Government of Saskatchewan
Ministry of Health

MINOR PROCEDURES
Billing Information Sheet

Insured Services, Medical Services Branch - 2015

1.	**Billing Minor Procedures with/without Visit Services**
a)	• All 'procedures' – whether surgical or diagnostic have a "classification". • You can find the classification in the payment schedule on the right hand side of the service code beside the fee. • These instructions are not inclusive of all the possible scenarios, but offer basic information for a general practitioner's office which would normally undertake minor procedures and very few diagnostics. • Your billing software should already be performing these rules for you.
2.	**Classification types**:
a)	"0" -- A 0-day procedures means there is 0 (or no) postoperative period (example: a B12 injection)
b)	"10" -- A 10-day procedure means there is a 10-day postoperative period (example: a lesion excision)
c)	"42" -- A 42-day procedures means there is a 42-day postoperative period (example: appendectomy)
d)	"D" – This indicates the procedure is considered "diagnostic"
e)	If none of these indicators are listed for a service code, it means that the procedure is considered to be "unclassified" (example: 897L – Tray service)
f)	Typically, service codes listed as "each", "add", or "per" will be paid at 100% no matter how its classified (example: 858L – Additional lesion removal), unless otherwise indicated or by exception (example: 123D – Hemodialysis – second to fifth – each).
g)	• Depending on the classification of the procedure, there are certain billing rules when it is done in conjunction with a visit service such as a 5B, 3B, 40B, etc. (or without a billing service). However, your software should automatically be applying these rules for you.
3.	**Billing Rules:**
a)	<u>0 or 10-day procedure billed **with** a Visit</u>: • Visit will be submitted at 100% • Procedure will be submitted at 75% **Example:** 5B 100% (visit service) 894L 75% (laceration suturing – 10-day procedure) – up to 2.5 cm 897L 100% (tray service – unclassified)

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3.	**Billing Rules (cont'd):**
b)	Multiple 0 or 10-day procedure billed **with** a Visit: • Visit will be submitted at 100% • Procedure will be submitted at 75% • Additional 'add' code at 100% **Example**: 5B 100% (visit service) 894L 75% (laceration suturing – 10 day procedure) – up to 2.5 cm 895L 100% (laceration suturing – "add" to 894L) – each additional 2.5 cm 897L 100% (tray service)
c)	0 or 10-day procedure billed **without** a Visit: • No Visit • Procedure will be submitted at 100% **Example**: 894L 100% (laceration suturing – 10 day procedure) – up to 2.5 cm 897L 100% (tray service)
d)	Multiple 0 or 10-day procedure billed **without** a Visit: • No Visit • Highest fee procedure will be submitted at 100% • Lower fee procedure will be submitted at 75% **Example**: 890L 100% (laceration suture – 10-day procedure – higher fee) 894L 75% (laceration suturing – 10 day procedure – lower fee) – up to 2.5 cm 897L 100% (tray service)
e)	Diagnostics billed with 0 and 10 day procedures are always paid at 100%