

Billing Bulletin

Billing Bulletin No. 7

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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 and professional review 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 and online billing course inquiries to:

Insured Services Officer

Phone: 306-787-9011

BILLING RESOURCES & BILLING INFORMATION SHEETS

There are important billing resources available on the eHealth 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. Physicians should ensure that they avail themselves of this important information.

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
Thanksgiving Day	Monday October 11, 2021	Monday October 11, 2021
Remembrance Day	Thursday November 11, 2021	Thursday November 11, 2021
Christmas Day	Saturday December 25, 2021	Friday December 24, 2021
Boxing Day	Sunday December 26, 2021	Monday December 27, 2021
New Year's Day	Saturday January 1, 2022	Monday January 3, 2022
Family Day	Monday February 21, 2022	Monday February 21, 2022
Good Friday*	Friday April 15, 2022	Friday April 15, 2022

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

AUDIT

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 a physician's pattern of medical practice related to billing**. 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. If a physician's pattern of medical practice is deemed to be unacceptable by the JMPRC, the JMPRC has the legislative authority to order a physician to repay monies to the government.

What is a pattern of medical practice as it relates to billing?

Practice management remains a key component to health care delivery, including the judicious use of public funds when determining what services are medically required and billable. In a taxpayer-funded system, the decision to provide a service should be based on whether it is

medically required—a professional judgment that should be informed by medical research studies and best practice guidelines. The following factors that can impact a physician’s pattern of practice as it relates to billing can include:

- The manner in which a physician manages his overall practice such as scheduling appropriate follow-up visits based on standard clinical guidelines and pathways;
- The manner in which a physician manages chronic and controlled medication refills;
- The manner in which a physician manages acute and chronic diseases;
- The manner in which a physician manages patient access to the clinic;
- The manner in which a physician manages patients presenting with multiple ailments and/or only allowing one issue per encounter;
- The manner in which a physician orders diagnostic and laboratory testing;
- The manner in which a physician documents his medical records.

Inadequate or inappropriate practice management should not result in non-medically required and inappropriate billings being submitted to the publicly funded system. Overuse and misuse of public funds can significantly impact on patients and the health care system. As evidenced through the reassessments ordered by the JMPRC, it suggests that the **costs are considerable.**

The following is a summary of monies ordered to be repaid by physicians due to inappropriate billings in the last 3 fiscal years (April 1 to March 31):

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	\$2,035,232	7	\$290,747

To learn more about the JMPRC, you can access the billing information sheet here:

[JMPRC Billing Information Sheet](#)

BILLING AUDITS AND INVESTIGATIONS

Medical Services Branch has a legislative obligation to protect tax-payer funded services and ensure that the use of these funds is appropriate and aligns with existing legislation.

Minimizing loss and ensuring government accountability to a publicly funded system are key.

The use of routine audits are an effective method used to deter and identify the potential misuse and overuse of public funds. Eliminating and deterring inappropriate billings that have minimal evidence of a benefit or cost-effectiveness can reduce potential harm to patients and excessive costs to the publicly funded system. This, in turn, leaves more money available to potentially address unmet health care needs and to ensure the best possible distribution of public resources.

Billing audits and investigations can be initiated in a wide variety of ways. MSB undertakes routine audits on a regular basis, but investigations can also be initiated through inquiries and [complaints from the public](#).

If physicians or other members of the public have potential concerns about a physician's billing practices, they are encouraged to contact Policy, Governance and Audit at:

MSBPaymentsAndAudit@health.gov.sk.ca

To learn more about physician audits, you can access the information sheets here:

[Routine Audit Billing Information Sheet](#)

[Payment Integrity \(Audit\) Billing Information Sheet](#)

INAPPROPRIATE BILLING AND UNPROFESSIONAL CONDUCT

Because Medicare has a huge impact on the lives of all Saskatchewan residents and represents one of governments highest cost programs, it is important that physicians understand the important role they play in not only providing quality care to their patients, but also in ensuring they understand their professional, legal and ethical obligations to submit billings in an honest and forthright manner.

