Billing Bulletin

Billing Bulletin No. 4
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IMPORTANT HEALTH WEBSITE LINKS

All Medical Services Branch Payment Schedules, Newsletters, Operations Bulletin, Billing Bulletins, Billing Information Sheets and forms are available at:
https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx

BILLING RESOURCES

There are billing resources available on the website. These documents are provided to all new physicians upon registering with Medical Services Branch (MSB). They are also available for download or viewing at the above link. They cover topics such as physician billing obligations, documentation requirements, payment integrity (audit), requesting changes to the Payment Schedule, and the Joint Medical Professional Review Committee (JMPRC). Physicians should avail themselves of these important documents.

Physician Claim Inquiries

Direct all physician billing inquiries to:
Phone: 306-787-3454
Fax: 306-798-0582

Claims Processing Support Inquiries

Direct all claims submission and processing inquiries to:
Phone: 306-787-0182 or 306-787-3470
Fax: 306-798-0582

Physician Audit Inquiries

Direct all physician audit inquiries to:
Policy, Governance and Audit Unit
Phone: 306-787-0496
Fax: 306-787-3761
Email: MSBPaymentsandAudit@health.gov.sk.ca

Saskatchewan

PHYSICIAN BILLING OBLIGATIONS:

Physicians are responsible for all billings submitted under their Medical Services Branch-assigned billing number. Billing staff must be supervised and billings must be reviewed by the physician prior to submission for payment.

An integral component to billing for any service is the ***documentation requirements*** *associated with each service code criteria.*

Please ensure you have read and understand your documentation obligations, which are clearly outlined in the Physician Payment Schedule under ***"Documentation Requirements for the Purposes of Billing",*** *which may differ from documentation for other purposes.*

All physicians who are receiving direct payment through the publicly funded system have signed a Direct Payment Agreement with MSB. This agreement stipulates the manner in which services must be submitted for payment and all physicians must be aware of their responsibilities.

We appreciate physicians' ongoing efforts and cooperation in ensuring that the service codes they submit to the Ministry for payment meet the requirements as set out in the Physician Payment Schedule, the Direct Payment Agreement and *The Saskatchewan Medical Care Insurance Act*.

UNINSURED SERVICES:

There are many services that a physician may provide to their patients which may be uninsured. The Physician Payment Schedules outlines the most common uninsured services under the section: "***Services Not Insured by the Ministry of Health***".

Third party forms and visits should not be billed to Medical Services Branch. In all cases, the physician must seek payment directly from the patient or the third party requesting the service.

Other Resources

Physicians can also reference the ***Saskatchewan Medical Association's*** (SMA) Relative Value Guide to Uninsured Services for more information: SMA Fee Guide for Uninsured Services

In September 2019, ***The College of Physicians and Surgeons of Saskatchewan (CPSS)*** developed guidelines for physicians to follow regarding uninsured services, which can be found on the CPSS' website: CPSS Guidelines to Uninsured Services

UPDATED REQUEST FOR REVIEW OF CLAIMS ASSESSMENT FORM:

MSB has modified the Request for Review of Claims Assessment form to better assist you. It is now **electronically fillable**!

The Request for Review of Claims Assessment form can be found at this link: https://www.ehealthsask.ca/services/resources/establish-operate-practice/Documents/Request-for-Review-of-Claim-Assessment-Updated-May-30-2019.pdf

When submitting a Request for Review of Assessment form, please ensure all fields are **complete**. The form and any additional supportive documentation can be faxed to the Claims Analysis Unit at 306-798-0582 or mailed to:

Medical Services Branch
ATT: Claims Analysis Unit
3475 Albert Street REGINA SK S4S 6X6

Once MSB completes the request for review, the form will be returned to the physician indicating MSB's action/reply. Please allow a minimum 2-week turnaround time on all Requests for Review.

THANK YOU!
We have noted a decrease in processing time since implementation of the new Request for Review of Claims Assessment form. We encourage you to continue using the form and ensure all the fields are complete.

TECHNICAL COMPONENTS:

Do you bill for the technical component of any service code?  **Do you personally own the equipment and employ the staff?**

A reminder to physicians that in order to bill for any technical component the equipment must be ***personally owned by the physician*** and any staff who may be involved in performing the service must be ***employed by the physician.***

See: "Services Supervised by a Physician" and "Definitions" section of the Payment Schedule.

SUBMITTING FOR TWO VISITS ON THE SAME DAY:

Any claim submitted for a second visit on the same date of service by either the same physician or another in the same clinic and specialty should state the **reason** for the second visit, the **time**, **location** and **service** provided.

