



**Saskatchewan
Ministry of
Health**

SASKATCHEWAN MINISTRY OF HEALTH

**SUPPLEMENTARY HEALTH, FAMILY HEALTH AND
SENIORS' INCOME PLAN**

PAYMENT SCHEDULE FOR SERVICES PROVIDED BY A CHIROPRACTOR

Supplementary Health, Family Health and Seniors Income Plan
Payment Schedule
for Services* Provided by a Chiropractor

TREATMENT SERVICES

		<u>April 1, 2010</u>
**1 U	<p>Initial Visit</p> <p>Payment for an Initial visit (1U) provided by the same chiropractor (or another chiropractor in the same clinic) applies only where the chiropractor has not seen the patient in the previous 12-month period.</p>	\$50.00
**5 U	<p>Subsequent Visit</p> <p>A subsequent visit for patients less than six years old is paid by report. This report can be submitted as a comment on computer billings (Include diagnosis and treatment plan eg: cervical torticollis; first of three treatments).</p>	\$35.00
**6 U	<p>Emergency Visit</p> <p>The emergency visit service may be provided to a patient:</p> <p>At a non-office locale between the hours of 7:00 p.m. and 7:00 a.m. on the chiropractor's normal working day where the service is provided outside the chiropractor's normal working hours; or at any locale on weekends or statutory holidays where the service is provided outside the chiropractor's normal working hours.</p> <p>Payment for an emergency service will only be made when the call is initiated by someone other than a chiropractor, and the chiropractor attends on a priority basis. Payment for an emergency visit is limited to the first patient seen per trip, and to a maximum of one emergency visit per 4 hour period.</p> <p>A claim for an emergency chiropractic visit must include the time of the provision of the service.</p>	\$50.00

* Services include the assessment, diagnosis and treatment of neuromusculoskeletal conditions only.

**Includes the taking or review of the history of the presenting complaint(s), examination and assessment of the affected area(s) or system(s), diagnosis, plan of management, necessary treatment, tests and/or referrals, advice to the patient and record of the above consistent with Appendix V (Practice Procedures) of the Regulatory Bylaws to *The Chiropractic Act, 1994*.

NOTE: "Weekend" refers to the period from midnight on Friday to midnight on Sunday. "Statutory holiday" refers to the entire 24-hour period of the specific day.

X-RAY SERVICES

Service Code	Number of Views	Technical Component	Interpretation Component	Composite
Cervical: 32U	less than 4	20.60	8.70	29.30
33U	4 or more	32.40	12.90	45.30
Thoracic: 43U		32.40	12.90	45.30
Lumbar-Pelvis: 53U		32.40	12.90	45.30
Spine: 63U		32.70	18.10	50.80
Extremities: 72U		20.60	8.10	28.70

Saskatchewan Ministry of Health
General Information
For Services Provided by a Chiropractor

SUBMISSION OF ACCOUNTS

1. Time Limit for Submission of Accounts

Saskatchewan Health must receive accounts for insured services within six months of the date of service to be eligible for payment under The *Saskatchewan Medical Care Insurance Act*.

The six months period of time – specified as the period for the purpose of subsection 16(1) of the Act may be extended to twelve months by Saskatchewan Health if it is determined that the delay was due to factors beyond the control of the person presenting the account. Neglect, loss of the account and failure to obtain the account from the person providing the service are within the control of the person presenting the account, and are not relevant factors.

Claims returned to the chiropractor should be corrected as necessary and sent back to Saskatchewan Health within 30 days; this will be strictly enforced once a claim becomes five months old. The submission time period applies to all persons submitting accounts to Saskatchewan Health.

In cases where beneficiaries are billed directly, the Act requires the beneficiary be provided with an itemized statement within six months following the date of service to enable them to claim payment from Saskatchewan Health. As long as the beneficiary is provided with a statement of account in time, the Act does not restrict the practitioner's right to collect the account from the beneficiary. If the practitioner does not provide the statement in time, the right to collect the account from the beneficiary is lost.

