Operations Bulletin

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VERIFICATION OF HEALTH COVERAGE

Medical Services Branch does not verify beneficiary health coverage information by phone or fax. Physicians (licensed to practice in Saskatchewan) who wish to verify the validity of a patient's health coverage are required to request access to the online Person Health Registration System Viewer (PHRS Viewer). To learn more about 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

IMPORTANT HEALTH WEBSITE LINKS HAVE CHANGED

Physician documents and forms are moving to eHealth Saskatchewan. Moving documents to eHealth allows you to have quick and easy access to the documents and resources you need from a familiar website.

All Medical Services Branch Payment Schedules, Newsletters, and Operations' Bulletins are available at: https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx

During the transition period, documents can also be found at www.saskatchewan.ca at the links below:

Provider Resources: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources

Forms: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms

Government of Saskatchewan

The above link includes the following MSB forms and documents:

Forms:

- Direct Deposit request
- Electronic Remittance Application
- Health Provider Questionnaire
- Income Statement request
- Medical Statement request
- New Clinic Request application
- Review of Claims Assessment
- Physician Profile request
- Practitioner Change request
- Prior Approval Request Form – abdominal panniculectomy
- Professional Corporation request

Billing Information Sheets:

- MAID – Medical Assistance in Dying
- Obstetric Ultrasounds

STATUTORY HOLIDAYS TO JULY 2018

HOLIDAY	ACTUAL DATE	OBSERVED ON	SUBMISSION DATE IMPACT	PAYMENT DATE IMPACT
Remembrance Day	Saturday November 11, 2017	Monday November 13, 2017	None	Run kg: Moved to November 14
Christmas	Monday December 25, 2017	Monday December 25, 2017	None	Run kj: Moved to December 27
Boxing Day	Tuesday December 26, 2017	Tuesday December 26, 2017	None	Run kj: Moved to December 27
New Years	Monday January 1, 2018	Monday January 1, 2018	None	None
Family Day	Monday February 19, 2018	Monday February 19, 2018	None	None
Good Friday	Friday March 30, 2018	Friday March 30, 2018	None	None
Victoria Day	Monday May 21, 2018	Monday May 21, 2018	None	None
Canada Day	Sunday July 1, 2018	Monday July 2, 2018	None	None

Please note that any changes to the run schedule will be communicated via the ICS message window and pay lists. Please check the ICS service website periodically for important messages regarding payment or run information.

2017 is a Health Card Renewal Year - *Be on the lookout for expired Health Cards (expiry December 31, 2017)*

eHealth Saskatchewan has sent Health Card Renewal packages to all Saskatchewan residents with provincial health coverage. The packages contain renewal stickers that renew Health Cards for a three-year period, to December 31, 2020. If you notice that a patient has an outdated sticker on their Health Card, please direct them to contact eHealth Saskatchewan so we can ensure their Health Card stays current. If a patient presents with an expired health card, they can be billed for medical services.

Residents can contact eHealth Saskatchewan:

1. Online: eHealthSask.ca/renew
2. Email: change@eHealthSask.ca
3. Mail or in person: Health Registries, 2130 11th Avenue, Regina, SK S4P 0J5
4. Call Customer Service at 1-800-667-75

PRINTED COPIES OF THE PAYMENT SCHEDULE

Please be advised that Medical Services Branch does not provide paper copies of the Physician Payment Schedule. The Physicians' Newsletter and Operations Bulletin will continue to be mailed out. Copies of the Physician Payment Schedule can be found at the link on page 1.

PHYSICIAN PROFILE REQUEST FORM

Physician profiles represent a summary of services for which the Ministry of Health has made payment to a physician and a comparison to the group average for physicians in the same type of practice. To request a copy of your profile, please access the Physician Profile Request form under the forms section on the website (link on page 1). Please see Physician Payment Schedule page 38 for payment information.

INCOME STATEMENTS

Prepayment is required for all income statement requests at a charge of $18.00 annually. Payment must accompany your "Income Statement Request Form". The form can be found under the "forms" link on page 1.

