

Operations Bulletin

Operations Bulletin No. 25

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IMPORTANT HEALTH WEBSITE INFORMATION

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>

THE PAYMENT SCHEDULE, BILLING BULLETIN, OPERATIONS BULLETIN, AND PHYSICIANS' NEWSLETTER

Medical Services Branch no longer provides paper copies of the Physician Payment Schedule, Billing Bulletin, Operations Bulletin or Physician Newsletter. These documents are available on Customer Portal or at the above link. Please be advised, updates to these documents are issued yearly on April 1 and October 1.

FORMS

- Electronic Remittance – Multiple Physicians
- Electronic Remittance – Single Physician
- Direct Deposit Payment Request – Professional Corporation
- Direct Deposit Payment Request -Non-Professional Corporation
- New Clinic Request Application
- Prior Approval for Abdominal Panniculectomy
- Out of Province Claim for Physician Services
- Physician Profile Request Form
- Physician Request for Income Statement
- Practitioner Registry Change Request
- Request for Review of Claim Assessment
- Routine Audit – Request for Information and Response Form
- SAID – Information for Medical Professionals
- Health Provider Questionnaire

SASKATCHEWAN FORMULARY

DID YOU KNOW? The Formulary and the regular drug listing update bulletins can be found at the following links:

Saskatchewan Formulary: <http://formulary.drugplan.ehealthsask.ca/SearchFormulary>

Bulletins: <http://formulary.drugplan.ehealthsask.ca/BulletinsInfo>

RUN SCHEDULE - STATUTORY HOLIDAYS TO APRIL 2026

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Thanksgiving	Monday October 13, 2025	Monday October 13, 2025	Moved to Tues, Oct 14	Run sf: Payment date Moved to Tues, Oct 21
Submission Date Impacted	Monday, October 27, 2025		Moved to Friday, Oct 24	None
Remembrance Day	Tuesday November 11, 2025	Tuesday November 11, 2025	None	Run sh: Payment date Moved to Tues, Nov 18
Christmas Day	Thursday December 25, 2025	Thursday December 25, 2025	None	Run sk: Payment date Moved to Wed, Dec 31
Boxing Day	Friday December 26, 2025	Friday December 26, 2025	None	Run sk: Payment date Moved to Wed, Dec 31
New Year's Day	Thursday January 1, 2026	Thursday January 1, 2026	None	None
Family Day	Monday February 16, 2026	Monday February 16, 2026	Moved to Tues, Feb 17	Run so: Payment date Moved to Tues, Feb 24
Good Friday	Friday April 3, 2026	Friday April 3, 2026	None	None

Changes to the payment run schedule will be communicated via Customer Portal. Check the Customer Portal message board regularly for pertinent updates and information.

Please be advised, statutory holidays for the purpose of billing are located in the Billing Bulletin.

VIRTUAL CARE

As a reminder, virtual care visits are insured to a maximum of 3,000 services per physician, per calendar year. To verify the number of virtual services you have billed to date, please refer to the remaining billable units within your EMR.

CUSTOMER PORTAL

For support with the Customer Portal:

- ✓ Please refer to the Customer Portal training webpage available on eHealth:
<https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training.aspx>
- ✓ For updates on known changes or common issues, please refer to the Customer Portal Message board.
- ✓ To log a ticket or speak to a representative, please contact our Business Support Desk.

CONTACT US

Business Support Desk at 1-800-605-2965

Monday to Friday, 8:00 a.m. to 5:00 p.m.

Please be advised that we are closed on evenings, weekends and on Government of Saskatchewan observed statutory holidays.

To help us serve you better please ensure you have the following details:

- ✓ Physician or Practitioner Name (First and Last Name)
- ✓ Billing Information: Billing ID (physician number), Group Number and Clinic Number
- ✓ Description of the Issue
- ✓ Specific Claim Details (i.e. CPS Claim Number)
- ✓ Contact Information

SERVICES BILLABLE BY ENTITLEMENT OR BY APPROVAL

Depending on specialty or training, select service codes within the Physician Payment Schedule require entitlement or approval in advance, and are identified with the following symbols:

@ - Written approval is required from the Saskatchewan Medical Association (SMA).

- Physicians must be qualified/approved by the College of Physicians and Surgeons of Saskatchewan (CPSS).

** - Physicians approved by the Saskatchewan Health Authority (SHA).

The entitlement process is described in the Physician Payment Schedule on pg. 16. Please note: Entitlement effective dates cannot pre-date the original request from the physician. If an effective date exceeds 6-months, any services provided beyond 6-months will not be eligible for reimbursement from the Ministry.

It is the physician's responsibility to ensure entitlements are communicated to, approved by, and updated through the appropriate contacts (SMA, CPSS, SHA or MSB) before a service is performed to be eligible for compensation.