FREE ONLINE BILLING COURSE:

MSB offers an online billing course that outlines the process involved in the billing cycle. The course is appropriate for beginners, as well as those with more advanced billing knowledge and is designed to be flexible. Start and stop at your leisure! Your progress will be saved for you to resume when convenient as, depending on the participant's knowledge, the course could take between hours or days to complete.

HOW TO GET STARTED:

1. Go to the following link: https://msbonlinebillingcourse.litmos.com/self-signup/
2. Enter the required information and use the following code: **OLBC**
3. You will need to complete a basic User Profile upon signup, requiring only an email address for your User Name and a valid password, consisting of the following criteria:
   - Minimum of 8 characters
   - 1 upper case
   - 1 lower case
   - 1 number
   - 1 special character

To start the course, you will be presented with a list of the modules under the course, along with a button to "Start the Learning Path". You can choose to start at the top and work to the bottom or click on any module in the sequence. Alternatively, you can exit the module you are working on at any time (using the **orange** 'exit' button in the right corner) and come back later or you can move onto another module of your choice.

You will require a current Physicians Payment Schedule to facilitate you in the course, which can be found at this link: https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx

Once you have completed the signup process, use the following link to re-enter the site with your new credentials: https://msbonlinebillingcourse.litmos.com

If you have any questions regarding the Online Billing Course, please contact 306-787-9011.

SUBMITTING SERVICES WITH NO LISTED FEE

All services must be billed with the listed fee in the Payment Schedule. If there is no fee indicated or the fee is "By Report", please submit with the requested fee appropriate for the service provided. **Claims with $0.00 will be rejected by our claims system.**

STATUTORY HOLIDAYS FOR THE PURPOSES OF BILLING STATUTORY HOLIDAY PREMIUMS AND/OR SURCHARGES:

Please be advised that statutory holidays for the purposes of billing any type of premium or surcharge/special service are per the Government observed/designated holidays listed below, and may be different than the Saskatchewan Health Authority designated holidays.

* Please note there is no “Easter Monday” holiday observed for the purposes of billing.

HOLIDAY	ACTUAL DATE	OBSERVED/BILLED ON
Good Friday	Friday April 10. 2020	Friday April 10. 2020
Victoria Day	Monday May 18, 2020	Monday May 18, 2020
Canada Day	Wednesday July 1, 2020	Wednesday July 1, 2020
Saskatchewan Day	Monday August 3, 2020	Monday August 3, 2020
Labor Day	Monday September 7, 2020	Monday September 7, 2020
Thanksgiving	Monday October 12, 2020	Monday October 12, 2020
Remembrance Day	Wednesday November 11, 2020	Wednesday November 11, 2020

SERVICES BILLABLE “BY REPORT”:

The Payment Schedule outlines what is expected for each service code. When the words “by report” are indicated, it means that the claim must be accompanied by a detailed explanation of the circumstances and the services provided.

Some service codes may only require certain comments in the comment line but most will require a copy of the operative report, surgical record with the surgical start and stop times specified, medical record or descriptive letter.

Payment will be assessed on the basis of the explanation.

IN HOSPITAL PRE-OPERATIVE AND POST-OPERATIVE CARE:

The two days of pre-operative care in hospital are included in the payment for a "10" or "42" day procedure when provided by the same physician or another physician in the same specialty and clinic.

Inpatient visits (including hospital care) or consultation during the designated post-operative period of a related "10" or “42” Day procedure is included in the payment of the procedure when provided by the same physician, a general practitioner in the same clinic or a specialist in the same specialty and clinic. **Visits after the discharge of the patient from hospital may be billed.**

INCREASED CLAIMS VOLUMES:

As a result of increased claims volumes and in order to assist Medical Services Branch in processing your claims in a timely manner, we are requesting that you:

- Wait for a minimum of 2 payment runs if you have not received any information regarding the status of the claims submitted.
- For any claims that have not yet been adjudicated by MSB, do not resubmit electronically or use the Request for Review of Claims Assessment form.

Resubmitting claims creates duplicates which are added to the claims queue for manual assessment. This further impacts the timeliness of processing claims for reimbursement.

However, if you do not receive any response from MSB regarding your outstanding claims after three payment runs, please contact us at 306-787-3454, option 2. This is important especially if the claims are nearing the 6-month time limit.

RESUBMISSION OF AUDITED CLAIMS

If a claim has been recovered with a designated Routine Audit explanatory code ("RA" through "RV"), a copy of the medical record or appropriate documentation to support the billing is required, unless otherwise explicitly directed in the explanatory code descriptor – please refer to these codes in the Physician Payment Schedule section "Explanatory Codes for Physicians" under "Routine Audit and Recovery" section.

