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## Inserts Featured in this Newsletter:

- [BCPharmaCare Updates](#)
- [Medical Reciprocal Billing Claims](#)
- [Sex Reassignment Services in British Columbia](#)
- [Your Provincial/ Territorial Health Insurance Card](#)

## 2013 Designated Statutory Holidays

• January 1	Tuesday	New Years Day	• August 5	Monday	BC Day
• February 11	Monday	Family Day	• September 2	Monday	Labour Day
• March 29	Friday	Good Friday	• October 14	Monday	Thanksgiving Day
• April 1	Monday	Easter Monday	• November 11	Monday	Remembrance Day
• May 20	Monday	Victoria Day	• December 25	Wednesday	Christmas Day
• July 1	Monday	Canada Day	• December 26	Thursday	Boxing Day

## 2013 Close-Off Dates

• January	3 & 21	• July	3 & 19
• February	4 & 18	• August	2 & 20
• March	5 & 18	• September	3 & 18
• April	3 & 18	• October	2 & 21
• May	3 & 21	• November	4 & 19
• June	4 & 18	• December	3 & 17



Ministry of Health

# Bugs & Drugs Antimicrobial Reference Guide

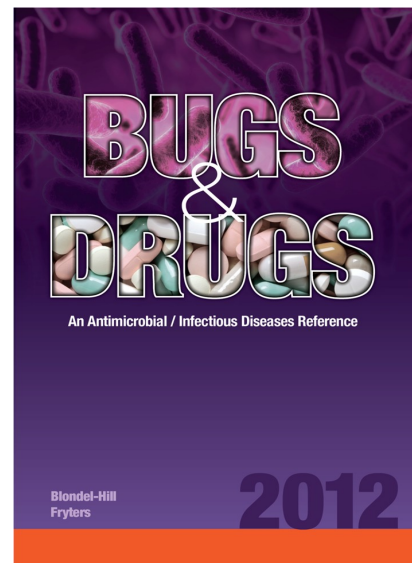
*Now Accepting Orders for the 2012 Bugs and Drugs Antimicrobial Reference Guide:*

The 2012 Bugs and Drugs Antimicrobial reference guide may be ordered now. Physicians registered through the College of Physicians and Surgeons of British Columbia are eligible to receive a complimentary copy of the updated Bugs & Drugs Antimicrobial reference book as either an iPhone application or in hardcopy. You may recall receiving a copy of the 2006 version of the Bugs and Drugs book several years ago.

To order your complimentary copy, visit:  
<http://app.fluidsurveys.com/s/BugsandDrugs/>

This resource is being provided at no cost to physicians through funding from the B.C. Ministry of Health, Pharmaceutical Services Division, and is now available for distribution.

If you have any questions, contact a Do Bugs Need Drugs? team member at 604 707-2518.



## Provincial Coverage for Out of Province/Out of Country Medical Services

The Medical Services Commission revised the Medical Services Commission Out of Province and Out of Country Medical Care Guidelines, effective January 19, 2011.

The guidelines provide information to clarify provincial coverage for emergency and elective out of province and out of country medical services, for B.C. residents.

The guidelines and a funding application for elective out of country medical treatment, are available on the Ministry of Health website at: [www.health.gov.bc.ca/msp/infoprac/oocc.html#pre](http://www.health.gov.bc.ca/msp/infoprac/oocc.html#pre).

B.C. residents may wish to review provincial coverage information on the ministry website at: [www.health.gov.bc.ca/msp/infoben/benefits.html#outsidebc](http://www.health.gov.bc.ca/msp/infoben/benefits.html#outsidebc).

The guidelines intend to ensure that our limited provincial health care funds are directed to support medical services in the province. Provincial coverage may only be approved for elective out of country medical treatment when information from the attending specialist confirms medically necessary treatment is not available for the B.C. resident, anywhere in Canada.

For detailed coverage information, please contact:  
Out of Country Claims Coordinator  
Health Insurance BC  
Vancouver: 604 456-6950  
Elsewhere in B.C. (toll-free): 1 866 456-6950  
Fax: 250 405-3588



# Reminder

## Disagree With How the Medical Services Plan Has Paid Your Claim?

If you disagree with how the Medical Services Plan has paid/refused a claim, please resubmit the claim in order to have the case reviewed. Resubmit with a note record indicating that you are requesting a re-assessment and include a brief explanation and/or send any relevant correspondence (e.g., the operative report). If you previously sent in the operative report, the resubmission must contain new and/or additional information to support the resubmission.