When a physician signs a direct payment agreement with the government for the provision of receiving direct payment for the medical services they provide, it is important that they are ethical and judicious in their billing practices. Physicians have an obligation to ensure that the billings they submit for payment are appropriate and align with legislation. Physicians should be aware that any inappropriate billing issues identified through MSB audits and patient verifications may be referred to the [**College of Physicians and Surgeons of Saskatchewan**](#) for further investigation and that physicians may be investigated and/or disciplined under *The Medical Profession Act, 1981* (section (46)).

Physicians are strongly encouraged to avail themselves of all applicable resources and education associated with billing. We appreciate your ongoing efforts in ensuring that the services you submit for payment are accurate and align with legislation.

GENERAL

PHYSICIANS BILLING MEDICAL SERVICES ON THEMSELVES AND FAMILY MEMBERS

Please ensure that you are aware of your billing obligations with respect to these circumstances. Per the College of Physicians and Surgeons of Saskatchewan's Bylaws (7.1) and Code of Ethics item (7), physicians must:

Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.

Medical Services Branch routinely reviews services billed by physicians on family members (as registered in the same family unit by Health Registries) or themselves. These services are rejected under explanatory code “CG” in the Physician Payment Schedule. In certain circumstances, as deemed necessary by MSB officials, this information is forwarded to the College of Physicians and Surgeons for further investigation.

WORKERS' COMPENSATION BOARD CLAIMS – BEST PRACTICE

Claims previously rejected under explanatory code “CW” that are not the responsibility of Workers' Compensation Board (WCB), please resubmit the claim with a comment “**Not WCB**” followed by the date submitted to and rejected by WCB.

For example: “**Not WCB Jan 1/18 - Jan 31/18**”.

VIRTUAL CARE CODES NOT ELIGIBLE FOR RECIPROCAL BILLING

Virtual Care and Pandemic services are not payable for non-residents of Saskatchewan or to non-Saskatchewan physicians. Services must be billed directly to the non-resident who can then submit to their provincial plan.

ICS WEBSITE – DID YOU KNOW?

The ICS site is available, regardless of vendor, for any client with a billing certificate. The ICS site contains several resources available for your use, including Referring Doctor File and Run Schedule. **Another important item is the Validation Report, which can verify (in real time) whether or not the Ministry received your submission.**

The online billing course contains an overview of the entire claims process, including details regarding Certificates, the contents of the ICS site and other very helpful items. Please see page 2 of this Billing Bulletin for more information regarding the online billing course.

UPDATED RESOURCES: HEALTH COVERAGE OUTSIDE OF SASKATCHEWAN

The following eHealth webpage has been updated to include resources for both physicians and patients containing concise and printable Information Sheets. It is important to review this information **prior to a referral** for care outside of Saskatchewan is initiated.

<https://www.ehealthsask.ca/services/resources/Pages/Health-Coverage.aspx>

Please be advised this same information can be found on pages 9 and 10 of the current Physician Payment Schedule – which includes specific details regarding when a prior approval request **must be submitted for coverage consideration to:**

Director, Insured Services
Medical Services Branch, Ministry of Health
3475 Albert Street
Regina, Canada S4S 6X6
Phone: 306-798-0013 / Fax: 306-798-1124
Email: caseworkunitmsb@health.gov.sk.ca

BILLING BILATERAL PROCEDURES

Some procedures may be performed bilaterally by the same doctor on the same day.

In circumstances where service codes are not billable with multiple “units”, such as ‘biometry for measuring axial length’ (16W), bilateral services should be billed on separate lines with a comment in the comment section of your claim stating ‘Left’ or ‘Right’, etc; otherwise, the second service **may be rejected** as a duplicate under explanatory code ‘BA’.

