MSC'S ADVISORY COMMITTEE ON DIAGNOSTIC FACILITIES (ACDF)
POLICIES AND GUIDELINES FOR DIAGNOSTIC FACILITIES IN BC

GENERAL GUIDELINES:

1. Accessibility to existing facilities from the probable catchment area at the proposed facility.

   Generally, an acceptable travel time for public transit to a facility in a large urban area will not be more than 30 minutes depending on transfer requirements.

   Convenience will not be considered an indication of medical need.

2. Proximity of other facilities - both public and private:

   This factor will be considered in terms of the catchment area within which the diagnostic facility is located.

3. Utilization of Existing Facilities:

   Where approved public diagnostic facilities provide service of equal quality and availability, the Advisory Committee on Diagnostic Facilities (ACDF) must have regard to giving priority consideration to existing approved public diagnostic facilities.

   The ACDF must have regard for plans of public facilities in the vicinity. However, only those expansion plans that are firm and have been or are likely to be approved by the appropriate Ministry of Health program within 6-12 months of an application will be considered.

   Where a question arises concerning a hospital diagnostic facility that appears to indicate a deficiency in staff, equipment or other factor, the ACDF may invite the Assistant or Associate Deputy Minister responsible for acute care hospital services (currently the Health Authorities Division) or his or her delegate to attend. In any event, the ACDF will direct a memorandum on the matter to the Chair who will ensure that appropriate information is provided promptly and fully to the Assistant Deputy Minister responsible for Health Authorities Division.

GENERAL GUIDELINES CONTINUED –

4. Projected Volumes of the specific diagnostic investigations for which application is made.

   The ACDF will not recommend approval, without reasonable justification, where projected volumes exceed the current provincial average per capita frequency.

5. (a) Physician Density, Current and Projected
   (b) Population Density, Current and Projected

   These factors affect the radius of the catchment area. In some cases, population density may reduce the necessary physician density for a viable facility.

6. Capability and Capacity (including waiting times*) of existing facilities for performing the diagnostic services in question within the same catchment area.

   The ACDF will not recommend approval of new diagnostic facilities or expansion of existing facilities unless there is a reasonable utilization of existing approved diagnostic facilities.

   The guideline for waiting times for urgent, but non-emergency ultrasound is 10 working days and 15 working days for echocardiography.

   *The MSC has deemed that three waitlist snapshots be obtained, each done two weeks apart, from the existing facilities (public and private) in the specific geographic area as it relates to an application.

DIAGNOSTIC FACILITY CAPACITY

For the purposes of Section 43(1)(e)(ii) of the Medical and Health Care Services Regulation, the Medical Services Commission (MSC) considers the following to constitute a "significant change" to the capability or capacity of a diagnostic facility to perform diagnostic services:

- *Any change to an approved specimen collection station/ laboratory that results in the **addition of a new service**[1] (e.g. addition of ECG).*[2]

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[1]Define services as "any service that is eligible for compensation through the Medical Services Plan".
[2]Approved by the MSC, effective February 29, 2012.

DIAGNOSTIC FACILITY CAPACITY CONTINUED –

- For a diagnostic imaging facility, the addition of one or more pieces of diagnostic equipment (i.e. X-ray unit, Gamma camera, etc.).

- For any diagnostic facility, other than a Specimen Collection Station or Laboratory, any change(s) made to the operation of the facility (including by upgrading or replacing equipment or by retaining additional employees) that results in a level of throughput that exceeds approved monthly levels by 20 percent or more. Throughput is defined as the number of services billed to the Medical Services Plan (MSP) per facility approval category.

For the purposes of Section 43(1)(e)(ii) of the Medical and Health Care Services Regulation, the MSC considers the following to constitute a significant change in the operating hours of a diagnostic facility:

- Any change to the operating hours of a diagnostic facility, other than a Specimen Collection Station or Laboratory, which results in a 20 percent or greater increase in the total weekly operating hours.

PULMONARY FUNCTION GUIDELINES

Upon application and subject to accreditation:

- All general practitioners may be approved for Category IIA.
- All internists and paediatricians may be approved for Category IIA.
- All respirologists and specialists in Clinical Immunology & Allergy may be granted approval for Category IIB.
- All other applications for approval to be subject to the same general criteria of need as exist for other diagnostic facility categories.

NUCLEAR MEDICINE GUIDELINES

Approval may be granted to a diagnostic facility for in-vivo radioisotope services for payment under the Medical Services Plan as an insured service only where that diagnostic facility is operated by a public hospital and the recipient of the service is an outpatient.

ELECTROENCEPHALOGRAPHY GUIDELINES

Approval may be granted to a diagnostic facility for electroencephalography services for payment as a benefit under the Medical Services Plan only where a public hospital and the recipient of the service is an outpatient.

BONE DENSITOMETRY GUIDELINES

The Advisory Committee on Diagnostic Facilities (ACDF) will consider reasonable access for Bone Mineral Densitometry (BMD) testing to exist where and when beneficiaries may find appointments available for the service at an approved diagnostic facility within approximately one hour travel time and within approximately one month wait time.