**If the date of service is over 90 days old, but the payment/refusal/adjustment appeared on a remittance statement within the last 90 days, please resubmit your claim with submission code X.**

If you have attempted to have a disputed claim resolved by resubmitting the claim, and are still dissatisfied, please contact Practitioner Claims Support (formerly Billing Support):

P.O. Box 9480  
Stn Prov Govt  
Victoria, B.C. V8W 9E7

Vancouver: 604 456-6950  
Elsewhere in B.C. (toll-free): 1 866 456-6950  
Fax: 250 405-3593

### Adequate Medical Records

According to Preamble B. 1. a. vii) of the Medical Services Commission Payment Schedule, a service is considered a benefit under the Medical Services Plan (MSP) only if an adequate medical record has been recorded and retained.

Preamble B. 2. 'Adequate Medical Records of a Benefit under MSP' specifies the information requirements of an adequate medical record to support payment of a service as a benefit under MSP.

Effective April 1, 1997, for purposes of audit, payment for a service not substantiated by an adequate medical record is subject to recovery.

This applies to all services billed to MSP regardless of the location in which the service is rendered (e.g., nursing home, patient home).

### B.C. Seniors' Guide

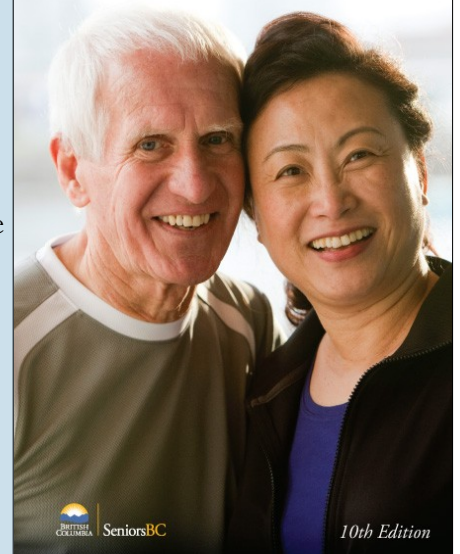
The *B.C. Seniors' Guide* (10th edition) provides information about government services and programs for seniors, their families and caregivers.

To order a free copy please call toll free **1 877 952-3181** or **250 952-3181** in the Victoria area, Monday-Friday from 8:30 a.m. to 4:30 p.m.

You can also download a PDF copy from: [gov.bc.ca/seniors\\_guide](http://gov.bc.ca/seniors_guide).

Currently, the B.C. Seniors' Guide is being translated into Punjabi, Chinese and French. The translations will be available in December 2012.

#### BC Seniors' Guide



# Critical Care Coverage Program

The Critical Care Coverage Program, effective since April 1989, provides payment to physicians for providing critical services to residents of British Columbia who are not enrolled with the Medical Services Plan (MSP).

The program does not cover all medical emergencies. Payment under the program will be considered only if both of the following conditions are met:

1. The patient must have been a resident of B.C. for three months, and proof of residency must be provided to MSP; and
2. The patient must present with one of the following medical conditions, and complete documentation must be provided to MSP:
  - the medical condition is immediately threatening to life or limb, or the patient is unconscious; or
  - as a result of an emergency condition, the patient requires immediate admission to an intensive care unit (or equivalent); or
  - the patient requires involuntary admission under the *Mental Health Act*.

The program covers only those situations where the eligible patient, a B.C. resident, is treated for an immediately life-threatening or limb-threatening condition, or is unconscious and therefore unable to communicate with the attending physician about payment for the services to be provided.

The requirement that the condition be immediately life-threatening or limb-threatening applies also to medical care provided in an intensive care unit.

Once the life-threatening or limb-threatening condition no longer exists, critical care coverage is no longer available.

## Examples:

If the patient is a B.C. resident, an acute myocardial infarction would be considered an immediately life-threatening condition and would qualify for coverage.

If the patient is a B.C. resident, an uncomplicated simple fracture of the forearm would not be considered limb-threatening and would not qualify for coverage unless there was also neuro-vascular compromise.



# Billing Integrity Program (BIP) Audits

During 2011, the main issues identified as a result of these on-site audits were: services claimed with no documentation to support that the service had been rendered, inadequate medical records, inappropriately billed fee items, claiming call out charges under inappropriate fee items and submitting claims to the Medical Services Plan (MSP) when the service is not an insured benefit.

