

# Physicians' Newsletter

Physicians' Newsletter No. 61

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## IMPORTANT HEALTH WEBSITE INFORMATION

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>

## COPIES OF THE PAYMENT SCHEDULE, BILLING BULLETIN, OPERATIONS BULLETIN, AND PHYSICIANS' NEWSLETTER

Medical Services Branch no longer provides paper copies of the Physician Payment Schedule, Billing Bulletin, Operations Bulletin or Physician Newsletter. These documents are available on Customer Portal or at the above link. Please be advised, updates to these documents are issued yearly on April 1 and October 1.

## ACTION REQUIRED – BILLING SOFTWARE & PAYMENT SCHEDULE CHANGES

The Physician Payment Schedule revisions outlined in this letter are **effective October 1, 2024**. As outlined in the physicians' Automated Claims Submission and Direct Payment Agreement, payment for services submitted to Medical Services Branch is made in accordance with the applicable Physician Payment Schedule in effect on the date the service is provided. It is imperative that your billing software is utilizing the most up-to-date rate file.

The new claims system automatically adjusts the payment rate as per the October 1, 2024, Payment Schedule. If you are not comfortable with relying on this feature, MSB recommends holding your billings until your vendor has completed the required updates. The new October 1, 2024, rate file has been provided to all software vendors and is posted on Customer Portal for download. If necessary, please contact your software vendor to ensure your system has been updated.

## BILLING RESOURCES

There are billing resources, such as billing information sheets, available on the website. These documents are provided to all new physicians upon registering with Medical Services Branch. They are also available for download or viewing at the above link.

## CHANGES TO THE PAYMENT SCHEDULE EFFECTIVE OCTOBER 1, 2024

### GENERAL

<b>Revision</b>	Page 32	Services not insured by the Ministry of Health - Updated language under 1. Workers' Compensation Board from "industrial accidents" to "workplace injuries"
<b>Revision</b>	Page 35-36	Assessment of Accounts – updated to align with new claims system process
<b>Revision</b>	Page 37	Physician Claim inquiries – updated to align with new claims system process
<b>Revision</b>	Page 39	Phone number added to PGA Information

### EXPLANATORY CODES

<b>Revision</b>	AF	Incorrect first/last name
<b>Revision</b>	AJ	Emergency room coverage
<b>Deletion</b>	AM	eHealth Registry renewal returned
<b>Revision</b>	AQ	Claim previously assessed by a medical consultant
<b>Revision</b>	AU	Assessment of service
<b>Revision</b>	BH	Payment Approved at referred/unreferred rate
<b>Deletion</b>	BI	Paid at unreferred rate
<b>Revision</b>	BP	Payment adjustment
<b>Revision</b>	CH	Responsibility of the Department of Veteran's Affairs
<b>Revision</b>	CM	Request for extension of time limit
<b>New</b>	CQ	Services for Quebec residents
<b>Revision</b>	CW	Responsibility of Worker's Compensation Board
<b>Revision</b>	GC	Claim being reviewed by Medical Consultant
<b>Revision</b>	JA	Special circumstances for surgical assistance
<b>Revision</b>	QD	Service code applies to a specific day and/or time
<b>Deletion</b>	RU	Routine Audit and Recovery (resubmitted claim reviewed by Audit)
<b>New</b>	RY	Routine Audit and Recovery (time-based services)
<b>Deletion</b>	VC	204-206A - not approved in addition to any other service

**EXPLANATORY CODES**

<b>Deletion</b>	YF	Signature block
<b>Revision</b>	YP	Hospital days span
<b>Revision</b>	ZF	Clinic/Physician not eligible on date of service
<b>Revision</b>	ZR	Out-of-hours/After-hours clinic premiums
<b>Deletion</b>	ZW	Direct input claim
<b>Deletion</b>	ZY	Direct input claim resubmission

**SECTION A – General Services**

<b>Revision</b>	Page 80	Removed requirement “when only charge made” for specimen collection codes
<b>Deletion</b>	Page 96	Nipawin removed from Category A – Emergency Room Coverage

**SECTION B – General Practice**

<b>Correction</b>	Page 126	864B	Rate correction
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**SECTION E – Psychiatry**

<b>Revision</b>	Page 152	68E	Clarification of requirement to be billed by report
<b>Revision</b>	Page 154	43E	Clarification on billing in conjunction with follow-up assessments
<b>Revision</b>	Page 157	Preamble	Virtual consultation preamble updated with applicable codes and documentation requirements
<b>New</b>	Page 157	808E	Minor virtual consultation provided via telephone or secure videoconference (Adult or child)
<b>Revision</b>	Page 157	809E	Time requirement added
<b>Revision</b>	Page 157	810E	Time requirement added
<b>New</b>	Page 157	812E	Extended adult virtual consultation
<b>New</b>	Page 157	813E	Extended child virtual consultation
<b>Revision</b>	Page 159	Preamble	Virtual psychotherapy preamble updated to align with in-person preamble.
<b>Revision</b>	Page 159	Criteria	Virtual family psychotherapy criteria updated to align with in-person criteria
<b>Correction</b>	Page 159	835E	Change to minimum period of 30 minutes
<b>Revision</b>	Page 159	Criteria	Virtual individual psychotherapy criteria updated to align with in-person criteria
<b>Revision</b>	Page 160	Criteria	Virtual psychiatric care – Admitted patient to a hospital or health care centre criteria updated to align with in-person criteria
<b>Revision</b>	Page 161	Criteria	Virtual psychiatric care – Patient not admitted to a hospital or health care centre criteria updated to align with in-person criteria

**SECTION J – Surgical Assisting**

<b>Correction</b>	Page 194	333J	Typo in descriptor
<b>Correction</b>	Page 194	334J	Typos in descriptor

**SECTION L – General Surgery**

<b>New</b>	Page 216	104L	Insertion of indwelling pleural catheter
<b>New</b>	Page 216	105L	Removal of indwelling pleural catheter
<b>Revision</b>	Page 231	897L	Add 260N, 261N, 262N to list of procedures
<b>Revision</b>	Page 231	898L	Descriptor updated to align with explanatory code
<b>Revision</b>	Page 231	899L	Add 138T to list of procedures.
<b>New</b>	Page 236	540L	-- with bronchial brushing (add-on code to Bronchoscopy base)
<b>New</b>	Page 236	541L	-- with broncho-alveolar lavage for diagnosis of malignancy or diagnosis and/or treatment of infection and includes obtaining specimens suitable for differential cellular analysis (add-on code to Bronchoscopy base)
<b>New</b>	Page 236	542L	-- with dilation of stricture (add-on code to Bronchoscopy base)

**SECTION V – Laboratory Medicine**

<b>Correction</b>	Page 330	188V	Rate correction
<b>Correction</b>	Page 332	346V	Rate correction

**SECTION W – Diagnostic Ultrasound**

<b>Revision</b>	Page 336	30W	Descriptor revised to include "complete"
<b>New</b>	Page 336	33W	Limited – Confined to a single organ, system or quadrant (e.g. RUQ), or follow-up study. For renal-use 31W. Maximum one per patient per day
<b>New</b>	Page 339	34W	Flow studies of the portal venous system --- add to 33W. Only billable for patients with confirmed or suspected hepatic disease, or if the study is specifically requested by a physician as part of hepatic screening

**SECTION X – Diagnostic Radiology**

<b>Correction</b>	Page 343	162X	Missing rates added in
<b>Correction</b>	Page 345	325X	Rate correction
<b>Deletion</b>	Page 349	630X	Bronchial brushing