MSCommuniqué

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

Volume 1, Number 7

December 16, 1996

CMQ96-023

Minute of Commission #96-0065

General Practice Daily Volume Limts

In accordance with Section 21(3) of the *Medicare Protection Act*, the attached* amendment has been made to the Section of general Practice Payment Schedule, effective October 1996. This amendment will expire on March 31, 1998.

* The amendment to the General Practice Payment Schedule was published in the Fall 1996 *Physician's Newsletter*. It is also available through MSP Claims Info-by-Fax line at (250) 365-9605 or MSP Claims Billing Support at (250) 952-2670.

The amendment to the General Practice Payment Schedule includes:

Replacement of fee items 0100, 0101, 0110, and 0120 with new five-digit fee codes.
 Deletion of fee code 0107 (follow-up visit).

Introduction of six separate five-digit fee codes for out-of-office visits, complete examinations, and counselling 13200, 13300, 13201, 13301, 13220, and 13320.

Introduction of four new fee items for office visits, comple examinations, consultations and counselling for patients 75 years of age and over (13100, 13101, 13110, and 13120). These fee items are paid at a 15% fee differential (premium).

The amendment introduces a daily volume limit on payments for General practice in office claims, as proposed by the Society of General Practice and approved by the Medical Services Commission, effective for services rendered as of October 1, 1996.

Relative values are assigned to the following fee codes as follows:

In-Office Procedure Office Visit	Fee Code	Relative Value
	00100	1.000
Office visit 75+	13100	1.150
Counselling	00120	1.741
Counselling 75+	13120	2.002
Complete exam	00101	1.224
Complete exam 75+	13101	2.558

When total relative value of billings for one day under these codes exceeds the daily volume limit of 47, payments are discounted by 50%. When relative values exceed 65, payments are discounted by 100%.

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

Please direct your billing questions to MSP Claims Billing Support at (250) 952-2670.

Page 1 of 2

CMQ96-24

Minute of the Commission # 96-0040

Guideline for Treatment of Gallstones in Adults

Pursuant to Section 19(1) and Section 32(4) of the *Medicare Protection Act*, the Medical Services Commission hereby adopts the attached* clinical practice guideline for *Treatment of Gallstones in Adults*, effective January 1, 1997.

* Guideline distributed in October 1996.

CMQ96-025

Minute of Commission # 96-0041

Guideline for Prenatal Ultrasound

Pursuant to Sections 19(1) and 32(4) of the *Medicare Protection Act*, the Medical Services Commission hereby adopts the attached* clinical practice guideline for *Prenatal Ultrasound*, effective January 1, 1997.

* Guideline distributed in November 1996.

Note: Copies of guidelines are available through the Resource Management Info-by-Fax line at (250) 356-9644, or by calling MSP Claims Billing Support at (250) 952-2670.

CMQ96-026

Errata: Protocol for Routine Pre-Operative Testing

Further to CMQ96-022 (Vol. 1, No. 1), in reference to the *Protocol for Routine Pre-Operative Testing*, there is an error in the Standard Pre-Operative Outpatient Diagnostic Requisition Form, included with the protocol. "Haemoglobin Panel" should read "Haematology Profile". The Commission apologizes for any inconvenience this error may have caused.

CMQ96-027

Changes in MSC Payment Schedule Protocol for Lipid Testing

Further to CMQ96-021 (Vol. 1. No. 6), in reference to the guideline for *Cholesterol Testing*. *Adults Under 69 Years*, the guideline supercedes the current protocol for lipid testing in the MSC Payment Schedule (p. 249 and 250), effective January 1, 1997. The attached insert provides information clarifying the circumstances under which lipid testing will be covered by MSP when the new guideline takes effect. The insert also outlines procedures for ordering lipid testing using the existing requisition form. These procedures are to be followed until a new requisition form is available.