided by telephone, via telehealth network or via PHIA compliant virtual care platforms as outlined in the March 27, 2020 bulletin have been extended to September 30, 2020.

01.09D 01.09E EBUS Facility Update

As published in the March 6, 2020 Bulletin, HSC's 01.09D and 01.09E are location restricted to the QEII site. The system has been updated to include the VG as part of the QEII for billing purposes.

03.38A Specialty Restriction

With the title/description changes as noted in the May 2020 bulletin, there were also updates to the speciality restriction for 03.38A. This HSC may now be claimed by SP=RSMD in addition to SP=INMD and SP=PEDI.

BILLING REMINDERS

Physician Confirmation Letter Reminder

General Practitioners are reminded that to be eligible to use the modifier ME=CARE you must have submitted a Confirmation Letter attesting to your status as a primary care provider providing continuity of care in the context of an ongoing relationship with your patients (see original notification here). Only physicians who have submitted the Confirmation Letter will be eligible to bill with the ME=CARE modifier. Physicians are reminded that eligibility will commence as of the date the letter is received, unless otherwise notified. The letter can be found here and can be sent to: primary_care_investments@medavie.bluecross.ca.

NEW AND UPDATED EXPLANATORY CODES

Code	Description
VT146	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE ALREADY CLAIMED THE COMPLEX COMPREHENSIVE ACUTE CARE HOSPITAL DISCHARGE FEE FOR THIS PATIENT ON THE SAME DAY.

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

UPDATED FILES

Updated files reflecting changes are available for download on Friday July 10th, 2020. The files to download are:
Health Service (SERVICES.DAT), Health Service Description (SERV_DSC.DAT), and, Explanatory Codes (EXPLAIN.DAT).

CONTACT INFORMATION

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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/

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