Billing Bulletin

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IMPORTANT HEALTH WEBSITE LINKS

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

PAPER COPIES OF THE PAYMENT SCHEDULE, BILLING BULLETIN AND OPERATIONS BULLETIN

Medical Services Branch does not provide paper copies of the Physician Payment Schedule, the Billing Bulletin or the Operations Bulletin. The Physicians' Newsletter continues to be mailed out. Copies of these documents can be found at the website link above.

General Billing Inquiries

Direct all general billing inquiries to:

Claims Analysis Unit
Phone: 306-787-3454
Fax: 306-798-0582

Physician Audit Inquiries

Direct all physician audit inquiries to:

Policy, Governance and Audit Unit
Phone: 306-787-0496
Fax: 306-787-3761
Email: MSBPaymentsandAudit@health.gov.sk.ca

Billing Resources

There are new billing resources available on the website. These documents will be provided to all new physicians upon registering with Medical Services Branch. They are also available for download or viewing at the above link. They cover topics such as physician billing obligations, documentation requirements, payment integrity (audit), requesting changes to the Payment Schedule, and the Joint Medical Professional Review Committee.

Saskatchewan

GENERAL

PHYSICIAN BILLING OBLIGATIONS: Physicians are responsible for all billings submitted under their Medical Services Branch-assigned billing number. Billing staff must be supervised and billings must be reviewed prior to submission for payment.

All physicians who are receiving direct payment through the publically funded system have signed a Direct Payment Agreement with MSB. This agreement stipulates the manner in which services must be submitted for payment and all physicians must be aware of their responsibilities.

We appreciate physicians' ongoing efforts and cooperation in ensuring that the service codes they submit to the Ministry for payment meet the requirements as set out in the Physician Payment Schedule, their Direct Payment Agreement and *The Saskatchewan Medical Care Insurance Act*.

Statutory Holidays for the Purposes of Billing Statutory Holiday Premiums and/or Surcharges

Please be advised that statutory holidays for the purposes of billing any type of premium or surcharge/special service(s) are per the Government observed/designated holidays listed below, and may be different than the Saskatchewan Health Authority designated holidays.

HOLIDAY	ACTUAL DATE	OBSERVED/BILLED ON
Thanksgiving	Monday October 14, 2019	Monday October 14, 2019
Remembrance Day	Monday November 11, 2019	Monday November 11, 2019
Christmas Day	Wednesday December 25, 2019	Wednesday December 25, 2019
Boxing Day	Thursday December 26, 2019	Thursday December 26, 2019
New Year's Day	Wednesday January 1, 2020	Wednesday January 1, 2020
Family Day	Monday February 17, 2020	Monday February 17, 2020
Good Friday	Friday April 10, 2020	Friday April 10, 2020

GENERAL

FREE ONLINE BILLING COURSE

MSB offers a comprehensive online billing course that outlines the process involved in the billing cycle from submitting and reconciling claims, to the appropriate application of service codes. 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.

Go to the following link: https://msbonlinebillingcourse.litmos.com/self-signup/
Enter the required information and use the following code: **OLBC**

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

TIME-BASED CODES & "ADD" CODES

The Payment Schedule outlines what is expected for each service code. In order for an "add" code to be eligible for payment, it must be submitted with the required "base" code.

For example, 64B-68B, 40B-41B, 33E-39E, 30J-81J, etc.

Any service codes submitted without the corresponding base will be rejected with the following explanatory code: **QE -** This service code must be billed in conjunction with a base code. Please review the Payment Schedule and code descriptor. Resubmit your amended claim in the next billing cycle.

NEW REQUEST FOR REVIEW OF CLAIMS ASSESSMENT FORM

MSB has modified the Request for Review of Claims Assessment Form to better assist with your request. You will note more fields have been added: to list multiple service codes and explanatory codes (when rejected on the same claim), surgical start/stop times, and hospital admit and discharge dates.

The Request for Review of Claims Assessment Form can be found at this link: https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx

When submitting a Request for Review of Assessment Form, please ensure all fields are complete. The form and any additional supportive documentation can be faxed to the Claims Analysis Unit at 306-798-0582 or mailed to:

Medical Service Branch
ATTN: Claims Analysis Unit
3475 Albert Street
Regina SK S4S 6X6

Once MSB completes the Request for Review, the form will be returned to the practitioner denoting MSB's action/reply. Please allow a minimum 2-week turnaround time on all Requests for Review.

BILLING BILATERAL PROCEDURES

Some procedures are performed bilaterally by the same doctor on the same day.

In cases where services are billable with multiple units, bilateral services should be billed on the same line with "2" units, such as bilateral wrist x-rays (165X).

