Billing Bulletin

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IMPORTANT HEALTH WEBSITE LINKS

All Medical Services Branch Payment Schedules, Newsletters, Operations Bulletins, Billing Bulletins, Billing Information Sheets and forms are available at:
https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx

CONTACT INFORMATION

Physician Billing Inquiries
Direct all physician billing inquiries to:
Phone: 306-787-3454
Fax: 306-798-0582

Claims Processing Support Inquiries
Direct all claims submission & processing inquiries to:
Phone: 306-787-0182 or 306-787-3470
Fax: 306-798-0582

Physician Audit Inquiries
Direct all physician audit and professional review inquiries to:
Policy, Governance and Audit Unit
Phone: 306-787-0496
Fax: 306-787-3761
Email: MSBPaymentsandAudit@health.gov.sk.ca

Physician Billing Education Inquiries
Direct all physician education and online billing course inquiries to:
Insured Services Officer
Phone: 306-787-9011

BILLING RESOURCES & BILLING INFORMATION SHEETS

There are important billing resources available on the eHealth website. These documents are provided to all new physicians upon registering with Medical Services Branch (MSB). They are also available for download or viewing at the above link. Physicians should ensure that they avail themselves of this important information.

FREE ONLINE BILLING COURSE:

MSB offers an online billing course that outlines the process involved in the billing cycle. The course is appropriate for beginners, as well as those with more advanced billing knowledge and is designed to be flexible. Start and stop at your leisure! Your progress will be saved for you to resume when convenient as, depending on the participant's knowledge, the course could take between hours or days to complete.

HOW TO GET STARTED:

1. Go to the following link: **https://msbonlinebillingcourse.litmos.com/self-signup/**
2. Enter the required information and use the following code: **OLBC**
3. You will need to complete a basic User Profile upon signup, requiring only an email address for your User Name and a valid password, consisting of the following criteria:

- Minimum of 8 characters
- 1 upper case
- 1 lower case
- 1 number
- 1 special character

To start the course, you will be presented with a list of the modules under the course, along with a button to “Start the Learning Path”. You can choose to start at the top and work to the bottom or click on any module in the sequence. Alternatively, you can exit the module you are working on at any time (using the **orange** ‘exit’ button in the right corner) and come back later or you can move onto another module of your choice.

You will require a current Physicians Payment Schedule to facilitate you in the course, which can be found at this link: **https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx**

Once you have completed the signup process, use the following link to re-enter the site with your new credentials: **https://msbonlinebillingcourse.litmos.com**

If you have any questions regarding the Online Billing Course, please contact 306-787-9011.

STATUTORY HOLIDAYS FOR THE PURPOSES OF BILLING TIME-OF-DAY PREMIUMS AND/OR SPECIAL CALL/SURCHARGES:

Please be advised that statutory holidays for **the purposes of billing** any type of time-of-day premium or special call/surcharge are according to the Government's observed/designated holidays listed below, and may be different than the Saskatchewan Health Authority designated holidays.

HOLIDAY	ACTUAL DATE	OBSERVED/BILLED ON
Family Day	Monday February 21, 2022	Monday February 21, 2022
Good Friday*	Friday April 15, 2022	Friday April 15, 2022
Victoria Day	Monday May 23, 2022	Monday May 23, 2022
Canada Day	Friday July 1, 2022	Friday July 1, 2022
Saskatchewan Day	Monday August 1, 2022	Monday August 1, 2022
Labour Day	Monday September 5, 2022	Monday September 5, 2022

* Please note that there is no designated government holiday on Easter Monday for the purposes of billing.

AUDIT & INVESTIGATIONS

JOINT MEDICAL PROFESSIONAL REVIEW COMMITTEE (JMPRC)

The JMPRC is a legislated, ***physician peer-review committee*** with two (2) physicians appointed by each of the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the Ministry of Health.

The JMPRC is responsible for ***reviewing a physician's pattern of medical practice associated with billing***. It has the authority to review a physician's billings over a 15-month period, request copies of medical records, and interview physicians with respect to their pattern of medical practice. If a physician's pattern of medical practice is deemed to be unacceptable by the JMPRC, the JMPRC has the legislative authority to order a physician to repay monies to the government.

What the JMPRC wants you to know about billing time-based codes:

The JMPRC often reviews medical records that do not contain the required start and stop times. **All time-based codes include this requirement.** Under the heading "Documentation Requirements for the Purposes of Billing" in the Physician Payment Schedule it states that if this information is NOT documented in the medical record then the service ***is not eligible for payment.***

Chronic Disease Management codes 64B to 68B require that start and stop times be documented in the medical record. Because there is no specific spot on the flow sheets to document the start and stop times, the JMPRC would encourage physicians to manually type this information into the plan portion of the flow sheet or in a separate encounter for that date.

