

## MSP PAYMENT SCHEDULE: ACUPUNCTURE SERVICES

### Preamble to the Payment Schedule

1. This includes as insured services the services of acupuncturists who are registered members in good standing with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia, and licensed under the *Health Professions Act*, when rendered in the Province of British Columbia to insured persons as prescribed in #2 below.
2. Acupuncture services will be an insured benefit only for beneficiaries with Medical Services Plan (MSP) supplementary benefits status.
3. Payment for acupuncture services insured under MSP can be claimed as follows:

00142 Acupuncture Service.....\$23.00

#### Notes:

- i) This item is applicable only to patients who have MSP supplementary benefits status.
  - ii) Subject to i) above, acupuncture, chiropractic, massage therapy, naturopathic, non-surgical podiatry, and physical therapy services are benefits up to a combined maximum of 10 visits per patient per calendar year.
  - iii) Only payable if an adequate clinical record has been created and maintained.
4. Extra-billing and Definition of Acupuncture Services:

The service provider must be enrolled with the MSP in order to be paid for these insured services. Those practitioners who are on “opted-out” status with MSP may charge patients more than the rate indicated.

For MSP billing purposes, acupuncture treatment requires the insertion of a needle. The insertion of the needle is a restricted activity under the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation. The use of non-restricted activities included in the definition and scope of practice of the acupuncturist do not constitute the ‘Acupuncture Service’ for MSP billing purposes.

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5. Personal Services:

Section 29 of the Medical and Health Care Services Regulation specifies the nature of personal services which are not benefits.

***Personal Services***

**29 (1)** *Services are not benefits if they are provided by a health care practitioner to the following members of the health care practitioner's family*

*(a) a spouse,*

*(b) a son or daughter,*

*(c) a step-son or step-daughter,*

*(d) a parent or step-parent,*

*(e) a parent of a spouse,*

*(f) a grandparent,*

*(g) a grandchild,*

*(h) a brother or sister, or*

*(i) a spouse of a person referred to in paragraphs (b) to (h).*

*(2) Services are not benefits if they are provided by a health care practitioner to a member of the same household as the health care practitioner.*

6. Records:

Section 16 of the Medical and Health Care Services Regulation lists requirements for an “adequate clinical record”. – See Appendix A. For the purposes of Section 16, clinical records must be created and maintained in English.

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**Appendix A – based on Medical and Health Care Services Regulation (Part 4)**

***Services of Health Care Practitioners***

***Definition***

**16** *In this Part, "adequate clinical record" means a record of a health care practitioner, prepared in accordance with the applicable payment schedule, that contains sufficient information to allow another practitioner of the same profession, who is unfamiliar with both the beneficiary and the attending practitioner, to determine from that record, together with the beneficiary's clinical records from previous encounters, information about the service provided to the beneficiary including...*

For the purposes of insured Acupuncture Services, adequate clinical records includes

- (a) the date, time and location of the service;
- (b) the identity of the beneficiary (Name and PHN) and the attending practitioner (Name and Practitioner MSP Number);
- (c) the presenting complaints, symptoms and signs;
- (d) the differential diagnosis, if appropriate;
- (e) the provisional diagnosis; and
- (f) a description of the insured service and treatment provided.