IMPORTANT REMINDER FOR ONLINE CLAIM SUBMISSIONS

This is a reminder to review the validation and return reports that are available on the Ministry's Internet Claims Submission (ICS) service website. Your EMR program or billing application may not relay these reports automatically from ICS. These reports will provide you with information about the status of your claims. Even if your billing system identifies that your claims were **submitted**, it does not confirm that the file was received by the Medical Services Branch (MSB). To ensure your submission was successfully submitted to MSB it is recommended that you review your ICS **"*validation report*"**. This report contains totals for each clinic/doctor number that was submitted in the run for payment and/or any errors found in your submission prior to the bi-weekly Tuesday claims run.

If you do not receive an ICS *"validation report"* immediately after your claims submission you must follow up with MSB to investigate the issue as this indicates there is a problem with the receipt of your submission.** It is also important for you to pick up your ***"return.txt" file from the ICS website starting on the Wednesday following the Tuesday run. This file contains the pay list records and any returned or rejected claims. Use this report to reconcile your accounts.

You can access the ICS website by going online to https://ics.ehealthsask.ca/

ELECTRONIC REMITTANCES

Medical Services Branch and the Ministry of Finance offer electronic remittance. Electronic remittance allows physicians and clinics to receive an email that outlines payment information rather than a physical direct deposit advice or payment notification. Physicians and clinics benefit from using electronic remittance, as it improves accuracy and timeliness of recording revenue, and because payment information is sent prior to funds being deposited.

TO SIGN UP

To sign up for electronic remittance please download and fill in the appropriate Electronic Remittance Application form (multiple physicians or single physician) which can be found at: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms

Completed forms and inquiries related to electronic remittances can be directed to:
AccountingUnitMSB@health.gov.sk.ca

THE SASKATCHEWAN EMR PROGRAM

The Saskatchewan EMR Program has updated the list of EMR eligible fee codes. Changes to the list include the removal of fee codes 41B, 48B, 49B, 37E and 39E. Fee code 769A has been added to the list of EMR eligible. These changes are effective October 1, 2017. If you have any questions, or would like to learn more about the Saskatchewan EMR Program, please visit http://www.sma.sk.ca/4/emr-program.html

Eligible Fee Codes:

41A, 762A, 769A, 3B, 4B, 5B, 8B, 9B, 11B, 15B, 40B, 42B, 43B, 55B, 64B, 205B, 206B, 3C, 4C, 5C, 9C, 11C, 12C, 14C, 15C, 3D, 5D, 9D, 11D, 14D, 350D, 5E, 7E, 9E, 10E, 11E, 31E, 33E, 35E, 38E, 40E, 5F, 7F, 9F, 11F, 14F, 5G, 7G, 9G, 11G, 9H, 11H, 201H, 203H, 205H, 3I, 5I, 9I, 11I, 5K, 7K, 8K, 10K, 11K, 14K, 15K, 5L, 7L, 9L, 10L, 11L, 5M, 7M, 9M, 5N, 7N, 9N, 11N, 3O, 5O, 9O, 11O, 14O, 5P, 7P, 8P, 9P, 11P, 3Q, 5Q, 9Q, 11Q, 5R, 7R, 9R, 11R, 308R, 5S, 6S, 7S, 8S, 9S, 10S, 11S, 12S, 5T, 7T, 9T, 11T

Qualifying for Payment

To qualify to receive payments, physicians must maintain a qualifying EMR system and utilize it to provide a longitudinal patient record which integrates with the province's EHR through standard interfaces as they become available. Payments are designed to ensure that the electronic medical record is effectively utilized and shall include the following:

- A fee of $1.00 for each visit service (approved EMR fee code), documented/flagged in the EMR which contains sufficient information to meet the professions generally accepted standard for medical records.
- A monthly fee of $300.00 (paid quarterly) to commence once the physician successfully documents/flags and maintains 50 per cent of approved visits within an EMR enabled clinic in the first year of EMR operation.
- After the first year of operation, 95 per cent of approved visits from within an EMR enabled clinic must be successfully documented/flagged and maintained on an on-going basis for the fee to continue.
- Physicians must submit EMR eligible codes within the month the services was provided in order to be counted towards the monthly fee calculation.

