

# PHYSICIAN'S BULLETIN

July 21, 2025: Vol. LXX, ISSUE 5



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## NEW FEES

Effective July 18, 2025 the following health service code is available for billing:

Category	Code	Description	Base Units
VIST	03.03 RO=NHCR	<b>Nursing Home Medical Chart Review with telephone call/email/fax advice communicated to a regulated health care professional for patients in licensed, provincially registered nursing homes and residential care facilities. Groups of up to three telephone calls, faxes or e-mails per day per patient.</b> <b>Note: each additional group of three telephone calls, faxes or e-mails per day per patient can be claimed at 11.5 units.</b>  <b>Description</b> Physicians may claim for medical chart review with telephone call/email/fax advice provided for patients in licensed, provincially registered nursing homes and residential care facilities. Only advice provided to regulated health care professionals within the patient's circle of care at the nursing home or residential care facility is eligible for this reimbursement. Telephone calls/faxes/e-mails initiated by the patient, their SDM, or their family members are not eligible. Physicians and nursing home staff involved are advised to keep a detailed record of telephone call/email/fax advice requested and provided. Medical chart review with telephone call/email/fax advice may be claimed in groups of three interactions per day for the same patient at a total of 11.5 MSU. Each additional group of three interactions either for the same patient or a different patient per day can be claimed at 11.5 MSU.  <b>Billing Guidelines</b> <ul style="list-style-type: none"><li>• Communication must be with a regulated health care professional within the patients circle of care.</li><li>• Not for discussions with the patient, their SDM, or family members.</li><li>• Detailed record of the chart review and advice provided to be available upon request.</li><li>• Payable for groups of up to three services per claim.</li><li>• Additional groups of three services may be claimed at the same value.</li></ul> <b>Specialty Restriction:</b> SP=GENP  <b>Location:</b> LO=NRHM	11.5 MSU

## FEE UPDATES

Please note, effective **May 23, 2025**, the following prolonged consults for SP=INMD, SP=NEUR, and SP=PHMD have adjusted fees:

A prolonged consultation may be claimed only by the following specialties:

a) Anaesthesia	15 units per 15 minutes
<b>b) Internal medicine</b>	<b>15.5 units per 15 minutes</b>
<b>c) Neurology</b>	<b>15.5 units per 15 minutes</b>
<b>d) Physical medicine</b>	<b>15.5 units per 15 minutes</b>
e) Paediatrics	16.3 units per 15 minutes
f) Obstetrics and gynaecology	13.5 units per 15 minutes
g) Palliative Care	15.5 units per 15 minutes (5.1.105)

### Example: Internal Medicine Comprehensive Consultation

MU=1	1 hour	Total Time
MU=2	1 1/4 hour	Total Time
MU=3	1 1/2 hour	Total Time
MU=4	1 3/4 hour	Total Time
MU=5	2 hour	Total Time

**Prolonged Consultation:** A prolonged consultation may be applied to cases where the consultation extends beyond one hour for comprehensive consultations. A prolonged consultation cannot be claimed with a limited consultation. Prolonged consultations are paid in 15-minute time blocks or portion thereof, 80% of the total time must be in direct physician to patient contact. Prolonged consultations are not to be confused with active treatment associated with detention. These are entered on the service encounter as multiples. As with all services paid based on time, start and finish times must be recorded on the patient record. (5.1.103)

**Repeat Consultation:** A repeat consultation applies only where there has been a re-referral of the patient by the same physician, nurse practitioner, midwife, optometrist or dentist to the same consultant for the same condition or complication thereof within 30 days of the initial consultation. A repeat consultation requires all the elements of a limited consultation and implies interval care by another physician. (5.1.101)

Effective **May 23, 2025**, the following Health Service Codes for SP=INMD, SP=NEUR, and SP=PHMD have adjusted fees:

#### VIST 03.03

LO=HOSP, FN=INPT, RO=DIRC, SP=NEUR.....	18.39
LO=HOSP, FN=INPT, RO=DIRC, SP=INMD.....	18.39
LO=HOSP, FN=INPT, RO=DIRC, SP=PHMD.....	18.39

#### VIST 03.03

LO=HOSP, FN=INPT, DA=DALY, RP=SUBS, SP=NEUR.....	18.39
LO=HOSP, FN=INPT, DA=DALY, RP=SUBS, SP=INMD.....	18.39
LO=HOSP, FN=INPT, DA=DALY, RP=SUBS, SP=PHMD.....	18.39

#### VIST 03.03

LO=HOSP, FN=INPT, DA=WKLY, RP=SUBS, SP=NEUR.....	18.39
LO=HOSP, FN=INPT, DA=WKLY, RP=SUBS, SP=INMD.....	18.39
LO=HOSP, FN=INPT, DA=WKLY, RP=SUBS, SP=PHMD.....	18.39

#### VIST 03.04

LO=HOSP, FN=INPT, SP=NEUR.....	30
LO=HOSP, FN=INPT, SP=INMD.....	30
LO=HOSP, FN=INPT, SP=PHMD.....	30



## FEE UPDATES (CONTINUED)

Effective April 1, 2025 the following Facility On-Call health service code has been updated to include the following additional facilities:

Code	Description	Value
<b>C1001</b>	<b>Community on Call for CEC Physicians</b>  <b>Sites:</b> <ul style="list-style-type: none"> <li>• Annapolis Community Health Centre</li> <li>• South Cumberland Community Centre</li> <li>• All Saint's Hospital</li> <li>• North Cumberland Memorial</li> <li>• Twin Oaks Memorial</li> <li>• Musquodoboit Valley Memorial</li> <li>• <b>Baddeck: Victoria County Memorial</b></li> <li>• <b>Cheticamp: Sacred Heart Community Health Centre</b></li> <li>• <b>Guysborough: Guysborough Memorial</b></li> <li>• <b>Neils Harbour: Buchanan Memorial</b></li> <li>• <b>Tatamagouche: Lillian Fraser Memorial</b></li> </ul> <b>Billing Guidelines:</b> <ul style="list-style-type: none"> <li>• Only one physician can bill the stipend per site, per night</li> <li>• Call coverage is remunerated at \$150/night regardless of weeknight/weekend/holiday.</li> </ul> <b>When submitting claims for Facility On-Call:</b> <ul style="list-style-type: none"> <li>• Use the generic health card number 0015713084, date of birth April 1, 1969 and diagnostic code V689 for billing purposes.</li> <li>• Use the service date that aligns with the beginning time of the shift covered (for both normal coverage and call-backs). For a weekday coverage running from 1700 to 0800 hours the following day, the claim should include the service date that aligns with the 1700 start time.</li> </ul>	\$150/night Weeknight/Weekend/Holiday rate

Effective April 1, 2025, Pediatrics Facility On-Call at Yarmouth Regional has been updated to a level 1:

Health Service Code	Description	Weekday	Weekend/Holiday (DA=RGE1)	Approved Facilities
F1011	Facility on Call Category 1 – Pediatrics	\$350	\$500	Valley Regional, Colchester East Hants, St. Martha's, Cape Breton Regional, <b>Yarmouth Regional</b>



## PREAMBLE UPDATE

Effective July 18, 2025 preamble 5.1.66 has been updated:

### CASE MANAGEMENT CONFERENCE FEE (5.1.65)

Current Definition	New Definition
A case management conference is a formal, scheduled, multidisciplinary health team meeting. It is initiated by an employee of the Nova Scotia Health Authority/Izaak Walton Killam Hospital or a Director of Nursing or Director of Care of an eligible long term care facility to discuss the provision of health care to a specific patient. Neither the patient nor the family need to be present. (5.1.66)	A case management conference is a formal, scheduled, multidisciplinary health team meeting. It is initiated by an employee of the Nova Scotia Health Authority/Izaak Walton Killam Hospital or a <b>non-physician regulated health care professional within the patients circle of care at a provincially registered nursing home, residential care facility or hospital</b> <del>Director of Nursing or Director of Care of an eligible long term care facility</del> to discuss the provision of health care to a specific patient. Neither the patient nor the family need to be present. (5.1.66)  (5.1.67 – 5.1.74 remain unchanged)

## WORKERS' COMPENSATION BOARD FEE VALUE CHANGES

READ WCB'S STATEMENT TO PHYSICIANS: [Physician compensation continues at WCB \(July 16/25\)](#)

JULY 18, 2025 WCB PHYSICIAN'S BULLETIN: [WCB-Physicians-Bulletin-July-18-2025.pdf](#)

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WORKERS' COMPENSATION BOARD OF NOVA SCOTIA



## Billing Matters Billing Reminders, Updates, New Explanatory Codes

### PHYSICIAN RETIREMENT FUND

Physicians are advised of a new email dedicated to retirement fund enquiries. Please direct any retirement fund enquires to [retirement.fund@novascotia.ca](mailto:retirement.fund@novascotia.ca)

### TIME-BASED RECORD KEEPING

Physicians are reminded that all time-based codes and codes that have minimum time interval requirements must have start and stop times documented in the patients health record.

For example, 03.03B Complex Care Visit, the physician must spend at least 15 minutes in direct patient intervention, therefore the start and stop times must be documented even though there are no multiples associated with this HSC. As well as HSC such as 08.19A, 08.43A that have a minimum of two time intervals (three multiples) be claimed (i.e. a minimum of 30 minutes) must have the start and stop times documented in the patients health record.

## **GP ENHANCED HOURS MODIFIER TI=GPEW**

Physicians are reminded the GP Enhanced Hours Modifier preamble was updated in the July 26, 2024 Physician's Bulletin. As indicated in 5.1.192, please ensure the time the patient was seen is recorded in the patient's record. The following excerpt of 5.1.192 shows the changes made in 2024:

NOTE... a record must be maintained and readily available to verify that the patient was ~~booked, registered, or intended to be~~ seen for an appointment during an premium-eligible time period. The appointment time should be recorded in the patient's record ~~or office appointment books retained.~~

*Please see 5.1.188 in the Physician's Manual for the most up to date GPEW preamble.*

## **PHYSICIAN'S 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.

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## **NEW AND UPDATED EXPLANATORY CODES**

Code	Description
VT181	SERVICE ENCOUNTER HAS BEEN REFUSED AS HSC 03.03D MAY ONLY BE BILLED FROM A LOCATION OF HOSP OR NRHM.



**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 18, 2025. 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](mailto: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/](http://www.novascotia.ca/dhw/)

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