

PODIATRISTS' SERVICES

Tariff of Fees Approved and or Prescribed as the Payment Schedule

The additional benefit for the payment of podiatrist services for insured persons is as follows:

Preamble to the Schedule

1. The Plan includes as insured services the services of podiatrists who are registered members of the British Columbia Association of Podiatrists, and licensed under the Podiatry Act, when rendered in the Province of British Columbia to insured persons as prescribed in #2 below.
2. Non-surgical podiatry will be an insured benefit only for beneficiaries receiving MSP premium assistance. All MSP beneficiaries will continue to be insured for surgical podiatry.
3. The Plan does not pay podiatrist for taking x-rays. A podiatrist taking his own x-rays must advise the patient beforehand in writing that his x-ray service is not covered and include the visit of such x-ray in written notice. Such x-ray cost is the patient's responsibility. The Plan will pay for radiological (x-ray) services of a physician or surgeon on request or referral from a podiatrist.
4. Paragraphs 1 and 3 emphasize the need for proper continuing close professional relationship between the patient's medical practitioners and the podiatrist.
5. The prescribed tariff is payment at 100 percent of the schedule fee for the professional service, and this shall be accepted as payment in full for the professional fee. Any billing direct to an insured person under the Plan would be for materials, drugs, appliances, or x-ray services given by the podiatrist and the patient must be made aware of that fact prior to the service.
6. The surgical fee for orthopaedic procedures (fractures and dislocations) includes the post-operative follow-up period normally considered to be 90 days for such procedures. The fee for other surgical procedures includes the post-operative follow-up care, including the removal of sutures and care of the operative wound. This period is normally considered to be 42 days.
7. Where a surgical procedure is performed by a podiatrist who administers a regional anaesthesia for that procedure, there shall be no additional charge for the administration over the procedural fee, except in rare unusual cases or emergencies substantiated by a detailed letter. A net fee not in excess of \$9.00 may be paid under the Plan if in the opinion of the Medical Advisor the circumstances of the specific case so warrant a fee for the regional anaesthesia in addition to the procedural fee.
8. When surgical services other than those specified, or where because of serious complications or coincidental conditions additional services are required and the podiatrist wishes to claim extra remuneration, the podiatrist must describe the unusual circumstances which warranted the extra service and detail all services given together with the podiatrist suggested fee when submitting the podiatrist account. Such claims will be subject to individual adjudication by the Plan.

PODIATRY PAYMENT SCHEDULE

The following pages list the tariff of fees for podiatrist services. These fees cannot be correctly interpreted without reference to the Preamble.

P00189 Podiatry Visit\$23.00
 Notes:
 i) This item is applicable only to patients who have MSP Premium Assistance status.
 ii) Subject to i) above, non-surgical podiatry, physical therapy, naturopathic, chiropractic, chiropractic and massage services are benefits up to a combined maximum of 10 visits per patient per calendar year.

P01305 Hospital Consultation\$36.87
 In-depth evaluation of a podiatric problem seen on referral of a physician requiring a comprehensive history, review of x-rays and laboratory results, gait analysis study (where required), and a written report to the referring physician. Limited to in-patients in an acute care facility referred as high risk due to complex medical problems (for example, but not limited to, diabetes or vascular disease).
 Notes:
 i) If surgery is the recommended treatment, bill under fee item 00152.
 ii) Not billable within six months of fee item 00152 when rendered for the same condition.

Special Surgical and Other Procedures

When two similar procedures are done at the same time, the charge for the second procedure should be 50 percent of the scheduled fee; when done separately at staged intervals, the full fee should be charged for each procedure.

00152 Surgical consultation to include review of x-rays, blood work, etc., consultation with patient, and written report to patient's (referring) physician.....\$36.87

00155 Non-referred pre-operative assessment\$27.11
 Notes:
 i) Billable only when non-referred case proceeds to
 ii) podiatric surgery.
 ii) Referred cases bill under fee item 00152
 iii) Cases not proceeding to podiatric surgery are the responsibility of the patient unless eligible for premium assistance and the annual limit has not been reached. Cases not proceeding to surgery where the patient is eligible for premium assistance, bill under fee item 00189.

P01308	Post-podiatric surgery visit	\$14.66
	Notes:	
	Billable only under the following circumstances:	
	i) When unexpected complications arise following the 42-day post-operative period; or	
	ii) When post-operative care is provided by a different podiatrist within 42-day post-operative period in a different community (more than 50km from where the surgical procedure was performed); and	
	iii) Only when the surgical procedure is a benefit of MSP.	
	iv) All claims for fee item P01308 must be substantiated by a note record indicating how the criteria in notes i) and ii) were met.	
00187*	Removal of foreign body requiring open exploration.....	\$85.96
00244*	Osteotomy - cutting a transection of bone with realignment.....	\$207.77
00245*	Remodeling - metatarsal head	\$183.78
00246*	Remodeling - phalangeal head.....	\$133.05
00247	Primary fixation (internal) (in addition to 0245, 0246).....	\$49.02
00251*	Excision, removal of medium sized benign soft-tissue tumor where general anaesthetic or regional block is necessary	\$107.77
00252*	Tenodesis	\$85.96
00253*	Tendon lengthening.....	\$85.96
Repair of Deformities of Joints of Lesser Toes		
00254*	Soft tissue only.....	\$85.96
00255*	Arthroplasty (metatarso-phalangeal)	\$122.15
00256*	Arthrodesis - interphalangeal with fixation	\$183.78
Hallux Valgus		
00257*	Simple.....	\$218.14
00258*	Osteotomy and fixation.....	\$244.86
00259*	Excision of neuroma.....	\$124.88
00260*	Excision - surgical or plantar keratosis	\$85.96
00261*	Sesmoidectomy and accessory bones	\$92.71

00262*	Exostosis of tarsal bones	\$61.18
00269	Surgical assistant fee - applicable to the total fee payable under the multiple surgery rule for fee items 0244, 0245, 0246, 0251, 0257, 0258, 0259 and 0262. Payable at 30 percent of surgical fee	

* All items marked with an asterisk require a copy of the operative report and copy of the written report to patient's referring physician to accompany the claim to MSP.

Other Procedures

00171	Dislocations - toes	\$36.87
00172	- M.P. joints	\$36.87
00173	Fractures - toes	\$49.02
00174	- metatarsal	\$73.41
00175	Excision granuloma	\$61.18
00176	Clavus (helomata) surgical, includes redressing.....	\$98.04
00179	Nails - permanent partial plate and matrix (includes redressing)	\$98.04
00180	Nails - complete nail and matrix removal (includes redressing)	\$122.15
00188	Nails - permanent partial matrixectomy of both borders of the same digit (includes redressing)	\$130.00
00183	Verruca - Surgical excision	\$98.04
00186	Removal of foreign body under local anaesthesia	\$29.55
00240	Biopsy, skin (appropriate office visit additional)	\$11.94
00242	Primary repair of soft-tissue wound	\$36.87
00248	Incision and drainage superficial abscess (operation only)	\$18.38
00289	Designated as a miscellaneous fee item, it can be billed up to a maximum of the amount indicated.....	\$545.33