PHYSICIAN'S BULLETIN

JULY 21, 2023: Vol. LXVIII, ISSUE 6

NOVA SCOTIA MEDICAL SERVICES INSURANCE

CONTENTS

FEE UPDATES

Effective May 26, 2023 the following health service codes have been updated for specialites SP=INMD and SP=RSMD to include home location LO=HOME. The locations OFFC, OTHR and HOME are restricted to the mobile INSPIRED program and physicians are required to enter 'INSPIRED' into the text field of the MSI claim when submitting for these services.

Category	Code	Description	Base Units
VEDT	03.38C	**Interpretation of Spirometry Pre and Post Bronchodilator** **Location:** LO=HOSP, LO=OFFC, LO=OTHR, LO=HOME	10 MSU
BULK	I1110	**Simple Spirometry** **Location:** LO=HOSP, LO=OFFC, LO=OTHR, LO=HOME	5 MSU
BULK	I1140	**Flow/Volume Loops** **Location:** LO=HOSP, LO=OFFC, LO=OTHR, LO=HOME	5 MSU

FEE UPDATES (CONTINUED)

Effective July 21, 2023 the following interim health service code has been updated to include region modifiers:

Category	Code	Description	Base Units	Anae Units

MISG	97.99B	**Revision of gender affirming chest surgery**
		Prior Approval/Preauthorization required (PA)
		
		Description
		Revision of chest surgery performed within 18 months of MSI approved gender affirming chest surgery to address complications and functional impairment only. This comprehensive service includes any scar revision, re-contouring of the chest wall, revision of nipple, and areolar reconstruction as required. The physician will submit a written request documenting the reason for the proposed revision to MSI for PA. Photographs of the affected area may be requested to support the request. No additional uninsured services may be performed or charged to the patient during this surgical encounter.
		
		Billing Guidelines
		• Original chest surgery must have had prior approval from MSI for gender affirming surgery based on a complete and approved GAS application.
		• Only one per patient per lifetime
		• Requires a formal request for prior approval/ preauthorization from MSI by the physician proposing the procedure.
		• May not be claimed with:
		  ○ Reconstruction of nipple HSC: 97.77
		  ○ Tissue shift/graft HSC's to include, but not limited to: 98.51B, 98.51C, 98.51D, 98.51E
		
		RO=SRAS applicable
		
		Regions (Required)
		RG=LEFT, RG=RIGT, RG=BOTH
		
		Specialty Restriction:
		SP=PLAS (non fee for service)
		
		Location:
		LO=HOSP
			150 MSU	4+T

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MSI DOCUMENTATION REMINDER

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. Documentation should be descriptive with regards to the service performed, discussion and advice given.

From the documentation recorded for psychotherapy services, it should be evident that in the treatment of mental illness, behavioural maladaptation's, 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 wellbeing 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 may be a recovery to MSI at the time of audit. Documentation of services which are being claimed to MSI must be signed off by the physician rendering the service and completed before claims for those services are submitted to MSI.

SERVICE ENCOUNTERS WITH UNINSURED SERVICES REMINDER

When providing non-insured services, physicians should be familiar with Preamble Section 1.1.22: Billing for insured and non-insured services at the same visit:

- A physician must exercise caution whenever billing MSI and the patient or a third party during the same visit. In principle, under no circumstances should any service, or any component of a service, be claimed for twice.
- Whenever possible, the attending physician must acquaint the patient, or person responsible for the patient, with the financial obligation involved in the patient's care.
- If the insured service is the primary reason for the visit, any additional charges for non-insured services must be explained to, and accepted by, the patient before provision of these services. Charges for noninsured services will reflect only those services over and above those provided on an insured basis. It is not appropriate to bill both MSI and Workers' Compensation Board (WCB) for the same service.
- At no time should provision of insured services be contingent upon the patient agreeing to accept additional non-insured services.
- When physicians are providing non-insured services, they are required to advise the patient of insured alternatives, if any exist.

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Incidental findings:

1. If an inconsequential health matter or finding is discovered or discussed during the provision of a non-insured service, it is not appropriate to claim for an insured service.
2. If a significant health matter or finding becomes evident, necessitating additional insured examinations or treatments, then these subsequent medically necessary services may be claimed to MSI.

- When a non-insured service is the primary reason for the visit, any service encounter for insured services provided as a medical necessity will reflect only services over and above those provided on a non-insured basis.