This documentation must be forwarded directly to the Policy, Governance and Audit Unit and not through the Claims Analysis Unit -- ***see below contact information***. Do not resubmit claims electronically or manually (with or without comments) that have been previously deducted using audit explanatory codes ("RA" through "RV"). Claims resubmitted to MSB will be returned with the explanatory code "RC".

Policy, Governance and Audit:
Phone: 306-787-0496 / Fax: 306-787-3761
Email: MSBPaymentsandAudit@health.gov.sk.ca

BUSINESS PRACTICES VS. MEDICAL NECESSITY

All physicians have an obligation to bill pursuant to their Direct Payment Agreement with MSB based on the requirements as set out in the Physician Payment Schedule and legislation according to *The Saskatchewan Medical Care Insurance Act.* Medical Services Branch has the authority to pay physicians for *medically required* services. While certain services or combination of services may be performed according to an individual providers or clinics business practices/ company policy, adjudication of these services by MSB is based on medical necessity, regulations and the criteria of the service codes per the Physician Payment Schedule.

IUD REMOVAL

IUD removal is a service for which there is currently no existing fee code:

- IUD removal in an office setting is considered part of the visit service and should be billed accordingly;
- IUD removal as part of another surgical procedure in a hospital inpatient or outpatient location is considered to be inclusive of the more major procedure.

The Ministry of Health and the Saskatchewan Medical Association (SMA) consider implementation of new service codes, deletions or revisions to the Physician Payment Schedule upon approval by the Payment Schedule Review Committee (PSRC) comprised of both Ministry and SMA representatives.

To request/initiate a change, deletion or addition to the Payment Schedule, please contact:

Saskatchewan Medical Association Tariff Committee
201 – 2174 Airport Drive
SASKATOON SK S7L 6M6
www.sma.sk.ca

SECTION B – GENERAL PRACTICE

40B, 41B – COUNSELING SERVICES

Please be advised, counseling codes are not a substitute for a lengthy visit service simply because an assessment was greater than 15 minutes or multiple complaints were addressed that "took longer than usual".

55B – WHEN A PARTIAL ASSESSMENT LEADS TO A REFERRAL

The 55B service code enables the health system to measure and report how long patients are waiting to see a specialist.

Has the 5B doctor's visit resulted in a referral to a specialist? If yes, use

55B CODE

(Instead of 5B)

For more information, please contact Medical Services Branch:

Ron Epp
Director, Strategic Priorities
Phone: 306-787-7261

SECTION D – INTERNAL MEDICINE

39D – GROUP EXERCISE TRAINING SESSIONS FOR CARDIAC OR PULMONARY REHABILITATION PATIENTS IN AN APPROVED FACILITY

The intent of this fee code is to compensate a supervising physician for each patient attending an approved facility for group exercise training sessions for *cardiac/pulmonary rehabilitation only*, on the date of service billed.

This code is billable at unit value for each patient attending, at a maximum of up to 10 participants, and must be billed per date of session *based on session attendance* under the HSN of a patient in attendance. All patients billed for a particular session MUST be in attendance at the scheduled session, including the patient of the HSN the session is billed under, and individual patient attendance per session must be documented.

For additional information on documentation requirements, please refer to 'Documentation Requirements for the Purpose of Billing' in the Physician Payment Schedule.

SECTION K – NEUROSURGERY

DISCECTOMY ADD CODES

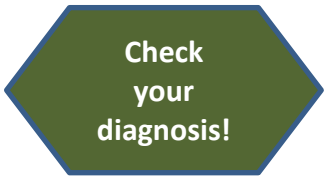
The following codes do not have units and **only one of each code** is payable per surgical case.

- 504K
- 714K
- 723K
- 537K
- 549K

PLEASE ENSURE THAT YOU ARE NOT SUBMITTING THESE SERVICES WITH MORE THAN ONE (1) UNIT. ONLY ONE (1) IS PAYABLE.

SECTION N – PLASTIC SURGERY

684N, 685N – EXCISION OF MALIGNANT LESION



These codes should only be billed with a **cancer** diagnosis.

If the claim is billed with a non-cancer diagnosis, the claim will be rejected with explanatory code **"AT" -** Diagnosis and Payment Schedule item are not compatible.

SECTION R – UROLOGY

300R - 308R – DONOR NEPHRECTOMY – LIVING DONOR OR CADAVER

These services should be billed in the name of the recipient by the surgeons and internists and include all services to a living donor and the recipient on day of transplant and for 42 days thereafter.