

# Physicians' Newsletter

Physicians' Newsletter No. 63

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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 October 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 October 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 October 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.

## 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.

## \*IMPORTANT INFORMATION\*

### 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 1, 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.

**CHANGES TO THE PAYMENT SCHEDULE EFFECTIVE October 1, 2025****GENERAL**

<b>Update</b>	Page 10	Services Provided Outside Saskatchewan – Phone number update
<b>Revision</b>	Page 14	Added clarification re: leasing of equipment under Technical Component definition
<b>Revision</b>	Page 15	Added clarification re: requirements for time-based services
<b>Revision</b>	Page 27	Clarification on technical component under Services Supervised by a Physician
<b>Correction</b>	Page 27	Remove 131A from item 3 (d) under Services Supervised by a Physician
<b>Revision</b>	Page 30	Added clarification re: location of service indicators
<b>Revision</b>	Page 33	Added clarification on item 9 under Services Not Insured by the Ministry of Health
<b>Update</b>	Page 38	Physician Registry & Support Service – Phone number update
<b>Correction</b>	Page 38	Remove from item D.(e) Agreements for computer claim submissions

**EXPLANATORY CODES**

<b>Revision</b>	AF	Incorrect first and/or last name
<b>New</b>	AI	Service requires a comment
<b>Deletion</b>	AQ	Claim previously assessed by a medical consultant
<b>Deletion</b>	BF	Adjustment based on audit of services
<b>Revision</b>	BK	Payment based on service code and related payment
<b>Revision</b>	BM	Unilateral/bilateral procedure
<b>Deletion</b>	CK	Service is not insured – beneficiary died more than 30 days prior
<b>Deletion</b>	CO	Date of service
<b>Deletion</b>	CS	Department of Veterans' Affairs
<b>Deletion</b>	CT	Workers' Compensation Board
<b>Revision</b>	DA	One visit type per patient contact
<b>Deletion</b>	DC	Another agency responsible
<b>Deletion</b>	DG	Health Services Number of patient to whom you provided the service
<b>Deletion</b>	DQ	Special call made to another patient
<b>Deletion</b>	DS	Service codes 220A-226A and 918A

**EXPLANATORY CODES**

<b>Revision</b>	EL	Virtual consultation converted to a virtual partial/follow-up assessment.
<b>Revision</b>	ER	Item (3) 52B/53B
<b>New</b>	FJ	All-inclusive/composite procedure
<b>Deletion</b>	HO	Greater payment approved – Pain clinic and other service
<b>Deletion</b>	JM	Control of post-op hemorrhage
<b>Deletion</b>	KI	Preoperative assessments
<b>Revision</b>	KS	Codes payable for malignancy
<b>Deletion</b>	LE	Site and extent of burn area
<b>Deletion</b>	MC	Maximum for undisplaced fracture
<b>Deletion</b>	MH	Reduction of a dislocated hip
<b>Deletion</b>	QA	Hospital dates spanning two different rates
<b>Correction</b>	RI	Remove 131A from list
<b>Deletion</b>	VE	Biochemistry panel code
<b>Deletion</b>	VM	Code and payment approved at maximum for the series
<b>Revision</b>	ZG	Premium/non-premium eligible
<b>Revision</b>	ZL	Invalid referring physician number

**SECTION A – General Services**

**Correction** 629A Page 85 Correction to preamble amount payable under #2

**SECTION B – General Practice**

**New** 14B Page 110 Specialized assessment and written report involving a nurse practitioner referral

**SECTION E – Psychiatry**

**Revision** 39E Page 151 Added max units to descriptor

**Revision** 839E Page 157 Added max units to descriptor

**SECTION H – Anesthesia**

**Revision** 680H Page 179 Added clarification on in-hospital requirement

**SECTION L – General Surgery**

<b>New</b>	12L	Page 207	Extended general, thoracic and vascular surgery consultation
<b>Revision</b>	897L	Page 229	Add 263N to list of eligible procedures

**SECTION M – Orthopedic Surgery**

<b>New</b>	12M	Page 237	Extended Consultation
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**SECTION N – Plastic Surgery**

<b>New</b>	12N	Page 260	Extended Consultation
<b>Revision</b>	354N	Page 269	Added clarification re: criteria

**SECTION P – Obstetrics & Gynecology**

<b>New</b>	12P	Page 274	Extended Consultation
<b>Correction</b>	334P	Page 284	Added “@” symbol to GP rate

**SECTION X – Diagnostic Radiology**

<b>Revision</b>	680X	Page 349	Added clarification on in-hospital requirement
<b>Revision</b>	681X	Page 349	Added clarification on in-hospital requirement