

Optometrists' Newsletter No. 09

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Inquiries at 1-800-605-2965

NEW RATES EFFECTIVE OCTOBER 1, 2026

As a result of the negotiated agreement between the Saskatchewan Association of Optometrists (SAO) and the Ministry of Health (Ministry) covering the term April 1, 2022 to March 31, 2028, an updated Payment Schedule for Insured Services Provided by Optometrists (Payment Schedule) is effective October 1, 2026.

Any claims submitted for services which occurred on or after October 1, 2026 (the implementation date) will be paid according to the new payment schedule for services from October 1, 2026.

RETRO PAYMENTS

The previous Payment Schedule published February 1, 2022 applied rates as per the previous agreement between the SAO and Ministry. For insured services provided to Saskatchewan residents for the period April 1, 2025 to March 31, 2026, a lump sum payment was included in payment run 'sx'.

With acknowledgment that new rates for 2026-27 from the new agreement could not be applied in time for the April 1, 2026 payment schedule update, a second lump sum payment for insured services provided to Saskatchewan residents for the period April 1, 2026 to September 30, 2026 will be included in optometrists' payment run 'tg' on October 28, 2026. The lump sum adjustment will appear on your return file as fee code 997Y.

IMPORTANT HEALTH WEBSITE INFORMATION

All Medical Services Branch **Payment Schedules, Newsletters, Operations Bulletins, Billing Bulletins, billing information sheets and forms** formerly found on ehealthsask.ca are now available on saskatchewan.ca under [Establishing and Operating a Practice](#). **Please update your bookmarks.**

COVERAGE VERIFICATION

Medical Services Branch

An online Provider Coverage Viewer is available to determine patient eligibility for an eye exam. The Provider Coverage Viewer allows you to check if a patient has coverage under the Supplementary Health, Family Health Benefits, or the Seniors Income Plan programs. If patients are eligible for eye exams based on their age or the program coverage they have, the Provider Coverage Viewer will display the patient's age and the date of their last eye exam. If a patient is not eligible for an eye exam based on their age or program coverage, the Provider Coverage Viewer will not display the date of their last eye exam. For eligible patients, the date field will only be displayed if there was an exam during the eligibility period.

For those offices that do not have Provider Coverage Viewer, you can apply for a username and password by requesting a *Provider Coverage User Agreement/Account Request Form* and eHealth Security Questions Form from the eHealth Service Desk at 1-888-316-7446.

The use of fax submissions and telephone calls to verify coverage for patients should only be used if eligibility cannot be determined from the Provider Coverage Viewer.

Supplementary Health and Family Health Benefits Programs

There are two different paths to checking patient eligibility for Supplementary Health coverage.

The Provider Coverage Viewer allows you to check if a patient may be eligible for eyewear based on health program coverage; however, the system does not provide prior approvals. To confirm eligibility for eyewear and request prior approval, please call 1-800-266-0695 and press 4.

The Medical Supplies and Serviced Claims System (MSSCS) allows you to check if a patient may be eligible for program coverage. To confirm eligibility for eyewear and request prior approval, please call 1-800-266-0695, press 4.

BUSINESS SUPPORT DESK

For technical issues with electronic claim submissions or remittance file processing, contact your software vendor first.

If the issue cannot be resolved by the vendor or if you are experiencing difficulties with the Customer Portal, contact the Business Support Desk at 1-800-605-2965 for assistance.

REFERRING PRACTITIONER BILLING NUMBER FILE

Physicians who submit claims electronically can access the Referring Practitioners File through Customer Portal. The file is available on the Home Page under Vendor Files and may be downloaded in either Text or Excel format.

The Referring Practitioners File contains the billing numbers of referring practitioners and should be used when submitting claims that require referring practitioner information.

