

Physicians' Newsletter

Physicians' Newsletter No.43

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The new Government of Saskatchewan website is www.saskatchewan.ca

To access an electronic copy of the October 1, 2015, Payment Schedule, visit:

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

The attached Physician Payment Schedule is effective October 1, 2015, resulting from the negotiated agreement between the Saskatchewan Medical Association and the Ministry of Health covering the four years April 1, 2013, to March 31, 2017. Over 3000 service codes have increased rates effective October 1, 2015.

The first lump-sum payment for clinical services paid between April 1, 2013, and March 31, 2014, was processed on September 1, 2015.

The second lump-sum payment was processed on September 29, 2015, for services paid between April 1, 2014, and March 31, 2015.

These lump-sum payments were processed by clinic and/or corporation and will have appeared on your pay list or return file with a fee code of 999Y under your own Health Services Number (HSN) or a system-generated number if unknown.

The 2.95% increase effective April 1, 2016, will be implemented along with the release of an April 1, 2016, Physician Payment Schedule.

MANUAL COPIES OF THE PAYMENT SCHEDULE – NO LONGER AVAILABLE

Please be advised that after October 1, 2015, Medical Services will no longer be mailing out manual copies of the Physician Payment Schedule. The Physicians' Newsletter and Operation's Bulletin will continue to be mailed out. Copies of the Payment Schedule can be found on the website link on page 1 of this newsletter.

CHANGES TO THE PAYMENT SCHEDULE

The following Physician Payment Schedule revisions are effective October 1, 2015. Software vendors have been provided with the updated payment schedule. Please contact your vendor, if necessary to make sure they have updated your system to ensure your claims are being paid appropriately.

ACTION REQUIRED – PHYSICIANS/CLINICS BILLING SOFTWARE

As outlined in the Physician Direct Payment Agreement, payment for services submitted is made in accordance with the Physician Payment Schedule applicable to the service on the date provided. It is imperative that your billing software is utilizing the most up to date rate file. The new October 1, 2015, rate file has been provided to all software vendors and is posted on the Internet Claims Submission (ICS) website for download. Please contact your software vendor, if necessary, to apply the update to your application.

NEW PHYSICIANS REQUIRED TO BILL ELECTRONICALLY

Effective October 1, 2012, all new physicians are required to submit their claims electronically to Medical Services Branch. Information on the options available to new physicians is provided when physicians are initially set up for billing purposes.

THERAPEUTIC ABORTIONS NOW BILLABLE RECIPROCALLY

Effective June 18, 2015 all jurisdictions in Canada (with the exception of Quebec) agreed that medical costs associated with providing therapeutic abortion services to out-of-province/territory patients in an approved public facility are to be billed reciprocally according to the host province's physician schedule of benefits and rules of application.

As a result, therapeutic abortions have now been removed from the "Excluded Services List" under the Inter-Provincial Reciprocal Agreement. In order for the service to be billed reciprocally, the patient must present a valid health card and the service should be submitted to the Medical Services Branch in the usual manner indicating the patient's identification and provincial code.

NEW DOCUMENTATION REQUIREMENTS FOR THE PURPOSES OF BILLING - Please see Page 14 in the Payment Schedule

The Ministry values the important role physician's play and supports consistent, equitable and appropriate payments to physicians for the provision of medically required health services. In order to ensure that appropriate payment is made for services provided, documentation of that service is required. Accountability relies on both the physicians and the Ministry to safeguard public resources to ensure that health care dollars are being spent in a responsible manner and that payments made to physicians are appropriate and align with the regulations and policies established in *The Saskatchewan Medical Care Insurance Act*, the Physician Payment Schedule, and the direct billing agreement between the Ministry and physicians.

The proposed changes will ensure that services billed are appropriately assessed and adjudicated for eligibility, as required by the Payment Schedule service code descriptor. This requires appropriate documentation to substantiate the billing.

This policy is not intended to replace or supersede the requirements as set out in the College of Physicians and Surgeons of Saskatchewan's (CPSS) regulatory bylaws, Part 6 – Practise Standards, 23.1 Medical Records. For more information on the CPSS bylaws, please contact the CPSS directly.

Any questions pertaining to the new documentation requirements for the purposes of billing can be directed to:

- Claims Analysis Unit at 306-787-3454 or 787-3457
- Policy, Governance & Audit at 306-787-0496 or MSBPaymentsandAudit@health.gov.sk.ca
- Medical Consultants:

Dr. Allan Miller allan.miller@health.gov.sk.ca

306-798-1177

Dr. Peter Gorman peter.gorman@health.gov.sk.ca

306-787-7430

CHANGES TO THE PAYMENT SCHEDULE EFFECTIVE OCTOBER 1, 2015**GENERAL**

New	Page 14		Documentation Requirements for the Purposes of Billing.
Revision	Page 31	Item 1	Reassessment of Accounts – Payments and Audit Unit information added.
Update	Page 34		Contact information for Policy, Governance and Audit has been updated.
Deletion	Page 37	Item 4	Therapeutic abortion has been removed from the list of physician services excluded under the inter-provincial agreements for the reciprocal processing of out-of-province medical claims.

EXPLANATORY CODES

New	Page 40	AQ	New explanatory code has been added.
New	Page 47	DJ	New explanatory code has been added.
New	Page 47	DK	New explanatory code has been added.
Update	Page 57	RA	Wording has been updated.
Revision	Page 57	RB	Wording has been revised.
Update	Page 57	RC	Wording has been updated.

SECTION C – Pediatrics

New	Page: 105	12C/13C	Complex/Extended Pediatric Consultation
New	Page: 107	15C/16C	Pediatric Counselling

SECTION F – Dermatology

New	Page: 126	14F	Complex Dermatology Assessment
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SECTION W – Diagnostic Ultrasound

Revision	Page: 244	43W	Wording has been revised.
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