

MEDICAL SERVICES COMMISSION

20-121

MINUTE OF THE COMMISSION

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Amendment to the Medical Services Commission Payment Schedule Section of General Practice

In accordance with Section 26(3) of the *Medicare Protection Act*, the following modification to the Payment Schedule has been approved by the Medical Services Commission, effective as indicated:

Amendment:

The following wording in the General Practice Preamble is reinstated effective October 1, 2020:

Note: Daily Volume Payment Rules Applying to Designated Office Codes

(i) The codes to which these rules apply are as follows:

Office visits: 12100, 00100, 15300, 16100, 17100, 18100 Office counselling: 12120, 00120, 15320, 16120, 17120, 18120 Office complete examinations: 12101, 00101, 15301, 16101, 17101, 18101

(ii) The total of all billings under the codes listed in i) that are accepted for payment by MSP will be calculated for each practitioner for each calendar day. When such a daily total exceeds 50 the practitioner's payment on these codes for that day will be discounted. Moreover, when a daily total exceeds 65, a further payment discount will be made.

Daily Ranges	Discount Rate	Payment Rate	
(for an individual practitioner			
for any single calendar day)			
0 to 50	0%	100%	
51 to 65	50%	50%	
66 and greater	100%	0%	

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(iii)	Payment discounts will not be applied to services rendered in communities that are/were
	receiving NIA premiums as of December 15, 2002.

- (iv) Payment discounts will not be applied to services designated by the physician as being the responsibility of ICBC, (designate by checking the MVA indicator on the claim), or services that are the responsibility of Worksafe BC.
- (v) Services will be assessed and payment/discounts will be applied to services in the order in which they are received and accepted for payment by MSP.

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Dr. Robert Halpenny Chair Medical Services Commission

Dated this	25th		day of	September	AD 20	20	
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