

## CMQ97-018

### Proration of MSC Payment Schedule

#### *Minute of Commission #97-053*

#### **Proration of the Medical Services Commission Payment Schedule**

As the total claims expenditure for 1997/98 fiscal year is projected to exceed the Available Amount, the Medical Services Commission, pursuant to Section 24 of the *Medicare Protection Act*, adopts the following measure:

Claims for payment of physician services, rendered on or after August 1, 1997, shall be prorated by an amount of 4.4%. The 1997/98 budget projections shall continue to be reviewed on a monthly basis so that the proration rate can be adjusted or discontinued.

**Notes:** Proration is based on sectional ownership and is calculated on individual fee items to help offset the effect of proration on sections with high overheads. Questions regarding the percentage of proration assigned to fee items owned by each section should be directed to the BCMA.

## CMQ97-019

### Protocol for the Use of Thyroid Function Tests in the Diagnosis and Monitoring of Patients with Thyroid Disease

#### *Minute of Commission #97-049*

#### **Approval of Protocol for the Use of Thyroid Function Tests in the Diagnosis and Monitoring of Patients with Thyroid Disease**

Pursuant to Section 5(1) (o), Section 24(1) and Section 37(5) of the *Medicare Protection Act*, R.S.B.C. 1996, c. 286, the following protocol will apply with respect to the Medical Services Commission *Payment Schedule*:

Services relating to the use of thyroid function tests will be considered a benefit under the Medical Services Plan only when rendered in conformity with the *Protocol for the Use of Thyroid Function Tests in the Diagnosis and Monitoring of Patients with Thyroid Disease*, appended.\*

This protocol will be used in the determination of benefits payable under the *Medicare Protection Act*.

Effective August 1, 1997

#### **Members:**

Martin S. Serediak (Chair)  
Keith J. Bennett  
Barbara R. Bluman  
Dr. David Bolton  
Dr. C. John Chacko  
Patricia K. Kaatz  
Kimberley McEwan  
Janet E. McGregor  
Dr. Brian Winsby

\*Protocol distributed July 1997

**Note:** Protocols are available through the MSP Professional Support Info-by-Fax line at (250) 356-9644, and Claims Billing Support at (250) 952-2670. Protocols are posted on the MSP Website at: <http://www.hlth.gov.bc.ca/msp/protocol.html>. Questions or comments regarding the development of protocols can be directed to the MSP Management Support Branch at (250) 952-1347.

**CMQ97-020**

**Protocol for 24-Hour  
Ambulatory ECG  
(Holter Monitoring)**

*Minute of Commission #97-050*

**Approval of  
Protocol for 24-Hour Ambulatory ECG (Holter Monitoring)**

Pursuant to Section 5(1) (o), Section 24(1) and Section 37(5) of the *Medicare Protection Act*, R.S.B.C. 1996, c. 286, the following protocol will apply with respect to the Medical Services Commission *Payment Schedule*:

Services relating to the use of 24-hour ambulatory ECG (Holter monitoring) will be considered a benefit under the Medical Services Plan only when rendered in conformity with the *Protocol for 24-Hour Ambulatory ECG (Holter Monitoring)*, appended.\*

This protocol will be used in the determination of benefits payable under the *Medicare Protection Act*.

Effective August 1, 1997

\*Protocol distributed July 1997

**CMQ97-021**

**Protocol for Prenatal  
Cytogenetic Testing**

*Minute of Commission #97-051*

**Approval of  
Protocol for Prenatal Cytogenetic Testing**

Pursuant to Section 5(1) (o), Section 24(1) and Section 37(5) of the *Medicare Protection Act*, R.S.B.C. 1996, c. 286, the following protocol will apply with respect to the Medical Services Commission *Payment Schedule*:

Services relating to the use of prenatal cytogenetic testing will be considered a benefit under the Medical Services Plan only when rendered in conformity with the *Protocol for Prenatal Cytogenetic Testing*, appended.\*

This protocol will be used in the determination of benefits payable under the *Medicare Protection Act*.

Effective August 1, 1997

\*Protocol distributed July 1997

**CMQ97-022**

**Adequate Medical  
Records for Benefits  
under MSP**

According to Preamble B.1(g) of the *MSC Payment Schedule*, a service is considered a benefit under MSP only if an adequate medical record has been recorded and retained. Preamble B.2 specifies the information requirements of an adequate medical record to support payment of a service as a benefit under MSP. For purposes of audit, payment for a service not substantiated by an adequate medical record is subject to recovery.