



## MEDICAL SERVICES COMMISSION

# MINUTE OF THE COMMISSION

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### **Definitions Relative to Laboratory Approvals and MSP Policy Clarification of Laboratory Services in Physician Offices**

The Medical Services Commission has accepted the following updated definitions relative to laboratory approvals granted under the *Medicare Protection Act* and Medical and Health Care Services Regulation. This amends the definitions stated in MOC #955 (attached). Definitions C and D of MOC #955 remain unchanged.

This new Minute of the Commission also clarifies the Medical Services Plan Policy of Laboratory Services in Physician Offices.

#### Definitions:

#### I. Specimen Collection Station:

Any facility where a commitment exists by an approved pathology facility to fund or otherwise provide premises, staff, equipment, material and/or supplies for the taking of specimens and/or performance of pathology assays. Examples of equipment include, but are not limited to, phlebotomy chairs, stretchers, centrifuges, or electronic devices such as computer equipment or electrocardiogram devices.

#### II. Diagnostic Facility Requiring Formal Approval:

- (1) Any facility in which a physician or laboratory accepts patients that are referred from other physicians specifically for diagnostic investigation(s).
- (2) Any facility at which the performance of diagnostic investigation (of a type listed in the Legislation and Regulations) requires at least ½ full time equivalent, or for which the volume exceeds an amount specified from time to time by the MSC.

MSP Policy Clarification of Laboratory Services in Physician Offices

The purpose of allowing testing at the source of medical care is to allow an acceleration of the clinical diagnostic process. On a restricted basis, there are certain tests which may be performed without the expertise of an accredited laboratory and these are listed in the MSC Payment Schedule as listed below. These tests are not payable to laboratories, vested interest laboratories and/or hospitals.

For payment of the following tests, the physician must collect and test the patient samples in the medical office except where fee item 00012 applies. These samples must be collected by the same physician (or their delegate) that performs the tests. Delegates are defined as stated in the MSC Payment Schedule, Preamble B, Section 5 Delegated Procedures (attached). Services cannot be referred by one physician to another physician to perform the test(s).

00012 Venepuncture and dispatch of specimen to laboratory, when no other blood work performed

15132 Candida Culture

15133 Examination for eosinophils in secretions, excretions and other body fluids

15134 Examination for pinworm ova

15136 Fungus, direct examination, KOH preparation

15100 Glucose - semiquantitative (dipstick analysed visually or by reflectance meter)

15137 Hemoglobin cyanmethemoglobin method and/or haematocrit

15000 Hemoglobin - other methods

15110 Occult blood – feces

15120 Pregnancy test, immunologic – urine

30015 Secretion smear for eosinophils

15138 Sedimentation rate

15139 Sperm, Seminal examination for presence or absence

15140 Stained smear

15141 Trichomonas and/or Candida direct examination

15130 Urinalysis - Chemical or any part of (screening)

15131 Urinalysis - Microscopic examination of centrifuged deposit

15142 Urinalysis - Complete diagnostic, semi-quant and micro

15143 White cell count only (see hematology protocol)

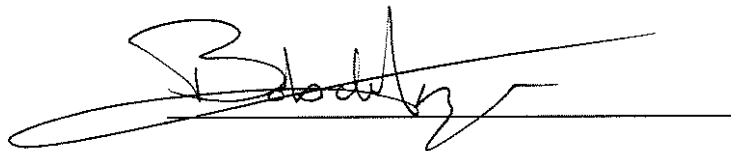
93120 E.C.G. tracing, without interpretation

Under the MSC Payment Schedule for Laboratory Medicine there is the following list, commonly referred to as the Laboratory Procedures Short List:

These tests are restricted to laboratories, vested interest laboratories, and/or hospitals. Specimens must be collected in a MSC and DAP approved facility for payment.

90000 Venepuncture and dispatch of specimen to laboratory, when no other blood work performed  
 90640 Candida Culture  
 90115 Examination for eosinophils in secretions, excretions and other body fluids  
 P90795 Examination for pinworm ova  
 90670 Fungus, direct examination, KOH preparation  
 91700 Glucose - semiquantitative (dipstick analysed visually or by reflectance meter)  
 90225 Hemoglobin cyanmethemoglobin method and/or haematocrit  
 90235 Hemoglobin - other methods  
 92005 Occult blood – feces  
 92108 Pregnancy test, immunologic – urine  
 90512 Secretion smear for eosinophils  
 90515 Sedimentation rate  
 93170 Sperm, Seminal examination for presence or absence  
 P90740 Stained smear  
 P90785 Trichomonas and/or Candida direct examination  
 92385 Urinalysis - Chemical or any part of (screening)  
 92391 Urinalysis - Microscopic examination of centrifuged deposit  
 92382 Urinalysis - Complete diagnostic, semi-quant and micro  
 90570 White cell count only (see hematology protocol)  
 93120 E.C.G. tracing, without interpretation

Attachment (3 pages)



Bob de Faye  
 Chair  
 Medical Services Commission

Dated this

3rd

day of

June

A.D. 20 09




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The Medical Services Commission has accepted the following definitions relative to laboratory approvals granted under the Medical Service Act and Regulations.

