

# Physicians' Newsletter

Physicians' Newsletter No. 62

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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>

## COPIES OF 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.

## ACTION REQUIRED – BILLING SOFTWARE & PAYMENT SCHEDULE CHANGES

The Physician Payment Schedule revisions outlined in this letter are **effective April 1, 2025**. As outlined in the physicians' Automated Claims Submission and Direct Payment Agreement, payment for services submitted to Medical Services Branch is made in accordance with the applicable Physician Payment Schedule in effect on the date the service is provided. It is imperative that your billing software is utilizing the most up-to-date rate file.

The new claims system automatically adjusts the payment rate as per the April 1, 2025, Payment Schedule. If you are not comfortable with relying on this feature, MSB recommends holding your billings until your vendor has completed the required updates. The new April 1, 2025, rate file has been provided to all software vendors and is posted on Customer Portal for download. If necessary, please contact your software vendor to ensure your system has been updated.

**The rate changes are a result of the negotiated settlement between the Saskatchewan Medical Association and the Ministry of Health covering the 4 years from April 1, 2022, to March 31, 2026. For more information on the agreement or the rate changes contained in the April 1, 2025, Physician Payment Schedule, please contact the Saskatchewan Medical Association.**

## BILLING RESOURCES

There are billing resources, such as billing information sheets, available on the website. These documents are provided to all new physicians upon registering with Medical Services Branch. They are also available for download or viewing at the above link.

## CHANGES TO THE PAYMENT SCHEDULE EFFECTIVE April 1, 2025

### GENERAL

<b>Revision</b>	Page 8	Updated process for requesting consideration of payment to align with new claims system.
<b>Revision</b>	Page 8	Updated link to SMA Website for new fee items
<b>New</b>	Page 12	Referral by retired/deceased/moved out-of-province physician
<b>Revision</b>	Page 27	43E added to item #3 under Services Supervised by a Physician
<b>Revision</b>	Page 30	Revised format for location of service indicators
<b>Revision</b>	Page 37	General reassessment added to item #2(e)

### EXPLANATORY CODES

<b>Revision</b>	AA	Incorrect health services number (unregistered beneficiary)
<b>Revision</b>	AC	Incorrect sex
<b>Revision</b>	AD	Incorrect health services number
<b>Revision</b>	AE	Incorrect date of birth
<b>Revision</b>	AG	Newborn registration/incorrect patient identification data
<b>Deletion</b>	AK	Clinical education by an NP – incorrect HSN/ICD code/service code
<b>Deletion</b>	AL	Claim received prior to date of service
<b>Deletion</b>	AP	Incorrect HSN
<b>Revision</b>	AR	Patient not registered for coverage
<b>Revision</b>	AT	Diagnosis and service code not compatible
<b>Revision</b>	AU	Assessment of claim
<b>Revision</b>	AW	Location of Service not compatible
<b>Revision</b>	AZ	Repeated procedure
<b>Revision</b>	BA	Duplicate payment – same physician
<b>Revision</b>	BB	Duplicate payment – similar service
<b>Revision</b>	BC	Duplicate payment – same clinic

**EXPLANATORY CODES**

<b>Revision</b>	BE	Service/diagnostic code applies to specific age/sex
<b>Revision</b>	BH	Removed item 3 a) The referring physician has not practised in Saskatchewan during the past two years
<b>Revision</b>	BP	Payment adjustment
<b>Revision</b>	BX	Time-based service
<b>Revision</b>	CM	Request for extension of time limit
<b>Revision</b>	CZ	Third party request form
<b>Revision</b>	DA	One visit per patient contact
<b>Revision</b>	DL	Surcharge 721A
<b>Revision</b>	DM	Time actually spent with patient
<b>Revision</b>	DU	Hospital location
<b>Revision</b>	DX	Concurrent care
<b>Revision</b>	ER	Supportive care
<b>Revision</b>	GB	Medical consultant review – no further action
<b>Revision</b>	GC	Medical consultant review – copy of medical record/operative report
<b>Revision</b>	JA	Special circumstances for surgical assistance
<b>Deletion</b>	KJ	Required components of code
<b>Revision</b>	KV	Documentation of criteria of the code
<b>Revision</b>	LB	Removal of sutures and/or staples
<b>Revision</b>	LC	Laceration codes
<b>Revision</b>	PS	Complications of pregnancy
<b>Deletion</b>	YA	Paper claim – Patient's name
<b>Deletion</b>	YB	Paper claim - HSN
<b>Deletion</b>	YC	Paper claim – Date of birth
<b>Deletion</b>	YD	Paper claim – Family head
<b>Deletion</b>	YH	Paper claim – Additional information requested
<b>Deletion</b>	YI	Paper claim – Clarify item
<b>Deletion</b>	YJ	Paper claim – Cannot interpret diagnosis
<b>Deletion</b>	YK	Paper claim – Code and fee

**EXPLANATORY CODES**

<b>Deletion</b>	YL	Paper claim – Date of service
<b>Deletion</b>	YM	Paper claim – Hospital visits
<b>Deletion</b>	YR	Paper claim – Name, specialty and initials of physician
<b>Deletion</b>	YU	Paper claim – Omission of designation or total time
<b>Deletion</b>	YV	Paper claim – Dental anesthetic location of service
<b>Revision</b>	ZC	Invalid data
<b>Revision</b>	ZD	Invalid dates of services or date of birth
<b>Deletion</b>	ZH	Hospital care record
<b>Revision</b>	ZL	Referring physician number
<b>Revision</b>	ZM	Invalid diagnostic code
<b>Revision</b>	ZN	Multiple claims from same physician/same clinic
<b>Revision</b>	ZR	Location of service
<b>New</b>	ZZ	Temporary referral number – maximum billable

**SECTION A – General Services**

<b>Revision</b>	Page 75	137A	General Practitioner rate added
<b>Revision</b>	Page 91	15S/16S	15S/16S added to other services list #2 g)
<b>Revision</b>	Page 93	43E	43E added to other services list #4 h)
<b>Revision</b>	Page 96	708A- 710A	Kindersley and Meadow Lake have been deleted from Category “A”

**SECTION D – Internal Medicine**

<b>Update</b>	Page 139	30D	Wording updated – “tracing” changed to “technical”
<b>Update</b>	Page 139	32D	Wording updated – “tracing” changed to “technical”
<b>Update</b>	Page 140	50D	Wording updated – “tracing” changed to “technical”

**SECTION E – Psychiatry**

<b>Correction</b>	Page 150	70E	Form H.1 corrected to Form H
<b>Revision</b>	Page 152	43E	Classification ‘D’ removed

**SECTION J – Surgical Assisting**

<b>Correction</b>	Page 192	428L	Corrected spelling of pheochromocytoma
<b>New</b>	Page 192	548L	548L added to list of eligible services
<b>New</b>	Page 192	645L	645L added to list of eligible services

**SECTION L – General Surgery**

<b>Correction</b>	Page 224	428L	Corrected spelling of pheochromocytoma
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**SECTION M – Orthopedic Surgery**

<b>Correction</b>	Page 257	731M	Anesthetic indicator missing – “L” low added
<b>Correction</b>	Page 257	732M	Anesthetic indicator missing – “L” low added

**SECTION N – Plastic Surgery**

<b>Correction</b>	Page 269	354N	Referenced page and item number corrected
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**SECTION S – Ophthalmology**

<b>Revision</b>	Page 307	15S	Descriptor amendment
<b>New</b>	Page 307	16S	Cycloplegic retinoscopy – bilateral – Ages 11-17