CMQ97-013

Revised MSC Payment Schedule

The Medical Services Commission, in accordance with Section 21(3) of the Medicare Protection Act, adopts the attached* revised MSC Payment Schedule. The revised schedule is based on the restructured “British Columbia Medical Association Guide to Fees” and includes the attached list of administrative amendments. The revised Payment Schedule will be effective for dates of service beginning April 1, 1997.

*Payment Schedule distributed March 1997

Note: Copies of the MSC Payment Schedule are available from MSP Provider Programs at (250) 952-2654.

CMQ97-014

Revision of Standard Out-patient Laboratory Requisition Form

The Medical Services Commission has approved the revision of the standard out-patient laboratory requisition form (see reverse). Please note the following:

The revised standard out-patient requisition form replaces previous forms used for all laboratories, irrespective of category approval.

The revised requisition form becomes mandatory as of January 1, 1998. MSC Audit Recovery Policy regarding non-compliance with laboratory requisitions will apply as of this date.

All laboratories are encouraged to introduce the revised requisition form and remove outdated versions from physicians’ offices as soon as possible.

The Protocols/Guidelines section must not be altered. The form includes reference to existing protocols and guidelines and to new protocols and guidelines soon to be formally approved by the Commission.

The standard out-patient laboratory requisition may be revised as often as every six months to comply with requirements of newly implemented protocols and guidelines.

Note: Questions or concerns regarding the laboratory requisition form can be faxed to MSP Claims Branch at (250) 952-3101.

Members:
Martin S. Serediak (Chair)
Keith J. Bennett
Barbara R. Bluman
Dr. David Bolton
Dr. C. John Chacko
Patricia K. Koatz
Kimberley McEwan
Janet E. McGregor
Dr. Brian Winsby
**STANDARD LABORATORY REQUISITION**

**NAME OF PHYSICIAN**

**ADDRESS**

**CITY/TOWN**

**POSTAL CODE**

**SURNAME OF PATIENT**

**FIRST NAME AND MIDDLE INITIAL**

**ADDRESS**

**CITY/TOWN**

**POSTAL CODE**

**CURRENT MEDICATIONS**

**DATE OF SPECIMEN**

**TIME**

**HOURS SINCE LAST MEAL**

**CLINICAL PROBLEM/DIAGNOSIS**

### HAEMATOLOGY

- WBC
- HAEMOGLOBIN
- DIFFERENTIAL COUNT
- HAEMATOLOGY PANEL

### CHEMISTRY

- GLUCOSE - FASTING
- 1 H POST 50 G (PREGNANCY)
- GTT 100 g (PREGNANCY)
- GTT 75 g (NON-PREG) HRS

### MICROBIOLOGY

- BACTERIAL CULTURE
- GRAM
- FUNGAL CULTURE

### PROTOCOLS/GUIDELINES

- Serum Ferritin
- ESR (Written indications required)
- TSH
- PSA

### ADDITIONAL TESTS OR INSTRUCTIONS

- STOOL O & P

- MACROSCOPIC
- MICROSCOPIC
- MACROSCOPIC/MICROSCOPIC IF INDICATED
- MACROSCOPIC AND MICROSCOPIC - "Special Case"

### LIPIDS

- TOTAL CHOLESTEROL
- TRIGLYCERIDES
- HDL CHOLESTEROL
- LDL CHOLESTEROL

**LABORATORY ADDRESS**

**SEND COPY OF RESULTS TO:**

**INSTRUCTIONS TO PATIENTS**

- MEDICATION: Omit taking:

**TELEPHONE REQUISITION**

**TIME OF CALL:**

**DATE:**

**INITIALS OF RECORDER**