Operations Bulletin

Operations Bulletin No. 8
Published by Medical Services Branch at 306-787-3454
April 1, 2017

VERIFICATION OF HEALTH COVERAGE

Effective January 1, 2013, Medical Services Branch no longer verifies beneficiary health coverage information by phone or fax. Physicians (licensed to practice in Saskatchewan) who wish to verify the validity of a patient's health coverage are required to request access to the online Person Health Registration System Viewer (PHRS Viewer). To learn more about PHRS viewer, please contact eHealth Saskatchewan at 306-337-0600 or toll free at 1-888-316-7446 or by email at servicedesk@ehealthsask.ca

IMPORTANT HEALTH WEBSITE LINKS HAVE CHANGED

Physician documents and forms have moved to eHealth Saskatchewan.

All Medical Services Branch Payment Schedules, Newsletters, Operations' Bulletins and forms are available at:

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

During the transition period, documents can also be found at: **www.saskatchewan.ca** at the link below:

Provider Resources:

http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources

Forms:

http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms

The above link includes the following forms:

- Direct Deposit request
- Income Statement request
- Review of Claims Assessment
- Medical Statement request
- Physician Profile request
- Practitioner Change request
- Professional Corporation request
- New Clinic Request application
- Prior Approval Request Form – abdominal panniculectomy
- Electronic Remittance Application
- Health Provider Questionnaire

STATUTORY HOLIDAYS TO DECEMBER 2017

HOLIDAY	ACTUAL DATE	OBSERVED ON	SUBMISSION DATE IMPACT	PAYMENT DATE IMPACT
Good Friday	Friday April 14, 2017	Friday April 14, 2017	None	None
Victoria Day	Monday May 22, 2017	Monday May 22, 2017	None	None
Canada Day	Saturday July 1, 2017	Monday July 3, 2017	None	None
Saskatchewan Day	Monday August 7, 2017	Monday August 7, 2017	None	Run jz: Moved to Tuesday August 8.
Labor Day	Monday September 4, 2017	Monday September 4, 2017	None	Run kb: Moved to Tuesday September 5
Thanksgiving	Monday October 9, 2017	Monday October 9, 2017	None	None
Remembrance Day	Saturday November 11, 2017	Monday November 13, 2017	None	Run kg: Moved to Tuesday November 14
Christmas	Monday December 25, 2017	Monday December 25, 2017	None	Run kj: Moved to December 27
Boxing Day	Tuesday December 26, 2017	Tuesday December 26, 2017	None	Run kj: Moved to December 27

Please note that any changes to the run schedule will be communicated via the ICS message window and pay lists. Please check the ICS service website periodically for important messages regarding payment or run information.

PRINTED COPIES OF THE PAYMENT SCHEDULE

Please be advised that Medical Services Branch does not provide paper copies of the Physician Payment Schedule. The Physicians' Newsletter and Operations Bulletin will continue to be mailed out. Copies of the Physician Payment Schedule can be found on the website and link on page 1 of this newsletter.

IMPORTANT REMINDER FOR ONLINE CLAIM SUBMISSIONS

This is a reminder to review the validation and return reports that are available on the Ministry's Internet Claims Submission (ICS) service website. Your EMR program or billing application may not relay these reports automatically from ICS. These reports will provide you with information about the status of your claims.

Even if your billing system identifies that your claims were **submitted**, it does not confirm that the file was received by the Medical Services Branch (MSB). To ensure your submission was successfully submitted to MSB it is recommended that you review your ICS ***"validation report"***. This report contains totals for each clinic/doctor number that was submitted in the run for payment and/or any errors found in your submission prior to the bi-weekly Tuesday claims run.

***If you do not receive an ICS *"validation report"* immediately after your claims submission you must follow up with MSB to investigate the issue as this indicates there is a problem with the receipt of your submission.**

It is also important for you to pick up your ***"return.txt"*** file from the ICS website starting on the Wednesday following the Tuesday run. This file contains the pay list records and any returned or rejected claims. Use this report to reconcile your accounts.

You can access the ICS website by going online to ***https://ics.ehealthsask.ca/***

INCOME STATEMENTS

Prepayment is required for all income statement requests at a charge of $18.00 annually. Payment must accompany your "Income Statement Request Form". The form can be found under the "forms" link on page 1.

PHYSICIAN PROFILE REQUEST FORM

Physician profiles represent a summary of services for which the Ministry of Health has made payment to a physician and a comparison to the group average for physicians in the same type of practice. To request a copy of your profile, please access the Physician Profile Request form under the forms section on the website (link on page 1). Please see Physician Payment Schedule page 36 for payment information.