The following are samples of some of the audit results and the resulting final agreements:

## Physician A: General Practitioner

A general practitioner (Dr. A) came to the attention of the BIP as the result of a complaint from a former employee.

After review of available data, including daily distribution of services and profile statistics, the BIP referred the physician to the Audit and Inspection Committee (AIC) who decided that an on-site inspection of the billing practices of the physician should be undertaken.

The onsite inspection had a sample of 2887 claims. Of these claims a medical record was not initially found for 1056 claims as there had been accidental destruction of some medical files. Some of these records were eventually found. A review of the available medical records by the medical inspector identified 1667 claims where the services rendered were not benefits under the MSP and the *Medicare Protection Act*. The services that were not benefits related to electro dermal diagnostic testing and homeopathic treatment.

As a result of a negotiated settlement, the practitioner agreed to repay the Medical Services Commission (MSC) \$500,000, inclusive of audit costs, interest and surcharges. The physician also agreed to abide by a pattern of practice order in which claims will be submitted to the MSP only when the service is an insured benefit and records for claims submitted will be adequate and maintained according to clause B2 in the Preamble to the MSC Payment Schedule. The physician also agreed to have his records for traditional medical diagnosis and treatment totally separate and distinct from the records of his non traditional diagnosis and treatment. The physician further agreed to have his traditional medical records reviewed by a medical inspector on a periodic basis.



## Physician B: General Practitioner

A general practitioner (Dr. B) came to the attention of the BIP as the result of a review which showed a high frequency of prolonged counselling visits and nursing home visits when specially called (Fee Item 00115). The BIP referred the physician to the AIC who decided that an on-site inspection of the billing practices of the physician should be undertaken.

The on-site inspection included the examination of medical records for 43 patients totalling 2,471 claims. The GP's medical records did not support the billing for 320 of these claims. Of the 320 errors, five related to services deemed not to have been rendered, one related to a service which was not a benefit and 295 related to inappropriately billed fee items. The majority of the 295 services that were incorrectly billed either related to prolonged counselling visits, where the medical record did not support this fee item, or for nursing home visits when specially called, where the documentation did not support that Dr. B had been specially called. Some additional errors were related to billing of office visits when the sole purpose of the visit was to render an intramuscular injection or allergy shot and to billing complete physical examinations where the supporting documentation was incomplete.

As a result of a negotiated settlement, the practitioner agreed to repay the MSC \$358,671 inclusive of audit costs, interest and surcharges. The physician also agreed to abide by a pattern of practice order in which claims will be submitted to the MSP only when there are adequate medical records which are legible, complete and fully support the fee item billed. The pattern of practice order also stipulated that claims for prolonged counselling would only be submitted when the requirements to clause B4.c of the preamble to the payment schedule are met. Dr. B agreed to submit claims for complete medical exams only when medically necessary and for these complete examinations to document all relevant findings, both positive and negative. There was also agreement by Dr. B to not bill MSP for office visits (fee item 00100) when the sole purpose of the visit is to render an intramuscular injection (fee item 0010).

## ... Continued BIP Audits

### Physician C: Specialist

A specialist practitioner (Dr. C) came to the attention of the BIP as a result of a province wide project, which flagged practises with an unusually high proportion of emergency visits, consultations and therapy treatments where the physician is required to be present during the treatment. The BIP referred the practitioner to the AIC who decided that an on-site inspection of the billing practices of the physician should be undertaken.

The on-site inspection included the examination of medical records for 60 patients totalling 2,778 claims. The inspectors concluded that a number of claims were deemed not to have been rendered because no medical record could be located during the audit and a number of records were found to be incomplete and illegible. Additionally, a number of claims were not consistent with what was described in the medical records and some claims were deemed to be for services that are not MSP insured benefits.

As a result of a negotiated settlement, the practitioner agreed to repay the MSC \$299,000 inclusive of audit costs, interest and surcharges. The practitioner also agreed to abide by a Pattern of Practice Order in which claims will only be submitted to the MSP when there are adequate medical records that are legible, complete and fully support the fee item billed.

### Physician D: General Practitioner

A GP (Dr. D) came to the attention of the BIP as a result of a province wide project, which flagged practices with an unusually high proportion of claims for complete physical examinations.

The BIP referred the practitioner to the AIC who decided that an on-site inspection of the billing practices of the physician should be undertaken.