The screenshot displays the Customer Portal interface. At the top, there is a green header bar with the text "Customer Portal". Below this, the "Message Center" section is visible, containing a "Message Board" with a list of messages dated from September 17, 2026, to October 20, 2025. To the right of the Message Board, there are sections for "Newsletter, Bulletin and Tr" and "Payments Sched". Below the Message Board, the "Vendor Files" section is shown, listing various files for download. The "Referring Practitioners" file is highlighted with a red circle. Other files listed include "Service Code Catalog", "MSB Diagnostic Codes", "Explanatory Codes", "MEDICAL CLAIMS BATCH FILE EXCHANGE SPECIFICATIONS", "VENDOR FILE SPECIFICATIONS", "MSB APPROVED VENDORS", and "MSB CLAIMS PROCESSING CALENDAR".

File Name	Format
Service Code Catalog	Excel
MSB Diagnostic Codes	Excel
Explanatory Codes	Excel
Referring Practitioners	Excel
MEDICAL CLAIMS BATCH FILE EXCHANGE SPECIFICATIONS	PDF
VENDOR FILE SPECIFICATIONS	PDF
MSB APPROVED VENDORS	PDF
MSB CLAIMS PROCESSING CALENDAR	PDF

CHANGES TO THE PAYMENT SCHEDULE

The following Optometrist Payment Schedule revisions are effective October 1, 2026

Software vendors have been provided with the updated vendor file (payment schedule). Please contact your vendor to make sure they have updated your system to ensure claims are processed accurately.

AMENDED FEE CODES

Reference	Amended Code	Service Title	Amendment
Page 4	15U	Initial Assessment of Ocular Urgencies and Emergencies	379 Other diseases of the eye New: "when patients present with flashers/floaters"
Page 6	35U	OCT - bilateral - professional fee	Language clarification
Page 6	36U	OCT - bilateral - technical fee	Language clarification
Page 7	91U	High Risk Medication Consultation	New: Use diagnostic code 995 and include medication name in comment field
Page 7	92U	Junior Idiopathic Arthritis Consultation	Removed referral requirement

SUBMISSION OF ACCOUNTS

Reference	Section	Change
Pages 13-14	Patient Identification	Amended - Health Services Card/HSN information and PHRS verification language updated, including newborn claim submission.
Pages 14-15	Method of Submission	Amended - electronic claim submission information reorganized and clarified.

ASSESSMENT RULES

Reference	Code	Change
Page 17	12U	Amended – Added nurse practitioner as eligible referring provider.
Page 18	21U	Amended – Clarified billing eligibility.
Page 20	40U	Amended – Language updated for clarity.
Page 20	91U	Amended - Removed referral requirement for hydroxychloroquine.
Page 20	92U	Amended – Removed referral requirement.
Page 21	115U/116U	Amended – Clarified billing eligibility.

EXPLANATORY CODES**NEW**

Reference	Code	Change
Page 25	AI	New – service requires a comment with additional details for assessment to occur.
Page 27	BJ	New - referral and 4-digit referring doctor number required for payment.
Page 29	DA	New - billing requirements for two separate patient contacts on the same day.

AMENDED

Reference	Code	Change
Page 25	AA	Process Update - PHRS verification/resubmission instructions updated.
Page 25	AC	Process Update - PHRS information updated.
Page 25	AD	Process Update - PHRS information updated.
Page 25	AE	Process Update - PHRS information updated.
Page 25	AF	Process Update - PHRS information updated.
Page 25	AO	Modernization - Health Registration reference updated.
Page 26	AR	Process Update - registration, PHRS and resubmission instructions updated.
Page 26	AS	Modernization - outdated payment wording removed.
Page 26	AT	Additional Clarity - diagnosis/service code and resubmission requirements clarified.
Page 26	AU	Process Update - supporting information submission updated to Customer Portal.
Page 26	AV	Modernization - minor wording update.
Page 26	AX	Process Update - supplementary information submission updated to Customer Portal.
Page 27	BA	Process Update - duplicate claim and Customer Portal instructions updated.
Page 27	BB	Process Update - duplicate claim and supplementary information instructions updated.
Page 27	BC	Process Update - same-clinic duplicate claim instructions updated.
Page 27	BK	Additional Clarity - assessment requirements clarified.
Page 27	BO	Additional Clarity - service code/payment wording clarified.
Page 27	BP	Process Update - payment adjustment process updated to include Query Claims functions.
Page 27	BQ	Additional Clarity - service code/amount correction and resubmission requirements clarified.
Page 28	BR	Modernization - blank/invalid service code wording updated.
Page 28	CA	Modernization - non-insured services wording updated.

