

Billing Bulletin

Billing Bulletin No. 5

Published by Medical Services Branch at 306-787-3454

October 1, 2020

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>

CONTACT INFORMATION

Physician Billing Inquiries

Direct all physician billing inquiries to:

Phone: 306-787-3454

Fax: 306-798-0582

Claims Processing Support Inquiries

Direct all claims submission & 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

Physician Billing Education Inquiries

Direct all physician education or online billing course inquiries to:

Insured Services Officer

Phone: 306-787-9011

BILLING RESOURCES

- There are important billing resources, including billing information sheets, available on our 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.

STATUTORY HOLIDAYS FOR THE PURPOSES OF BILLING TIME-OF-DAY PREMIUMS AND/OR SPECIAL CALL/SURCHARGES:

Please be advised that statutory holidays for the purposes of billing any type of time-of-day premium or special call/surcharge are according to the Government's observed/designated holidays listed below, and may be different than the Saskatchewan Health Authority designated holidays.

HOLIDAY	ACTUAL DATE	OBSERVED/BILLED ON
Thanksgiving	Monday October 12, 2020	Monday October 12, 2020
Remembrance Day	Wednesday November 11, 2020	Wednesday November 11, 2020
Christmas Day	Friday December 25, 2020	Friday December 25, 2020
Boxing Day	Saturday December 26, 2020	Monday December 28, 2020
New Year's Day	Friday January 1, 2021	Friday January 1, 2021
Family Day	Monday February 15, 2020	Monday February 15, 2021
Good Friday*	Friday April 2, 2021	Friday April 2, 2021
Victoria Day	Monday May 24, 2021	Monday May 24, 2021

* Please note that there is no designated government holiday on Easter Monday for the purposes of billing.

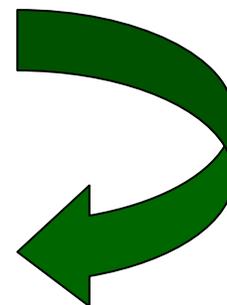
JOINT MEDICAL PROFESSIONAL REVIEW COMMITTEE (JMPRC)

The JMPRC is a legislated, *peer-review committee* with two (2) physicians appointed by each of the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the Ministry of Health.

The JMPRC is responsible for reviewing the billing patterns of Saskatchewan physicians. It has the authority to review a physician's billings over a 15-month period, request patient records and interview the physician. Based on the results of the JMPRC's investigation, the Committee has the authority to order a recovery of monies if it determines that the Minister has paid monies inappropriately.

TOP BILLING ISSUES IDENTIFIED BY THE JMPRC:

1. ***Inappropriate frequency of non-medically required services;***
 - a. Unnecessary lab tests and diagnostic tests
 - b. Unnecessary visit services
2. ***Inappropriate frequency of faxed prescription renewals;***
 - a. For routine medication management
 - b. For short-term prescription review program medications when it would have been more appropriate to provide a long-term prescription and have it dispensed by the pharmacy
3. ***Inadequate and incomplete documentation to support the service(s) billed;***
4. ***Incomplete chronic disease management flow sheets; and***
5. ***Uninsured/third party services, sick notes and form completions billed to MSB.***



The following is a summary of monies ordered to be repaid by physicians due to inappropriate billings in the last 3 fiscal years:

Fiscal Year	Amount Ordered to be Recovered	No. of physicians	Average Recovery per Physician
2017-18	\$1,789,853	6	\$298,309
2018-19	\$1,598,881	7	\$228,412
2019-20	\$1,783,770	8	\$222,971

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.

PHYSICIAN BILLING OBLIGATIONS

Because medical care has a huge impact on the lives of all Saskatchewan residents and represents one of governments highest cost programs, it is important that physicians understand the important role they play in not only providing quality patient care, but also in ensuring they understand their **professional, legal and ethical** obligations to submit billings in an honest and forthright manner.

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.

All services billed to Medical Services Branch (MSB) are the **sole responsibility** of the physician rendering the service with respect to appropriate documentation and billing.

*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.*

Many physicians **delegate billing matters** to staff or third parties and rely on staff to interpret and submit billings on their behalf.

Regardless of who submits the billings, physicians are personally responsible for all billings submitted under their unique billing number.

MSB would strongly encourage physicians to **supervise** their billings and **review** them routinely prior to being submitted.

When health care monies are inappropriately or incorrectly paid to physicians, it prevents efficient and effective allocation of health care dollars to areas where patients and the health care system may really benefit.

We appreciate physicians' ongoing efforts and cooperation in ensuring that the service codes submitted 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*.

ONE VISIT SERVICE PER PATIENT CONTACT – Policy Clarification

This is to provide clarification regarding MSB's one visit service per patient contact policy. As a general rule, MSB will not pay more than one visit type service during the same patient contact - regardless of how many conditions were treated or how long the visit took. Please note that in the case of pediatric patients, routine advice or counselling provided to parent(s) and/or guardian(s) is included in the visit fee. You are not permitted to bill a counselling service in **association with** the visit service - either in the name of the child or the parent(s)/guardian(s) attending the visit with the child.

