

PHYSICIAN'S BULLETIN

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NEW FEES

Effective January 19, 2024 the following health service code is available for billing:

| Category | Code | Description | Base Units | Anae Units |
|----------|--------|--|------------|------------|
| MASG | 26.29G | Glaucoma surgery (such as stent insertion) ab interno approach, for the relief of intraocular pressure through drainage of aqueous humor to the subconjunctival space Description This fee is for the surgical treatment of glaucoma via the ab interno approach for procedures such as stent insertion resulting in the drainage of aqueous humor to the subconjunctival space. Billing Guidelines: May be claimed once per eye per surgical encounter Not billable with the following MASG codes: <ul style="list-style-type: none">• 26.25 Trabeculectomy ab externo• 26.25C Trabeculectomy on an eye with a previous major ocular procedure with or without post op laser suture lysis• 26.25D Trabeculectomy with the use of anti-metabolites with or without post of laser suture lysis• 26.29D Trabeculoplasty• 26.29E Placement of glaucoma tube shunt• 26.34 Trabeculectomy ab externo Regions: RG=LEFT, RG=RIGHT, RG=BOTH Premium Eligible: PR=PREM, PR=PR50 Specialty Restriction: SP=OPHT Assistant: RO=SRAS Location: LO=HOSP | 175 MSU | 6+T |

INTERIM FEE UPDATES

The following interim fees have been termed effective January 19, 2024:

09.13C – Ophthalmic ultrasound of the anterior segment by high resolution biomicroscopy or immersion B-scan (water bath) for the assessment of the anterior chamber, unilateral or bilateral.

26.29F – Glaucoma surgery (such as stent insertion) ab interno approach, for the relief of intraocular pressure.
(*Note: 26.29F has been replaced with the new HSC 26.29G)

The following interim fee has been made permanent:

| Category | Code | Description | Base Units |
|----------|--------|--|------------|
| VADT | 02.02C | Ophthalmic Biometry by partial coherence interferometry with IOL (intraocular lens) power calculation, unilateral or bilateral. Description Ophthalmic biometry measurements by partial interferometry with IOL power calculation in one or both eyes. If ophthalmic biometry by ophthalmic US (A-scan) is also used for the same patient, claim for only one or the other but not both. The test, the results, and the physician's interpretation of the results must be documented in the patient's health record. Billing Guidelines Not billable with: <ul style="list-style-type: none">• 03.12 Tonometry• 09.13A real time (eye) ultrasound• 09.13B Axial length measurement by ultrasound Specialty Restriction: SP=OPHT Location: LO=OFFC | 25.44 MSU |



Billing Matters Billing Reminders, Updates, New Explanatory Codes

Pap Smear (03.26A) and Visits

Physicians are reminded of Preamble 5.3.35: A Pap smear may not be claimed in addition to a visit, consultation or procedure for a gynecologic or obstetrical diagnosis, nor is it payable in addition to a complete physical examination. A Pap smear and an unrelated medical condition can include a claim for the office visit, pap smear, and pap smear tray fee. The same applies for prolonged visits.

Physicians should exercise caution when billing a pap smear and prolonged visit. Time spent on the pap smear can not be counted towards multiples for the prolonged visit, as this would be considered double billing. The physician must spend 80% of the total time of the unrelated visit in direct physician to patient interaction for the unrelated diagnosis in order to claim a prolonged visit in addition to a Pap.



Billing Reminders Continued

Arthroscopic Codes (92.89M, 92.89N)

Physicians are reminded that an arthroscopic debridement is tricompartamental and thus should only be claimed for services on the knee. 92.89M and 92.89N are to be claimed for arthroscopic procedures only. It is not appropriate to claim arthroscopic health service codes for open surgical procedures.

Billing for Virtual Appointments

To ensure appropriate tracking of virtual services, physicians are reminded of the modifiers and the importance of their use on claims, **AP=PHON** and **AP=VIRC** to denote when the service was conducted via telephone or PHIA compliant virtual care video platform. Text denoting the method is not required when using these modifiers.

Provider Profiles

Physicians are reminded that provider profiles are sent out per request. If you would like to receive your 2022/2023 provider profile, please send your request to msi_assessment@medavie.bluecross.ca. In the email, please include your name and provider number, and the profile will be mailed to the address on file.

Physicians Manual

Applicable updates in the Physician's Bulletin's will be reflected in the [Physician's Manual](#) within 3 weeks; however, it may be necessary to refer to Physician's Bulletins for additional detailed information and any billing clarifications or reminders.

NEW AND UPDATED EXPLANATORY CODES

| Code | Description |
|-------|--|
| MJ089 | SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 26.29G MAY ONLY BE CLAIMED ONCE PER EYE PER SURGICAL ENCOUNTER. |
| MJ090 | SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 26.25, 26.25C, 26.25D, 26.29D, 26.29E OR 26.34 HAS ALREADY BEEN CLAIMED AT THE SAME ENCOUNTER. |
| MJ091 | SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 26.29G HAS ALREADY BEEN CLAIMED AT THE SAME ENCOUNTER. |





UPDATED FILES

Updated files reflecting changes are available for download on Friday January 19, 2024. 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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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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