2. Form of Account:

Standard Claim Submission

Saskatchewan Health may make payment for insured services provided to a beneficiary on an account being presented, containing the following information:

- a) patient's name in full;
- b) patient's Health Services Number;
- c) patient's month and year of birth, and sex;
- d) diagnostic code;
- e) where service is provided in Saskatchewan, service code corresponding to procedure or treatment performed;
- f) date of each service;
- g) amount charged for each service provided;
- h) additional remarks if nature of service was unusual;
- i) name and signature (not required if claim is submitted by computer) of person providing service;
- j) name or number of referring physician where applicable.

3. Method of Submission

Claims may be submitted in electronic or paper format. Paper claims submission is subject to paper claims charges.

For assistance in establishing electronic claims submission, please contact Medical Services Branch, Operations Support Unit at 787-3473 or fax 798-1124.

4. Rates

Insured rates that chiropractors may charge are detailed in payment schedules, published in conjunction with the “Chiropractor’s Newsletter” and available on the Saskatchewan Health website. These materials are updated to coincide with fee schedule changes flowing from the agreement between Saskatchewan Health and the Chiropractors’ Association of Saskatchewan.

Saskatchewan Health, “Payment Schedule for Services Provided by a Chiropractor” contains the insured rates for beneficiaries who do not qualify for the Supplementary Health or Family Benefits Programs. Rates contained in this schedule are inclusive. No additional fee can be charged to the beneficiary.

“Supplementary Health, Family Health and Seniors Income Plan” Payment Schedule for Services Provided by a Chiropractor” contains the insured rates for beneficiaries who qualify for Supplementary Health or Family Health Benefits Programs or the Seniors Income Plan. Rates contained in this schedule are inclusive. No additional fee can be charged to the beneficiary. Only 12 services per eligible beneficiary will be insured by the program in each fiscal year (April 1 to March 31).

5. Claims for Services Covered by other Agencies

Claims which are the responsibility of the Workers’ Compensation Board (WCB) or Saskatchewan Government Insurance (SGI) should not be submitted to the Saskatchewan Ministry of Health. These claims should be submitted directly to the responsible agency.

ASSESSMENT RULES

1. General

Claims for insured services submitted by any method (mode) of billing are subject to the assessment rules. This applies even in the event of claims being received under different modes of billing (e.g. mode 8– billed directly to MSB, mode 3 – billed directly to the beneficiary) for all services to a patient on the same day.

The relationship of the current service to prior or subsequent services may result in a payment amount that differs from the payment listed in the Payment Schedule.

A previous payment may be adjusted due to the subsequent submission of a claim for a related service.

Where a claim is returned or the payment is different from the amount billed, an Explanatory Code, of two letters e.g. FT is used to indicate the reason. A complete list of the Explanatory Codes follows this section.

When a request is made for an explanation or outline of circumstances in order to assess a claim, Saskatchewan Health shall determine whether the explanation is acceptable.

No payment is made for a report or other information required to assess or review an account.

2. Visits

Any claim submitted for a second visit on the same date of service by the same chiropractor or another chiropractor in the same clinic, should provide a satisfactory explanation for the second visit, the time and service provided. Please see explanatory code BL.

An initial visit (1U) may be submitted if the chiropractor or another chiropractor in the same clinic has not seen the patient in the previous 12-month period.

A subsequent visit for patients less than six years old is paid by report. This report can be submitted as a comment on computer billings (include diagnosis and treatment plan eg: cervical torticollis; first of three treatments). Failure to provide this information will result in the claim being rejected and returned to the chiropractor for further information.

A chiropractor may not claim for an insured service provided to himself, his/her spouse, or dependent.

Saskatchewan Ministry of Health
Explanatory Codes
For Services Provided by a Chiropractor

PATIENT IDENTIFICATION

Eligibility is limited to beneficiaries of Supplementary Health, Family Health Benefits or on the Seniors Income Plan.

