

Billing Bulletin

Billing Bulletin No. 11

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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

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

Claims Processing Support Inquiries

Direct all claims submission & processing inquiries to:

Phone: 306-787-0182 or 306-787-3470

Fax: 306-798-0582

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. Depending on the participant's knowledge, the course may 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	Monday October 9, 2023	Monday October 9, 2023
Remembrance Day	Saturday November 11, 2023	Monday November 13, 2023
Christmas Day	Monday December 25, 2023	Monday December 25, 2023
Boxing Day	Tuesday December 26, 2023	Tuesday December 26, 2023
New Year's Day	Monday January 1, 2024	Monday January 1, 2024
Family Day	Monday February 19, 2024	Monday February 19, 2024
Good Friday*	Friday March 29, 2024	Friday March 29, 2024

***Note: For the purposes of billing there is no statutory holiday observed on Easter Monday**

AUDIT & INVESTIGATIONS

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 associated with 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.

Chronic disease management services (64B-68B)

It is important that physicians are aware of their billing obligations pursuant to their Automated Claims Submission and Direct Payment Agreement with Medical Services Branch.

Chronic disease management service codes have consistently been flagged by the JMPRC for a variety of reasons. These services are intended for routine, prescheduled management of a patient's chronic conditions up to four times per year when medically required and clinically indicated. The mandatory use of standardized flow sheets was intended to encourage the use of accepted clinical care pathways to optimize patient management on a routine ongoing basis. The flow sheets outline the specific clinical requirements at each interval that must be performed and documented in accordance with accepted standards.

The JMPRC has consistently identified the following issues:

- **Incomplete and inaccurate flow sheets;**
- **Outdated or incomplete laboratory testing;**
- **Flow sheets that are not utilized at all;**
- **Time requirements that were not fulfilled and/or not documented;**
- **Questionable medical necessity; and**
- **No evidence to support an established diagnoses.**

The JMPRC strongly advises physicians to avail themselves of the billing education and resources provided by the SMA, the CPSS and the Ministry.

Inadequately completed flow sheets drastically reduces the effectiveness of the flow sheets and calls into question the medical necessity of the services being billed to the public system. It is also important that the appropriate screenings, check-ups, monitoring and coordinating of treatment, and patient education is being undertaken and documented at the prescribed intervals.

Summary of All Monies Ordered to be Recovered:

The following is a summary of all monies ordered to be repaid by physicians due to inappropriate billings and/or an inappropriate pattern of medical practice in the last 3 fiscal years (April 1 to March 31):

Fiscal Year	Total Amount Ordered to be Recovered	No. of physicians	Average Recovery per Physician
2020-21	\$2,035,232	7	\$290,747
2021-22	\$2,002,408	10	\$198,500
2022-23	\$2,567,089	12	\$256,709

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 patient 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 physicians or other members of 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](#)

REFERRALS TO THE COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN (CPSS)

Medical Services Branch would like to make physicians aware that any potential inappropriate billing issues identified by MSB may be referred to the College of Physicians and Surgeons of Saskatchewan for further investigation and possible disciplinary action.

Physicians have an obligation pursuant to *The Medical Professional Act, 1981 (section (46))* and the CPSS' Code of Ethics (7.1) to ensure that the billings they submit for payment are appropriate and align with legislation. In some circumstances, physicians may be disciplined by the College pursuant to section (46) of the *Act*.

GENERAL

Meet and Greet Visits

Physicians are reminded that “first visits” with patients, sometimes referred to as “meet and greets”, for the purposes of establishing the physician-patient relationship, when there is no other demonstrated medical necessity, are **not insured services**. If the patient’s main motivation for booking the appointment was a meet and greet visit, then the physician must not use the presence of a medical condition to bill the public system. It would be expected that the vast majority of encounters with a physician may include a “medical element” present at the time of the patient’s presentation; however, that element alone does not necessarily render a service insured.

There may be times when the patient is presenting with two distinct elements - a non-insured service and an insured service. Under these circumstance, both services may be considered separate and distinct. These circumstances must be evaluated on an individual basis and reviewed on their own merits. One must consider the intent or primary purpose for the visit, as well as the documentation, and whether it supports that two separate and distinct services were performed and documented according to the Physician Payment Schedule criteria.

However, the ***intent and nature of the visit*** should be strongly emphasized in this context. It is expected that physicians will be judicious and reasonable in their decisions and ensure that the documentation justifies and supports the decision.

DOCTOR NUMBER ON REFERRALS

When you are making a referral to another physician on behalf of patient, please ensure that you provide your 4-digit physician billing number to the physician/clinic that you are referring your patient to. This information is required for billing purposes.

SECTION A – GENERAL SERVICES

815A-389A – Special Call Surcharges—Physicians that Remain in Hospital

In the Physician Payment Schedule under the heading “*Surcharge – Special Call / Emergency / Hospital Visit / House Call*”, it outlines the criteria under which these services are billable. In brief, these services are billable when:

- ✓ a physician attends a patient on a priority basis, and
- ✓ the visit causes a degree of disruption of work or of out-of-hours activity, and
- ✓ travel.

For physicians providing scheduled on-call shifts at a hospital or health care center:

- **If the physician remains onsite for the entire duration of the shift and are being called to see patients by staff who are also within the same facility, special call surcharges are not eligible for payment.**

The requirements for billing a special call surcharge are multifactorial and the above circumstances do not meet all three of the listed criteria related to travel and disruption of work or out of hours activity.

SECTION B – GENERAL PRACTICE

40B – Counselling – first 15 minutes

Some physicians are under the incorrect assumption that the first 15 minutes of time billed under service code 40B, when billed in the absence of a 41B (additional time units), does not require that start and stop times be recorded in the medical record.

Please be advised that 40B is considered a time-based code even when billed in the absence of a 41B and, thus, the start and stop times **are** required to be recorded in the medical record.

This information is required to be provided if the services are audited.

150B - Medical Management of Termination of Early Pregnancy

This service code covers five days of medical management for the termination of early pregnancy and is **only billable when the pharmaceutical agents have been administered or prescribed**. This service is not for the evaluation, diagnosis and assessment of a pregnancy where only the patient’s options are discussed. **This service must include the administration of medication and 5 days of ongoing management services.**

If the service provided does not include the administration of the requisite medication regimen, then the appropriate visit or counselling service code applies. Alternatively, if the only service the physician intends to provide is the initial patient examination, assessment and prescribing or administering pharmaceutical agents (i.e., there is not 5 days of ongoing management services), then the appropriate visit service code should be billed.