In cases where services are not billable with multiple units, such as bilateral hip injections (380M), any bilateral services should be billed on separate lines with a **comment** in the comment section of your claim stating 'bilateral hips', etc; otherwise, the second service may be rejected as a duplicate under explanatory code 'BA'.

CHARACTER MAXIMUM FOR ELECTRONIC CLAIMS CONTENT

Please be advised that the **maximum** character allotment when submitting online (electronic) claim is ***77 characters***. Anything longer will not be visible to MSB. Please pay particular attention when submitting the following service codes which routinely have longer comments:

- 918A – Continuous personal attendance
- 220A-226A – Emergency resuscitation
- 246L – Complex incisional hernia with Inlay mesh

EXPLANATORY CODE 'AU' - REQUESTING SURGICAL RECORD

If a claim is rejected with an explanatory code of 'AU', please fax the following information to the claims unit at: (306) 798 – 0582:

- a completed **"Request for Review of Claims Assessment"** form; and
- a copy of the surgical record with the **surgical start/stop times** specified; or
- a copy of the operative record.

These claims should ***not*** be resubmitted electronically. MSB will handle any reimbursement via online adjustment.

It is the responsibility of the physician to ensure that the appropriate service code is submitted for the service that was provided. We appreciate your ongoing efforts and cooperation in ensuring that the service codes you submit to the Ministry for payment meet the requirements as set out in the Physician Payment Schedule and *The Saskatchewan Medical Care Insurance Act.*

SECTION A – GENERAL SERVICES

198A - BOTOX FOR HYPERHIDROSIS

Service code 198A is insured for Botox injection for hyperhidrosis and billable per side (left or right armpit). The rate for a specialist with entitlement or listed under item (4) in the Payment Schedule is $115.20 per side. The rate for general practitioners with entitlement is $103.70 per side.

Physicians with entitlement must submit these services directly (electronically) to the Medical Services Branch. As outlined in Section 18 (1.1) of *The Saskatchewan Medical Care Insurance Payment Act* a physician must accept the negotiated rate as payment in full for insured services provided to a beneficiary. Therefore, physicians cannot charge beneficiaries an additional amount over-and-above the negotiated rate in the Payment Schedule, ie: there should be no out-of-pocket expense to the beneficiary for this service.

Cost coverage for Botox for this clinical indication is available by Exceptional Drug Status request. Please contact the Drug Plan and Extended Benefits Branch directly for more information or to seek reimbursement if a beneficiary was charged directly.

762A/769A - REMOTE CONSULTATION BETWEEN PHYSICIANS

As outlined in the Physician Payment Schedule, service codes 769A and 762A are to be used for remote consultations 'between physicians', which means it is physician-to-physician consultation only. Therefore, these service codes are not a billable service if it is a consultation between a nurse/nurse practitioner/pharmacist and a physician.

There are existing codes in the Physician Payment Schedule that remunerate physicians for discussions related to patient care and management when initiated by nurse practitioners (NPs) and pharmacists:

- 790A and 7914A (both NPs and pharmacists); and
- 761A (NPs)

725A - HOSPITAL DISCHARGE

As outlined in the Physician Payment Schedule, service code 725A is for the physician responsible for the discharge and subsequent documentation of a formally admitted hospital inpatient. This service is payable once per patient discharge, must be billed with a hospital inpatient location of '2' and billed on the date of discharge only.

SECTION B – GENERAL PRACTICE

15B – PREOPERATIVE ASSESSMENT

As outlined in the Physician Payment Schedule, a preoperative assessment (15B) is payable only to physicians other than the attending surgeon, and includes:

a) pertinent family and social history;
b) patient history;
c) functional enquiry;
d) examination of all relevant parts and systems, and;
e) completion of required forms and advice to the patient as necessary.

SECTION L – GENERAL

246L: COMPLEX INCISIONAL HERNIA WITH INLAY MESH

The Complex incisional hernia with inlay mesh (retrorectus or intraperitoneal) is billable when hernia is repaired with Inlay mesh AND two (2) of the following 3 components are present:

a) Component separation; or
b) Hernia width is more than 8 cm on preoperative CT; or
c) Multiple fascial defects are seen on preoperative CT; AND the surgery is a minimum duration of 2.5 hours.

Instructions:

1. The physician must indicate on the electronic claim which 2 components are present and the total duration of time.
2. Please do not send manually "by report" unless requested by MSB.
3. If there is not enough room on the comment line, the physician can state "***component 2(a) and (c)***" etc.
4. If all billing criteria are not met, the code will be converted to "incisional ventral hernia" (245L).