THE SASKATCHEWAN MEDICAL CARE INSURANCE PAYMENT ACT- BENEFICIARY (PATIENT) REIMBURSEMENT

If a Saskatchewan beneficiary (patient) is charged directly for an insured service because they do not have their health card or their health coverage is expired, as outlined in Section 18 (1.1) of *The Saskatchewan Medical Care Insurance Payment Act* a physician must accept the negotiated rate as payment in full for insured services provided to a beneficiary. If the patient has sought reimbursement for this service directly from MSB, the reimbursement for any difference in the amount charge by the physician and the amount paid by Medical Services Branch should be reimbursed to the beneficiary directly from the physician.

MEDICAL CONSULTANT INQUIRIES

As per page 31 of the Physician Payment Schedule, if a physician does not agree with the results of a Review of Claims Assessment, a further review by a Medical Consultant must be requested in **writing** with **new** information provided. Telephone inquiries or emails **will not** initiate a review by the Medical Consultant.

Please send your written request, along with any new information to:

Medical Consultant, Medical Services Branch
Ministry of Health
3475 Albert Street Regina, Saskatchewan S4S 6X6
or fax to: 306-798-1124

USE OF ELECTRONIC MEDICAL RECORD (EMR) TEMPLATES

Templates can be a useful feature of an EMR, but care must be used to ensure that all pertinent information specific to the patient encounter is included. For the purposes of billing, the practitioner must ensure that all of the documented exam is actually performed and reflects the findings on that day. Any specifics that do not apply to this case must be removed. For the purposes of audit or review, when EMR templates are inaccurate and not indicative of patient findings, it calls into question the reliability of the documentation. For utilization and management of Electronic Medical Records (EMR), there are many sources of support available including the SMA EMR program, EMR software vendors, and eHealth. We would encourage all physicians using EMR software to avail him/herself of these resources.

JOINT MEDICAL PROFESSIONAL REVIEW COMMITTEE (JMPRC)

The JMPRC is a legislated, 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. The JMPRC has the authority to review a physician's billings over a 15-month period, request patient records and interview the physician. Based on the results of the JMPRC's investigation, the Committee has the authority to order a recovery of monies if they determine that the Minister has paid monies inappropriately. The following is a summary of monies ordered to be repaid by physicians due to inappropriate billings in the last two years:

2015: **$1,013,145** **(8 physicians)**

2016: **$1,304,817** **(7 physicians)**

Please ensure that you have read the descriptor for each service code and bill accordingly.

It is the responsibility of the physician to ensure that the appropriate service code is submitted for the service that was provided. We appreciate your ongoing efforts and cooperation in ensuring that the service codes you submit to the Ministry for payment meet the requirements as set out in the Physician Payment Schedule, your Direct Payment Agreement with MSB and *The Saskatchewan Medical Care Insurance Act*.

If you'd like to request a copy of your billing information in the form of a Physician Profile:

Physician profiles represent a summary of services for which the Ministry of Health has made payment to a physician and a comparison to the group average for physicians in the same type of practice. To request a copy of your profile, please access the Physician Profile Request form under the forms section on the website (link on page 1). Please see Physician Payment Schedule for payment information.

There is currently a CPSS-appointed vacancy on the Committee. If you are interested in learning more about the JMPRC or about this opportunity, please contact Carie Dobrescu, Senior Insured Services Consultant (Policy, Governance and Audit) at carie.dobrescu@health.gov.sk.ca or 306-798-2108.

OBSTETRIC ULTRASOUND – COMPLETE, LIMITED AND POINT-OF-CARE
IMPORTANT INFORMATION FOR BILLING STAFF AND PHYSICIANS

Please be advised that through joint negotiation between the Ministry of Health, Medical Services Branch (MSB), and the Saskatchewan Medical Association (SMA) on behalf of the Payment Schedule Modernization Working Group, new payment criteria and service codes have been developed for the provision of billing obstetric ultrasound services. The Ministry of Health and the SMA have a joint interest to modernize and improve the Physician Payment Schedule through the Payment Schedule Modernization project.

