

SECTION A1:

UNINSURED SERVICES

The following is a categorized list of services for which physicians are entitled to charge, along with SMA recommended fees. The list is not exhaustive

I CHARGES BASED ON COST

This section includes services provided to patients for which reimbursement is calculated based on the actual cost to the physician. **The costs include the actual invoice cost, the applicable taxes plus staff time and other overhead costs.**

801A	Long distance telephone calls on behalf of a patient	COST
802A	Medication by injection (hyposensitization serum, immunization, B12, etc.)	COST
803A	Bandages, splints, IUD or other materials	COST
804A	Uninsured Tray services	COST

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II CHARGES BASED ON INDEPENDENT CONSIDERATION

To determine a fee for third party or uninsured services, physicians may be guided by the fees listed in this Guide. To determine the fee for a service not listed in this Guide or to establish a fee independently, physicians may consider the following factors:

- the nature and complexity of the matter
- the experience and expertise required of the physician
- time spent with and/or on behalf of the patient
- the related office overhead costs

Services with fees set on an individual consideration basis include, but are not limited to:

- Preparation and transfer of a patient's health record at the request of the patient or the patient's representative. The physician may charge for any time spent in preparing information for transfer in addition to the related office overhead
- Surgery to alter appearance other than for abnormalities due to disease, trauma or congenital defect
- An anaesthetic service rendered for the provision of uninsured surgical or dental services
- Acupuncture procedures
- Routine examination of eyes over age 17
- Electrolysis
- Reversals of sterilization
- Implantation of penile prosthesis
- Removal of minor skin lesions by cryo, laser, cautery or curettage (except actinic keratoses, pyogenic granuloma, keratoacanthoma or bleeding lesions)
- Dye tuned laser ablation of cutaneous lesions (except facial portwine stains in patients under age 18)
- Injection of asymptomatic varicose veins and spider telangiectasia
- Travel beyond the usual geographic area of practice to provide a medical service (insured or uninsured)
- Services which are part of uninsured group screening programs
- Visit or procedure services that are related to surveys or research
- Providing or refilling a prescription by telephone when requested by the patient or the patient's representative and no concomitant insured service is provided
- Missed appointments for visits or procedures
- Any other services or procedures which are not paid by Saskatchewan Health

Professional work other than direct patient care

917A includes administrative, advisory or committee work, and other than specific fees listed below
- per 15 minutes or major portion thereof.....\$80.00

Transferring patient paper records

511A Photocopying/printing of records, base fee.....\$30.00*
512A - plus per page.....\$0.30*

Transferring patient electronic records

513A Base fee.....\$40.00*

810A Physician time taken in reviewing the request/information and/or reviewing the chart if necessary, per 15 minutes or major portion thereof.....\$80.00*

*Physicians may waive all or part of the fee if it is fair to excuse payment.

Note: 810A should not be billed when patient has requested entire copy of the chart, unless there are circumstances, as set out in section 38(1) of the HIPA, in which a patient may be denied access to all or part of their medical record.

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Missed appointments

516A For visit or procedure service
(if 24 hours notice of cancellation not given) Up to 50% of listed fee

Medical Advice to a Patient

517A - by telephone (including patient telephone prescription renewal)
per 15 minutes or major portion thereof \$80.00
518A - by letter, per 15 minutes or major portion thereof \$80.00

Time Spent on a Patient's Behalf

519A - representation with an allied health professional, health care
facility, social service agency, etc.
- per 15 minutes or major portion thereof \$80.00
524A - case conference
- per 15 minutes or major portion thereof (917A) \$80.00

Physician Travel

525A - by commercial carrier Cost
526A - by personal vehicle (per km) \$0.4283

Plus

- time - per 1 hour or major portion thereof \$63.00

Plus

Expense Allowance

- In province – per day \$80.00
- In province – overnight allowance \$250.00
- Out-of-province – per day \$300.00

Telephone attendance

55A - per 15 minutes or major portion thereof \$80.00

528A Acupuncture

- per visit - per 15 minutes or major portion thereof \$80.00

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III RESPONSE TO A REQUEST FOR INFORMATION BY THIRD PARTIES

A third party service is defined as any service provided for a patient, which is necessary to satisfy the requirements of a party other than the patient.

