Physicians' Newsletter

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The new Government of Saskatchewan website is www.saskatchewan.ca

To access an electronic copy of the April 1, 2016, Payment Schedule, visit:

http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/resources-for-health-care-businesses-and-career-development/physician-career-resources

The attached Physician Payment Schedule is effective April 1, 2016, resulting from the negotiated agreement between the Saskatchewan Medical Association and the Ministry of Health covering the four years April 1, 2013, to March 31, 2017.

The 2.95% increase effective April 1, 2016, has been allocated by specialty and is being implemented along with the release of the April 1, 2016, Physician Payment Schedule. Over 1,200 services have rate changes effective April 1, 2016.

PAPER COPIES OF THE PAYMENT SCHEDULE – NO LONGER AVAILABLE

Please be advised that after October 1, 2015, Medical Services will no longer be mailing out paper copies of the Physician Payment Schedule. The Physicians' Newsletter and Operation's Bulletin will continue to be mailed out. Copies of the Payment Schedule can be found at the website link above.



CHANGES TO THE PAYMENT SCHEDULE

The following Physician Payment Schedule revisions are effective April 1, 2016. Software vendors have been provided with the updated payment schedule. Please contact your vendor, if necessary to make sure they have updated your system to ensure your claims are being paid appropriately.

ACTION REQUIRED - PHYSICIANS/CLINICS BILLING SOFTWARE

As outlined in the Physician Direct Payment Agreement, payment for services submitted is made in accordance with the Physician Payment Schedule applicable to the service on the date provided. It is imperative that your billing software is utilizing the most up to date rate file. The new April 1, 2016, rate file has been provided to all software vendors and is posted on the Internet Claims Submission (ICS) website for download. Please contact your software vendor, if necessary, to apply the update to your application.

NEW PHYSICIANS REQUIRED TO BILL ELECTRONICALLY

Effective October 1, 2012, all new physicians are required to submit their claims electronically to Medical Services Branch. Information on the options available to new physicians is provided when physicians are initially set up for billing purposes.

THERAPEUTIC ABORTIONS NOW BILLABLE RECIPROCALLY

Effective June 18, 2015, all jurisdictions in Canada (with the exception of Quebec) agreed that medical costs associated with providing therapeutic abortion services to out-of-province/territory patients in an approved public facility are to be billed reciprocally according to the host province's physician schedule of benefits and rules of application.

As a result, therapeutic abortions have now been removed from the "Excluded Services List" under the Inter-Provincial Reciprocal Agreement. In order for the service to be billed reciprocally, the patient must present a valid health card and the service should be submitted to the Medical Services Branch in the usual manner indicating the patient's identification and provincial code.

NEW DOCUMENTATION REQUIREMENTS FOR THE PURPOSES OF BILLING - Please see Page 14 in the Payment Schedule - effective October 1, 2015:

The Ministry values the important role physician's play and supports consistent, equitable and appropriate payments to physicians for the provision of medically required health services. In order to ensure that appropriate payment is made for services provided, documentation of that service is required. Accountability relies on both the physicians and the Ministry to safeguard public resources to ensure that health care dollars are being spent in a responsible manner and that payments made to physicians are appropriate and align with the regulations and policies established in *The Saskatchewan Medical Care Insurance Act*, the Physician Payment Schedule, and the direct billing agreement between the Ministry and physicians.

The proposed changes will ensure that services billed are appropriately assessed and adjudicated for eligibility, as required by the Payment Schedule service code descriptor. This requires appropriate documentation to substantiate the billing.

This policy is not intended to replace or supersede the requirements as set out in the College of Physicians and Surgeons of Saskatchewan's (CPSS) regulatory bylaws, Part 6 – Practise Standards, 23.1 Medical Records. For more information on the CPSS bylaws, please contact the CPSS directly.

Any questions pertaining to the new documentation requirements for the purposes of billing can be directed to:

Claims Analysis Unit at 306-787-3454 or 787-345

CHANGES TO THE PAYMENT SCHEDULE EFFECTIVE APRIL 1, 2016

GENERAL

Revision Page 33 Medical Consultant Contact Information

Addition Page 30 Services Not Insured by the Ministry of Health

EXPLANATORY CODES

RevisionPage 40AUNewPage 43BX

Revision Page 56 QA, QB (See example in the Operation's Bulletin)

SECTION A - General Services

Revision Page 68 190A-199A Botox Injections – Eligible Providers

SECTION D - Internal Medicine

Revision Page 115 145D 24-hour Blood Pressure Monitoring

SECTION L - General Surgery

Clarification Page 192 857L-865L Lesion Removal By Surgical Excision and Closure

SECTION N - Plastic Surgery

New	Page 231	410N, 411N	Percutaneous Inflation of Tissue Expander
De-insured	Page 228	654N	Post-gastroplasty Redundant Skin Fold Removal – bat wing
De-insured	Page 228	655N	Post-gastroplasty Redundant Skin Fold Removal thigh
Clarification	Page 231	684N/685N	Excision of Malignant Skin Lesions by Wide Excision

SECTION S – Ophthalmology

Revision Page 272 673S Pupil Expansion Device, Insertion and Removal

SECTION T – Otolaryngology

New Page 279 89T Cochlear Implants