In order to achieve the projects objectives and goals, the two parties have undertaken a review of obstetrical ultrasound service codes within the principles of patient-centered care, appropriateness, and fairness. The PSM Working Group reviewed the current descriptors for complete, limited, and "point-of-care" obstetrical ultrasounds with a view to updating, improving and modernizing these services within the context of accepted medical practices and standards of care. The following is an outline of the changes developed in conjunction with the Advisory Committee on Medical Imaging (ACMI) of the College of Physicians and Surgeons of Saskatchewan (CPSS).

Changes:

- Existing codes 40W, 41W, 47W and 48W have been deleted and new codes developed to replace them.
- New service codes have been designated by trimester.
- Limited ultrasounds are not clinically indicated in the first trimester of pregnancy.
- Doppler ultrasounds (50W) are not clinically indicated in the first trimester of pregnancy.
- Echocardiograms (20W) are not clinically indicated in the first trimester of pregnancy.

COMPLETE			LIMITED		
Description	**Old Code**	**New Code**	**Description**	**Old Code**	**New Code**
Complete - Trimester 1	40W	401W	**Limited - Trimester 1**	41W	No code
Complete – Trimester 2			**Limited – Trimester 2**		
Singleton	40W	402W	Singleton	41W	432W
Twin	47W	412W	Twin	41W	432W
Triplets or greater	48W	422W	Triplets or greater	41W	432W
Complete – Trimester 3			**Limited – Trimester 3**		
Singleton	40W	403W	Singleton	41W	433W
Twin	47W	413W	Twin	41W	433W
Triplets or greater	48W	423W	Triplets or greater	41W	433W

Point-of-Care Ultrasound (POCUS) is an ultrasound examination provided and performed at the 'point-of-care' as an adjunct to the physical examination to identify or clarify the presence or absence (uncertainty) of a limited number of specific findings. **This is not billable under any ultrasound code.** See description in the Payment Schedule under "Definitions".

A Billing Information Sheet is available to assist physicians and their billing staff. It can be found at: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms

As per legislation, Medical Services Branch insures **medically required physician services**. Therefore, all ultrasound services submitted to MSB for payment must be medically required, clinically indicated, and documented as part of the patient's record.

The use of ultrasound equipment for non-medical purposes such as fetal gender determination and making "keepsake fetal photo albums and videos" is considered by Health Canada to be an unapproved use of a medical device and are not insured.

PHYSICIAN REMUNERATION FOR THE PROVISION OF LEGISLATED MEDICAL ASSISTANCE IN DYING (MAID) SERVICES

The majority of medical services provided for the provision of legislated MAID services are billable to the Medical Services Branch under existing visit service codes (provided all the existing policy and billing requirements are met). All MAID-related services billed to MSB must be billed with an eligible MAID-related diagnostic code (3-digit):

CODE	SERVICE
Z31	Malignant Neoplasms
Z32	Nervous system diseases
Z33	Chronic lower respiratory diseases
Z34	Heart disease
Z36	Other illnesses
Z37	Third Party Counselling

For further information, please refer to the "**Billing Information Sheet for Physician Remuneration for the provision of legislated MAID Services**" which can be found at: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms

BILLING REMINDERS

TRAVEL RELATED SERVICES

This is a reminder to physicians that **pre-departure travel medicine services** rendered solely for the purpose of travel are uninsured and the patient should be charged directly. This includes assessments, counselling or administration of vaccines.

INSURED BOTOX INJECTIONS (190A – 198A)

Ministry officials have been reviewing the use of Botox codes to ensure that the service delivered by the physician is **medically required** and billed in accordance with the Payment Schedule criteria.

The only services insured under current Botox codes are for the relief of symptoms resulting from **dystonias**, **neuromuscular spasticity problems** and **hyperhidrosis**.

No other condition, including migraines or for cosmetic purposes, is insured.

Any use other than those listed in the Payment Schedule requires prior approval of MSB and the SMA.

