

# Billing Bulletin

Billing Bulletin No. 13

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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 on Customer Portal and online at:

<https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx>

## CONTACT INFORMATION HAS CHANGED

For inquiries related to the following areas, the contact numbers have changed:

- Physician Billing Inquiries
- Claims Processing Support Inquiries
- Physician Billing Education Inquiries

**Please contact the Business Support Desk at 1-800-605-2965 where your call will be routed to the appropriate area for support. The Business Support Desk is open Monday to Friday, 8:00 a.m. to 5:00 p.m. Please be advised that we are closed evenings, weekends and on Government of Saskatchewan observed statutory holidays.**

For **physician audit and professional review inquiries**, the contact information remains the same:

Policy, Governance and Audit Unit

Fax: 306-787-3761

Email: [MSBPaymentsandAudit@health.gov.sk.ca](mailto:MSBPaymentsandAudit@health.gov.sk.ca)

## 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.

## ONLINE BILLING COURSE

Please note that the online billing course is temporarily unavailable until further notice.

## CUSTOMER PORTAL TRAINING AND EDUCATION

For training related to the new claims processing system and customer portal, please visit:

<https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training>

## 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
Thanksgiving Day	October 14, 2024	October 14, 2024
Remembrance Day	November 11, 2024	November 11, 2024
Christmas Day	December 25, 2024	December 25, 2024
Boxing Day	December 26, 2024	December 26, 2024
New Years Day	January 1, 2025	January 1, 2025
Family Day	February 17, 2025	February 17, 2025
Good Friday	April 18, 2025	April 18, 2025
*Note: <b>For the purposes of billing</b> there is no statutory holiday observed on the Monday following Good Friday.		

## 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**. The Committee 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, it has the legislative authority to order a physician to repay monies to the government.

### **Chronic Disease Management Services (64B-68B)**

Completion of CDM flow sheets are a mandatory component to billing these service codes. The flow sheets must be completed in accordance with Canadian clinical practice guidelines (CPGs) for diabetes, coronary artery disease, heart failure and chronic obstructive pulmonary disease. Additionally, one of the mandatory reporting requirements is the start and stop times.

It has been a common JMPRC finding that physicians do not routinely record the start and stop times in the record as is required by the Payment Schedule. This has often resulted in that portion of the service being recovered or denied for payment.

**One of the key revisions made to the flow sheets was the addition of fields to easily enter visit start and end times in EMR flowsheets to reflect the billing requirements.**

Physician must ensure that the recorded times are accurate and reflect the actual time spent with the patient. Recent reviews by the JMPRC have identified inaccurate and false times recorded on the flow sheets. **This information can be identified by the JMPRC through the physician's EMR audit logs.**

More information regarding CDM flow sheets can be found at the following link:

<https://www.ehealthsask.ca/services/CDM>

### **Summary of All Monies Ordered to be Recovered**

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

<b>Fiscal Year</b>	<b>Total Amount Ordered to be Recovered</b>	<b>No. of physicians</b>	<b>Average Recovery per Physician</b>
2021-22	\$2,002,408	10	\$198,500
2022-23	\$2,567,089	10	\$256,709
2023-24	\$1,343,271	7	\$191,896

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 patient 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 variety of ways. MSB undertakes routine audits on a regular basis, but investigations can also be initiated through inquiries and [complaints from physicians or other members of the public.](#)

**The following routine audits have been undertaken in 2024:**

- **Partial assessment (5B) billed for injection service (110A/161A)**
  - Confirming medical necessity of the partial assessment
- **Partial (5B) and complete assessments (3B) billed for uninsured third-party requests**
  - Services resubmitted that were previously rejected with a third-party diagnosis
- **Multiple surcharges (815A) billed in a day by the same doctor**
  - Ensuring physicians are only billing the surcharge for the first patient seen
- **Pap smear (131A) for patients aged 80 or older**
  - Confirming the correctness of the service billed
- **Remote consultation between physicians (769A & 762A)**
  - Verifying that the specialist is “remote” from the referring physician
- **House call surcharge (615A)**
  - Confirming medical necessity and appropriateness of the surcharge
- **Prescription renewal by fax/email (795A)**
  - Confirming the medical necessity and appropriateness of the service
- **Time-based consultations (12/13C; 12/13D; 9/12E; 10/13E)**
  - Confirming that the start/stop times are recorded
- **Chronic Disease Management (CDM) – 64B-68B**
  - Ensuring that CDM flow sheets are complete and start and stop times are recorded

