

# Glossary

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**Alternative Payments**

Funding of physician services by non fee-for-service modes, e.g. salary, session and service contracts.

**Expenditure**

Includes adjudicated fee schedule amount, retroactive payments, rural retention program payments and tray fees.

**Fee-for-Service**

Funding method where payment is made for each service rendered.

**Fee Item**

Code/description used to identify services provided by a practitioner. Each fee item has an associated "fee" that is paid to the practitioner for providing the service.

**Fiscal Year**

The British Columbia government fiscal year is from April 1 to March 31.

**Health Authorities**

There are five geographic health authorities and one provincial health authority. Each geographic health authority covers several Health Service Delivery Areas (HSDAs).

**Health Service Delivery Areas**

Each Health Service Delivery Area consists of several Local Health areas (LHAs).

**Interest**

Interest is paid on payments made more than 90 days after the claim is submitted.

**Local Health Area (LHA)**

Geographic grouping that roughly corresponds to a school district. In some cases, LHA boundaries may split census and enumeration areas. Each LHA belongs to one Health Authority.

**Medical Practitioners**

Practitioners registered with the B.C. College of Physicians and Surgeons to practice in British Columbia.

**Medical Services**

Medically required services provided by general practitioners and specialists, including laboratory services and diagnostic procedures.

**Most Recent Specialty**

A practitioner's most recent specialty is the specialty with the latest date of registration with the MSP. If a practitioner has two or more concurrent specialties, the specialty with the most recent registration date is selected. If the registration dates match, then the specialty with the highest numeric value is used.

**Other Health Practitioners**

Practitioners who provide services insured through the MSP Supplementary Benefits program or the Midwifery program and who are approved for licensure by their respective Colleges/Associations.

**Out-of-Province Claims**

Out of Province claims include four separate cases:

1. When a Canadian resident from another province (except Quebec) receives medical care in BC, the Medical Services Plan (MSP) will pay the BC physician at the BC fee rates. The Ministry of Health will pay the BC hospital. The patient's home province/ territory will then reimburse BC for insured physician and hospital services under the provincial reciprocal payment agreements.
2. When a BC resident receives physician services in another province/territory (except Quebec), the physician is paid by the appropriate agency in the providing province/territory, at the fee rates in the providing province. The province/territory will then bill BC for the insured medical services that are eligible for payment under reciprocal payment agreements.
3. As in (2), but when a BC patient personally pays for services received in Quebec or in another province, MSP will reimburse the patient for the insured medical services when services are provided by a licensed physician. MSP will pay the out-of-province physician directly or reimburse the BC patient at the BC or Quebec provincial fee rates.
4. When a BC resident receives emergency medical care outside Canada, MSP will reimburse the BC resident or the out-of-country provider for the physician services at BC fee rates. BC will pay the hospital in-patient care up to a maximum \$ 75.00 per diem, in Canadian funds.

**PEOPLE (36) Estimates and Projections**

Population estimates prepared by the BC Stats.

**Population**

Refers to all residents of British Columbia

**Practitioners**

Refer to general practitioners, specialists and supplementary benefit practitioners.

**Registrant**

Person enrolled with the Medical Services Plan of British Columbia.

**Retroactive Payment**

Payment made for services rendered in the past. Usually this refers to payment for retroactive fee increases (from negotiated agreements) on services rendered in previous fiscal years.

**Rural Retention Program (RRP)**

Premium paid to an approved practitioner who provides services in an isolated area. The RRP varies according to the degree of isolation of the community.

**Service Code**

Grouping of services provided by practitioners. Each service code has one or more fee items associated with it. However, each fee item is associated with one service code only.

**Specialty****Medical**

Code	Description	Code	Description
0	General Practice	20	Physical Medicine & Rehabilitation
1	Dermatology	21	Public Health
2	Neurology	23	Occupational Medicine
3	Psychiatry	24	Geriatric Medicine
5	Obstetrics & Gynaecology	26	Cardiology**
6	Ophthalmology	28	Emergency Medicine
7	Otolaryngology	29	Medical Microbiology
8	General Surgery	33	Nuclear Medicine
9	Neurosurgery	44	Rheumatology
10	Orthopaedic Surgery	45	Clinical Immunology & Allergy
11	Plastic Surgery	46	Medical Genetics
12	Cardiac Surgery	47	Vascular Surgery
13	Urology	48	Thoracic Surgery
14	Paediatrics	49	Respirology
15	Internal Medicine	51	Endocrinology*
16	Radiology	53	Critical Care Medicine**
17	Laboratory Medicine	56	Gastroenterology*
18	Anaesthesia	59	Nephrology*
19	Paediatric Cardiology	67	Infectious Disease*
		74	Hematology Oncology*

\*Effective August 1, 2007; physicians previously billed under specialty 15.

\*\*Effective April 1, 2010; physicians previously billed under specialty 15.

**Other Health Practitioners**

Code	Description
30	Chiropractors
31	Naturopaths

- 32 Physical Therapy
- 34 Osteopathy
- 37 Oral Surgeons
- 38 Podiatrists
- 39 Optometrists
- 40 Dental Surgeons
- 41 Oral Medicine
- 42 Orthodontists
- 43 Massage Practitioners
- 68 Acupuncture\*
- 80 Midwives

\* Effective April 1, 2008.

### **Specialists**

Medical practitioners with specialties other than General Practice

### **Tray Fee**

Fee paid to physicians for costs incurred in the performance of a procedure. A list of eligible procedures is provided in the Medical Services Commission Payment Schedule.