

# Emergency Room Coverage – General Practitioners

## Billing Information Sheet

### Insured Services, Medical Services Branch

1.	DESCRIPTION
	<p>Please see <b>EMERGENCY ROOM COVERAGE</b> in the Physician Payment Schedule (PPS) for the full descriptor.</p> <ul style="list-style-type: none"> <li>• Payment is intended to improve and stabilize the provision of emergency room coverage to eligible facilities in accordance with an approved SHA Plan. It is an hourly “stipend” for providing emergency room coverage and is billable in addition to regular visits and procedures.</li> </ul>
2.	CLINIC SETUP
	<p>In order to bill the emergency room coverage codes, you must have a corresponding clinic setup that matches the postal code of the facility where you are providing the services.</p> <p>If you have any inquiries regarding clinic setup, please contact the <b>Casework Unit at 306-798-0013</b> or by email at <a href="mailto:caseworkmsb@health.gov.sk.ca">caseworkmsb@health.gov.sk.ca</a>.</p> <p>Example: You cannot use an existing Regina clinic to bill for emergency room coverage provided in Yorkton. The postal codes will not match and your claim will be rejected.</p>
3.	CLAIM PROFILE SETUP
	<p><b><u>Please Note:</u></b></p> <ul style="list-style-type: none"> <li>• Billing is not done on a specific patient. We use a “dummy” health services number (HSN) with a dummy profile.</li> <li>• Each locale has their own “dummy” HSN corresponding to the city/town the physician is providing the emergency room coverage for. See PPS for a complete list of “dummy” HSN with the corresponding locale.</li> <li>• Each locale is grouped into categories – Category A, B, or Provincial and Regional Hospitals.</li> <li>• Once you identify your category, you will use the service codes assigned to that category for billing. For example: Category A locations use 708A, 709A, 710A.</li> </ul>

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Claims for 708A-710A and 714A-718A are to be submitted electronically with the following information:

HSN	The "dummy" HSN should correspond to the community as shown on Designated Category "A" Centres, Designated Category B Centres or Designated Provincial and Regional Hospitals, as per the Coverage Areas listings.
DOB	January 1, 1970
SEX	Male
NAME	Community name is entered in lieu of the patient's name (ie: Arcola, ER Coverage).
DIAGNOSIS	Z56
LOCATION	3 (outpatient)
CLINIC	Usual clinic billing number (itinerant physicians see clinic 996 note below);
HOURS	Actual hours of coverage as a comment if you are billing for less than the maximum period on any day.
POSTAL CODE	Use the postal code as listed under the category designations

#### 4. ASSESSMENT RULES

##### DUPLICATES:

- a.
- Only ONE physician may be paid at a time.
  - There are NO duplicate or overlapping payments allowed.

##### MAXIMUM UNITS:

- b.
- There is a maximum allowable units per code.
  - These "units" correspond with the number of allowable hours per day, per service code.

##### 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)

- c.
- EXAMPLE A:** Category A physician  
April 4, 2008 – Tuesday – 5:00 p.m. to 8:00 p.m. (3 hours)  
PAY: 708A x 3 units
- EXAMPLE B:** Category B physician  
April 14, 2008 – Friday – 6:00 p.m. to 12:00 a.m. (6 hours)  
PAY: 716A x 6 units
- EXAMPLE C:** Category A physician  
April 21, 2008 – Friday (also a designated STAT holiday) 10:00 am to 7:00 p.m.  
PAY: 710A x 9 units

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d.	<p><b>SATURDAYS, SUNDAYS AND STAT HOLIDAYS (710A, 716A)</b></p> <p><b>NOTE:</b> 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.</p>																																																																																
e.	<p><b>MOST COMMON REJECT EXPLAN CODES:</b></p> <p>BA: <b>Same doctor duplicate</b> – same doctor/ same service code billed</p> <p>BB: <b>This appears to be a duplicate</b> – not sure if duplicate service</p> <p>BC: <b>Same clinic duplicate</b> – same service code and doctor in same clinic</p> <p>JP: <b>Another doctor has been paid for the same service code</b> – same code, but different doctor NOT in the same clinic has already been paid.</p> <p>BT: <b>Paid at maximum approved payment for that service code</b> – units are billed over the allowed maximum</p> <p>ZT: <b>Please refer to MSB comments.</b></p> <p>BV: <b>Day of week does not correspond with code billed</b></p>																																																																																
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