C7MQ01-011

Revised Guideline:
Clinical Approach to Adult Patients with Gastroesophageal Reflux Disease

Minute of Commission 01-054

Approval of Revised Guideline:

Clinical Approach to Adult Patients with Gastroesophageal Reflux Disease

Pursuant to Section 5(1(c), 24(1), and Section 37(5) of the Medicare Protection Act, the following guideline will apply with respect to the Medical Services Commission Payment Schedule:

Clinical Approach to Adult Patients with Gastroesophageal Reflux Disease, appended.

This guideline supersedes the previous protocol, Clinical Approach to Adult Patients with Gastroesophageal Reflux Disease, which was effective March 1, 1996.

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

CMQ01-012

Guideline for Use of Hematology Profile in Adults

Minute of Commission 01-055

Approval of Guideline:

Use of the Hematology Profile in Adults

Pursuant to Section 5(1(c), 24(1), and Section 37(5) of the Medicare Protection Act, the following guideline will apply with respect to the Medical Services Commission Payment Schedule:

Use of the Hematology Profile in Adults, appended.

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

Effective: December 1, 2001

Guidelines and protocols can be obtained by contacting MSP at Tel: 250 952-1347 or Fax: 250 952-1417. Guidelines and protocols are also posted on the MSP website: http://www.healthservices.gov.bc.ca/msp. Please e-mail your questions or comments to guidelines.protocols@moh.hnet.bc.ca.
Minute of Commission 01-066

Approval of Revised Guideline:
Clinical Approach to Adult Patients with Dyspepsia

Pursuant to Section 5(1(c), 24(1), and Section 37(5) of the Medicare Protection Act, the following guideline will apply with respect to the Medical Services Commission Payment Schedule:

Clinical Approach to Adult Patients with Dyspepsia, appended.

This guideline supersedes the previous guideline, Protocol for Clinical Approach to Adult Patients with Dyspepsia, which was effective July 1, 1999.

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

Effective: January 1, 2002

Minute of Commission 01-067

Amendment to the Medical Services Commission Payment Schedule – Section of Ophthalmology

This Minute effectively replaces Minute of Commission 01-056.

In accordance with Section 26(3) of the Medical Protection Act, the following modifications to the Payment Schedule have been approved by the Medical Services Commission, effective November 19, 2001:

De-Insurance:

The following restriction is placed on the coverage by the Medical Services Plan of a routine eye examination of a beneficiary’s eyes by an ophthalmologist:

A routine eye examination is not a benefit for individuals 19 – 64 when not associated with an ocular or systemic disease or condition, trauma or injury, or if the patient is using a medication which could reasonably be expected to cause a change in refractive status. Exceptional circumstances may be given independent consideration when supported by documentation.

An eye examination will still be an insured service if medically required. Medically required eye examination may include the following:

- Ocular disease, trauma or injury
- Systemic diseases associated with significant ocular risk (e.g. diabetes)
- Medications associated with significant ocular risk.