SUBMISSION OF UNUNITED FRACTURES (NON-UNION)

Ununited fractures (non-union) after the post-operative period are payable at 150% of the primary fee for an open reduction. If the full amount is billed the same line of service, the claim will auto-return to your office "QB" indicating, *"The fee submitted is incorrect for the Payment Schedule rate in effect on the date of service."* Please be advised, when submitting for ununited fractures at 150%, submit the entire claim at150% and provide the following comment: "ununited fracture".

INCREASED CLAIMS VOLUMES

As a result of increased claims volumes and in order to assist Medical Services Branch in processing your claims in a timely manner, we are requesting that **you do not resubmit unpaid or rejected claims either electronically or using an assessment of accounts form** if you have not received any information regarding the status of the claim **for a minimum of 2 pay runs**. Resubmitting claims that have not yet been adjudicated create duplicate claims that are added to the claims queue for manual handling which further impacts the timeliness of processing claims for payment. Thank you for your assistance.

PHYSICIAN AUDIT INQUIRIES

- If a claim has been recovered "RA" (routine audit), a copy of the medical record or appropriate documentation to support the billing is required. This must be submitted directly to Policy, Governance and Audit (PGA).
- If no supporting documentation is provided, the claim will remain unpaid.
- Once a decision has been made, the PGA will notify the physician in writing.
- All payment adjustments completed by PGA will be done using the explanatory code "RB".
- **Please do not electronically or manually resubmit claims that have been previously deducted using the explanatory code "RA".** Claims resubmitted to MSB will be returned with the explanatory code "RC".

If you have any questions relating to the audit process, please contact PGA at MSBPaymentsandAudit@health.gov.sk.ca or 306-787-0496 or fax 306-787-3761

PHYSICIAN INQUIRY LINE PREPAREDNESS

When calling the Physician Claim Inquiries line, please ensure you have the following information handy prior to contacting Medical Services Branch Claims Unit:

- ✓ **Patient HSN**
- ✓ **Physician's Billing Number**
- ✓ **Run codes**
- ✓ **Explanatory code, if applicable**

Did you know that the Claims Analysis Unit handles over 18,500 phone calls annually? This includes calls related to physicians, billing clerks, reciprocal billing and the general public. The Claims Unit can be reached by phone at 306-787-3454 or 306-787-3457 or fax 306-798-0582.

The **Physicians Inquiry Line** handles all inquiries pertaining to:

a) Diagnostic coding of claims
b) Routine assessment of claims
c) Inquiries regarding physician billings and payment of accounts
d) Inquiries regarding accounts submitted more than six months after the date of service
e) Requests for Review of Claims Assessment; reporting incorrectly billed and paid services
f) Insured Services Officer (306-787-9011); billing education, online billing course
g) Request for Review of Claims Assessment form can be found at the following link: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms

PARTIAL ASSESSMENTS, 55B AND SPECIALIST WAIT TIMES IN SASKATCHEWAN

ATTENTION: Billing Clerks

Referring patient to a specialist:
Use CODE 55B
(Instead of 5B)

Thank you for your cooperation in using the 55B billing code. Use of 55B has doubled since 2012, which enables the health system to measure and report how long patients are waiting to see a specialist, aggregated at provincial specialty level.

The goal is to increase the use of this code (where appropriate) to report wait times for each specialist in the province.

2012-13 (first year)	Facts	2015-16
17,646	# of 55B Services (100% increase)	35,315
532	Physicians used 55B (25% increase)	666

Please share this information with the staff members in your clinic who prepare specialist referrals, and ask them to notify you when a referral is being arranged.

Has the 5B doctor's visit resulted in a referral to a specialist?

USE CODE 55B

(Instead of 5B)

WHEN A PARTIAL ASSESSMENT LEADS TO A REFERRAL, USE THE 55B BILLING CODE

The 55B code is for use by General Practitioners and Family Physicians only.

FOR MORE INFORMATION, please contact Mr. Bhooman Bodani at the Strategic Priorities Branch at bbodani@health.gov.sk.ca or 306-787-8936, fax: 306-787-0023.