1. A few third party services are paid for by the Medical Services Branch or by other agencies at negotiated rates. These are listed in Sections A.2 and A.3 of this Guide.
2. Other third party services which are not insured are also listed in the SMA Fee Guide. All medical services including assessments, examinations, diagnostic tests and/or reports for these requests are uninsured. Physicians are entitled to reimbursement for the time and resources devoted to the provision of these services. Examples of third party services include:

Certification of Health Status For:

- Admission to, or continued attendance in, day care, pre-school, elementary and secondary school, community college, technical institute, university or other educational institution
- Admission to, or continued attendance in, a camp or recreational/athletic program
- Issuing of a driver's, pilot's or other license
- Obtaining or continuing employment: pre-employment or annual/periodic medicals
- Meeting the requirements of provincial legislation or deriving the benefits of provincial health or social programs, e.g. community treatment services
- Application for, or the continuation of, life, disability or other insurance coverage
- Bank loan insurance
- Injury report to CAHA
- Assessment of claims for medical services abroad
- Abilities Council special parking permit
- Meeting the requirements of, or deriving the benefits of, certain services provided by health care facilities, e.g. out-patient dietary counselling, physiotherapy, etc.
- Continuing Care Assessment Form or Instruction Form

Certification of Illness for:

- Sick slips for employment or return to work
- Sick slips for school, day-care or recreation/athletic programs
- Meeting the requirements of federal legislation or deriving the benefits of federal health or social programs, e.g. Employment Insurance., Canada Pension Plan, Canada Revenue Agency Disability Tax Credit, disability/maternity benefits
- Entitlement to benefits under other disability insurance plans
- Air fare cancellation
- Student loan relief

Verification of death for:

- Validation of a life insurance claim

Legal reports and medical testimony in court

Note: Where the completion of a report requires a medical assessment of the patient, the physician is entitled to bill the appropriate visit fee plus a report fee to the third party (unless the services have been bundled, such as with the commercial drivers' medical fee).

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Providing Medical Information

(The total fee for a report depends on the length of the form and the time taken to complete it)

	Photocopy of Medical Records	
527A	- reply to an inquiry by submission of photocopy of a consultation or other written report	See 810A
	(This will not normally be charged when photocopies are attached to written reports or report forms)	
529A	- completion of form or brief written statement (per 15 minutes or major portion thereof)	\$80.00
535A	- written letter (per 15 minutes or major portion thereof)	\$80.00
	Commercial Driver's Medical	
805A	- assessment plus form	\$134.00-\$198.00*
	*The final amount is based on whether a partial or a complete assessment is conducted.	
806A	- form only	\$64.00

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IV MEDICAL-LEGAL SERVICES

It is important to understand why a lawyer is asking for a medical report or a medical-legal opinion and specifically what information is required. If the lawyer's request is unclear, the physician should contact the lawyer to seek clarification. If payment for the report is not assured, the lawyer should be contacted prior to responding to the request.

1. Medical Reports

560A - completion of form or brief statement (per 15 minutes **or major portion thereof**).....\$80.00

561A - written letter (per 15 minutes **or major portion thereof**)\$80.00

Note: This is a factual report on past health and/or current condition based on review of office and/or hospital records submitted to a lawyer, insurance company or other third party.

563A Medical-legal report\$640.00

- if more than one hour of the physician's time, for each subsequent 15 minutes **or major portion thereof**, add (917A).....\$80.00

Note: This is a factual summary of the history, symptomatology, investigation, therapy, results and present condition. It may contain an estimate of the date that the person could return to work and perhaps some comment as to the likelihood of permanent disability.

564A Medical-legal opinion\$720.00

- if more than one hour of the physician's time, for each subsequent 15 minutes (**or major portion thereof**) add (917A).....\$80.00

Note: This is a medical-legal report plus an expert opinion concerning such matters as:

- cause and effect
- long-term consequences
- possible complications
- extent, or percentage, disability
- relationship of condition to factors in the work situation

This service involves the exercise of expert knowledge and judgement with respect to the medical facts and findings including a detailed prognosis for the person affected.

2. Medical testimony in Court

These codes are to be billed when Saskatchewan Justice tariff rates do not apply. Certain fees are paid by Saskatchewan Justice at rates negotiated with the SMA and prescribed in rules of Court (see page A12).

i) Attending Physician

566A - preparation time - per 15 minutes or major portion thereof (917A)\$80.00

567A - court attendance or pre-trial briefing, first hour or part thereof\$560.00

568A - time in court after the first hour, per quarter hour\$176.00

ii) Physician Called As Expert

569A - preparation time - per 15 minutes or major portion thereof (917A).....\$80.00

570A - court attendance - first hour or part thereof\$720.00

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571A	- after the first hour, per quarter hour	\$176.00
572A	- Failure to give two working days' notice of a court adjournment or cancellation	\$720.00

Note: Out-of-pocket expenses for meals, accommodation and travel should be billed in addition at cost.