

REVISED FEES FOR NON-MSP-INSURED SERVICES EFFECTIVE APRIL 1, 2025*

**The April 1, 2025, Doctors of BC uninsured services rates reflect an increase of 2 % on each fee item with the following exceptions: A00009, 96201, 96301, 96302, 96400, 96501, 96502, 96503, 96504, 96505, (which are negotiated separately) The fees in this document are subject to the rounding rules of the Doctors of BC.*

This is not an all-inclusive or exhaustive list of services but represents the most commonly requested professional services.

These fees cannot be correctly interpreted without reference to Preamble Clause C. 2.

C. 2. Setting and Modification of Fees

The tri-partite Medical Services Commission (MSC) manages the Medical Services Plan (MSP) on behalf of the Government of British Columbia in accordance with the Medicare Protection Act and Regulations. The MSC is the body that has the statutory authority to set the fees that are payable for insured medical services provided to beneficiaries enrolled with the Medical Services Plan (MSP). The MSC payment Schedule is the official list of fees for which insured services are paid by MSP.

The Doctors of BC maintains and publishes the Doctors of BC Fee Guide. The Guide mirrors the MSC Payment Schedule, with some exceptions including recommended private fees for uninsured services.

The process for additions, deletions or other changes to the MSC Payment Schedule, are made in accordance with the Master Agreement. Medical practitioners who wish to have modifications to the MSC Payment Schedule considered should submit their proposals to the Doctors of BC Tariff Committee through the appropriate Section. The Government and the Doctors of BC have agreed to consult with each other prior to submitting a recommendation to the MSC. If both parties agree, in writing, to a revision, MSC will adopt the recommendation as part of the MSC Payment Schedule as long as the service is medically necessary and consistent with the requirements of the Medicare Protection Act and Regulations and it agrees with the estimated projected cost that will result from the revision. In the case where there is no agreement between Government and the Doctors of BC, both parties may make a separate recommendation to the MSC and the MSC will determine the changes, if any, to the MSC Payment Schedule.

Usually, the earliest retroactive effective date that may be established for a new or interim fee code, is April 1st of the current fiscal year. For services not listed in the MSC Payment Schedule, please refer to the following sections C. 3. & C. 4.

Setting of Non-MSP-Insured Fees - General Considerations

The Non-MSP-Insured Fees have been set by the Doctors of BC Tariff Committee in conjunction with Section representatives and in accordance with general policy established by the Board of Directors. Under the arrangement with the MSC, MSP fees have been approved by the MSC.

The recommended values for services when not paid for by the MSP, WorkSafeBC or ICBC are listed under “Non-MSP-Insured Fee”. The charges for these uninsured services, including A-lettered items, are not to be construed as maximum or minimum charges but only as a general guide for services of average complexity, by which the individual physician dealing with the patient can set a proper and responsible value on the individual services provided:

- a) You are in no way obligated, ethically or otherwise, to follow these Non-MSP- Insured Fees and you may charge either a higher or lower fee according to your own judgement.
- b) No special sanction of any kind is employed nor will be employed by the Association to enforce these Non-MSP-Insured Fees, and you are free to exercise your discretion and judgement with respect to any charge made for any service rendered that is not payable by the MSP, WorkSafeBC or ICBC or otherwise specified in the Preamble.
- c) If the patient’s financial circumstances are unusual, and other doctors have been called in attendance, it is the responsibility of the attending physician to acquaint his/her colleagues of such circumstances. Each doctor concerned in the care of the patient shall give or send to the patient or his/her agent a statement showing his/her own professional services.
- d) The fees listed under “MSP and WorkSafeBC Fee” have been accepted by the Medical Services Plan and WorkSafeBC through negotiated agreements as the basis for their Fee Guide. WorkSafeBC supplies its own reporting and billing forms upon which one is asked to insert the MSP payment number to facilitate payments. MSP is currently processing claims on behalf of WorkSafeBC as an agent. It is mandatory for physicians to submit WorkSafeBC claims through MSP unless specifically exempted by WorkSafeBC.

Non-MSP- Insured Fee (\$)

INDUSTRIAL AND INSURANCE

A00001	General insurance examination, industrial examinations (to include MOT, marine personnel, pilots and air traffic controllers), pre-placement and periodic examinations, and CPP examinations	260.00
A00002	Limited examinations for special policies	184.00
A00003	Industrial pre-placement and periodic examination not requiring complete examination	108.00

Part-time professional employment where fee-for-service is not applicable:

A00004	Group examination of apparently healthy persons, including school examinations – per hour	440.00
A00005	– Half day session (3.5 hours), 5 or less sessions per week – per session	1173.00
A00006	– 6 th or additional half day session the same week – per session	978.00

NOTE: Medical Services Plan reimbursement agreement for sessional fees may be found in the Sessional Arrangements section of the Fee Guide.

