

# Supplementary Billing Information Sheet

## Billing Tips for the New Temporary Fee Codes 510A/515A: Pandemic Telephone & Video Assessment

### OVERVIEW:

As the result of a review of claims submissions in the most recent pay run, Medical Services Branch identified several issues in need of clarification. To avoid returned claims and delays in payments, physicians are encouraged to read this supplementary billing information sheet and share with their billing staff.

### BILLING TIPS & INSTRUCTIONS:

Service is not restricted by location

- This service is only billable by Saskatchewan licenced physicians providing services to Saskatchewan beneficiaries. It is not billable to out-of-province residents or reciprocally by out-of-province physicians.

Service is not eligible for any premiums or surcharges

- This service is not billable with premium locations (B, C, D, E, F, K, M, P).

Effective March 13, 2020 (telephone assessment) and March 18, 2020 (video assessment) – until further notice

- 510A is not payable for services delivered *prior* to March 13, 2020.
- 515A is not payable for services delivered *prior* to March 18, 2020.

Service must be direct patient care by a physician via telephone or secure video platform

- This service is only billable when direct care is provided by physician to the patient – it is not billable for communication via texts or email or for administrative tasks.
- May be billed for a medically required assessment to a patient's parent or caregiver (e.g., of a patient in a special care home), on behalf of the patient. In these scenarios, bill using HSN of the patient.

Service is eligible by all physicians

- This service is only billable when performed by physicians. Nurse practitioners or registered nurses are not eligible for payment.
- These fee codes are only payable for Fee-for-Service physicians. This service is considered an inclusion in existing contracts and no additional compensation is eligible. Mode 0 (contract/primary health) doctors are not to bill them as mode 1 (FFS). However, the fee codes are billable for shadow billing purpose.

A maximum of two phone and video assessments per patient per day by any physician

- This service is only billable with 1 unit in the 'number of services' field. If more than one service is provided per patient per day, please submit this on a separate line or separate claim with a comment that two separate services were provided at different times.

Services provided in person may be billed according to the Payment Schedule

- Existing telephone fee codes are to be billed whenever they are applicable for the service delivered. E.g., telephone calls from a palliative patient's designated family representative should be billed as 793A and not 510A; 510A/515A should not be billed instead of or in addition to the Monthly stipend for Overseeing Methadone/Suboxone Management (60A, 61B and 62B) for the ongoing management of the patient.

All general billing inquiries can be directed to the Claims Analysis Unit at  
Medical Services Branch: (306) 787-3454