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MSI News

MSI UNIT VALUE CHANGES

MEDICAL SERVICE UNIT

Effective April 1, 2022, the Medical Service Unit (MSU) value will increase from \$2.63 to \$2.68.

ANAESTHESIA UNIT

Effective April 1, 2022, the Anaesthesia Unit (AU) value will increase from \$23.88 to \$25.30.

PSYCHIATRY FEES

Effective April 1, 2022, the hourly psychiatry rate for General Practitioners will increase to \$157.70 while the hourly rate for Specialists increases to \$213.83 as per the tariff agreement.

SESSIONAL FEES

Effective April 1, 2022, the hourly sessional payment rate for General Practitioners will increase to \$160.80 and the hourly rate for Specialists will increase to \$187.60 as per the tariff agreement.

WORKERS COMPENSATION BOARD UNIT VALUE CHANGES

WCB MEDICAL SERVICE UNIT

Effective April 1, 2022, the Workers Compensation Board Medical Service Unit (WCB MSU) value will increase from \$2.92 to \$2.98.

WORKERS COMPENSATION BOARD ANAESTHESIA UNIT

Effective April 1, 2022, the Workers Compensation Board Anaesthesia Unit (WCB AU) value will increase from \$26.53 to \$28.11.



FEE CODE INCREASES

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, 2022) Note: these increases are for psychiatrists only.

	Old Value	New Value
Description	MSU	MSU
Routine Psychiatric Visit (08.5B)	43.41	43.56
Psychotherapy (08.49B)	44.46	44.76
Comprehensive Consultation (03.08)	103.24	105.75
Child Psychiatric Assessment (08.19A)	50.23	50.57
Group Therapy (08.44)	11.99	12.07
Therapeutic/Diagnostic Interview Relating to a child (08.19B)	44.44	44.73

NEW FEES

As announced in the February 14, 2022 Physician's Bulletin, the following health service code is available for billing effective March 18, 2022:

Category	Code	Description	Base Units
VADT	13.99H	Consult with pharmacy for patient participating in CPAMS (Community Pharmacy-led Anticoagulation Management Services) Description: This code is to be used when a patient is participating in the Community Pharmacy-led Anticoagulation Management Services program (CPAMS) and consultation with the pharmacy is required regarding the patient's case. If a physician's patient is participating in CPAMS, the physician may only bill the management fee when they are specifically asked to consult with the pharmacy on the patient's case and the request must be documented in the patient's health record. Billing Guidelines: Only one primary care professional per patient can be reimbursed for	10 MSU
		ongoing monthly warfarin management.May not be claimed more than once per month per patient.	
		 May not be claimed in conjunction with any other monthly management fees (13.99C, CPO1). 	

For patients on warfarin who are not part of CPAMS, physicians may continue to use health service code 13.99C.

*Physicians with patients on warfarin who they believe would benefit from CPAMS are encouraged to refer patients to a participating pharmacy. Patients may also choose to identify themselves to their physician and/or pharmacist to express interest in the program. If a pharmacist confirms a patient is appropriate for the service, they will liase with the patient's physician about the patient enrolling in CPAMS. Pharmacists will notify a patient's physician of dosage changes resulting from INR testing through the program.

More information about the service, a list of pharmacies, and a referral form can be found on the Pharmacy Association of Nova Scotia (PANS) website: https://pans.ns.ca/cpams

FEE UPDATE

Urine Drug Screen Tray Fee (UDS1)

As introduced in the November 26, 2021 Physician's Bulletin, Urine Drug Screen Tray Fee (UDS1) is available to claim for services from April 1, 2021.

MSI will provide billing instructions to those physicians currently holding claims for service dates between April 1, 2021 - November 25, 2021. Please email MSI at msi assessment@medavie.bluecross.ca

WORKERS COMPENSATION BOARD FEE CODE INCREASES

Workers' Compensation Board Fee Code 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 2022-23.

Due to the increase in CPI for 2021, all of the WCB specific services listed below will have their values increased by 4.06% effective April 1st, 2022:

CODE	DESCRIPTION	APRIL 2022 VALUE
WCB12	EPS physician assessment Service.	Initial visit:
	Combined office visit and completion of Form 8/10	\$197.13 + \$57.66 per 15 minutes to a
		maximum 4x
	For complex initial assessments exceeding 50 minutes,	(RO=EPS1 and RP=INTL)
	EPS physicians may bill additional 15-minute increments	
	to a maximum of 1 additional hour	Subsequent visit:
		\$197.13
		(RO=EPS1 and RP=SUBS)
WCB13	Chart Summaries / Written Reports.	GPs\$48.22 per 15 min
	Detailed reports billed in 15-minute intervals	EPS (RO=EPS1)\$57.66 per 15 min
	- plus multiples, if applicable	Specialists\$64.87 per 15 min
WCB15	Case Conferencing and Teleconferencing (Treating	GPs\$48.22 per 15 min
WODIO	Physician)	EPS (RO=EPS1)\$57.66 per 15 min
	Conferencing billed by the Treating Physician	Specialists\$64.87 per 15 min
	- plus multiples, if applicable	opediano
WCB17	Photocopies of Chart Notes	10 pgs or less (ME=UP10)\$28.88
	·	11-25 pgs (ME=UP25)\$57.66
		26-50 pgs (ME=UP50)\$115.18
		Over 50 pgs (ME=OV50)\$172.69
WCB20	Carpal Tunnel Syndrome (CTS) Assessment Report	\$73.93
WCB21	Follow-up visit report	\$43.27
WCB22	Completed Mandatory Generic Exemption Request Form	\$14.48 per form