Providers, regardless of practitioner specialty or facility class or category, are eligible for BMD approval as a diagnostic facility, subject to accreditation by the Diagnostic Accreditation Program of the College of Physicians and Surgeons of BC.

The ACDF will not presume MSC approval for any Facility or any class or category. The ACDF should recommend approval of any BMD Facility only with due regard to the above guidelines concerning accessibility and proximity, and any other condition or requirements given by the MSC, consistent with its statutory authority. As stated in its Guidelines, the ACDF should not recommend approval, without reasonable justification, where projected service volumes would exceed the current provincial average per capita frequency for the expected service population.

ULTRASOUND GUIDELINES

New licenses will be granted for private office ultrasound where:

a) the radiologists are accredited;
b) the facility is a category IV office; and
c) there is a demonstrated need for the service as determined on a case by case basis.

ECHOCARDIOGRAPHY

Effective April 20, 2007, applications for echocardiography are to be considered by the Advisory Committee on Diagnostic Facilities (ACDF) only when the applications for such approval are from Health Authorities. The ACDF may approve applications from Health Authorities for onsite hospital facilities, applications to expand echocardiography capacity to offsite hospital facilities and/or contract with accredited BC private facilities.

Payment under the Medical Services Plan for echocardiography performed by offsite hospital echocardiography facilities or contracted echocardiography facilities must be billed in accordance with the attached billing rules.

As stated in its Guidelines, the ACDF should not recommend approval, without reasonable justification, where projected services volumes would exceed the current provincial average per capita frequency for the expected service population. The ACDF should only grant approval with due regard to its guidelines concerning accessibility and proximity, and any other condition or requirements given by the MSC, consistent with its statutory authority.

TELEMETRY GUIDELINES

1. Effective June 1, 2007, the "Guidelines for the Use of Telemetry" under Diagnostic Radiology are deleted and replaced with the following:

Definition

Diagnostic Radiology Telemetry: the electronic transmission of radiological images from one site to another for interpretation.

For diagnostic radiology telemetry services to be considered as benefits under the Medical Services Plan:

- the transmitting and receiving sites must be located within Medical Services Commission approved and Diagnostic Accreditation Program accredited diagnostic facilities;
- the services are rendered to out-patients
- the services are billed in accordance with the Telemetry Billing Guidelines

2. Effective June 1, 2007, the "Guidelines for the Use of Telemetry" under Nuclear Medicine are deleted and replaced with the following:

Definition

Nuclear Medicine Telemetry: the electronic transmission of nuclear medicine images from one site to another for interpretation.

For nuclear medicine telemetry services to be considered as benefits under the Medical Services Plan:

- the transmitting and receiving sites must be located within Medical Services Commission approved and Diagnostic Accreditation Program accredited diagnostic facilities;
- the services are rendered to out-patients
- the services are billed in accordance with the telemetry billing guidelines

3. Effective June 1, 2007, the "Guidelines for the Use of Telemetry" under Diagnostic Ultrasound are deleted and replaced with the following:

Definition

Diagnostic Ultrasound Telemetry: the electronic transmission of diagnostic ultrasound images from one site to another for interpretation.

For diagnostic ultrasound telemetry services to be considered as benefits under the Medical Services Plan:

- the transmitting and receiving sites must be located within Medical Services Commission approved and Diagnostic Accreditation Program accredited diagnostic facilities;
- the services are rendered to out-patients
- the services are billed in accordance with the telemetry billing guidelines

Real time ultrasound fees may only be claimed for studies performed by telemetry when

- the facility currently holds a remote site designation from the Medical Services Commission. (Facilities should recognize that once the volume of services justifies full-time radiologist's coverage remote site designation may be removed.); and,
- the use of telemetry will not negatively affect the existing on-site visit schedules of the radiologists; and,
- the majority of scans will continue to be scheduled when the visiting radiologist is on-site for the purpose of ultrasound supervision.

SLEEP LABORATORY SERVICES (POLYSOMNOGRAPHY) FOR ADULTS - STANDARDS FOR WAITLIST MANAGEMENT AND ACCESS

Excerpt from the Sleep Laboratory Services (Polysomnography) for Adults – Standards For Waitlist Management and Access Policy:

Reasonable access to polysomnography in Medical Services Commission (MSC) approved sleep laboratories will be considered to exist under the following conditions:

POLYSOMNOGRAPHY GUIDELINES CONTINUED -

Geographic Access

- Within the territory of each regional Health Authority (HA), MSC approved sleep laboratory capacity relative to the HA adult population is at least equal to the ratio of sleep lab service utilization to adult population in the province overall.

  That is,

$$\frac{\textit{Approved sleep lab capacity in HA}}{\textit{HA adult population}} = \text{or} > \frac{\textit{Sleep lab utilization in BC}}{\textit{BC adult population}}$$

AND

Waiting Times

- Polysomnography by an approved sleep laboratory can, as a rule, be arranged and completed:
  - for Priority 1 (Urgent) cases, within 2 to 4 weeks;
  - for Priority 2 cases, within 2 months; and
  - for Priority 3 cases, within 6 months.