**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](mailto: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](#)

## **REFERRALS TO THE COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN (CPSS)**

Medical Services Branch would like to make physicians aware that any potential inappropriate billing issues identified by MSB may be referred to the College of Physicians and Surgeons of Saskatchewan for further investigation and possible disciplinary action.

Physicians have an obligation pursuant to *The Medical Professional Act, 1981 (section (46))* and the CPSS' Code of Ethics (7.1) to ensure that the billings they submit for payment are appropriate and align with legislation. In some circumstances, physicians may be disciplined by the College pursuant to section (46) of the *Act*.

### **GENERAL**

#### **DOCTOR NUMBER ON REFERRALS**

When you are making a referral to another physician on behalf of your patient, please ensure that you provide your 4-digit physician billing number to the physician/clinic that you are referring your patient to. This information is required for billing purposes.

#### **MULTIPLE SURGICAL PROCEDURES**

Per the "Assessment Rules" section in the Physician Payment Schedule, under the heading "Procedures", physicians are reminded that certain services are included within the composite payment for the procedure when performed under the same anesthetic as the surgery. These include, but are not limited to:

- Laparotomy when not the primary abdominal procedure.
- Appendectomy when performed in addition to another intra-abdominal procedure and where not clinically indicated (i.e., "en passant"), even if performed by a different surgeon.

### **SECTION A – GENERAL SERVICES**

#### **323A/523A/533A – ECHOCARDIOGRAM (INTERPRETATION)**

For the same physician, please ensure you submit the correct service code in correct sequence (first, second, third, fourth).

## 700A and 701A HOSPITAL CARE SURCHARGES

These service codes are only eligible for payment in conjunction with hospital care on the same day. For ease of manual assessment and to improve the timeliness of processing of your claims, **please submit all claims for 700A and 701A on the same claim as your hospital care.**

To improve the processing of your claims, MSB recommends splitting your hospital care claim into multiple claims if your claim exceeds a maximum of two (2) hospital care service codes (ex: 25B-28B) and seven (7) non-hospital services codes (ex: 700A/701A).

## SECTION B – GENERAL PRACTICE

### HOSPITAL ADMISSIONS

For admissions to hospital, physicians are expected to bill the initial admission history and physical **based on the service that was provided** and the **documentation that was required to be recorded.**

This could include a partial assessment (5B), a complete assessment (3B) or a consultation service (9B).

## SECTION E – PSYCHIATRY

### 62E-75E - CERTIFICATION SERVICE CODES

It is important to recognize that certification service codes have two broad categories of billing criteria: Those service codes where a consultation service is provided and those that do not require a consultation.

- (1) The following certification service codes may be claimed when a consultation, examination and certification of mental ill health has been performed\*\*:
  - 63E, 64E, 68E, 75E

The billing of these certification service codes is appropriate when:

- The consultation service is medically required;
- The consultation service is performed;
- Other service code specific billing criteria is satisfied (e.g., completion of Form G); and,
- The medical record appropriately supports the service being billed
  - The form itself is not an adequate record to support the billing of these codes

Per the “Documentation Requirements for the Purposes of Billing”:

- For billing purposes, the physician is responsible for documenting and maintaining an adequate medical record that appropriately supports the service being provided and billed, regardless of the method of reimbursement to the physician.
- (2) When a certification consultation service is not medically required or has not been performed, the following certification codes may be claimed\*\*:
- 62E, 66E, 67E, 70E, 73E, 74E

The appropriate certification service code must be used in claiming for the service, without substitution.

- 66E or 67E should be claimed when a repeat examination certification service is provided.
- 70E should be claimed when only a completion of certification of mental ill health and issuance of an eligible form is provided.

**\*\*Please be advised, each certification code contains additional billing criteria which is outlined on page 152 of the October 1, 2024, Physician Payment Schedule.**