

Nurse Practitioner Shadow Billing Codes (2025)

REVISION SUMMARY (Last updated December 12, 2025)

Date	Section Updated	Revision Made
2025-12-12	308B	This code requires Z80 diagnostic code (not Z98)

Data collection is an important component of a nurse practitioner's (NP) practice. Accurate and consistent data not only reflects the care provided but also strengthens the broader health system. The Ministry of Health relies on NP shadow billing data to monitor population health trends, assess patterns in NP-delivered care, and inform planning for programs, services, and healthy workforce needs. At the clinic and practitioner level, shadow billing data is a valuable tool. It supports quality improvement efforts and helps identify opportunities to enhance patient care.

Recognizing the time burden of reporting, the Ministry of Health has reduced the number of shadow billing service codes to nineteen (19). This guide provides direction on the proper use of the new billing codes to ensure accurate and consistent submissions.

Effective December 1st, 2025, the new service codes listed below will replace any/all previous nurse practitioner service codes.

General Claim Submission Requirements:

- All service codes must be assigned an ICD-9 code:
 - ICD-9 codes are required to describe the patient's medical condition that is treated or relevant to the visit. These codes help the ministry monitor population health trends and understand medical complexity. Accurate and consistent ICD-9 codes provide complete information for the services rendered.
 - The ICD-9 code can be the same or unique for each service code submitted.
- Claims are limited to seven (7) line items:
 - For example, one visit service code and up to six (6) additional non-clinical and/or add-on service codes can be submitted on one claim.
 - If a total of more than six (6) add-on/non-clinical codes were provided, please submit the non-clinical codes in a separate claim.

There are three (3) types of service codes:

1. Visit Codes:

- There are a total of nine (9) visit service code options.
- Every visit service requires claim submission of the visit code that is most aligned with the nature of the visit. For example, if a Complex Care Visit results in a referral, select 314B rather than 313B.

- If a visit service is conducted by telephone or through secure video, you must utilize the Special Circumstances Indicator field on your claim. Please refer to the Special Circumstances Indicator instructions provided below.
- Only one visit code can be used per patient contact, per provider, per day. If there were two (2) separate patient contacts, please add a comment to your claim through Customer Portal using Query Claims – Supplementary Claim Information including the reason and start and stop times of both visits on the same day in the comment field.
- Visit Codes cannot be billed as an Add-On code.

2. Non- Clinical Codes:

- There are four (4) non-clinical codes.
- The new Attachment Code (300B) is only eligible if the nurse practitioner has had an explicit attachment conversation with the patient (existing or new) confirming mutual agreement to become the patient's primary care provider.
- NPs who do not attach a patient for longitudinal primary care are **not** eligible to submit the attachment code.

3. Add-On Codes:

- There are six (6) add-on codes.
- Each add-on code can only be billed **once** per claim, even if multiple procedures qualify for the same service code.
- Add-on codes are restricted to the specific activities described within each code definition. If an activity is not listed, an add-on code must not be used.
- For questions or missing activities please email contractnp@health.gov.sk.ca for review.

Virtual/Telephone Visit Service(s) Instructions:

- If a visit service is conducted by telephone or through secure video, utilize the Special Circumstances Indicator field and select **VT** - Virtual/Telephone Visit – For Nurse Practitioner Use ONLY.
- Only the following visit services are eligible: **303B, 313B, 312B, 315B, 314B, 317B, and 318B**
- If VT is submitted with an ineligible service code, the claim item will reject with explanatory code ZC.
- For claims with multiple service codes (e.g., 303B and 325B): If your billing software does not allow entry of **VT** for only the visit (e.g., 303B), please split the claim into two (one for 303B and one for 325B) and submit both claims in the same input file or on the same day prior to the claims processing cut-off.

New Service Codes and Descriptions:

Service Code	Description
1. Visit Codes	
301B Complete Visit	Complete history and physical assessment, including psychosocial assessment, including a health maintenance visit. Includes the completion of related forms. A complete assessment includes: a) Pertinent family history; b) Patient history; c) History of presenting complaint; d) Functional enquiry; e) Examination of all parts and systems; f) Diagnosis; g) Assessment; h) Necessary treatment; i) Advice to the patient; and j) Record of service provided.
311B Complete Visit that results in a referral	Complete Visit was performed, and referral was provided to: • Intersectoral Service/community-based organizations; • Regional Services or internal team-based services; • Private Services (physiotherapist, dentist, massage, etc.); or • Practitioner external to PHS team (i.e. GP, Specialist, NP) For example: Use 311B instead of 301B for a complete visit where a referral is made.
303B Partial Visit	Partial history and physical/mental assessment. Includes the completion of related forms. Partial assessment or subsequent visit includes: a) History review; b) History of presenting complaint; c) Functional enquiry; d) Examination of affected part(s) or system(s); e) Assessment; f) Diagnosis; g) Necessary treatment; h) Advice to the patient; and i) Record of service provided.