Eligibility is verified under these programs using the Provider Coverage Viewer (PCV). To obtain a username and password to access the PCV, contact the Health Informations Solutions Centre at 1-888-316-7446 or 337-0600. Chiropractic offices without online access may contact Supplementary Health Benefits at 1-800-266-0695 or 787-3125.

To verify the number of services and treatment history, contact the Medical Services Branch at 1-800-667-7523 or 798-0013.

A plastic "Health Services Card" for registered beneficiaries is sent every third year, expiring December 31, 2011 and every third year thereafter, to their last reported postal address. Coverage depends on registration. Notification of changes is the beneficiary's responsibility.

The Health Services Card shows: the effective and ending coverage dates, Health Services Number, name, sex, month and year of birth.

Saskatchewan Health Registration, 1942 Hamilton Street, Regina, S4P 3V7, telephone 1-800-667-7551 or 787-3251 should be notified of:

- (a) change of address,
- (b) registration errors, e.g. name, sex or date of birth,
- (c) changes in family.

All accounts should be sent to the Medical Services Branch (MSB), Saskatchewan Health, 3475 Albert Street, Regina S4S 6X6.

Residents who are members of the Canadian Forces, Royal Canadian Mounted Police and inmates of the Federal Penitentiaries are not provided with health care coverage under MSB. Their spouses and dependents, resident in Saskatchewan, must be registered for coverage.

The alphabetic code listed in the payment file/list, reject file or returned claim identifies the related explanation.

- AA Not registered -- no record of this person under this number. Please recheck the patient's Health Services Card.
- AB Patient does not appear to be covered for this date of service. If you can resubmit with the patient's current address, we will determine if the patient was covered.
- AC Registered as opposite sex -- please check the Health Services Card.

PATIENT IDENTIFICATION - Continued

- AD Incorrect Health Services Number -- use the number shown on this payment file/list for future claims.
- AE Incorrect date of birth -- please use the date of birth shown on the Health Services Card.
- AF Please review this claim, the Health Services Number is inconsistent with the name, sex or birth date on the Health Services Card.
- AH Please review this claim. Our records indicate that the beneficiary registered under this number died prior to the date of service.
- AL Please check the date of service. This claim was received at MSB prior to the date of service indicated on the claim.
- AM A letter sent to this patient by Health Registration regarding the validation renewal stickers has been returned. This patient will not have coverage after January 31. On your next contact with this patient, please advise him/her to immediately contact Saskatchewan Health Registration at 1-800-667-7551 or 787-3251 to have their coverage updated. Please ignore this message if the patient now has the new sticker.
- AN The coverage of this patient has been terminated in accordance with his/her Canadian Immigration Authorization. All attempts to contact the patient have been unsuccessful.
- The date of service on the claim is after the termination date on the Health Services Card. In order to have the Health Services coverage updated, he/she should immediately contact Health Registration, phone 1-800-667-7551 or 787-3251, 1942 Hamilton Street, Regina, S4P 3V7.
- AO A letter sent to this Saskatchewan patient by Saskatchewan Health has been returned. Therefore, the patient's coverage has been terminated. On your next contact with this patient, please advise the patient to immediately contact Saskatchewan Health Registration at 1-800-667-7551 or 787-3251 to have their coverage updated.
- AP The 9-digit Health Services Number is incorrectly recorded. Please recheck your files and/or the patient's Health Services Card.
- AR Patient not registered for coverage on this date of service. Please check the effective and expiry dates on the Health Services Card.

If the patient is a resident, he/she should immediately contact Health Registration, 1942 Hamilton Street, Regina, S4P 3V7, telephone 1-800-667-7551 or 787-3251 in order to have coverage updated. If resubmitting a claim, please indicate the current address.