In circumstances where service codes are billable with multiple “units”, bilateral services should be billed on the same line with “2” units, such as bilateral wrist x-rays (165X). The Physician Payment Schedule typically states when a service code is billable with multiple “units” on a single claim line, using the phrase ‘bill units’, ‘add’ or ‘each additional’. If a claim is received with the maximum number of lines (7) and the service code has been billed with multiple units when not eligible, MSB cannot split the claim to allow processing. The claim will then be returned to the physician for correction, which increases processing time and delays payment.

HOSPITAL CARE – BEST PRACTICES

When billing hospital care days, you do not need to wait for the patient to be discharged from the hospital prior to submitting claims for payment. A billing 'best practice' is to bill at the end of each 30 day period, this avoids any potential time limit issues.

Per The Saskatchewan Medical Care Insurance Act, accounts for insured services must be received by the Ministry of Health within six months following the date of service to be eligible for payment.

When billing hospital days, it is helpful to indicate the **admission and discharge** dates in the comment line. This will assist us to ensure that the spans are calculated accurately at the correct rate.

SECTION A – GENERAL SERVICES

615A/915A – HOUSE CALL SURCHARGES

The intent of payment under surcharge codes 615A and 915A is for a visit to a patient's home (not special care or nursing homes), where the visit is not initiated by the patient, but where the physician judges that a visit is required, e.g. a follow-up visit for a condition seen previously, or a periodic visit for a chronic condition as in the case of a house-bound patient.

If you are providing general coverage for routine services to a private care home, then you may want to consider a contract directly with the facility. Pre-scheduled visits to the home every Wednesday (as an example) and seeing all residents of the care home because the facility requests that they be seen may result in a pattern of non-medically necessary services billed to MSB. Per *The Personal Care Home Act*, residents of personal care homes can choose this service option, do not have to demonstrate need to be admitted or follow any formal placement process in order to reside there; therefore, there would not be a demonstrated medical need for all residents to be seen on a regularly scheduled weekly/monthly routine basis by a physician.

In contrast, per *The Facilities Designation Regulations*, special care homes are facilities providing medical care to individuals that qualify for admission and have met the standardized assessment criteria for placement as approved by the Ministry of Health.

918A, 919A and 220A-226A – TIPS FOR SUBMITTING

In order for a claim to be processed for payment, the physician must provide the 3 criteria as required by the Physician Payment Schedule.

For example, the 220A-226A requires:

1. The clinical condition necessitating continuous attendance, **AND**
2. Treatment or care provided, **AND**
3. Time when attendance on patient started and completed. The comment line may be used to provide this information. i.e. **“Respiratory distress, CPR, airway stabilization, 0800-0930”**.

If the billing criteria is not met, the claim will be rejected with explanatory code “DR”

To avoid delays in processing, please provide the appropriate comment with submission(s).

SECTION H - ANESTHESIA

193H - ACUTE PAIN MANAGEMENT BILLED IN CONJUNCTION WITH 815A-839A (SPECIAL CALL SURCHARGES)

Special call surcharges are for use when a physician is called from a location other than the hospital to attend to a patient on an urgent/emergent basis to provide services not otherwise pre-arranged or pre-planned and without prior expectation of attendance to provide those services. Billing of a special call surcharge is inappropriate when billed in conjunction with services provided with the expectation of attendance to provide services, such as on a “weekend call” basis or when the acuity of the day results in a patient being seen after 5 pm.

It is expected that the service of daily supervision is not being provided on an urgent or emergent basis to attend the patient immediately.

SECTION J – SURGICAL ASSISTANCE

CLAIMS REJECTED WITH EXPLANATORY CODE JA OR JE

The Medical Services Branch only covers services that are **medically required**. If your claim is rejected with explanatory code JA or JE, provide an explanation of the exceptional circumstance required for:

- a. **an assistant for a service that does not usually require an assistant; or**
- b. **additional assistants for a case that normally requires just one assistant.**

Once additional information is received, it will be reviewed by Ministry Officials to determine if the surgical assistance was medically required and eligible for payment.