313B Partial Visit that results in a referral	Partial Visit was performed, and referral was provided to: • Intersectoral Service/community-based organizations; • Regional Services or internal team-based services; • Private Services (physiotherapist, dentist, massage, etc.); or • Practitioner external to PHS team (i.e. GP, Specialist, NP) For example: Use 313B instead of 303B for partial visit where a referral is made.
312B Counselling Visit	The primary purpose of the appointment is counselling. Includes both individual and group counselling (e.g., bereavement, cognitive behavioural therapy).
314B Complex Care Activities	The primary purpose of the visit is for a complex activity that includes: • Substance use disorder • Attention deficit hyperactivity disorder (ADHD) assessment • Sexual assault exam • Chronic disease management • Complex mental health management • Family conference • Case conference with team • Participation in case conferences and consultations regarding client with other health professionals • Palliative case planning • Chronic pain management • Medical termination of pregnancy
315B Patient Management Code	This service applies where any health care provider, having examined the patient, formally requests the opinion and advice of an NP because of the complexity, obscurity or seriousness of the current condition or conditions involved. This visit code includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the NP's opinion and recommendations to the referring health care provider.
317B Obstetrical Visit	The primary purpose of the visit for prenatal and post-partum obstetrical care (up to 6 weeks postpartum) and includes: • Prenatal visit complete exam • Prenatal visit subsequent exam • Postnatal office visit

318B MAID	All services provided for the provision of legislated MAID services. All MAID services must be submitted with one of the MSB assigned diagnostic "Z" codes created for the purposes of tracking MAID-related services by physicians. Must Include ICD-9: Z31 MAID - Malignant Neoplasms Z32 MAID - Nervous system diseases Z33 MAID - Chronic lower respiratory diseases Z34 MAID - Heart Disease Z36 MAID - Other illness Z37 MAID - Third Party Counseling
2. Non-Clinical Activity Codes	
348B Planning/ Program Development	Participation in preparation and activities regarding planning and program or service development at the local, regional, provincial or national level. Must be billed under HSN 000090042 (demographics below) and Z98 Diagnostic Code (unless the group has a specific illness which the teaching is related to then use that diagnostic code). First Name: Practitioner Last Name: Nurse DOB: 01.01.1990 Sex: Female
349B Continuing Education	Attending meetings or seminars relating to personal or professional development. Must be billed under Dummy HSN 000090042 Must include Z98 Diagnostic Code (unless the group has a specific illness which the teaching is related to then use that diagnostic code).
308B No Show	Patient did not show up for scheduled appointment Must include Z80 Diagnostic Code
300B Attachment	Indicates a conversation has taken place between NP and patient to confirm the NP is their primary provider for longitudinal care. Must include the patient's HSN and Z98 Diagnostic Code.
3. Add-On Codes:	
325B Immunizations and Communicable Diseases	Includes all immunizations, all age groups. Must include ICD-9 to indicate the type of immunization.

326B Minor Surgery	Includes: • IUD insertion/removal • Insertion / removal of contraceptive implant, • Endometrial biopsy, • Biopsy (including punch, ellipse, and shaved) • Wedge resection • Lacerations (major and minor) • Sutures • Foreign body removal • Incision and drainage • Nail removal • Cryotherapy • Small tumor excision • Insertion / removal of drains and lines.
327B Therapeutic Procedures	Includes: • Injections to joints • Wart treatments • Pessary fitting • Bladder catheterization • Application and removal of splints and casts
328B Non-Invasive Tests/Procedures	Includes: • Pelvic exam with or without pap smear • Venipuncture • Ear syringing • Injections (other than immunizations) including intramuscular, intravenous, venipuncture, subcutaneous, subdermal, and desensitization treatments
329B Pathology/ Diagnostic Activities	Includes: • Point-of-care testing • International normalized ratio (INR) interpretation and adjustments • Involvement in the application and/or interpretation of an allergy test • Specimen collection and preparation (one or more per visit) • Phlebotomy • Application and/or interpretation of diagnostic skin tests such as mantoux test • Electrocardiogram (ECG) tracing – performing and/or interpretation • Respiratory diagnostics (ex. simple spirometry - performing and interpreting, oxygen testing). • Ankle-Brachial Index (ABI) testing

330B Prescribing/ Dispensing Medications	Includes: • Providing a pharmaceutical sample • Dispensing/dispersing drugs; including over the counter medications • Prescribing Medications (does not include recommending over the counter drugs) • Supervision of Medication - includes administering medication and preparing medication for in home administration (pre-set syringes, dosettes, etc.)
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