HAVE YOU MOVED CLINICS OR CHANGED YOUR EMR RECENTLY?

If you are moving clinics or changing your EMR, there may be an impact to your billing. It is common for significant business changes to cause duplicate or orphaned claims.

Prior to making any changes, please make note of the outstanding claims in your vendor system to ensure you are able to accurately reconcile your billings once the change is processed. Please work with your vendor to address any reconciliation issues prior to and/or following a change.

MOVING OR CHANGING CLINICS

Physicians, if you are moving or changing clinics please provide a letter in writing, with your signature and the following information to the Physician Registry and Support Services (PRSS) Unit (formerly known as Casework):

- ✓ **New Clinic Address**
- ✓ **Start Date with new clinic**
- ✓ **End date at previous clinic**
- ✓ **Physician's Billing Number**
- ✓ **Clinic Number**
- ✓ **Group Number**
- ✓ **E-mail Address**
- ✓ **If you are paid fee for service or salary**

Please contact the Physician Registry and Support Services Unit at 1-800-605-2965 or prss@health.gov.sk.ca if you have questions.

If you would like to change your correspondence address, please provide a letter with your signature that states your new correspondence address and the date the address came, or will come into effect.

Every Thursday the College of Physicians and Surgeons of Saskatchewan send correspondence to the PRSS Unit. This correspondence contains new physicians and physicians that are changing clinics. The PRSS Unit is not able to provide new physicians with a billing number until this correspondence is received.

VERIFICATION OF HEALTH COVERAGE AND DEMOGRAPHICS

To verify patient demographics and health coverage, all practitioners (located and licensed to practice in Saskatchewan) must refer to the online Person Health Registration System Viewer (PHRS Viewer).

To request access to PHRS Viewer, please contact eHealth Saskatchewan at: 306-337-0600 or toll free at 1-888-316-7446 or by email at servicedesk@ehealthsask.ca.

For rejected claims with explanatory code AA, AR, AH, ZA:

- ✓ **Verify the patient's coverage and demographics in PHRS Viewer.**
- ✓ **Correct and/or resubmit your claim if the patient's coverage has been updated.**
- ✓ **For patients with invalid coverage residing in Saskatchewan, advise the patient to contact eHealth Registries at 306-787-3251 or 1-800-667-7551.**

THIRD PARTY MEDICAL BILLING

The Ministry of Health does not process claims for third parties such as the Department of Veterans Affairs or Workers' Compensation Board. These claims must be sent directly to the third party for processing. Please review points 1-3 of the Physician Payment Schedule section 'Services Not Insured by the Ministry' for additional detail and contact information.

DID YOU KNOW?

Members of the Canadian Armed Forces and inmates of Federal Penitentiaries have coverage under federal programs, but spouses or dependents must register for coverage in their province of residence.

OUT OF PROVINCE REFERRING DOCTOR NUMBERS

When a referring doctor is located outside of Saskatchewan, please use the applicable referring doctor number below and add a comment including the doctor's name and province.

Alberta	9908
British Columbia	9909
Manitoba	9907
Ontario	9906
Quebec	9905
Other Provinces	9900

REMINDER: MEDICAL CLAIMS FOR QUEBEC PATIENTS

As Quebec does not participate in the Reciprocal Billing Agreement, claims are **not** payable by the Ministry of Health. Please bill the patient directly or submit your claim to Quebec Health.

The Out of Province Claim form for Physician Services is located at the following link:

<https://www.ehealthsask.ca/services/resources/Resources/Out%20of%20Province%20Claim%20for%20Physician%20Services.pdf>

Send completed

form to: Régie de
l'assurance maladie
Case postale 500
Québec (Québec)
G1K 7B4

TIME LIMIT FOR CLAIM SUBMISSIONS

Great News! Due to the Claims Processing System stabilization work, the submission of claims and the backlog of pended claims have resumed to normal processing times.

Effective **October 1st, 2025**, the Ministry will require any claim submissions exceeding the 6-month time limit to follow the legislated requirements of notification/rationale in writing for any delayed submissions. The details pertaining to time limit can be found in the Payment Schedule under the Time Limit Preamble and the explanatory code CM.

Action Required:

- Please ensure all claims for services provided on or before April 1, 2025, are submitted prior to October 1, 2025.
- Please ensure you are actioning and/or correcting any rejected claims within 30-days. If the 30-days will exceed the 6-month time limit, please include a comment in your claims resubmission for assessment to occur. Exceptions may include explanatory codes: AU, RA-RZ and WCB or PHRS claims.

CLAIM QUERY MESSAGES FROM MEDICAL SERVICES BRANCH

Did you know practitioners can receive messages from Medical Services Branch (MSB)? This new feature is identified by an information symbol (i) when you click on the MSB response field in your query search results.

A message may be used by MSB when:

- Additional information is required for the claim to be assessed such as an Operating Room Case Record or Pathology Report.
- The claim has been reviewed and there were no eligible changes to the original claim assessment.

