

**MEDICAL SERVICES COMMISSION
OUT OF PROVINCE AND OUT OF COUNTRY MEDICAL CARE
GUIDELINES FOR FUNDING APPROVAL**

A. PREAMBLE

The primary purpose of the *Medicare Protection Act* is "to preserve a publicly managed and fiscally sustainable health care system for British Columbia in which access to necessary medical care is based on need and not an individual's ability to pay."

The Medical Services Commission ("MSC") has authority pursuant to the *Medicare Protection Act*, R.S.B.C. 1996 c.286, s.29, the Medical and Health Care Services Regulation, B.C. Reg.426/97, s.35, the *Hospital Insurance Act*, R.S.B.C. 1996 c.204, s.24 and the Hospital Insurance Act Regulations, B.C. Reg. 25/61, s.6, to give prior written approval for elective (non-emergency) medically necessary out of country medical care. This includes dental/oral surgical services for beneficiaries of the Medical Services Plan (MSP) when such services are provided by licensed medical practitioners*, dental/oral practitioners or an accredited facility.*

The purpose of these Guidelines is to clarify the criteria used by the MSC when considering applications for prior approval of provincial funding for coverage of elective (non-emergency) out of country medical care. The underlying objective of the Guidelines is to ensure funding decisions regarding non-emergency out of country medical services do not encourage beneficiaries to bypass appropriate and acceptable medical care available in British Columbia and Canada. The Guidelines are administered by MSP in a manner consistent with the *Medicare Protection Act*, the Medical and Health Care Services Regulations, the *Hospital Insurance Act* and the Hospital Insurance Act Regulations.

In order for elective out of country medical care to be funded, prior written approval must be given by MSP. In cases where out of country funding is appropriate, the pre-approval process enables MSP to negotiate a reasonable and fair compensation rate from out of country service providers prior to the provision of the service.

B. PRIOR APPROVAL NOT REQUIRED FOR CERTAIN CATEGORIES OF CARE

Prior approval by MSP is not required for the following categories of care.

1. OUT OF PROVINCE (WITHIN CANADA) MEDICAL CARE:

Prior approval by MSP is not necessary for medically necessary care obtained by a beneficiary in another province or territory of Canada.

Medical coverage is portable for beneficiaries of MSP when medically necessary care is rendered out of province but within Canada. All insured medical services obtained by MSP beneficiaries from a physician licensed to practice medicine in the province where the services are obtained will be covered at the appropriate provincial rates without prior approval by MSP, unless otherwise stipulated by a reciprocal agreement* with another province or territory within Canada. (*see Appendix 3, Exclusions under the reciprocal agreements.*)

* Terms with an asterisk are defined in Appendix 1

Under the terms of the appropriate reciprocal agreement, physicians and acute care facilities in other Canadian provinces and territories (except Quebec) will be reimbursed by MSP, provided the service meets the following criteria:

- a) it is medically required;
- b) it is provided by a licensed medical practitioner or oral surgeon; and
- c) it would be a benefit if performed in BC unless otherwise stipulated by the terms of the reciprocal agreement.

In other Canadian provinces and territories (except Quebec), medical practitioners are encouraged to bill reciprocally rather than bill the beneficiary directly. In most cases medical practitioners will bill their provincial health care plan for services that are then reimbursed by MSP to the province or territory in which the service was provided. In-patient hospital care at approved acute care facilities outside the province is reimbursed at the rate established in the reciprocal agreement in accordance with the *Hospital Insurance Act* and Regulations.

2. OUT OF COUNTRY EMERGENCY CARE:

Prior approval by MSP is not required for out of country emergency medical care.

A beneficiary qualifies for MSP payment for out of country emergency medical and dental/oral surgical services if those services are medically necessary and unexpectedly occur while the beneficiary is travelling for business or pleasure or studying outside of Canada.

Medical care received outside of Canada will be covered only up to the amount payable for such services under the British Columbia Medical Services Commission Payment Schedule*. In-patient hospital care at approved acute care facilities outside of Canada will be reimbursed at a maximum rate of \$75 per day. All out of country claims are reimbursed in Canadian funds. The MSC has no authority over the reimbursement of in-patient hospital care; it is the Ministry of Health that retains this authority.

Facility services and medical care obtained outside of Canada may cost considerably more than the amount payable by MSP, which in some cases represents ten percent of the actual costs of out of country medical services. Therefore, beneficiaries are strongly encouraged to purchase additional insurance when travelling outside of the country.

C. ELECTIVE (NON-EMERGENCY) OUT OF COUNTRY MEDICAL CARE

In order for MSP to consider funding elective out of country medical care, an application for prior approval must be submitted to MSP. It is the responsibility of MSP to ensure that funding is not provided to out of country medical providers when appropriate, acceptable and cost effective medical care is available in British Columbia or elsewhere in Canada.

In cases where out of country funding is appropriate, the pre-approval process enables MSP to negotiate a reasonable and fair compensation rate from out of country service providers prior to the provision of the medical care. Details of the application process for pre-approval of funding for elective out of country medical care are contained in *Appendix 2, Application and Review Process for Funding of Out of Country Medical Care*. A summary of the process is as follows.

* Terms with an asterisk are defined in Appendix 1

Stage 1 - Consideration and Decision by Medical Services Plan

The application for funding approval is submitted by an appropriate specialist responsible for the beneficiary's care. The application and supporting documentation is considered by MSP or its designate, Health Insurance BC, and a determination is made as to whether or not funding for out of country care will be provided.