CODE	DESCRIPTION	APRIL 2022 VALUE
WCB23	Completed Non-Opioid Special Authorization Request Form	\$14.48 per form
WCB24	Completed Opioid Special Authorization Request Form	\$48.48 per form
WCB25	Completed WCB Substance Abuse Assessment Form	\$32.33
WCB26	Return to Work Report – Physician's Report Form 8/10	\$73.93
WCB27	Eye Report	\$64.87
WCB28	Comprehensive Visit for Work Related Injury or Illness	\$74.41
WCB29	Initial Request Form For Medical Cannabis	\$80.28
WCB30	Extension Request Form For Medical Cannabis	\$48.22
WCB31	WCB Interim Fee – Comprehensive Visit for Work Related Injury or Illness When Condition Has Changed	\$74.41



Billing Matters Billing Reminders, Updates, New Explanatory Codes

NEW AND UPDATED EXPLANATORY CODES

Code	Description
VA106	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR COMMUNITY PHARMACY-LED ANTICOAGULATION MANAGEMENT SERVICE (CPAMS) HAS PREVIOUSLY BEEN BILLED FOR THIS PATIENT IN THE SAME MONTH.
VA107	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM 13.99H (CPAMS) HAS PREVIOUSLY BEEN BILLED FOR THIS PATIENT IN THE SAME MONTH. 13.99C CANNOT BE CLAIMED WITH THIS FEE.
VA108	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM FOR 13.99C HAS PREVIOUSLY BEEN BILLED FOR THIS PATIENT IN THE SAME MONTH. 13.99H (CPAMS) CANNOT BE CLAIMED WITH THIS FEE.
DE036	SERVICE ENCOUNTER HAS BEEN REFUSED AS A CLAIM 13.99H (CPAMS) HAS PREVIOUSLY BEEN BILLED FOR THIS PATIENT IN THE SAME MONTH. CPO1 CANNOT BE CLAIMED WITH THIS FEE.





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 18th, 2022. The files to download are: Health Service (SERVICES.DAT), Health Service Description (SERV_DSC.DAT), Modifiers (MODVALS.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/

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Master Agreement - Program Payment Schedule (2022/23)

Program	Payment
EMR (Envelope "A" Payments)	Monthly
EMR Envelope "A" payments continue monthly to eligible physicians	
CME (GP & Specialist)	Issued by May 31,
Payment for 2021/22 fiscal year (eligible billings based on 2021 calendar year)	2022
CDM, CGA (Eligible APP Physicians)	Issued by July 31, 2022
Payment based on eligible shadow billings from April 1, 2022 – June 30, 2022	2022
CMPA Premium Reimbursement	Issued by August 31,
Covering April - June 2022	2022
Electronic Medical Records (EMR – B&C)	Issued by August 31,
Payments for 2021/22 Fiscal Year	2022
Family Physician Alternative Payment Plan 5.6% Incentive	Issued by September 30, 2022
Surgical Assist Payments	Issued by September
Payment based on eligible billings from April 1, 2021 – March 31, 2022	30, 2022
CDM, CGA (Eligible APP Physicians)	Issued by October 31,
Payment based on eligible shadow billings from July 1, 2022 – September 30, 2022	2022
Collaborative Practice Incentive Program	Issued by October 31,
Payments for 2021/22 Fiscal Year	2022
CMPA Premium Reimbursement	Issued by December
Covering July -September 2022	31, 2022
Rural Specialist Incentive Program	Issued by December
Measurement period April 1st, 2021 – March 31st, 2022 / Payment for 2021/22 fiscal year	31, 2022
CDM, CGA (Eligible APP Physicians)	Issued by January 31,
Payment based on eligible shadow billings from October 2022 – December 2022	2023
CMPA Premium Reimbursement	Issued by March 31, 2023
Covering October -December 2022	2023
CDM, CGA (Eligible APP Physicians)	Issued by April 30, 2023
Payment based on eligible shadow billings from January 2023 – March 2023	2023
CMPA Premium Reimbursement	Issued by May 31, 2023
Covering January - March 2023	2023
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*Please be advised payment dates noted are the anticipated payments for these programs.