NEW FAX NUMBER ON ASSESS REVIEW FORM

The Medical Services Branch has updated the fax number on the Request for Review of Claims Assessment (pdf) available on the government website. Please fax all Assess Review forms to (306)798-0582. The form can be accessed using the link on page 1 of this bulletin.

ELECTRONIC REMITTANCES

Medical Services Branch and the Ministry of Finance offer electronic remittance. Electronic remittance allows physicians and clinics to receive an email that outlines payment information rather than a physical direct deposit advice or payment notification. Physicians and clinics benefit from using electronic remittance, as it improves accuracy and timeliness of recording revenue, and because payment information is sent prior to funds being deposited.

To Sign Up

To sign up for electronic remittance please download and fill in the appropriate Electronic Remittance Application form (multiple physicians or single physician) which can be found at:

http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms#medical-services-branch-forms

Completed forms and inquiries related to electronic remittances can be directed to:
AccountingUnitMSB@health.gov.sk.ca

PHYSICIAN REMUNERATION FOR THE PROVISION OF LEGISLATED MEDICAL ASSISTANCE IN DYING (MAID) SERVICES

The majority of medical services provided for the provision of legislated MAID services are billable to the Medical Services Branch under existing visit service codes (provided all the existing policy and billing requirements are met). All MAID-related services billed to MSB must be billed with an eligible MAID-related diagnostic code (3-digit):

Z31	Malignant Neoplasms
Z32	Nervous system diseases
Z33	Chronic lower respiratory
Z34	Heart disease
Z36	Other illnesses
Z37	Third Party Counselling

For further detail, please reference the

"**Billing Information Sheet for Physician Remuneration for the provision of legislated MAID Services**"

which can be found on the website at the link on page 1 under "Physician Resources".

BILLING REMINDERS

APPROPRIATE USE OF CRANIOPLASTY (119K) & INTRACRANIAL DURAPLASTY (122K)

IMPORTANT:

PLEASE NOTE: 119K and 122K are associated with traumatic intracranial lesions. As such, they are not billable in conjunction with non-traumatic codes.

Payment for these services implies the service was provided by a physician to treat cases such as, but not limited to a Dural leak or a skull defect following trauma or infection. The 119K and 122K are not payable for routine closure of the surgical approach.

APPROPRIATE USE OF CLOSED DRAINAGE OF CHEST (95L)

When a 95L is being done in conjunction with another major surgery – it is considered an inclusion of the major cardiac/thoracic surgery (same Dr., same clinic, same specialty, and same day). The 95L will be rejected utilizing (JN) *"considered an inclusion within the payment for a more major procedure".*

It would only be appropriate to bill a 95L if the closed drainage of chest is being done as a stand-alone procedure associated with trauma or post-surgery due to a complication.

APPROPRIATE USE OF CASE CONFERENCE CODES (42B/43B/44B)

The 42B and 43B are for the first 30 minutes of either a case conference OR a case conference that is part of the Home Care program. The intent is to use one or the other while fulfilling the descriptor/criteria of the code. If billing for additional time, please provide a comment indicating the time.

Use the code 44B in addition to either the 42B or 43B. If previously paid the 42B and the 43B has been billed for additional time and rejected, the physician should not resubmit the 42B again. Only the 44B should be submitted and the time provided in the comment section to support the code being billed.

Billing Questions?

For all general billing inquiries please contact the Claims Unit at (306) 787-3454

ULTRASOUND – DOPPLER FOR FLOW STUDIES INCLUDING ARTERIAL OR VENOUS (50W)

Ministry officials have been reviewing the use of ultrasound code 50W to ensure the service delivered by the physician is **medically required** and supported in terms of the billings submitted.

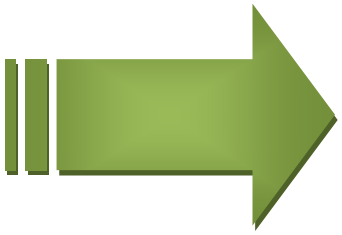
The results of this review have revealed that a large volume of 50W services have been billed inappropriately.

The intent of 50W is for circumstances outlined below (including, but not limited to):

1. Billed with nuchal translucency (149W)
   - Evidence to suggest that the umbilical cord may be wrapped around the neck.
   - Evidence to suggest that there may be a heart condition, which may be seen in patients who have borderline or abnormal nuchal values.
2. Billed with 2nd and 3rd trimester ultrasounds (40W) **when medically required.**
3. When specifically ordered and requested by the referring physician to assess the patency, vascularity or venous flow of the arteries, veins, etc.
4. When there is evidence to suggest a lump/ bump/lesion which requires an additional image be performed to characterize the lesion by assessing the vascularity, flow or patency.

