

Billing Bulletin

Billing Bulletin No. 6

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IMPORTANT HEALTH WEBSITE LINKS

All Medical Services Branch Payment Schedules, Newsletters, Operations Bulletins, 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.

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.

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
Good Friday*	Friday April 2, 2021	Friday April 2, 2021
Victoria Day	Monday May 24, 2021	Monday May 24, 2021
Canada Day	Thursday July 1, 2021	Thursday July 1, 2021
Saskatchewan Day	Monday August 2, 2021	Monday August 2, 2021
Labour Day	Monday September 6, 2021	Monday September 6, 2021
Thanksgiving Day	Monday October 11, 2021	Monday October 11, 2021
Remembrance Day	Thursday November 11, 2021	Thursday November 11, 2021

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

DOCUMENTATION REQUIREMENTS - Time-Based Services

This is a strong reminder to all physicians to ensure that you are aware of the documentation requirements associated with time-based services. **ALL** time based services require that the start and stop times are documented in the medical record.



Start and stop times have been required since October 1, 2015

During an **MSB or Joint Medical Professional Review Committee audit**, you will be required to produce medical records that support your time-based billings – this includes the start and stop times. Without this information, the service is not eligible for payment, and you may be required to repay these funds.

Ensuring that you have appropriately documented your time-based services provides protection for physicians, patients and the Ministry.

JOINT MEDICAL PROFESSIONAL REVIEW COMMITTEE (JMPRC)

The JMPRC is a legislated, *physician 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 copies of medical records, and interview physicians with respect to their pattern of medical practice.

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.

DID YOU KNOW?

One of the JMPRC's top issues identified during a billing review is *inadequate and/or incomplete documentation*.

The JMPRC can order physicians to repay monies to the Ministry if it determines that a physician's documentation does not meet the requirements as set out in the Physician Payment Schedule.



All physicians must be aware of their professional and legal obligations with respect to appropriate documentation for the purposes of billing.

Additionally, the JMPRC has observed physicians who have *revised/changed their Electronic Medical Record documentation* without ensuring that the appropriate legal and professional standards have been utilized with respect to the alteration of an original chart entry ie: the record should be noted, dated, and the reason for the change should be documented.

Corrections (including additions, deletions) can be made to medical records, but they must be done properly in order to avoid an appearance of deliberate falsification. The changes must be made in such a manner that the original entry is still apparent.

A physician-trustee must maintain the integrity, accurateness and completeness of personal health information in medical records under their trust.

The improper and/or inappropriate alteration of medical records can result in significant impacts beyond the scope of a JMPRC review including, but not limited to:

- **Potential privacy breaches, unauthorized access, and inaccurate and untimely changes to a patient's personal health information resulting in a referral to the **Office of the Saskatchewan Information and Privacy Commissioner** pursuant to *The Health Information Protection Act*; and/or**
- **Charges being laid by the **College of Physicians and Surgeons of Saskatchewan** pursuant to *The Medical Profession Act*.**

The JMPRC strongly encourages all physicians to be aware of their billing obligations. 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
2018-19	\$1,598,881	7	\$228,412
2019-20	\$1,783,770	8	\$222,971
2020-21*	\$1,523,153	6	\$253,859

*Fiscal year not yet complete.

GENERAL

Request for Review of Claims Assessment (Assess Review) Form

MSB has noted a significant increase in submissions of incomplete assess review forms to the Claims Analysis Unit. All fields **MUST** be completed and include the nature of the request. If you have questions regarding filling out the form, please contact Physician Claim Inquiries at (306) 787-3454.

Please be advised that documents received without a completed Request for Review of Claims Assessment form or an incomplete review form may be returned to the physician.

Sending Reports or Documentations to the Claims Analysis Unit

A completed Request for Review of Claims Assessment form must accompany each report or documentation submitted to the Claims Analysis Unit for services billable “By Report” or as requested by MSB (explanatory code “AU”). If you have questions regarding this process or the explanatory code AU, please contact Physician Claim Inquiries at (306) 787-3454.

Please be advised that reports or documentations without a completed assess review form may be returned to the physician.

Cosmetic Clinics Offering Cosmetic Skin Treatments & Therapies

There are many cosmetic facilities in the province owned and/or operated by physicians who offer a wide range of cosmetic skin treatments and therapies, such as laser resurfacing, microdermabrasion, Botox, fillers, etc. Physicians are reminded that, per legislation, cosmetic treatments and therapies are not insured services and should not be billed to the publicly funded system. Likewise, any **consultations or assessments** performed in conjunction with patients seeking or inquiring about cosmetic services are not insured services. For further clarity, as stipulated in regulations, any service (e.g., a consultation or assessment) that is provided in conjunction with another service that is an uninsured service (e.g., cosmetic service) is an uninsured service. It is the Medical Services Branch’s (MSB) position that aesthetic concerns are the main motivation for patients presenting to a cosmetic clinic and, as such, are properly deemed to be presenting for **cosmetic** intents and elective purposes, and, thereby, the services are not insured.