The on-site inspection included the examination of medical records for 39 patients totalling 1,373 claims. The inspectors concluded that 51 claims were deemed not to have been rendered because no medical record could be located during the audit, 108 claims were deemed not billable as MSP benefits and 44 claims related to services billed using an inappropriate fee item.

As a result of a negotiated settlement, the practitioner agreed to repay the MSC \$85,000 inclusive of audit costs, interest and surcharges. The practitioner also agreed to abide by a Pattern of Practice Order in which claims will only be submitted to the MSP when there are adequate medical records that are legible, complete, and fully support the fee item billed.

### Physician E: General Practitioner

A GP (Dr. E) came to the attention of the BIP as a result of a province wide project which flagged practices with an unusually high proportion of claims for prolonged counselling visits. The BIP referred the practitioner to the AIC who decided that an on-site inspection of the billing practices of the physician should be undertaken.

The on-site inspection included a review of medical records for 50 patients totalling 1,753 claims. The inspectors concluded that 198 claims for payment submitted by the practitioner were inappropriately billed.

Of the 198 claims in dispute, 183 related to services billed using an inappropriate fee item and 15 claims were initially deemed not to have been rendered because no medical record could be located during the audit. However, four of the disputed claims were resolved when the GP located additional medical records supporting these claims.

As a result of a negotiated settlement, the practitioner agreed to repay the MSC \$110,000 inclusive of audit costs, interest and surcharge. The GP also agreed to abide by a Pattern of Practice Order in which claims will only be submitted to the MSP when the requirements of the MSC Payment Schedule have been met, with specific attention to Preamble Clauses B1a and B2 regarding the requirement to make and maintain an adequate medical record, clause B4.a regarding complete examinations and clause B4.c regarding prolonged counselling visits.



# Counselling

The Billing Integrity Program continues to frequently encounter physicians who do not understand the requirements to bill a prolonged visit for counselling fee item (0120 or equivalent for different age groups). Failure to properly bill these fee items can result in an on-site audit and repayment of considerable sums of money by the general practitioner.

## What is not Counselling?

- Visits for common problems or multiple problems that take 20 minutes or more.
- Initial or introductory visits to the practice by new patients, except in very rare circumstances.
- Travel advice.
- Lifestyle advice.
- Visits for mental health problems that are stable and are merely for renewal of prescriptions.
- Explanation of test results, except in unusual circumstances.

## What is Counselling?

For a visit to be billed as a counselling visit, **all** of the following must be present and documented in the medical chart:

- The medical condition must be recognized as difficult by the medical profession or a problem over which the patient is having significant emotional distress, and
- The intervention by the physician must, of necessity, be over and above the advice which would normally be appropriate for that condition.

The counselling must not be delegated and the documentation in the medical chart should include:

- Short summary of the problem;
- Presence of emotional distress if applicable and why;
- Short summary of advice given; and
- Time spent must last at least 20 minutes.



# MSP Physician Website

The MSP website for physicians contains helpful information and many useful tools to assist in your MSP billings, such as; the MSC Payment Schedule; MSP Explanatory Codes; Diagnostic Codes (ICD9) description; and the Physicians' Newsletter.

The website address is:

[www.health.gov.bc.ca/msp/infoprac/physbilling/index.html](http://www.health.gov.bc.ca/msp/infoprac/physbilling/index.html)

If you require further assistance, please contact Health Insurance BC at the following numbers:

## CLAIMS SERVICES

Central access point for information on claims, payments, patient status, third party payments, registration, billing, locum and rural programs, out of country claims, and info-by-fax. Includes the Billing Support, Benefit Services, Provider Services and Out of Country Claims departments. When calling, please have the appropriate information ready (e.g., patient name and PHN, data centre/sequence number, date of service, practitioner number, payment number).

Vancouver: 604 456-6950

Other areas of B.C. (toll-free): 1 866 456-6950

### Billing Support

Assists with practitioner billing; payment schedule/fee item questions; handles adjudication disputes and overage claims.

Fax: 250 405-3593

### Benefit Services

Handles pay-patient claims, benefits entitlement, responds to public and third party claims information requests.

Fax: 250 405-3593

### Provider Services

Responsible for practitioner registration, opting-in/out, assignment of payment, electronic claims submission, direct bank deposit, locum programs, northern and rural programs.

Fax: 250 405-3592

### Out of Country Claims

Handles payment of claims for insured medical services provided outside British Columbia.