50W is not intended to be billed:

- In conjunction with 1st trimester ultrasounds.
- In conjunction with any other ultrasound when **color Doppler** is being used routinely to assess the area of concern, ie: joint, soft tissue, thyroid, pelvis, etc. This is included in the payment for the specific scan ie: soft tissue, joint, thyroid, pelvic code, etc. Ultrasound codes are considered all-inclusive for the purposes of performing all of components necessary for that particular exam.
- 50W is not considered an 'add-on' – it is considered a "stand-alone" ultrasound exam ordered and performed for very specific clinical indications (as above).



As per legislation, Medical Services Branch insures **medically required physician services**. Therefore, all ultrasound services submitted to MSB for payment must be medically required, clinically indicated, and documented as part of the patient's record.

USE OF ELECTRONIC MEDICAL RECORD (EMR) TEMPLATES

Templates can be a useful feature of an EMR, but care must be used to ensure that all pertinent information specific to the patient encounter is included. For the purposes of billing, the practitioner must ensure that all of the documented exam is actually performed and reflects the findings on that day. Any specifics that do not apply to this case must be removed. For the purposes of audit or review, when EMR templates are inaccurate and not indicative of patient findings, it calls into question the reliability of the documentation.

For utilization and management of Electronic Medical Records (EMR), there are many sources of support available including the SMA, EMR software vendors, and eHealth. We would encourage all physicians using EMR software to avail him/herself of these resources.

INJECTIONS (110A, 161A) BILLED AS PARTIAL ASSESSMENTS (5B)

Ministry officials have been reviewing the use of injection codes 110A and 161A to ensure the service delivered by the physician is **medically required** and supported in terms of the billings submitted.

The results of this review have revealed that a large volume of injection services have been billed inappropriately as visit services (5B).

The Saskatchewan Medical Care Insurance Act states that in order for a service provided in Saskatchewan by a physician to be deemed insured it must be medically required.

In order to bill for a 5B service:

a) It must be medically required; and
b) All payment schedule criteria must be performed and documented.

- For routine injections such as flu shots, B12, testosterone, iron, Depo-Provera, etc., if only the injection is being provided, then a 110A or 161A should be billed, not a 5B.
- Typically, it would not be medically required to bill a 5B for each injection visit.

Please ensure that you have read the descriptor for each service code and bill accordingly.

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*.

PHYSICIAN INQUIRY LINE PREPAREDNESS

When calling the Physician Claim Inquiries line, please ensure you have the following information handy prior to contacting Medical Services Branch Claims Unit:

- ✓ **Patient HSN**
- ✓ **Physician's Billing Number**
- ✓ **Run codes**
- ✓ **Explanatory code, if applicable**

Did you know that the Claims Analysis Unit handles over 18,504 phone calls annually? This includes calls related to physicians, billing clerks, reciprocal billing and the general public.

Phone: 306-787-3454 or 306-787-3457
Fax: 306-798-0582

The **Physicians Inquiry Line** handles all inquiries pertaining to:

a) Diagnostic coding of claims
b) Routine assessment of claims
c) Inquiries regarding physician billings and payment of accounts
d) Inquiries regarding accounts submitted more than six months after the date of service
e) Requests for Review of Claims Assessment; reporting incorrectly billed and paid services
f) Insured Services Officer (306-787-9011); billing education, online billing course
g) Request for Review of Claims Assessment form can be found at the following link: http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms#medical-services-branch-forms

MEDICAL CONSULTANT INQUIRIES

As per page 31 of the Physician Payment Schedule, if a physician does not agree with the results of a Review of Claims Assessment, a further review by a Medical Consultant must be requested in **writing** with **new** information provided. Telephone inquiries or emails **will not** initiate a review by the Medical Consultant.

Please send your written request, along with any new information to:

Medical Consultant, Medical Services Branch
Ministry of Health
3475 Albert Street Regina, Saskatchewan S4S 6X6
or fax to: 306-798-1124

CHARACTER MAXIMUM FOR ELECTRONIC CLAIMS CONTENT

Please be advised that the maximum character allotment when submitting an online (electronic) claim is 72 characters. Please pay particular attention when submitting the following codes which routinely have longer comments:

- **918A** – Continuous Personal Attendance
- **220A-226A** – Emergency resuscitation
- **246L** – Complex incisional hernia with Inlay mesh

CONTACT INFORMATION FOR PROCESSING SUPPORT INQUIRIES

Contact Processing Support for information and assistance regarding:

a) specifications for internet claim submissions
b) patient information file on CD
c) diagnostic code and service code files
d) general handling or processing of submissions
e) identity problems on returned claims

Processing Support assists with claims with explanatory code errors:

AA-AR, CM, CN, CZ, YA-YS, ZA-ZS

Phone: 306-787-3470 Alison Wood; 306-787-0182 Aileen Lopez
Fax: 306-798-0582

PHYSICIAN AUDIT INQUIRIES

- If a claim has been recovered "RA" (routine audit), a copy of the medical record or appropriate documentation to support the billing is required. This must be submitted directly to the Policy, Governance and Audit Unit (PGA).
- If no supporting documentation is provided, the claim will remain unpaid.
- Once a decision has been made, the PGA will notify the physician in writing.
- All payment adjustments completed by PGA will be done using the explanatory code "RB".
- **Please do not electronically or manually resubmit claims that have been previously deducted using the explanatory code "RA".** Claims resubmitted to MSB will be returned with the explanatory code "RC".

If you have any questions relating to the audit process, please contact PGA at MSBPaymentsandAudit@health.gov.sk.ca or 306-787-0496 or fax 306-787-3761

PARTIAL ASSESSMENTS, 55B AND SPECIALIST WAIT TIMES IN SASKATCHEWAN

ATTENTION: Billing Clerks

Thank you for your cooperation in using the 55B billing code. Use of 55B has doubled since 2012, which enables the health system to measure and report how long patients are waiting to see a specialist, aggregated at provincial specialty level. The goal is to increase the use of this code (where appropriate) to report wait times for each specialist in the province.

Facts

2012-13 (First Year)		2015-16
17,646	# of 55B Services (100% increase)	**35,315**
532	Physicians used 55B (25% increase)	**666**

Please share this information with the staff members in your clinic who prepare specialist referrals, and ask them to notify you when a referral is being arranged.

Has the 5B doctor's visit resulted in a referral to a specialist?

USE 55B CODE

WHEN A PARTIAL ASSESSMENT LEADS TO A REFERRAL, USE THE 55B BILLING CODE

The 55B code is for use by General Practitioners and Family Physicians only.

FOR MORE INFORMATION, please contact Mr. Bhooman Bodani at the Strategic Priorities Branch. Email: bbodani@health.gov.sk.ca Phone: 306-787-8936 or fax: 306-787-0023

DRUG PLAN AND EXTENDED BENEFITS BRANCH MAXIMUM ALLOWABLE COST (MAC) POLICY CHANGES

Effective January 16, 2017, the Drug Plan made the following changes:

- Change the Maximum Allowable Cost (MAC) price threshold for proton pump inhibitors (PPIs); and
- Apply the Maximum Allowable Cost (MAC) policy to intranasal corticosteroids.

DRUG CATEGORY	MAXIMUM ALLOWABLE COST (MAC) PRICE THRESHOLD	DRUGS WITHIN MAXIMUM ALLOWABLE COST (MAC) PRICE THRESHOLD	DRUGS NOT WITHIN MAXIMUM ALLOWABLE COST (MAC) PRICE THRESHOLD
		Generic versions of:	Brand and generic versions of:
Proton Pump Inhibitors	$0.20 per tablet	pantoprazole magnesium (Tecta®) generic versions of rabeprazole (Pariet®) *	esomeprazole (Nexium®) lansoprazole (Prevacid®) ** omeprazole (Losec®) ** pantoprazole sodium (Pantoloc®)
Intranasal Corticosteroids	$16.04 per unit	Generic versions of: beclomethasone budesonide (64 mcg strength only)mometasone (Nasonex®)	Brand and generic versions of: budesonide (generic and Rhinocort Turbuhaler®, 100mcg strength only) ciclesonide (Omnaris®) flunisolide (generic) and generics

* rabeprazole 20mg claims will fully adjudicate at its list price
** omeprazole 10mg and lansoprazole (Prevacid FasTabs®) are exempt

More information for patients: Patient Information Poster Frequently Asked Questions

More information for Health Professionals:
A comprehensive critical appraisal of the current clinical evidence for PPIs was completed by the Canadian Agency for Drugs and Technologies in Health (CADTH). CADTH's work indicated all PPIs are therapeutically similar and equally effective in the majority of patients (https://www.cadth.ca/proton-pump-inhibitor-therapy).

PPIs are one of the drug classes that has been identified by Choosing Wisely Canada for deprescribing. As well as Saskatchewan's RxFiles program recently focused on PPI deprescribing in its visits to physicians in the province. The following links provided more information on these initiatives:

http://www.choosingwiselycanada.org/wp-content/uploads/2016/04/CWC_PPI_Toolkit_v1.0_2016-03-31.pdf
http://www.rxfiles.ca/rxfiles/uploads/documents/PPI-Deprescribing-Newsletter.pdf
http://www.rxfiles.ca/rxfiles/uploads/documents/Deprescribing-PPI-Patient-Tool.pdf