On the same day:

- 14C – with comments “1:00 to 1:15”
- 163B – with comments “1:15 to 1:30”

- 9C – with comments “1:00 to 1:30 - same day counselling and visit or consult”
- 15C – with comments “1:30 to 1:45”
- 16C – with comments “1:45 to 2:30”

- 14C – billed in the name of the child with comments “3:15 to 3:30”
- 40B – billed in the name of the mom with comments “3:30 to 3:45”

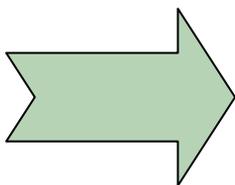
Examples of billings that are not permitted by MSB:

Are there circumstances where MSB will consider paying two visits on the same day?

YES.

There are times when MSB may permit the billing of two visit services on the same day provided that the visits occurred at two different patient contacts.

Any claim submitted for a second visit on the same date of service by either the same physician or another physician in the same clinic and specialty should **state the reason** for the second visit, the **time, location** and service provided. The explanation must be satisfactory to MSB in order to be considered for payment.



An example of a second visit on the same day that would be considered for payment:

Patient saw the doctor for a complete assessment (3B) **in the morning**. Patient sprained ankle in the afternoon and **returned to the clinic** to have the injury assessed and a partial assessment (5B) is billed.

Submit as 3B and 5B with comments:

- 3B “Complete physical in the morning.”
- 5B “Pt. sprained ankle in the afternoon; returned to the clinic; ref. for x-ray”

For more information regarding this policy, please refer to page 16 – Visit Services (item 2) – in the Physician Payment Schedule.

BASE AND ADD CODES – Correct Submission of Claims

For any services that have a “base” code and an “add” code, please submit these services on the same claim:

Example:

Claim no 10001: Base Code

Claim no 10001: Add Code



- If the code is listed as being an “add to” another code, this is considered an add code.
- All add codes must be billed with a base code on the same claim.

Examples of base and add codes:

40B – base code
41B – add code

170S – base code
181S – add code

38E – base code
39E – add code

12C – base code
13C – add code

883L - TRIMMING OF TOENAILS, CORNS OR CALLUSES WHEN MEDICALLY REQUIRED (MAX OF ONE PER DAY)

883L is billable for trimming of toenails, corns or calluses when medically required to a maximum of one (1) per day.



It is considered *inappropriate* to bill 883L for paring in the provision of treating an underlying plantar wart at the same site, which would be considered part of the plantar wart treatment (877L-897L).

VISIT SERVICES IN CONJUNCTION WITH SAME-DAY SURGICAL PROCEDURES

In order for a visit type service to be eligible for payment in addition to a same-day surgical procedure (42-day, 10-day or 0-day), by the same physician/another physician part of the surgical team, to be considered for payment it **must meet all requirements** for billing including **medical necessity**, fulfillment of **all listed service code criteria**, and **documentation** requirements.

In circumstances where the medical necessity cannot be established to the satisfactory of MSB, the visit service(s) will be rejected for payment – this includes the absence of any clinical indication for performing the visit service and/or without appropriate documentation as outlined in the Physician Payment Schedule.

In circumstances where the procedure is being performed in hospital - **It would not be appropriate** to bill a visit service for completing pre-operative tasks such as discussions with patient in the pre-op area to provide further explanation, advice, reassurance or obtaining consent prior to surgery.



Typically, a consultation or initial assessment related to a pre-planned surgery/procedure would have been performed and billed in advance of the procedure. **Reiterating the risks, complications, and follow-up instructions prior to the surgery/procedure would not fulfill the billing requirements for medical necessity and would not be eligible for payment.**

“TIME-BASED” COUNSELLING and “TIME-BASED” VISIT SERVICES - Clarification on criteria

For most time-based services, the eligible billable time only includes time spent continuously with the patient.

Time-based services requiring a minimum amount of time (not the greater portion thereof) must be billed for the time spent with patient directly in *continuous duration* and not “split” times to total an “equivalent” of the required time.



Administrative tasks are not included in eligible billable time except where explicitly stated.

Per “Documentation Requirements For The Purpose Of Billing”, ***start and stop times*** must be recorded in the patient record and support the documented time provided upon submission of claims in the ‘MSB COMMENTS’ field.

The following are examples that do not support payment of a time-based code:

40B - counselling (when billed with 41B for additional 15 minutes or major portion thereof):

– *“Detailed visit & counselling: 11:53-12:05/12:10-12:12”*

14F - Complex partial assessment or subsequent visit:

– *“Detailed visit with counselling: 4:19-4:31/5:27-5:31”*

For more details regarding time-based codes, please refer to the individual listed service code descriptors and “Documentation Requirements for the Purpose of Billing” in the Physician Payment Schedule.