Fax: 250 405-3588

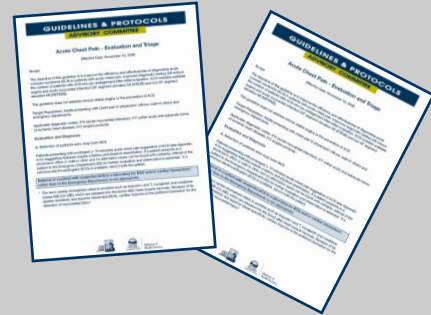
# Billing for Yourself or Your Family

The Billing Integrity Program (BIP) routinely checks for physicians billing the Medical Services Plan (MSP) for services provided to themselves or their family members. Surprisingly, in 2010, over 14 per cent of the physicians reviewed were found to have billed for themselves or their family. Some of these cases would be humorous (such as the physician who billed a consultation on himself for his gastrointestinal condition or the physician who billed a mental health planning fee for his mother in law) if these were not scarce health care dollars being inappropriately billed.

## **How is family defined?**

Paragraph 19 of Section A of the Preamble to the Payment Schedule defines who is considered a family member:

1. *Services are not benefits of MSP if they are provided by a medical practitioner to the following members of the medical practitioner's family:*
  - a) *a spouse,*
  - b) *a son or daughter,*
  - c) *a step-son or step-daughter,*
  - d) *a parent or step-parent,*
  - e) *a mother-in-law or a father-in-law,*
  - f) *a grandparent,*
  - g) *a grandchild,*
  - h) *a brother or sister, or*
  - i) *a spouse of a person referred to in paragraph (b) to (h).*
2. *Services are not benefits of MSP if they are provided by a medical practitioner to a member of the same household as the medical practitioner.*



## **The Ethical Issue**

The Canadian Medical Association Code of Ethics clearly addresses billing for yourself or your family:

*Limit treatment of yourself or members of your family to minor or emergency services and only when another physician is not readily available; there should be no fee for such treatment.*

## **What happens if you bill for family?**

All physicians who are found to have billed for services provided to themselves or their family are sent a letter advising them of the error. Health Insurance BC is also copied on the letter so that recovery of the funds can be made.

If the billing for family is of a significant volume or dollar value then a practitioner profile review will be done by the BIP. This can result in referral of the physician to the Audit and Inspection Committee with the recommendation that an on-site audit be done.

After discussion at the British Columbia Medical Association Patterns of Practice Committee, it is now the practice of the BIP to also inform the College of Physicians and Surgeons of B.C. of the most serious cases of family billing by physicians. This action is taken because these cases represent a significant departure from the ethical principles outlined in the Canadian Medical Association Code of Ethics.



# Preventing Falls Among Seniors – How Physicians Can Help

## Did you know...

- 80 per cent of community dwelling seniors and 90 per cent of those in residential care are seen by a physician in the two weeks prior to a fall-related hospitalization.
- 30 per cent of community dwelling seniors and 65 per cent of those in residential care are on one or more of the Beers List drugs – identified as “medications that pose potential risks outweighing potential benefits for people 65 and older.”

## Why is Fall Prevention Important?

- Not only are the number of people aged 65 years and older increasing but so too is the proportion of those with complex chronic health problems that put them at increased risk for serious fall-related injuries.
- With our aging population it has never been so important to strengthen our efforts to reduce the burden of injury from falls among our aging population in British Columbia.

## How Physicians Can Help

- Physicians often interact with older adult patients who have experienced a fall or fall-related event, yet there are few validated tools readily available to assess the nature of the risk and guide the application of proven fall prevention strategies.
- **Primary Care Fall Prevention Package.** This multimedia package is designed to engage physicians in evidence-based fall prevention with the aid of the following resources available at: [www.health.gov.bc.ca/prevention/fallprimary.html](http://www.health.gov.bc.ca/prevention/fallprimary.html):
  - A primary care fall prevention video
  - Fact sheets for physicians
  - Tests for gait and balance
  - Staying Independent risk assessment tool and handouts for seniors

Please show your support by downloading these resources and discussing fall prevention with your senior clients.

**To learn more, visit:**

[www.health.gov.bc.ca/prevention/fallprevention.html](http://www.health.gov.bc.ca/prevention/fallprevention.html)

[www.seniorsbc.ca](http://www.seniorsbc.ca)