Reference	Code	Change
Page 28	CF	Additional Clarity - service code validity by date of service clarified.
Page 28	CH	Process Update - DVA claim/resubmission process updated.
Page 29	CM	Process Update - extension-of-time request process updated to Customer Portal.
Page 29	CW	Process Update - WCB claim submission process updated.
Page 29	JP	Additional Clarity - previously billed/paid service wording clarified.
Page 30	SE	Eligibility/Payment Clarification - eligibility requirements clarified.
Page 30	SH	Eligibility/Payment Clarification - payment and frequency requirements clarified.
Page 31	SS	Modernization - minor wording update.
Page 31	SX	Modernization - insufficient information wording simplified.
Page 32	YP	Modernization - minor wording update.
Page 32	YS	Modernization - referring physician wording updated.
Page 32	ZC	Process Update - invalid claim data and resubmission instructions updated.
Page 32	ZD	Process Update - verification and resubmission requirements updated.
Page 32	ZL	Process Update - referring doctor correction/resubmission instructions updated.
Page 32	ZM	Process Update - diagnostic code correction/resubmission instructions updated.
Pages 32-33	ZN	Process Update - multiple claim and Customer Portal instructions updated.
Page 33	ZP	Additional Clarity - mode of payment/service code requirements clarified.
Page 33	ZS	Administrative Update - Professional Corporation claim wording updated.

DELETED

Reference	Code	Change
Page 31	YA	Deleted - modernization of explanatory code content.
Page 31	YB	Deleted - modernization of explanatory code content.
Page 31	YC	Deleted - modernization of explanatory code content.
Page 31	YD	Deleted - modernization of explanatory code content.
Page 31	YF	Deleted - modernization of explanatory code content.
Page 31	YI	Deleted - modernization of explanatory code content.
Page 31	YJ	Deleted - modernization of explanatory code content.
Page 32	YK	Deleted - modernization of explanatory code content.

Reference	Code	Change
Page 32	YL	Deleted - modernization of explanatory code content.
Page 32	YR	Deleted - modernization of explanatory code content.
Page 32	ZH	Deleted - modernization of explanatory code content.
Page 33	ZW	Deleted - modernization of explanatory code content.
Page 33	ZY	Deleted - modernization of explanatory code content.

STATUTORY HOLIDAYS 2026

HOLIDAY	ACTUAL DATE	OBSERVED ON
New Year's Day	January 1	January 1
Family Day	February 16	February 16
Good Friday	April 3	April 3
Victoria Day	May 18	May 18
Canada Day	July 1	July 1
Floating Holiday	July 31	July 31
Saskatchewan Day	August 3	August 3
Labour Day	September 7	September 7
Thanksgiving Day	October 12	October 12
Remembrance Day	November 11	November 11
Christmas Day	December 25	December 25
Boxing Day	December 26	December 28

STATUTORY HOLIDAYS 2027

HOLIDAY	ACTUAL DATE	OBSERVED ON
New Year's Day	January 1	January 1
Family Day	February 15	February 15
Good Friday	March 26	March 26
Victoria Day	May 24	May 24
Canada Day	July 1	July 1
Floating Holiday	July 2	July 2
Saskatchewan Day	August 2	August 2
Labour Day	September 6	September 6
Thanksgiving Day	October 11	October 11
Remembrance Day	November 11	November 11
Christmas Day	December 25	December 25
Boxing Day	December 26	December 26