Psychiatry Codes – the vast majority of codes in the **Psychiatry Section** are time-based and also require that start and stop times be documented in the medical record.

The JMPRC strongly encourages physicians to be aware of their billing obligations associated with time-based codes and all required documentation. If this required information is not documented and you are audited by Medical Services or by the JMPRC, you could be ***subject to repayment*** of the monies previously paid to you for the provision of these services.

The following is a summary of monies ordered to be repaid by physicians due to inappropriate billings and/or an inappropriate pattern of medical practice in the last 3 fiscal years (April 1 to March 31):

Fiscal Year	Amount Ordered to be Recovered	No. of physicians	Average Recovery per Physician
2019-20	$1,783,770	8	$222,971
2020-21	$2,035,232	7	$290,747
2021-22	$1,598,747	8	$199, 843

To learn more about the JMPRC, you can access the billing information sheet here:

JMPRC Billing Information Sheet

BILLING AUDITS AND INVESTIGATIONS

Medical Services Branch has a legislative obligation to protect tax-payer funded services and ensure that the use of these funds is appropriate and aligns with existing legislation. Minimizing loss and ensuring government accountability to a publicly funded system are key.

The use of routine audits are an effective method used to deter and identify the potential misuse and overuse of public funds. Eliminating and deterring inappropriate billings that have minimal evidence of a benefit or cost-effectiveness can reduce potential harm to patients and excessive costs to the publicly funded system. This, in turn, leaves more money available to potentially address unmet health care needs and to ensure the best possible distribution of public resources.

Billing audits and investigations can be initiated in a wide variety of ways. MSB undertakes routine audits on a regular basis, but investigations can also be initiated through inquiries and **complaints from the public.**

If physicians or other members of the public have potential concerns about a physician's billing practices, they are encouraged to contact Policy, Governance and Audit at:

MSBPaymentsAndAudit@health.gov.sk.ca

To learn more about physician audits, you can access the information sheets here:

Routine Audit Billing Information Sheet
Payment Integrity (Audit) Billing Information Sheet

GENERAL

UPDATED RESOURCES: HEALTH COVERAGE OUTSIDE OF SASKATCHEWAN

The following eHealth webpage has been updated to include resources for both physicians and patients containing concise and printable Information Sheets. It is important to review this information **prior to a referral** for care outside of Saskatchewan is initiated.

https://www.ehealthsask.ca/services/resources/Pages/Health-Coverage.aspx

Please be advised this same information can be found on pages 9 and 10 of the current Physician Payment Schedule – which includes specific details regarding when a prior approval request **must be submitted for coverage consideration to:**

Director, Insured Services
Medical Services Branch, Ministry of Health
3475 Albert Street
Regina, Canada S4S 6X6
Phone: 306-798-0013 / Fax: 306-798-1124
Email: prss@health.gov.sk.ca

EXCISIONS OF POLYPS, LESIONS, FOREIGN BODIES, ABSCESSES, AND OTHER LUMPS AND BUMPS

Please ensure that you are submitting the appropriate code for any excisions or treatments related to polyps, lesions, abscesses, foreign bodies, etc. Many EMR drop-down menus do not identify which body site the code is related to and may only specify "polyp excision" -- without identifying that it is a polyp excision from the GI tract. There are multiple codes relating to each of these conditions/treatments – ensure you are selecting the correct one.

The following codes are all ***foreign body removals –*** but all correspond to different body sites:

Integumentary system:

- 874L – ***removal of foreign body***, complicated

Nose:

- 94T – ***foreign body removal***, simple
- 95T – ***foreign body removal***, complicated

Conjunctiva:

- 90S – ***foreign body or bodies***, removal, unembedded
- 91S – ***foreign body or bodies***, removal, unembedded, local anesthesia

Fulfilling Service Code Criteria

In order for a service to be eligible for payment, it ***must meet all requirements*** for billing including (but not limited to) fulfillment of ***all listed service code criteria*** and ***documentation*** requirements.

In circumstances where the medical necessity cannot be established to the satisfactory of MSB, the visit service(s) will be rejected for payment – this includes the absence of any clinical indication for performing the service and/or without appropriate documentation as required by the Physician Payment Schedule.

There is a new explanatory code effect April 1, 2022, that reads as follows:

KJ - This service is not payable unless all required components of the code are fulfilled and documented, as outlined in the Physician Payment Schedule. No further action will be undertaken by MSB unless new information is submitted which supports the service(s) billed. If you are unsure about what is required, please contact the Claims Analysis Unit.

Time-Based Counselling Services and Visit Services

For time-based services, the eligible billable time only includes **time spent continuously with the patient.**

Time-based services requiring a **minimum amount of time** (not the greater portion thereof) must be billed for the time spent with patient directly in *continuous duration* and not "split" times to total an "equivalent" of the required time.

