

MSCommuniqué

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CMQ04-006

Approval of Guideline: Identification, Evaluation and Management of Patients with Chronic Kidney Disease

Minute of Commission 04-007

Approval of Guideline for Identification, Evaluation and Management of Patients with Chronic Kidney Disease

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

Identification, Evaluation and Management of Patients with Chronic Kidney Disease

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

Effective March 1, 2004

CMQ04-007

Approval of the Guideline for Diagnosis & Management of Major Depressive Disorder

Minute of Commission 04-024

Approval of the Guideline for Diagnosis and Management of Major Depressive Disorder

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

Diagnosis and Management of Major Depressive Disorder

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

Effective June 1, 2004

Members:

*Joy Illington (Chair)
Geoff Rowlands (Deputy Chair)
Anne Sutherland Boal
Bob Cronin
Dr. Marshall Dahl
Gordon Denford
George Edgson
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Ben Trevino*

Guidelines and protocols can be obtained by contacting MSP at 250 952-1347 or by faxing 250 952-1417. Guidelines and protocols are also posted on the MSP web site: <http://www.healthservices.gov.bc.ca/msp/protoguides>. Please e-mail your questions or comments to hlth.guidelines@gems6.gov.bc.ca

CMQ-04-008

**Approval of the Guideline for
Microscopic Hematuria
(Persistent)**

Minute of Commission 04-025

**Approval of the Guideline for
Microscopic Hematuria (Persistent)**

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

Microscopic Hematuria (Persistent)

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

Effective June 1, 2004