GENERAL

- AS Your account had to be split for processing. Payment for the listed services was approved based on the Saskatchewan Health Payment Schedule (additional cheques may be issued).
- AU To assist in the assessment of this service, please resubmit a claim form with an attached description of the service provided.
- AV This service is not insured.
- AY Assessed by a Medical Services Branch consultant.
- AZ Please refer to correspondence.
- BA Duplicate--same chiropractor--payment has been made for a similar service provided on the same day.
- BB Possible duplication of a payment for a similar service. If no duplication, please submit with a comment record in the automated claim submission or a note in the "Remarks" area, on the back on the claim
- BC Duplicate -- same clinic -- payment has been made to another chiropractor in your clinic for a similar service on the same day.
- BD The beneficiary has been paid, based on the claim previously submitted.
- BE A Medical Services Branch consultant has reviewed this claim. Please provide written diagnostic details and your treatment plan for this patient.
- BF Adjustment based on correspondence -- Re: "Audit of Services".
- BG Billed less than Listed Payment -- appropriate payment for the date of service has been approved.
- BK Payment based on the service code and related payment approved by MSB.
- BL A second treatment on the same day by the same chiropractor or another chiropractor in your clinic is only paid with a satisfactory explanation (a.m. or p.m. is not a satisfactory explanation).
- BO Change of Service Code and/or Payment -- is based on your description of the service.
- BP Payment adjustment based on:
(a) your resubmission, or
(b) our review of assessment.

GENERAL – Continued

- BQ The service code and/or amount submitted may be incorrect. Please review and re-submit.
- BR Invalid service code -- please review.
- BW Billed more than Listed Payment -- appropriate payment for the date of service has been approved.
- BZ Payment is based on the amount payable to a Saskatchewan chiropractor providing the same service.
- DA Not approved for payment. Only one visit/treatment service is approved during a single patient contact.
DD Please verify date(s) of service and resubmit.
- FG No payment is made for this service. The maximum of 12 treatments for the fiscal year has been paid.
- FI Considered an inclusion within the payment for the related treatment visit.
- FT Our records indicate that a previous 1U or 5U has been paid to you or another chiropractor in your clinic.

SERVICES NOT INSURED BY MSB

- CA Examinations, services and provision of certificates or reports requested by a third party.
- CB Materials and other services -- e.g.:
- | | |
|---|-------------------------------|
| Acupuncture | Testimony in Court |
| Advice by telephone | Secretarial or reporting fees |
| Ambulance services | Travel by a Chiropractor |
| Appliances | Committee or Advisory Service |
| Casts, dressings, slings | Medication |
| Contractual service for a government department or agency | |
- CD Services available through government approved and supported facilities.
- CE Non-registered Provider of Service -- a service is not insured by MSB if it was provided by a chiropractor that is not registered with or licensed by the appropriate agency of the province, state or country in which he/she practices.
- CF This service was not insured on the date it was provided or it is not currently listed in the Payment Schedule.
- CG Services provided by a chiropractor to himself/herself or any member of his/her immediate family is not insured.
- CH These services appear to be the responsibility of the Department of Veteran's Affairs (DVA). Please send the appropriate form to DVA, Treatment Benefit Unit, Box 6050, Winnipeg, Manitoba, R3C 4G5. If they do not accept responsibility DVA will forward the claim to Saskatchewan Health, MSB.
- CI The service provided cannot be paid for an out-of-province beneficiary; there is no reciprocal billing process for chiropractic services.
- CM Claims received more than six months after the date of service. If factors beyond your control prevented submission within six months, please resubmit with an explanation.
- A resubmitted claim must be returned within one month. Resubmitted claims must include the original claim number and the date of original submission.
- CN Claims received more than twelve months after the date of service cannot be accepted for any reason.
- CT Workers' Compensation Board has advised MSB that they have paid you or another chiropractor in your clinic for the same service or another visit/treatment service.

SERVICES NOT INSURED BY MSB – Continued

- CW These services appear to be the responsibility of the Workers' Compensation Board (WCB). Please submit a claim to WCB at Suite 200 - 1881 Scarth Street, Regina, S4P 4L1. If they do not accept responsibility, WCB will forward the claim back to you. If the claim has not yet been paid, please submit an automated claim to MSB with a comment "Not WCB" followed by the date rejected by WCB.