Substitution of Service Codes

Substitution of codes is not allowed by the Physician Payment Schedule

Per the Physician Payment Schedule, if a specific service code for the service rendered is listed in the Payment Schedule, that service code must be used in claiming for the service, **without substitution.**

When a physician service is not listed in the Physician Payment Schedule, the physician should write Medical Services Branch to request advice on the correct submission of the account: 3475 Albert Street, Regina SK, S4S 6X6 or fax 306-787-3761.

Your correspondence must outline:

- The nature and description of the service;
- The frequency of the service;
- The length of time spent performing the service; and
- The suggested fee and rationale.

SECTION A – GENERAL SERVICES

Management of patients in personal care homes (not designated as "Special Care Homes")

Services billed for the sole purpose of providing general coverage for routine management to **personal care home** residents is not billable to Medical Services Branch. If a medically-required service is provided to a private care home resident, it should be billed according to the appropriate service code(s) as defined in the Physician Payment Schedule meeting all criteria and intent of the code(s).

615A (House Call Surcharge) is not payable on a routine, pre-scheduled basis in any location of service. This code would typically be applied in exceptional circumstances, such as a providing a periodic visit to a housebound patient, whereby a visit to a patient's home (not special care home or nursing homes) is judged to be required by the physician and billed in conjunction with the medically required service provided during that visit, such as a partial assessment (5B), and meeting all requirements of the code, including adequate documentation.

805B (Virtual partial assessment or subsequent visit provided via telephone or secure videoconference) must meet all listed criteria of the Virtual Care Pilot Payment Schedule preamble and descriptor. This service must be medically required, meet all listed criteria and is for direct physician-patient interaction in real time; it is not billable on behalf of either personal or special care home patients for communications with staff or family members. **794A/795A (Prescription Renewal by Telephone Call, Facsimile, Email or Other Electronic Means), 791A (Telephone Calls/Facsimile/Email initiated by Allied Health Care Personnel to Discuss Patient Care and Management)** must be medically required and meet all listed criteria as per the Physician Payment Schedule. These services are not for the routine management of patients, such as chronic medication refills.

If you are providing general coverage for routine services to a private care home, then you may want to consider a private arrangement with the home. Pre-scheduled visits to the home every Saturday (as an example) and seeing all residents of the care home because the facility requests that they be seen may result in a pattern of non-medically necessary services billed to MSB.

Per ***The Personal Care Home Act,*** residents of personal care homes can choose this service option, do not have to demonstrate need to be admitted or follow any formal placement process in order to reside there, therefore, there would not be a demonstrated medical need for these residents to be seen on a regular weekly/monthly basis by a physician.

In contrast, per ***The Facilities Designation Regulations,*** special care homes are facilities providing medical care to individuals that qualify for admission and have met the standardized assessment criteria for placement as approved by the Ministry of Health.

SECTION B – GENERAL PRACTICE

52B-53B – Supportive Care

Supportive care service codes have been revised to accommodate those instances when a patient is admitted by a GP-Hospitalist from an approved site. An approved GP-Hospitalist site is a hospital with at least one permanently funded GP-hospitalist rota. For further clarity, there are currently four approved sites; two located in Regina at the General and Pasqua hospitals, and two located in Saskatoon at the Royal University and St. Paul's hospitals.

As of April 1, 2022, in order for this service to be payable, the 4-digit number of the physician who admitted the patient must be entered in the "referring doctor" field.

64B-68B - Chronic Disease Management

Please be advised that these services are **time-based** and require that the start and stop time be recorded in the medical record. This can be typed directly into the flow sheet or in a separate encounter in your EMR. In case of an audit, you will be required to provide this information and payment may be recovered if this information is not documented.

START AND STOP TIMES ARE REQUIRED FOR ALL TIME-BASED SERVICES

SECTION L – GENERAL SURGERY

83L – Breast – Excision of tumor or biopsy

Service code 83L may be billable when an excision of a tumor or biopsy (not otherwise payable as another service code) of breast is performed. 83L is not the appropriate service code for use when billing skin lesion removal(s) of the site of breast.

Removal of breast lesions by surgical excision with suture closure, where a wide excision has not been carried out, may be billable under service codes 857L-859L or 863L-865L.

Punch or shave biopsy of skin or mucous membrane may be billable under service code(s) 100F-101F.

SECTION N – PLASTIC SURGERY

120N - Surgical Debridement and/or Dressings

Service code 120N is for surgical debridements and dressings associated **with burns only**. This code is not to be used for any other condition or for post-operative dressing applications for non-burn related surgical procedures.

If code 120N has been rejected or recovered with explanatory code "BS" (*The service code submitted is not correct for the condition described; or the service(s) provided*) DO NOT RESUBMIT unless the service is **related to a burn.**