Furthermore, MSB acknowledges that some patients could have elements of a “medical condition” associated with their cosmetic therapy, such as acne, acne scarring, etc; however, regardless if a “medical” element is present, the service would still properly be considered to be cosmetic in nature and **not billable** to the publicly funded system. The *intent and nature of the visit* should be strongly emphasized in this context when making a determination of insurability - in these cases, the patient’s intent was to seek out an elective cosmetic treatment or therapy. Physicians should not use the presence of a “medical” element as justification to bill the publicly funded system when aesthetic concerns are the main motivation of the patient. Likewise, in cases where a **“free consultation”** is advertised, MSB would not expect to see any services billed to the publicly funded system and patients should **not** be asked to provide their health services number.

Physicians are reminded that Medical Services Branch has the authority to pay physicians for **medically required** services only pursuant to *The Saskatchewan Medical Care Insurance Act* and supporting regulations.

SECTION A – GENERAL SERVICES

Special Care Home Management (SCHM) (627A, 628A)

Only one (1) physician can bill the SCHM fee for each patient every 14 days or two calendar weeks. If you are part of a group of physicians that rotate coverage (i.e. weekly) for Special Care Home patients, please negotiate among yourselves who will be submitting for each period.

Hospital discharge (725A)

As outlined in the Physician Payment Schedule, service code 725A is billable by the physician responsible for the discharge and subsequent documentation of a **formally admitted hospital inpatient**. This service is payable once per patient discharge, must be billed with a hospital inpatient location of **'2'** and billed on the **date of discharge from the hospital**.

It is not billable for **discharging a patient from a physician's care when the patient is not being discharged from the hospital or transfer of care between physicians**.

SECTION B – GENERAL PRACTICE

Well-Baby Care (4B) – children greater than 12 months of age

Well-baby care in office (4B) is only payable for children 12 months or younger. All other services billed on children over 12 months of age must be medically required and billed under the most appropriate service code. The service should not automatically be converted to a complete assessment (3B).

Complete assessments (3B) billed on children over 12 months of age must meet all of the listed Payment Schedule criteria and all components must be documented and performed according to the "Documentation Requirements for the Purposes of Billing". If all of the components of a complete assessment are not performed and documented, the service must be billed as a partial assessment (5B) and all of the requirements of the service code must be fulfilled.

Billing multiple complete assessments (3B) for children between the ages of 1 and 2 may flag your account for audit. Policy, Governance and Audit will then request copies of your medical records to ensure that all the requisite components have been documented and performed.

Daily Hospital Care (25B to 28T) Billed as Visit Service Codes

Daily hospital care (continuous or concurrent) should be billed as the appropriate hospital care service codes.

Visit services, such as partial assessments or follow-up assessments (5B-5Q, 7E-7T), may only be billed during a patient's hospital stay when the physician is called back to the hospital to attend to the patient on an urgent/emergent basis outside of daily rounds to provide a medically required visit due to a change in the patient's condition. In this scenario, the appropriate visit service PLUS the applicable surcharge (815A-839A) can be billed. **The service(s) billed must meet all of the listed service code criteria and documentation requirements in order to be eligible for payment.**

It would not be expected that a partial or follow-up assessment (5B) of an inpatient on a routine or daily basis would be medically required.

In cases of transfer of care, the new attending/covering physician is not entitled to bill an assessment (or consultation) for the first patient contact. A consultation/visit service on transfer is generally acceptable when there has been a change in service (ie: different specialty) due to the complexity of the patient's condition.

Chronic Disease Management (64B-68B) – time-based codes

Chronic disease management codes are considered **"time-based"** services and the policy under the heading "Documentation Requirements for the Purpose of Billing" requires that the **start and stop times** be documented in the medical record.

For the purposes of a Joint Medical Professional Review Committee or Medical Services Branch audit, the start and stop times are required. If times are not documented, then the service is not eligible for payment.

Please ensure you are aware of your billing obligations with respect to **time-based** codes.

SECTION D – INTERNAL MEDICINE

Electrocardiogram or Phonocardiogram – Interpretation Only (31D)

If you are billing multiple ECGs on the same day, please use units and indicate the times for each of the ECGs billed in the comment record of the online claim submission. This is to ensure that your claim for multiple ECGs is not going to be rejected as a possible duplicate.

It is good practice to include the **times** with every 31D billing that is submitted - with or without units.

SECTION P – Obstetrics & Gynecology

Labiaplasty – Uninsured Service – Substitution of Codes

Labiaplasty – including but not limited to, conditions such as labial hypertrophy, labial asymmetry, labial enlargement or vaginal rejuvenation - is an **uninsured service** and cannot be billed to Medical Services Branch. Submitting for this uninsured service by use of a substitution or surrogate code is also not permitted.

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

The SMA has additional information about the process on their website at:

<http://www.sma.sk.ca/104/new-fee-items-tariffs.html>

SECTION S – Ophthalmology

NEW BILLING INFORMATION SHEET

A new billing information sheet that is specific to the Section of Ophthalmology is available for download at the link on the first page of this bulletin.