Regular review of all queried claims is required to ensure any outstanding requirements are provided in order for timely claims assessment to occur.

QUERY CLAIM SELECTIONS

It is important for practitioners to understand the different Query Claim options to ensure the appropriate option is selected.

The two initial selection options are: Claim Query or Supplementary Claim Information.

Query Claim ➡ Claim Query is used for:

Billing errors requiring claim recovery or WCB claim recovery.

You can complete Claim Query recoveries for single or multiple claim items.

Query Claim ➡ Supplementary Claim Information is be used for:

Providing a comment or explanation, attaching required documentation, requests for time limit extensions, routine audit and recovery, request for general reassessment by a supervisor, request for medical consultant review and requests for medical assessment board review.

Understanding of the intention of each option, will minimize erroneous retractions of claims and/or delay in adjudication of claims. Please note that you can only select **one** claim item when providing Supplementary Claim Information.

Refer to

<https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training.aspx> for training and information on the Query Claim process.

PAYMENT SCHEDULE MODERNIZATION (PSM)

Payment Schedule Modernization is the first ever comprehensive review of the Payment Schedule for Insured Services Provided by a Physician (the Payment Schedule is a legacy document built upon a period spanning over 50+ years).

PSM is a multi-year project, jointly administered by the Ministry of Health (Ministry) and the Saskatchewan Medical Association (SMA) with the mandate of updating the fee codes in the Physician Payment Schedule using the principles of patient-centered care, appropriateness, and fairness.

Modernization is revenue neutral, with any potential savings to be reinvested into the Payment Schedule.

All changes to items in the Payment Schedule recommended by the PSM working group are vetted through the Payment Schedule Review Committee (PSRC), a joint Ministry-SMA committee, with final approval by the Minister of Health.

The following sections have had service codes modernized in the Payment Schedule since 2018:

- General Services
- Psychiatry
- General Surgery
- Ophthalmology
- Family Practice
- Orthopedic Surgery
- Internal Medicine
- Plastic Surgery
- Diagnostic Ultrasound
- Neurosurgery
- Obstetrics and Gynecology
- Urology

As part of the PSM process, the Ministry and the SMA meet directly with physician sections to share perspectives and advance PSM items. The Ministry and the SMA have agreed to prioritize work for 2025 in relation to the new claims payment system, strengthen the joint Working Group, and review previous modernized codes to ensure cost neutrality.

Additionally, work is underway in 2025 to modernize the Section of Internal Medicine with phase one targeting zero and low utilized service codes. A data sharing schedule has been signed to enable MSB to share billing data with the PSM working group to inform areas to target for phase two.

In February 2020, funding was approved for the remuneration of physicians participating in PSM work, including additional compensation for the section working group chair.

If you would like further information on PSM and/or would like to become involved, please contact the SMA.

MANDATORY COMPLETION OF MEDICAL CERTIFICATES OF DEATH

As required by The Vital Statistics Act (Section 35-37) physicians/prescribed practitioners are legally required to complete and submit a medical certificate of death for a deceased person in Saskatchewan as soon as possible following the death if they:

- Were in attendance at the time of death;
- Attended the deceased during the last illness of the deceased;
- Are able to make a reasonable determination of the medical cause of death, or by a coroner if there is reason to believe that a death occurred in any of the circumstances set out in The Coroners Act, 1999, or if a physician/prescribed practitioner is unable to determine the medical cause of death.

Please ensure the original medical certificates of death you are required to complete are submitted by mail as soon as possible to:

eHealth Saskatchewan
Vital Statistics
2130 11th Avenue
Regina SK S4P 0J5

If you require blank medical certificates of death please contact eHealth Saskatchewan:

Vital Statistics Registry
change@ehealthsask.ca
1-800-667-7551 or 306-787-3251
Fax: (306)787-8951

COMING CHANGES TO SURGICAL BOOKING PROCESS

Starting April 1, 2026, a platform for digital transmission of surgical booking forms will be introduced to the surgical booking process. Surgeons will be able to complete and send booking forms from a web-based application that opens within their EMR. Faxed surgical bookings will be phased out.

THE PROVINCIAL CENTRAL INTAKE AND eREFERRAL SOLUTION

Estimated Completion Date: Fiscal 2026/27

The Provincial Central Intake and eReferral Solution is a new IT-enabled solution that will automate and streamline referral intake processes and support referral pooling.

