

## BROADCAST MESSAGE

EFFECTIVE DATE: 2025-12-01 TARGET TYPE: A  
CANCEL DATE: 2026-02-15 TARGET KEY:  
COPY MESSAGE FROM

**BROADCAST TITLE: Correct Billing for Diagnostic & Therapeutic Anaesthesia Fee Codes**

**BROADCAST MESSAGE:**

The Medical Services Plan (MSP) reminds all practitioners that billing for **Diagnostic Anaesthesia** and **Therapeutic Anaesthesia** services must strictly adhere to **evidence-based care principles** and the **MSP Payment Schedule for Physicians**. This reminder is issued to reduce claim rejections and ensure compliance with audit standards.

### **Key Billing Principles**

1. **Nerve Root or Facet Blocks: (Fee Items 01140,01141,01142,01143,01144, and 01145)**
  - must be performed under medical imaging guidance (ultrasound, fluoroscopy or CT) with image capture. MSP may request proof of image capture to ensure compliance with this requirement.
2. **Joint injection, aspiration or arthrogram, under radiological guidance (Fee Item 00811)**
  - Payable only if performed under medical image guidance, otherwise will pay as 00757 **Joint aspiration - procedural fee**
3. **Repeat injections of corticosteroids**
  - **Multiple sources in medical literature support limiting corticosteroid injections to a maximum of three to four per anatomic site per year, with intervals of at least three months between injections.** Claims must reflect the **primary purpose** of the service provided and repeat injections within 3 months may require additional notes to explain rationale.
4. **Repeat injections of local anaesthetics.**
  - Current clinical guidelines, including the 2025 BMJ guideline, issue **strong recommendations against the repeated use of local**

**anesthetic injections for chronic spine pain, citing a lack of evidence for long-term benefit and potential for harm.** Local anesthetic blocks are primarily recommended for diagnostic purposes or as part of a multimodal approach, not as repeated long-term monotherapy.

### **Compliance Recommendations**

- Review the **MSP Payment Schedule** regularly for updates.
  - Maintain **clear, legible documentation** in patient charts.
  - Ensure billing staff are trained on correct code usage.
  - When in doubt, consult MSP Practitioner Support before submitting claims.
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### **Action Required**

- Immediately review your billing practices for anaesthesia services.
  - Correct any discrepancies in documentation or coding.
  - Share this reminder with all billing staff and clinical teams involved in anaesthesia services.
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### **For Questions:**

Contact MSP Practitioner Support at **[phone/email]** or visit **www.gov.bc.ca/msp** for detailed guidelines and resources.

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Copy to DoBC:    Yes

**INITIATED BY: MoH**

**AUTHORIZED BY: Jason Wale**

**IF TARGET TYPE IS**

**THEN TARGET KEY IS**

**PY-PAYEES -----PAYEE NO.**

**PR**- PRACTITIONER -----PRACTITIONER NO.  
**SP**-SPECIALTY -----SPECIALTY CODE  
**AI**-ASSOCIATION IDENTIFIER-----MD – BC MEDICAL ASSOCIATION  
**A** -ALL -----LEAVE TARGET KEY BLANK  
**PS**-PAYEE STATUS -----**C** - VESTED INTEREST LAB  
**F** - PRIMARY CARE  
**H** - HOSPITAL  
**I** - INACTIVE PAYEE  
**L** - LABORATORY  
**M** - ACTIVE PAYEE  
**V** - 3<sup>RD</sup> PARTY- OUT OF PROVINCE  
**Y** – ALTERNATIVE PAYMENTS PROGRAM