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.

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.

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

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 - 3RD PARTY- OUT OF PROVINCE
Y – ALTERNATIVE PAYMENTS PROGRAM