Preamble 5.1.9 stipulates that if the sole purpose of a visit is to provide a procedure then only the listed procedure fee will apply. However, removal of cerumen has been an uninsured service in Nova Scotia for many years except in the case of a febrile child. Physicians may not bill either a visit or a procedural code when the sole purpose of the encounter is cerumen removal in other clinical situations.

Physicians are reminded that release of newborn tongue tie has been an uninsured service since 1997. Therefore, physicians may not claim visit or procedural HSCs related to this.

If the primary purpose of the patient's visit to you was to receive an uninsured service such as an alternative therapy or cosmetic procedure, you may claim for other services in limited circumstances:

- The medical issue must be completely unrelated to the reason for the visit to your clinic.
- The medical issue is of a serious nature.

ELECTIVE OUT OF PROVINCE AND OUT OF COUNTRY SERVICES REMINDER

ELECTIVE OUT OF PROVINCE SERVICES (WITHIN CANADA)

Prior approval is required from the Nova Scotia Department of Health and Wellness before referring a patient out of province for insured health services unavailable in Nova Scotia if the patient wishes to be considered for travel and accommodation assistance. Approval must be sought through the Medical Consultant, MSI.
The referral must be from a specialist registered in Nova Scotia, who is actively involved in the eligible resident's care. The referral must include the following:

- A description of the eligible resident's relevant medical history.
- A description of the health services requested as well as an estimation of the expected benefit to the patient.
- Confirmation that the health service(s) are provided in a publicly funded facility and are covered by the medical insurer in the proposed province
- Written confirmation of the medical evidence supporting the requested health service.
- When the proposed health service is a new or emerging health service, documentation must be included of reputable clinical trials beyond Phase III, published in peer reviewed medical literature.
- Information on the available health services in Nova Scotia and an explanation of why these are not sufficient for the resident's needs.
- The contact information of the physician who will be treating the patient so a copy of the approval documentation can be forwarded to their office.
- A description of any follow-up requirements.
- A written recommendation in support of the out-of-province health services, confirming that this is the specialist's recommendation and that the referral is not being provided solely at the request of the patient.
- Written confirmation of the patient's medical requirement for travel with an escort, if required.
- The costs for an escort will not be covered by DHW if there is no medical evidence to support the need for an escort. Evidence of medical need for an escort is not required if the resident is under 19 years of age.

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MSI will review the application and provide a response to the appropriate specialist within 30 days of receiving a complete application.
Upon approval of the application, the Department of Health and Wellness will contact the eligible resident and provide the appropriate application forms for travel and accommodation assistance.

ELECTIVE OUT OF COUNTRY SERVICES

Individuals requiring elective, insured health services that are not available within Canada must be authorized by the DHW prior to making any medical and/or travel arrangement to ensure the service will be insured and in order for the DHW/MSI to negotiate a reasonable and fair compensation with out of country providers prior to the provision of services.
In order for a patient to be referred outside Canada for treatment, prior written approval is required from the Medical Consultant, MSI.
The referral must be from a specialist registered in Nova Scotia, who is actively involved in the eligible resident's care. The referral must include the following:

- A description of the eligible resident's relevant medical history.
- A description of the health services requested as well as an estimation of the expected benefit to the patient.
- The contact information of the physician who will be treating the patient so a copy of the approval documentation can be forwarded to their office.
- Written confirmation of the medical evidence supporting the requested health service.
- When the proposed health service is a new or emerging health service, documentation must be included of reputable clinical trials beyond Phase III, published in peer reviewed medical literature.
- Information on the available health services in Canada and an explanation of why these are not sufficient for the resident's needs.
- A description of any follow-up requirements.
- A written recommendation in support of the out-of-country health services, confirming that this is the specialist's recommendation and that the referral is not being provided solely at the request of the patient.
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Upon approval of the application, the Department of Health and Wellness will contact the eligible resident and provide the appropriate application forms for travel and accommodation assistance.

PHYSICIAN AGREEMENT UPDATES

Please be advised that any items on MSI related matters including new or modified fees, policies and procedures with regards to the new Physician Agreement will be published in Physician's Bulletins as information becomes available.

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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 21, 2023. The files to download are:
Health Service (SERVICES.DAT),

CONTACT INFORMATION

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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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