Available within the eHR Viewer, this digital referral solution will:

- Allow providers to submit and track referrals electronically, replacing fax-based solutions
- Pool referrals providing patients the choice to be seen by the next available specialist able to treat their condition

Key Benefits of the system:

- Centralize and digitize referrals
- Support direct referrals or the option to choose the first available specialist (for participating specialists)
- Standardized referral processes
- Improved wait time visibility and referral tracking
- Reduce the administrative burden by reducing referral duplication and error

What to watch for:

- **Go-live Strategy:** Phased approach starting with provincial MRI and CT referrals
- **Support:** Training guides, walkthroughs, FAQs, and help desk support ahead of onboarding and access
- **Engagement:** Feedback is important to support successful development and implementation

We're committed to engaging physicians and other providers early in the process and would like your input. Please reach out: centralintake@ehealthsask.ca

THE TRANSITIONAL PAYMENT MODEL

The Transitional Payment Model (TPM) is a new payment model for eligible fee-for-service (FFS) family physicians that combines the existing FFS structure with a new capitation payment (based on patient contacts and panel size).

The new payment model is intended to recognize the importance of and support the delivery of longitudinal community-based family medicine. The funding available through TPM enables family physicians to spend more time addressing complex patient issues, while placing an increased focus on preventive care and chronic disease management.

TPM is now available to fee-for-service family physicians interested in joining the new payment model. There is no deadline to apply however to qualify for payment for any given quarter you must register within 60 days from the start of each quarter (i.e., May 30 for Q1 or August 30 for Q2). Once approved for TPM, subsequent quarter payments will continue in accordance with the model.

Information regarding the new payment model including a **link to register** can be found at: [Transitional Payment Model \(TPM\) Information | Health Care Administration and Provider Resources | Government of Saskatchewan](#).

Questions and feedback may be directed to: tpm@health.gov.sk.ca

WHEN A PARTIAL ASSESSMENT LEADS TO A REFERRAL

The 55B and the 855B billing codes enable the health system to measure and report how long patients are waiting to see a specialist.

Please use the 55B CODE
(instead of 5B if the patient was referred to a specialist); or

use 855B CODE
(instead of 805B if the virtual visit resulted in a referral to a specialist.

LINK – Saskatchewan’s Provincial Telephone Consultation Service now available by calling the SFCC

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care.

**Specialties providing the LINK service:**

- Child Psychiatry
- HIV and HCV
- Nephrology
- Obstetrics and Gynecology
- Palliative Care (*available 24/7*)
- Physical Medicine and Rehabilitation (Physiatry)
- Urology

**Available 8:00 AM – 5:00 PM, Monday – Friday,
excluding statutory holidays**

Call the SFCC at 1-866-766-6050 Ext 7

For more information about LINK and other useful tools created to improve the referral/consultation process please visit,

www.ehealthsask.ca/services/Referral-and-Consult-Tools

or scan the QR code above.

REFERRAL MANAGEMENT SERVICES

Referral Management Services (RMS) supports a pooled referral process and acts as the central intake for participating specialists. Currently, RMS supports 12 specialty groups/services.

Information regarding pooled referrals can be found at:

[Referral and Consult Tools Pooled Referrals \(ehealthsask.ca\)](http://ehealthsask.ca)

Questions and feedback may be directed to: SKconsultationtools@health.gov.sk.ca.

THE REFERRAL/CONSULT APPOINTMENT GUIDE FOR PATIENTS

The guide provides patients with important questions to ask their referring doctor and specialist. Promotional materials were mailed out to physician offices in February 2024. We ask for your cooperation in using the guide and promoting it throughout your office/clinic. Posters, initial copies of the guide, and digital promotions details were included in the initial mail-out package(s) to clinics. Additionally, they will be available for download on the physician's eHealth webpage.

More information and downloads are available at
<https://www.ehealthsask.ca/services/Referral-and-Consult-Tools/Pages/AppointmentGuideforPatients.aspx>.

Questions and feedback may be directed to:
SKconsultationtools@health.gov.sk.ca.

PHYSICIAN SITE



Thank you for your cooperation in launching the
Saskatchewan Referral/Consult Appointment Guide for Patients.

PEDIATRIC OUT OF PROVINCE TRAVEL ASSISTANCE PROGRAM

The Government of Saskatchewan has implemented a program that provides financial assistance to families who require out of province medical care for their child. Families may be eligible to receive travel assistance up to \$2,000 per trip when the medical services can not be provided in Saskatchewan. Additional information on the Pediatric Out Of Province Travel Assistance Program (PTAP) can be found at:

www.saskatchewan.ca/peds-travel.

The application for specialists to complete is located on the PTAP website listed above (scroll to the bottom of the page under related items).

Eligibility criteria:

- Patients 16 years of age and younger.
- Approved standard of care in Canada.
- Care not yet available in Saskatchewan or in a service disruption.
- Recommended for coverage by the Provincial Department Head of Pediatrics and approved by the Ministry of Health.

All applications must be completed by a Saskatchewan specialist and recommended for coverage by the Provincial Department Head of Pediatrics.

If you have questions or require further information on the program you can reach out by email to: TravelAssistanceProgram@health.gov.sk.ca