

Dentists' Newsletter

Dentists' Newsletter No. 05

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IMPORTANT WEBSITES

Dentists documents and forms have moved to the eHealth Saskatchewan website. Moving documents to eHealth allows you to have quick and easy access to the documents and resources you need from a familiar website.

All Medical Services Branch Payment Schedules, Newsletters, Operations Bulletins, Billing Bulletins and Forms are available at:

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

NEW – PAYMENT SCHEDULE RATES EFFECTIVE APRIL 1, 2019

As a result of the negotiated agreement between the College of Dental Surgeons of Saskatchewan and Saskatchewan Health covering the term (April 1, 2011 to March 31, 2020), the attached Dental Payment Schedule rates are effective April 1, 2019.

Any claims submitted after April 1, 2019 will be paid at the new rates.

TECHNICAL SUPPORT CENTRE

In an effort to more effectively handle technical support for problems associated with electronic claim submissions, all calls are handled through a central support centre at 1-888-316-7446. All calls regarding technical problems encountered during electronic claim submissions or pickups should be directed to this number.

If you are unsure as to where to best direct your call, please contact the general inquiries number at (306) 787-3454 or toll free at 1-800-667-7523.

CHANGES TO THE PAYMENT SCHEDULE

The following revisions and additions to the Payment Schedule for Insured Services Provided by a Dentist or a Dentist Holding a Specialist License are effective April 1, 2019. New items are highlighted in the payment schedule for your convenience.

Software vendors have been provided with the updated payment schedule. Please contact your vendor to make sure they have updated your system to ensure your claims are being paid appropriately. Any claims submitted at old rates will auto-return without being paid.

DEFINITIONS

Pages 2-3 Definitions for "Classification", "By Report", "Hospital", "Clinic", "Composite Fee", "Mode of Payment", and a section on "Services Billable by Entitlement" with related requirements have been added.

PATIENT IDENTIFICATION

Page 4 Patient identification information has been updated.

ASSESSMENT RULES

Page 5 Materials Item has been updated to reflect NAM.

Pages 6 to 16 Class Column Numeric value has been supplied for classifying procedures.

Page 6 Consultations, Item has been updated to include 400Z.
Follow-up
Examinations
and
Assessments

Page 6 NAM New assessment for NAM treatment.
Treatment

EXPLANATORY CODES

New Explanatory Codes

Page 21	GC – Dental Consultant Assessment documentation requirements.
Page 23	YP – Invalid clinic number for submitted dates.

Revised Explanatory Codes

Page 17	AC and AE have been updated. AM and AO are highlighted as reminders – note new name for Health Registries.
Page 18	AR is highlighted to remind of Health Registries new name, address/phone. AS, AU, AW, BA, BC, BD, BE, BG have been updated.
Page 19	BH, BJ, BK, BP have been updated.
Page 20	CD has been updated to reflect new conditions allowed for extractions. CH has been updated to reflect new resubmission process.
Page 21	CM has been updated with new criteria for claims submission after 6 months. CW has been updated to include submission to WCB date. JC has been clarified to reflect a time-based assessment.
Page 22	JW updated to reflect post-operative period, and KQ updated to reflect the classification period.
Page 23	YS has been clarified.

FEE CODES

New Fee Codes

Page 13	400Z	Dental Assessment is added as a new code for assessment services that result in the dental specialist not billing an insured service, and is performed in limited circumstances in hospital or in clinic, by entitlement.
Page 14	20Z to 32Z	Nasoalveolar Moulding Assessment and Treatment for Infants with Large Bilateral or Unilateral Cleft Lip and Palate fee codes for initial assessments, fittings, and follow-up adjustments. Payable by entitlement only.

Revised Fee Codes

Page 8	129Z	Frenectomy – billable a maximum of twice per patient per lifetime.
Page 8	149Z	Periodontal Surgery, Gingivectomy – Clarification regarding when not to be used, and age limitation.

Page 12	300Z	Dental extractions – Consultation – change to required documentation.
Page 12	302Z	Item expands insured dental extractions when necessary as a result of cancer radiation treatment or prior to stem cell transplants.
Page 13	203Z	Emergency Surcharge – requires supporting documentation.

Notices:

Please note that any dentist who wishes to practise entirely outside of *The Saskatchewan Medical Care Insurance Act* may do so, but only through a formal process of notifying Medical Services of the dentist's intention to terminate any billing agreement with the Medical Services Branch or any other arrangement with a non-profit corporation or association regarding payment for insured services. The link to the Notice of Intention to Practice Entirely Outside the Saskatchewan Medical Care Insurance Plan Form that is required to formally 'opt out' is found here:

<https://www.ehealthsask.ca/services/resources/Resources/Dental-Opt-Out-Notice-of-Intent.pdf>

Please note that formally opting out also requires the dentist to advise patients and get their written acknowledgement that they understand that the services provided by the dentists are not insured and that the beneficiary is therefore not entitled to re-imburement under *The Saskatchewan Medical Care Insurance Act*.