

Billing Information Sheet – For Physicians

Referrals Outside Canada – Patient Coverage

Coverage Overview:

Non-emergency, or elective, medical services are deemed to be **pre-arranged health services** that are **not the result of an unforeseen or unanticipated medical situation**. Section 9.1 of *The Medical Care Insurance Beneficiary and Administration Regulations*, stipulates coverage for elective medical services **must have prior approval** from the Ministry of Health **before** the service is provided. Coverage is only considered in **exceptional** circumstances and under certain conditions. Without this prior approval, the Ministry of Health does not provide reimbursement to the patient.

The costs of travel, accommodation and meals to access medical services are not insured under Saskatchewan's health system.

Request for Coverage:

As outlined on Page 9 in the Saskatchewan Physician Payment Schedule, the **written request must:**

- be received from a Saskatchewan specialist in the same field of practice as the required service;
- describe the circumstances of the case, including pertinent clinical details and diagnosis;
- clearly describe the specific and detailed nature of the service(s) being requested;
- confirm, to the best of the specialist's knowledge, that the service(s) being requested are not obtainable within Canada; and,
- where possible, state the name and the location of the physician who would be providing this service.

Important Details:

- *Be specific about the requested service. Broad descriptions such as "detailed assessment", "comprehensive multi-disciplinary assessment" or "further follow up" are generally insufficient.*
- *Clearly **DETAIL** and confirm the service(s) requested are **NOT** available in Canada. Where possible, include a summary of information on consultations and/or outcomes of those consultations with other Canadian specialist physicians, centres of excellence or specialty hospitals which were exhausted prior to the consideration of services outside of Canada.*
- *Submitting a request for prior approval **does not guarantee an approval for cost coverage**. Coverage decisions are based upon Saskatchewan legislation, supporting regulations and the medical and clinical information provided in the written request.*
- *The outcome of the review is provided in writing from the Ministry of Health to the requesting specialist. It is the **responsibility of the specialist physician** to follow-up with the patient regarding the outcome of the request and to discuss the patient's plan for ongoing care.*

More Information Resources:

- Visit www.ehealthsask.ca – Search "health coverage"
- Casework Unit, Medical Services Branch, Ministry of Health
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