MOBILE SERVICES GUIDELINES

Under the Medical and Health Care Service Regulations, approval of a diagnostic facility must be for a specific address. Approval may be granted for approval to bill the Medical Services Plan for diagnostic facility services using mobile equipment at varying geographic locations only when those locations are within active treatment public hospitals and only when the applications for such approval are from active treatment public hospitals.

DIAGNOSTIC SERVICES

(1) Subject to subsection 2, diagnostic services rendered by a medical practitioner in a place other than a diagnostic facility approved under the *Act* are not benefits for the purpose of the definition of "benefits" in the *Act.*

(2) Subsection (1) does not apply to the following diagnostic services where the diagnostic service is rendered by a medical practitioner incidentally to another benefit and is performed in compliance with conditions imposed from time to time by the Diagnostic Accreditation Program of the College of Physicians and Surgeons of British Columbia:

(a) hemoglobin;
(b) white cell count only;
(c) sedimentation rate;
(d) stained smear for bacteria or secretion smear for eosinophils;
(e) examination for pinworm ova;
(f) examination for cutaneous fungus, KOH preparation;
(g) examination for trichomonas and/or Candida
(h) blood glucose by semi-quantitative method or by glucose monitoring device;
(i) occult blood (feces);
(j) pregnancy test, immunologic (urine);
(k) urinalysis, chemical and/or microscopic;
(l) semen examination for presence of sperm
(m) fern test
(n) ECG tracing, without interpretation

ACQUIRED IMMUNE DEFICIENCY SYNDROME

Diagnostic testing for Acquired Immune Deficiency Syndrome is not an insured service unless the certificate of approval issued by the Commission to the owner of an approved laboratory specifically states that the laboratory is permitted to perform that test as an insured service.

EFFECTIVE DATE OF APPROVAL

The approval granted to a Diagnostic Facility will be effective from the date of receipt of the application for approval, provided accreditation also has been granted from this date. Under extenuating circumstances, and at its discretion, the Commission may backdate the effective date of the approval, but under no circumstances will the Commission consider backdating an approval more than 90 days prior to the date of receipt of the application.

APPLICATIONS

The following policies and criteria are in effect, relative to laboratory approval:

1. All applications for which approval has been denied remain “active” for 18 months from the date of the letter of denial;

2. All applications for which approval has been granted but for which the diagnostic facility has not been established within 18 months from the date of the letter of approval are considered inexecutable and the approval expired;

3. Where an approval exists, but there has been a lapse in service for 6 months, the Certificate of Approval is considered null and void, but an application to renew the Certificate of Approval received within 18 months of the cancellation will be given priority consideration; and

4. Initial approval will require submission of a draft outpatient laboratory requisition form which meets criteria adopted by the Commission, and the use of such form which is acceptable by the Commission is a condition of continuing laboratory approval. (s. 43(d) Medical and Health Care Services Regulation)

DEFINITIONS

The Medical Services Commission has accepted the following definitions relative to diagnostic facility approvals granted under the *Medicare Protection Act* and Medical and Health Care Services Regulation:

A. Diagnostic Facility Requiring Formal Approval -

   (1) any facility at which the performance of diagnostic investigation (of a type listed in the Legislation) requires at least one-half FTE, or for which the dollar volume of investigation exceeds an amount specified from time-to-time by the Commission and/or;

   (2) any facility in which a physician accepts patients referred from other physicians specifically for diagnostic investigation.

B. Specimen Collection Station – any facility where a commitment exists by an approved pathology facility to fund or otherwise significantly provide for premises, staff, equipment, material and/or supplies for the taking of specimens and/or the performance of pathology assays.

DEFINITIONS CONTINUED –

C. Vested Interest Diagnostic Facility – any diagnostic facility for which;

(1) the ownership includes practitioners who refer patients to the facility, or;

(2) physicians referring patients to the facility receive material benefit from such referral.

D. Potential Conflict of Interest Diagnostic Facility – any diagnostic facility for which:

(1) the ownership includes a physician who also works or is employed as Laboratory Director/Supervisor of a public diagnostic facility of the same classification; and,

(2) which is located within a reasonable referral catchment area of the public diagnostic facility.

ADVISORY COMMITTEE

Pursuant to Section 5(1)(o) of the *Medicare Protection Act,* the Medical Services Commission hereby establishes the Diagnostic Accreditation Program of the College of Physicians and Surgeons of British Columbia as an advisory committee to the Medical Services Commission for the purposes of providing accreditation advice to the Commission.

Appendix A – Document Control

Document Control

Date	Author	Version	Change Reference
July 23, 2008	Robin Henneberry	V1	ACDF Guidelines Consolidated from various MSC Minutes of the Commission
December 20, 2010	Robin Henneberry	V1.1	Addition of MSC waitlist snapshots requirement for medical imaging applications
February 29, 2012	Robin Henneberry	V1.2	Addition of new definition for expansion of a SCS/Laboratory, Document renamed.