- A. Diagnostic Facility Requiring Formal Approval -
- (1) any facility at which the performance of diagnostic investigation (of a type listed in the Legislation) requires at least one-half FTE, or for which the dollar volume of investigation exceeds an amount specified from time-to-time by the Commission, and/or;
  - (2) any facility in which a physician accepts patients referred from other physicians specifically for diagnostic investigation.
- B. Specimen Collection Station - any facility where a commitment exists by an approved pathology facility to fund or otherwise significantly provide for premises, staff, equipment, material and/or supplies for the taking of specimens and/or the performance of pathology assays.
- C. Vested Interest Diagnostic Facility - any diagnostic facility for which;
- (1) the ownership includes practitioners who refer patients to the facility, or;
  - (2) practitioners referring patients to the facility receive material benefit from such referral.

Dated this 27th day of December

  
A.D. 1990

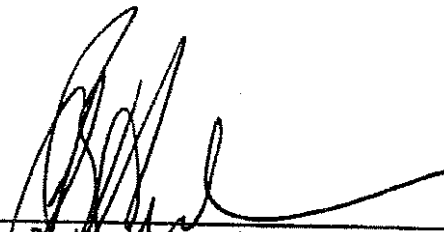


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- D. Potential Conflict of Interest Diagnostic Facility - any diagnostic facility for which;
- (1) the ownership includes a practitioner who also works or is employed as Laboratory Director/Supervisor of a public diagnostic facility of the same classification, and;
  - (2) which is located within a reasonable referral catchment area of the public diagnostic facility.




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C. P. Henderson, M.D.  
Chairman  
Medical Services Commission

c.c. Dr. N. D. Finlayson

s.c.c. Mrs. A. M. Bateman;  
Mrs. M. Bean;  
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Ms. D. Letendre;  
Mr. B. Copley;  
Mr. R. Brown;  
Chairman, W.C.B.;  
Health Services Branch, S. S. & H.

Dated this 27<sup>th</sup> day of Dec. A.D. 19 90

## PREAMBLE TO THE PAYMENT SCHEDULE

### B. TERMS AND DEFINITIONS:

#### g. House Calls

- i) A house call is considered necessary and may be billed only when the patient cannot practically attend a physician's office due to a significant medical or physical disability or debility and the patient's complaint indicates a serious or potentially serious medical problem that requires a medical practitioner's attendance in order to determine appropriate management;
- ii) A house call may be initiated by the patient, the patient's advocate, or by the physician when planned proactive care is determined to be medically necessary to manage the patient's condition;
- iii) If a house call is determined to be necessary and is rendered any day of the week between 0800 and 2300 hours, the house call should be billed as a home visit (use 00103);
- iv) If a necessary house call is initiated and rendered between 2300 and 0800 hours, the visit may be billed as an out-of-office visit with the night call-out charge (01201).
- v) A house call provided for patient convenience should be billed as an out-of-office visit (12200, 13200, P15200, 16200, 17200 or 18200) without a service charge;
- vi) The above also applies to house calls rendered by medical practitioners taking call for other medical practitioners;
- vii) As practicality dictates, the necessity and detail and the time of the call should be documented in the patient's clinical record.

→ 5.

#### Delegated Procedures

Procedures which are generally and traditionally accepted as those which may be carried out by a nurse, nurse practitioner or a medical assistant in the employ of a medical practitioner may, when so performed, only be billed to MSP by the medical practitioner when the performance of the procedure is under the "direct supervision" of the medical practitioner or a designated alternate medical practitioner with equivalent qualifications. Direct supervision requires that during the procedure, the medical practitioner be physically present in the office or clinic at which the service is rendered. While this does not preclude the medical practitioner from being otherwise occupied, s/he must be in personal attendance to ensure that procedures are being performed competently and s/he must at all times be available immediately to improve, modify or otherwise intervene in a procedure as required in the best interest of the patient. Billing for these procedures also implies that the medical practitioner is taking full responsibility for their medical necessity and for their quality. Any exceptions to this rule are subject to the written approval of MSP.

"Procedures" in this context do not include such "visit" type services as examinations/assessments, consultations, psycho-therapy, counselling, telehealth services, etc., which may not be delegated.

The foregoing limitations do not apply to approved procedures rendered in approved "diagnostic facilities", as defined under the *Medicare Protection Act* and Regulations and which are subject to accreditation under the Diagnostic Accreditation Program.

#### 6. Diagnostic Facility Services

Diagnostic Facility Services are defined under the *Medicare Protection Act* as follows: