

Special Care Home Management 627A – 629A

Billing Information Sheet

Insured Services, Medical Services Branch

1.	BACKGROUND
	PAYMENT SCHEDULE MODERNIZATION (PSM): Special Care Home Management (SCHM) This is an MSB proposal originating in 2016. The proposal has evolved into three phases. • Initial proposal was to update the list of facilities types and designations to ensure they are aligned with current legislation. • The second phase was to seek formal agreement to replace the existing 626A with modernized code(s), effective April 1, 2020. • The final phase is to finalize the descriptor and policy for the modernized fee codes. For additional information including key messages and FAQs for billing, please visit the Saskatchewan Medical Association website: https://sma.sk.ca/163/payment-schedule-modernization-psm.html
2.	SEE PHYSICIAN PAYMENT SCHEDULE (PPS) FOR FULL DESCRIPTOR
	To initiate billing of these codes: 1. The physician's first SCHM fee claims for the patient must include the comment: "will be providing continuous care". 2. Subsequent (after 14 days) SCHM fee claims must be consecutive and continuous for the same patient by the same physician or clinic and will not require a comment. 3. If a different physician (from a different clinic) is temporarily providing management of special care home patients on behalf of the most responsible physician, and claiming SCHM fee codes for those patients, the claim(s) must include the comment: "Covering for Dr. first name; last name". If a different physician (from the same clinic) is temporarily providing management of special care home patients on behalf of the most responsible physician, and claiming SCHM fee codes for those patients, the claim(s) do not require an additional comment. PLEASE NOTE: SCHM service includes all necessary non-acute indirect patient care as listed in the PPS by the most responsible physician or another physician in the same specialty and clinic.
3.	TRANSITION FROM 626A TO THE NEW SCHM CODES 627A AND 628A
	Below is MSB's direction. The codes are paid according to date of service (DOS): • If DOS occurred prior to April 1, 2020, 626A is billable and paid the October 2019 Payment Schedule (PS) rate.

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	- If DOS is on or after April 1, 2020, 627A/628A are billable and are paid at the April 2020 PS rate. <u>For the transition week of March 29 – April 4, 2020:</u> 626A is billable (1) visit per patient by any physician every 7 days. Thus, depending on the DOS, the 7 day time period for 626A may extend into April. From March 29th to April 4th, either 626A or 627A/628A can be billed, but not both. If 626A is billed with 627A (indirect) within the transition week: 626A is paid (higher rate) and 627A is recovered. The next date that a SCHM code can be billed is as soon as the 7 calendar day block the 626A covers is passed. For example: 626A with March 30th DOS is paid. 627A with April 2nd DOS is recovered with explanatory code BK. 627A or 628A with April 6th DOS is payable. If 626A is billed with 628A (direct) within the transition week: 626A is recovered and 628A is paid (higher rate and an actual visit). The next date that a SCHM code can be billed is as soon as the 14 calendar day block the 628A covers is passed. For example: 626A with March 30th DOS is recovered with explanatory code BK. 628A with April 2nd DOS is paid. 627A or 628A with April 16th DOS is payable.
4.	SAMPLE BILLING SCENARIOS
	<u>Special Care Home Management Codes</u> 627A Indirect Patient Care for Special Care Home Patients 628A Direct Patient Care for Special Care Home Patients 629A Special Care Home Management Conversion <u>Billable in Addition to 627A and 628A</u> 793A Telephone calls/facsimile/email on behalf of palliative per patient <u>Billable in Addition to 627A by Report</u> 790A Telephone/Facsimile/Email – On Behalf of Nursing Home Patients <u>Not Billable in Addition to 627A and 628A</u> 763A Monitoring anticoagulant therapy by telephone, per month 791A Telephone/Facsimile/Email – On Behalf of All Other Patients

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Patient One

Dr. A (Clinic 123)

April 1, 2020 – **627A** with comments “will be providing continuous care” – *Payable*

April 10, 2020 – **628A** – *Converted to 629A at \$36.00 with explanatory code BK*

April 13, 2020 – **627A** – *Payable*

April 20, 2020 – **763A** – *Not payable with explanatory code BK*

April 27, 2020 – **627A** – *Payable*

May 5, 2020 – **791A** – *Not payable with explanatory code BK*

May 7, 2020 – **627A** – *Not payable with explanatory code BK*

May 8, 2020 – **790A** with no report - *Not payable with explanatory code AU*

May 8, 2020 – **790A** with report outlining reason for urgent requirement outside of regular business hours – *Payable*.

APRIL						
S	M	T	W	T	F	S
			1 627A payable	2	3	4
5	6	7	8	9	10 628A converted to 629A with ex. code BK	11
12	13 627A payable	14	15	16	17	18
19	20 763A not payable with ex. code BK	21	22	23	24	25
26	27 627A payable	28	29	30		

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MAY						
S	M	T	W	T	F	S
					1	2
3	4	5 791A not payable with ex. code BK	6	7 627A not payable with ex. code BK	8 790A with satisfactory report - payable	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Patient Two

Dr. A (Clinic 123)

April 2, 2020 – **628A** with comments “will be providing continuous care” – *Payable*

April 10, 2020 – **627A** – *Not payable with explanatory code BK*

May 19, 2020 – **628A** – *Converted to 629A at \$36.00 with explanatory code BK*

May 27, 2020 – **627A** – *Payable*

Dr. B (Clinic 456)

April 15, 2020 – **628A** with comments “covering for Dr. A” – *Payable*

April 16, 2020 – **793A** – *Payable*

Dr. C (Clinic 123)

April 29, 2020 – **627A** with no comments – *Payable (same clinic- no comments required)*

Dr. D (Clinic 456)

May 13, 2020 – **627A** with comments “covering for Dr. A” – *Payable*

Dr. E (Clinic 789)

April 1, 2020 – **628A** with no comments – *Payment will be made to Dr. A and this claim will be rejected with explanatory code JP*

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April						
S	M	T	W	T	F	S
			1 Dr. E - 628A with no comments - not payable ex. code JP	2 Dr. A - 628A with comments - payable	3	4
5	6	7	8	9	10 Dr. A - 627A not payable with ex. code BK	11
12	13	14	15 Dr. B - 628A with comments - payable	16 Dr. B - 793A payable	17	18
19	20	21	22	23	24	25
26	27	28	29 Dr. C - 627A with no comments - payable (same clinic - no comments required)	30		
May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13 Dr. D - 627A with comments - payable	14	15	16
17	18	19 Dr. A - 628A converted to 629A ex. code BK	20	21	22	23
24	25	26	27 Dr. A - 627A payable	28	29	30
31						