Consultative or Advisory Committee work:

A00007	– per half day (3.5 hours)	1430.00
A00008	– per day	2855.00

ROADSAFETYBC

	Examinations (other than the eyes) to obtain a driver’s license	
A00055	– full exam	253.00
A00056	– partial exam	113.00

MEDICAL RECORDS

A00093	Transfer of patient records – basic fee	44.10
--------	---	-------

NOTES:

- This fee is recommended for a simple transfer of records from a physician to another physician. Photocopying may be charged in addition.
- i) Other direct costs, such as courier services, may be charged in addition.
- ii) A fee for review of records may be charged in addition if the physician reviews the records for the purpose of selecting current an necessary medical information to be transferred.
- iii) Original records must be retained by the transferring physician as required by Law.
- iv) When multiple records are being transferred, the total time spent should be taken into account.

A00095	Review of Paper or EMR records by physician (for medical/legal purposes or transfer of patient records) – per 15 minutes or portion thereof	124.00
--------	---	--------

(see notes on next page)

NOTES:

- i) The fee for this service can be adjusted at the physician’s discretion based on the time and extent of physician involvement and secretarial and other direct or indirect costs such as cost of supplies to produce an electronic copy.
- ii) This fee is for review of the paper or EMR file only.
- iii) Photocopying paper records may be charged in addition.
- iv) At the physician’s discretion, an additional \$1.45 per page for paper copies is billable for large and/or complex charts.

A00096 Photocopy/Print from digital or paper medical record – per page (first 10 pages).....	2.25
– Subsequent pages.....	.30

PREVENTATIVE MEDICINE

A00052 Biofeedback rendered by a physician for other than neurological and/or muscular retraining – per half hour	184.00
A00053 Hypnosis for services not insured by the Medical Services Plan, e.g.: smoking withdrawal, weight loss or other lifestyle services – per half-hour	184.00
A00054 Preventative medicine counselling all forms, e.g.: health maintenance assessment and counselling to include physical examination, smoking withdrawal and other harmful habits, weight and/or diet control, exercise programs (planning and management), stress management techniques, social support systems, establishing normal sleep patterns and other forms of lifestyle counselling – per half hour	184.00

CERTIFICATES AND FORMS

A94523 Completion of Drug Benefit Form for third party insurer	93.20
A94529 Completion of the Occupational Fitness Assessment (OFA) form (extra to examination)	217.00
A94533 Completion of the Public Trustee’s form for opinion of incapacity (extra to examination)	443.00
A00060 Written certificate, including time loss benefit form (extra to examination), medical certification of death, etc.	54.00
A00061 Medical advice by letter	184.00
A00063 Initial screening examination for chronic or rehabilitation care	188.00

**Non-MSP-
Insured
Fee (\$)**

A00068	Physical fitness examination for school, summer camp, etc., including certificate	91.20
	<u>Insurance company form to include review of records:</u>	
A00059	– Extensive report	241.00
A00069	– Short report	184.00
A00097	Examination and completion of Canadian Blood Services form for report on Plasmapheresis Donors	132.00

CORRECTIONAL CENTRE

A00085	Correctional centre visit to examine one patient including certification – day time	259.00
A00086	Subsequent correctional centre visit to examine patient again including certification	259.00
A00087	Other patients examined at same correctional centre visit including certification – each	184.00
A00088	Correctional centre visit to examine one patient including certification – night (1700 hrs to 0830 hrs), Saturday, Sunday or Statutory holiday	337.00
A00089	Examination of patients in doctor’s office including certification – each	184.00

BLOOD AND ALCOHOL SAMPLING

A00036	Taking sample	117.00
A00037	Additional charge for standby time, per half hour	201.00
	Note: Services charges and surcharges extra.	

OPHTHALMOLOGY: FITTING OF CONTACT LENSES

A02050	Hard Lenses	I.C.
A02051	Soft Lenses	I.C.
A02052	Unilateral cases – hard lenses	I.C.
A02053	Unilateral cases – soft lenses	I.C.

Evaluation of Lenses Not Fitted by Practitioner:

A02054 – First visit	I.C.
A02055 – Subsequent visit	I.C.

NOTES:

- i) Refundable costs to patients on failure of satisfactory fitting – professional fees should be refundable.
- ii) Patients should be informed clearly, prior to the fitting of lenses, of the separate professional and technical cost of fitting lenses.

