

Query Claim Updated Features



WHAT'S NEW?

- Submission dates are no longer a mandatory field.
- A claim can be queried by entering the **Health Card Number** or the **CPS 10-digit Claim Number**.
- New queried claim details include Query Status, Query Created Date, and Query Type.
- Query claim options have been redefined and simplified.

NEW QUERY CLAIM SEARCH CRITERIA

CPS 10-digit Claim Number

Provides claim specific details.

Query Claims								
CPS Claim No	External Claim No	Province	Health Card No	Billing No *	Group Id	Clinic No	Mode	From Date
1234567891	External Claim No	SK	Health Card No	1234	Group Id	Clinic No	Mode	From Date
To Date								
To Date								

Health Card Number

Provides the entire claims history for the Health Card Number and the associated Billing Number and Group ID combination. The patients claim history is provided by the most recent service date.

Query Claims								
CPS Claim No	External Claim No	Province *	Health Card No	Billing No *	Group Id	Clinic No	Mode	From Date
CPS Claim No	External Claim No	SK	123456789	1234	Group Id	Clinic No	Mode	From Date
To Date								
To Date								

The following information is also required when querying a claim:

- Province of the Health Card Number
- Associated Billing Number and Group ID combination
- **Batch File Submitters** – associated Group ID is required.
- **Real Time Submitters** – Group ID is not required.



NEW QUERIED CLAIM DETAILS

- Query Status,
- Query Created Date, and
- Query Type

CPS Clai...	Ext Claim...	Prov	HSN	Sub SC	DOS From	DOS To	Status	Paid SC	Paid LOS	Paid NOS	Paid Eligibl.	Paid Tota..	Explan Codes	Query Status	Query Created..	Query Type
103i		SK	940	171Z	2024-09-09	2024-09-09	PAID	171Z	1	1	141.80	141.8				
103i		SK	940	162Z	2024-09-09	2024-09-09	REJECTED				0.00	0.00				
103i		SK	940	171Z	2024-08-08	2024-08-08	PAID	171Z	1	1	141.80	141.8	BH	OPEN	2024-10-22	ZCQAP2
103i		SK	940	162Z	2024-08-08	2024-08-08	PENDED				0.00	0.00		OPEN	2024-10-22	ZCQAP2
103i		SK	940	150Z	2024-01-15	2024-01-15	PAID	150Z	1	1	99.95	99.95				
103i		SK	940	150Z	2024-01-15	2024-01-15	PAID	150Z	1	1	99.95	99.95	B0	COMPLETED	2024-10-22	ZCQAU
103i		SK	940	150Z	2024-01-15	2024-01-15	PAID	150Z	1	1	99.95	99.95	B0	COMPLETED	2024-10-22	ZCQAU
103i		SK	940	150Z	2024-01-15	2024-01-15	PAID	150Z	1	1	99.95	99.95	B0	COMPLETED	2024-10-22	ZCQAU

Query Status	Description
Blank	The claim has not been queried.
Open	The claim has been queried and MSB is reviewing the claim.
Completed	The claim was queried and MSB has completed their review. Check the Status column to determine if the claim has paid, pending, or rejected.

Query Created	Description
Date	Date of the most recent query submission.

Query Type	Supplementary Claim Information Categories
ZCQCOM	Provide Required Comment or Explanation
ZCQATT	Attach Required Documentation
ZCQTL	Explan Code CM-CN - Request for Time Limit Extension
ZCQPGA	Explan Code RA – RZ - Routine Audit and Recovery
ZCQAP1	First Level of Appeal - Request for General Reassessment by a Claims Supervisor
ZCQAP2	Second Level of Appeal - Request for Medical Consultant Review
ZCQAP3	Request for Medical Assessment Board Review

WHICH SUPPLEMENTARY CLAIM INFORMATION OPTION DO I USE?

Step 1: Refer to the Payment Schedule for your claim specific service code(s) and review the explanatory code(s) attached to determine the additional information required for your claim to be assessed.

Step 2: Determine which **Supplementary Claim Information** option is appropriate for your claim's specific scenario.

Step 3: To confirm or check the status of your query, re-query the claim using the Health Card Number or CPS 10-digit number (as per above).

Supplementary Claim Information Options

Provide Required Comment or Explanation

- Include the requested information as a comment to support your request as per the Payment Schedule.
- Example: Explanatory code DA

Attach Required Documentation

- Attach the requested documentation to support your request as per the Payment Schedule.
- Examples: Explanatory codes AU/AZ requiring the operative report, medical/case record or a descriptive letter, a written report for higher payment request for unusual time, skill or attention required for management of a medical condition.

Explan Code CM – CN - Request for Time Limit Extension

- Attach the requested documentation to support your request as per the Payment Schedule.

Explan Code RA – RZ - Routine Audit and Recovery

- Attach the requested documentation to support your request as per the Payment Schedule.

First Level of Appeal - Request for General Reassessment by Claims Supervisor

- First Level Appeal can **only** be selected once you have provided a comment or attachment.
- First Level of Appeal is a request for your claim to be reassessed because you are dissatisfied with the initial assessment.
- Attach additional documentation to support your appeal request per the Payment Schedule.

Second Level of Appeal - Request for Medical Consultant Review

- Second Level Appeal can **only** be selected once a First Level of Appeal is complete.
- Second Level of Appeal is a request for your claim to be reassessed by a Medical Consultant as you are dissatisfied with the First Level of Appeal decision.
- Attach a **detailed letter directly from the physician** that includes information required to support your request as per the Payment Schedule. This includes: a list of all declined or disputed services, what specifically is being disputed, rationale for the appeal and any/all corresponding medical records.

Request for Medical Assessment Board review

- This appeal option can **only** be selected once a Second Level of Appeal is complete.
- This is a request for your claim to be reassessed by the Medical Assessment Board.
- Attach a letter and the reasons the claim should be re-considered per the Payment Schedule.

WHICH CLAIM QUERY OPTION DO I USE?

Step 1: To complete a recovery of a claim previously submit select the appropriate option for your claim specific scenario.

Step 2: To confirm or check the status of your query, re-query the claim using the Health Card Number or CPS 10-digit number (as per above). The claim Status column will show **Rejected** with the applicable explanatory code.

Explanatory Code	Claim Query Categories
BP	Billing Error – Claim Recovery by Practitioner
CW	WCB Claim – Claim Recovery by Practitioner

Please note: If your claims status is rejected, please review the explanatory code definition in the Payment Schedule to determine the reason for the rejection. If your claim is rejected **BP** or **CW** these explanatory codes indicate that you initiated the claim recovery due to a billing error or a WCB claim.



For additional information on the Query Claims process and claim specific examples refer to the **Customer Portal Query Claim Training Manual** on ehealthsask.ca.