

EMERGENCY ROOM COVERAGE PROGRAM (ERCP)	
1.	<p>Description: Payment to physicians who provide emergency room coverage to eligible facilities in accordance with an approved Saskatchewan Health Authority (SHA) Plan. Emergency Room coverage is an hourly “stipend” for providing emergency room coverage; it is paid in addition to regular fee-for-service visits and procedures.</p>
2.	<p>Computer/Clinic Set-up: In order to bill the ERCP codes, you must have a corresponding clinic set-up that <u>matches the postal code</u> of the facility you are providing the services at. If you have any inquiries relating to this issue, please contact the Business Support Desk at 1-800-605-2965.</p> <p>Example: You cannot use a Regina clinic to bill services provided in Yorkton. The postal codes will not match and you will receive a rejection notice on your claims.</p>
3.	<p>BILLING RULES AND PROFILE SET-UP</p> <p>Setting up billing profiles:</p> <ul style="list-style-type: none"> • These are set up as “dummy” patients in your billing software. • Billing is not done on a specific patient; we use the “dummy” HSN profile which is assigned according to location. • Each locale has their own “dummy” HSN corresponding to the city/town the physician is providing the emergency room coverage for. • Each locale is also grouped into categories – A, B, or Provincial/Regional • Once you identify your category, you will use the service codes assigned to that category for billing; ie: Category A locations use 708A, 709A, 710A. <p>a) Patient and Claim Details MUST MATCH below:</p> <ul style="list-style-type: none"> • First Name: ER Coverage (this applies to all HSNs) • Last Name: Community Name (i.e. for HSN 000091448 it would be “Arcola”) • DOB: January 1, 1970 • Sex: Male • HSN: will be according to the location you are providing the service in. • Location of Service: “3” – outpatient department.

b) Duplicates: Only **one** physician may be paid at a time; there are **no** duplicate or overlapping payments allowed.

c) Maximum Units:

- There is a maximum allowable units per code.

d) Service Codes and Units: Service codes and units are paid according to the day of the week and the time of day the emergency room coverage is provided. The codes are paid on an **hourly** basis. (**See chart attached**)

e) Start and Stop Times:

- The number of units billed correspond with the number of allowable hours per day, per service code.
- Submitting start and stop times is not mandatory but recommended. If billing for 24 hours, do not include start and stop times.
- The field values are between 0000 to 2359 (24-hour format and midnight is 0000)

EXAMPLE A: Category A physician

April 4, 2008 – Tuesday – 1700 to 2000 (3 hours)

PAY: 708A x 3 units

EXAMPLE B: Category B physician

April 14, 2008 – Friday – 1800 to 0000 (6 hours)

PAY: 716A x 6 units

EXAMPLE C: Category A physician

April 21, 2008 – Friday (also a designated STAT holiday) 1000 to 1900 (9 hours)

PAY: 710A x 9 units

f) Saturdays, Sundays, and Stat Holidays (710A, 716A)

NOTE: On Saturday/Sunday and designated STAT holidays (regardless of what day of the week it is) 710A or 716A is payable x 24 units/24 hours