PEDIATRICS: SPECIAL SERVICES

A00516 Newborn care in hospital without complications	333.00
---	--------

Periodic health examinations

A00517 – Infants	175.00
A00519 – Children and adolescents	
A00520 Assessment and examination prior to adoption	693.00

PHYSICAL MEDICINE AND REHABILITATION: SPECIAL SERVICES

A01720 Advice on the medical requirements of one or more patients at a formally scheduled multi-disciplinary rehabilitative conference of at least one hour duration, per half hour or major portion thereof ..	196.00
---	--------

NOTE: Where more than one certified specialist in physical medicine and rehabilitation required each to submit separate accounts.

PSYCHIATRY: SPECIAL SERVICES

A00643 Environmental intervention by the physician on a psychiatric patient’s behalf with agencies, employers or institutions – per ½ hour	188.00
A00644 Environmental intervention by the psychiatrist on a disturbed child’s behalf with agencies, schools or institutions – per ½ hour ..	188.00
A00655 Interpreting or explaining results of psychological psychiatric or other medical examinations and procedures to family or other responsible persons or advising them how to assist patient – per ½ hour	188.00

UROLOGY: SPECIAL SERVICES

A08343 Epididymovasostomy or re-anastomosis of vas – unilateral	3570.00
NOTE: MSP will pay only when a previous vasectomy has not been performed.	

DIAGNOSTIC ULTRASOUND: SPECIAL SERVICES

A08480 Head and Neck: Transcranial Doppler	155.00
--	--------

LABORATORY MEDICINE: SPECIAL SERVICES

A94600 Identification of micro-organisms	35.95
A94601 Immunologic techniques	35.95

Autopsy

A94506 – Complete	1412.00
A94508 – Partial	427.00

A94510 Category I – Identification by gross examination only	18.05
A94512 Category II – Confirmation of normality	54.80
A94514 Category III – Confirmation of common degenerative and inflammatory conditions and common benign tumours	70.10
A94516 Category IV – Small specimens for diagnosis	132.00
A94518 Category V – Complex biopsies or small whole organs	184.00
A94520 Category VI – Large complex organ requiring extensive gross dissection and microscopic assessment comprehensive	371.00

Consultations

Operative consult with or without frozen section

A94500 – First	231.00
A94502 – Each additional consult (no limit)	72.60
A94504 Referred histology slides for opinion and letter	184.00
A94505 – Multiple or complex specimens (Category VI specimens)	371.00

Forensic Toxicology

A94570 Screening by radioimmunoassay for drug class without identification/quantitation	64.00
A94572 Screening by immunoassay for drug class without identification/quantitation	64.00
A94574 Screening by gas chromatography (GC) for drug class (acidic drugs) with identification but not quantitation	86.40
A94576 Screening by gas chromatography (GC) for drug class (basic drugs) with identification but not quantitation	86.40

**Non-MSP-
Insured
Fee (\$)**

A94578	Screening by thin layer chromatography for drug class(es) with identification but not quantitation by liquid	194.00
A94580	Drug identification and/or quantitation by Gas Chromatography Mass Spectrometry (GCMS) (applies primarily to basic drugs)	150.00
A94582	Drug identification and/or quantitation by Liquid Chromatography Mass Spectrometry (LCMS) (applies to acidic drugs and to a large number of other drugs that will not go through a GCMS)	299.00
A94584	Comprehensive drug screen (includes screening by GC and radioimmunoassay & drug identification/quantitation by GCMS (applies primarily to basic drugs)	330.00
A94586	Ethanol	88.20
A94588	Carbon monoxide	185.00

Hematology and Blood Bank

A94540	ABO typing	55.30
A94541	Absorption	134.00
A94542	Antibody identification	223.00
A94543	Antibody screen	110.00
A94544	Consultation, written for unusual antibodies	209.00
A94545	Crossmatch – per unit	55.30
A94546	Direct antiglobulin test – polyspecific	66.20
A94547	Direct antiglobulin test, using anti-C3 or anti-IgG	66.20
A94548	Irradiation of blood products	55.30
A94549	Neutralization, per antigen	223.00
A94550	Phenotyping by DAT, per antigen	44.65
A94551	Phenotyping by indirect antiglobulin test, per antigen	63.30
A94552	Pooling blood products	134.00
A94553	Preparation of eluate	134.00
A94554	Preparation of leukocyte poor blood by filtration or manual wash ..	223.00
A94555	Preparation of leukocyte poor blood by microaggregate filtration ..	223.00
A94556	Preparation of lyophilized products, per pack	55.30
A94557	Preparation of packed cells per unit	55.30
A94558	Review of trans reaction data including preparation of a written report	209.00
A94559	RH (D) typing	46.25
A94560	Rosette test for RH + cells	110.00
A94561	Thawing of plasma	55.30
A94562	Washing red cells, first unit using cell washer	66.20
A94563	Washing red cells, each additional unit	223.00

Chemistry - Miscellaneous

A94522	Specimen submitted for examination in cases of suspected sexual assault – per specimen or article	179.00
A94524	– To maximum	354.00