RADIOLOGY

- XL This radiological service is insured only when provided by a chiropractor who is registered with the Chiropractic Association of Saskatchewan.
- XM Payment has been made previously to another chiropractor for the interpretation of this radiological procedure.
- XN Only one procedure is approved for a chiropractor or clinic for the examination of the same anatomical area on the same date of service. When a patient has been recalled and a second procedure is performed an explanation should be provided.
- XO A reassessment of the same anatomical area within 14 days by the same chiropractor or clinic will not be approved unless special circumstances are described.

INCOMPLETE CLAIMS

- YA Patient's Name -- please clarify the full name.
- YB Registration -- indicate the complete 9-digit Health Services Number as recorded on the Health Services Card.
- YC Date of Birth -- indicate the month and year of birth as recorded on the Health Services Card.
- YD Family Head -- please indicate the full name and address.
- YF THE SIGNATURE BLOCK on this claim is completed differently than what you previously indicated to MSB.

The acceptable methods are:

1. Personal signature.
2. Impress a rubber stamp facsimile of the chiropractor's signature.
3. Impress a rubber stamp of the chiropractor's name in capital letters.
4. Hand print the chiropractor's name in capital letters.
5. Delegate a member of your staff to personally sign on the chiropractor's behalf.

Prior to resubmission, please complete the signature block by either:

- (a) your previously designated method of signing; or
- (b) personal signature.

If you wish to change your previously designated method of signing claims, you must advise MSB in writing of the specific acceptable method you intend to use in the future.

- YH Diagnosis Omitted -- Please complete and resubmit.
- YI Clarification -- please clarify the item(s) circled on the claim or recheck the entire claim.
- YK Code and Fee -- please indicate the service code and amount charged for each service.
- YL Date of Service -- please indicate the proper day, month and year.
- YP The clinic number is invalid for the submitted dates of service. Please review the clinic number and the dates of service.
- ZA The patient identity information on the claim (month or year of birth, sex or surname) does not correspond to information on the Health Services Card. Please check the Health Services Card, make the claim corrections and resubmit.
- ZC The submitted claim contains invalid data other than patient identification data, e.g. September 31, a 13th month, a lower case alphabetic character, a partially blank field as HSN, the submitted fee at zero dollars, etc.

INCOMPLETE CLAIMS - Continued

- ZD The dates of service or month of birth are invalid. The date of service may be greater than the date of computer processing or there are two months of service on 50 records with the same claim number.
- ZF The chiropractor is not eligible to submit for services on the indicated dates of service.
- ZH Please check the date of service on this claim because it conflicts with previously paid services. If you resubmit without changes, please indicate "Date of Service is Proper" on the comment record or in the remarks area of the claim form.
- ZL The submitted referring doctor number is invalid. Please check the referring doctor name and number.
- ZM The claim contains an invalid diagnostic code according to the International Classification of Diseases - 9th Revision or list of chiropractor codes. Please check the diagnosis, diagnostic code or list and table of invalid codes.
- ZN MSB has received multiple claims with the same clinic, doctor, claim and Health Services Number. One of the claims is being processed in the system; all other claims with the same claim number are being returned.
- ZP An invalid mode of payment has been used on this claim.
- ZR The indicated service code is not valid for this time period, e.g. 6U at 11 a.m. on a Thursday.
- ZS This claim was submitted as a Professional Corporation (PC) claim; however, no PC information has been received or the PC claim is not valid on this date.
- ZT Please refer to the comment record(s) being returned by MSB for a more detailed explanation.
- ZW The direct input claim cannot be processed. Please resubmit on a regular claim form.
- ZY The direct input claim cannot be processed. Please resubmit with comments or an explanation of the service provided (e.g. a report for services provided to those under 6 years of age). If a more detailed explanation is required, it should be submitted and attached to a regular claim form.

April 1, 2010