

MSC Communiqué

Communicating the policy and directives of the Medical Services Commission of British Columbia

Volume 1, Number 5

August 2, 1996

CMQ96-015

MSC Payment Schedule Amendment

Minute of the Commission #96-0035

At the request of the British Columbia Medical Association (BCMA), and in accordance with Section 21 (3) of the *Medicare Protection Act*, the attached amendments* have been made to the Payment Schedule, effective August 1, 1996 to October 15, 1996.

The BCMA has requested that the MSC implement a temporary rollback of the fee increase introduced on April 1, 1996. The rollback will be in place for date of service from August 1, 1996, until October 15, 1996. For this period, rates will revert to those in the fee guide before April 1, 1996. After October 15, 1996, fees will be reinstated at the April 1, 1996 rates.

A list of rates for fee items affected by the payment schedule amendment is available from MSP through Fax-on-Demand at (604) 356-9605. If you do not have a fax machine, please contact Billing Support at (604) 952-2670.

CMQ96-016

Implementation of Permanent Physician Supply Measures

In accordance with Section 4 (1)(r.1) and 21 of the *Medicare Protection Act*, the Medical Services Commission has adopted the Physician Supply Measures developed by the BCMA, effective **October 1, 1996**. (MOC96-0015). Key features of the adopted Physician Supply Measures are:

- ◆ Physicians in active practice in B.C. before February 11, 1994 retain 100% billing numbers.

Physicians who entered practice on or after February 11, 1994, and who receive fee-for-service payments, are subject to one of three payment rates:

100% billing in undersupplied areas
75% in adequately supplied areas
50% in oversupplied areas.

- ◆ A physician supply template will be used to designate the payment rate for each region and speciality.
- ◆ Accumulation of points begins on February 11, 1994, and is retroactive for physicians who entered practice in B.C. since this date.
- ◆ Physicians can attain a 100% billing number without geographical restriction upon earning 100 points (at 20 points per full year of active practice plus community NIA percentage allowance).

Members:

David S. Kelly (Chair)
Keith J. Bennett
Barbara R. Bluman
Dr. David Bolton
Dr. C. John Chacko
Patricia K. Kaatz
Kimberley L. McEwan
Deborah Shera
Dr. Brian Winsby

Page 1 of 2

CMQ96-016
(continued)

The following categories of physicians qualify for 100% billing numbers:

Physicians engaged in speciality residency programs in B.C. as of June 30, 1995, who are, or become qualified as general practitioners during program;
Physicians in postgraduate training in B.C. as of June 30, 1995;
UBC medical students in (or accepted into) postgraduate training in or outside B.C. as of June 30, 1995;
UBC medical students, including those in the 95/96 entry class;
Physicians recruited to and remaining in the following positions in UBC Faculty of Medicine: Dean, Head of Department, Head of Division, Full Professor.

Physicians previously issued a 100% billing number who are absent from the province for 24 months or less for educational, sabbatical or humanitarian reasons, and who maintain registration with the College of Physicians and Surgeons of British Columbia while absent, will retain their 100% billing number with MSP. The period of 24 months may be extended at the discretion of the MSC.

- ◆ Effective **January 1, 1997**, a practitioner's enrollment with or entitlement to receive payment from MSP either through fee-for-service or alternative funding arrangements will be rescinded at the end of the calendar year in which the practitioner passes his or her 75th birthday. Special applications may be made to the MSC for consideration by the Physician Supply Advisory Committee.

Copies of the Physician Supply Measures are available from Practitioner Services, MSP, at **952-3019**.

CMQ96-017

**Laboratory
Procedures
Requiring Special
Indications (*)**

- * For listings under "Laboratory Procedures" which are marked with an asterisk (*), physicians must provide pathologists with special indications for the necessity of the test prior to the investigation.

In the case of an audit, the indications confirming the medical necessity of the procedure will be requested and must be made available pursuant to section 22 of the *Medicare Protection Act*. Any claims for which the required information cannot be provided will be recoverable under section 25 of the *Act*.