Stage 2 - Administrative Review by Medical Services Plan

The beneficiary is provided with notification of the decision made by MSP. If the decision made by MSP is to deny the application, the beneficiary may request an administrative review of the denial. To request the administrative review, the beneficiary must supply MSP with additional relevant information from an appropriate specialist.

Stage 3 - Formal Review by Medical Services Commission

If, after the administrative review is concluded, the application for funding is denied again, the beneficiary may request that the MSC formally review the decision of MSP. The question for the MSC to determine in the formal review is whether MSP properly applied the Out of Province and Out of Country Medical Care Guidelines for Funding Approval.

The formal review is conducted by an MSC Review Panel, which consists of three members -- one representative from each of the Ministry of Health, the British Columbia Medical Association and the general public.

In relation to an application for elective out of country medical care, the following considerations apply:

- a) In determining whether funding is appropriate for out of country medical care, MSP may consider whether the treatment is recommended by the medical profession in British Columbia and Canada; Health Canada's position with respect to the efficacy of the treatment including whether a drug or device has been approved by Health Canada for the proposed use; if the treatment is experimental or developmental; and whether all avenues for treatment within the Canadian healthcare system have been exhausted.
- b) In relation to procedures offered in the United States, MSP will consider whether these procedures are beyond Phase III clinical trials and approved by The Centers for Medicare and Medicaid Services, the federal agency that administers national coverage in the form of Medicare, Medicaid and the State Children's Health Insurance Program.
- c) In the rare circumstances when an application is received after the provision of the medical service, the beneficiary's specialist must provide MSP with appropriate documentation as specified in *Appendix 2, Application and Review Process for Funding of Out of Country Medical Care*.
- d) Funding approval will not be granted in the following circumstances:
 - i. the application is incomplete;
 - ii. the application is for services that are not medically necessary;
 - iii. appropriate and acceptable medical care is available in BC or elsewhere in Canada;
 - iv. the delay in the provision of medical care available in BC or elsewhere in Canada cannot be shown to be immediately life threatening or result in medically significant irreversible tissue damage;
 - v. the application has been made without a referral from an appropriate specialist* involved in the beneficiary's care in BC;

* Terms with an asterisk are defined in Appendix 1

- vi. the medical care or service applied for is unproven, experimental, or in the early stages of development;
- vii. an application is made for funding of services not considered benefits under the *Medicare Protection Act*, the *Medical and Health Care Services Regulations* or the *Hospital Insurance Act* and Regulations. Such services include travel and related accommodation costs, ambulance fees, out of hospital drug costs and services provided by non-physician professionals; or
- viii. an application is made for funding of supplementary benefits* to be provided by a health care practitioner.*

D. GUIDELINES SPECIFIC TO ELECTIVE (NON-EMERGENCY) OUT OF COUNTRY CARE

1. Experimental Medical Care

- a) Funding is not provided for unconventional, experimental or developmental* treatment, merging treatments or diagnostic processes or clinical trials where the efficacy of the service is not known.
- b) The appropriate medical specialist making application on behalf of a beneficiary for pre-approval of out of country new or emerging medical services and treatment under this provision must provide MSP with documentation of reputable clinical trials beyond Phase III, published in peer reviewed medical literature.

2. Appropriate and Acceptable Medical Care is Available in British Columbia or Elsewhere in Canada

- a) If an appropriate and medically acceptable treatment (standard of care) for a beneficiary's condition is available in British Columbia or elsewhere in Canada, out of country funding will not be approved by MSP.
- b) If appropriate and medically acceptable treatment for a beneficiary's condition is not available in British Columbia or elsewhere in Canada because of significant medical controversy, and an appropriate specialist recommends out of country medical care that is of proven value,* when prior approval is given by MSP, funding may be approved at a negotiated usual and customary rate (U&C)*.
- c) The appropriate specialist making application on behalf of a beneficiary must provide MSP with documented evidence showing the requested out of country medical care will result in a significant difference in success or mortality rates for the patient's condition

3. Additional Consultations and Investigations

- a) In the event that the appropriate specialist(s) in British Columbia and Canada are unable to provide a diagnosis or medical management plan, MSP will fund out of country consultations and related investigations if prior approval is obtained by an appropriate specialist(s) recognized by MSP. If additional consultation is funded by MSP, U&C* rates will apply.
- b) If there is a working diagnosis and/or medical management plan, and an appropriate specialist requests another opinion from an out of country centre of excellence, consideration may be given to additional out of country consultations and related investigations at BC rates.

* Terms with an asterisk are defined in Appendix 1

- c) Any out of country medical care recommended to the beneficiary as a result of out of country consultations and related investigations will not be funded if that medical care is available in BC or elsewhere in Canada.

4. Funding of Continuing Care of a Beneficiary who has been funded for Out Of Country Medical Care

- a) Funding for the continuing care of a beneficiary outside of Canada will be assessed on the basis of the treatment plan and transfer protocol provided to MSP by the appropriate specialist when making application for prior approval of the out of country medical care.
- b) Extensions beyond the duration approved by MSP require a new application for prior approval of out of country funding from the appropriate specialist.

5. Support Network

In cases where it can be demonstrated that the beneficiary does not have access to an adequate family/support network in BC, and the appropriate specialist supplies evidence that this support is essential to a patient's recovery, funding will be considered by MSP for out of country medical care. In making its decision, MSP will take into consideration the broad range of provincially funded community and social services available in British Columbia. If funding is approved under this provision, payment will be at BC rates.

6. Laboratory and Medical Imaging Tests

- a) Funding will not be provided for experimental or developmental laboratory and medical imaging tests where the efficacy of such services is not known.
- b) In order for proven laboratory and medical imaging tests to be funded out of country, all diagnostic avenues in BC and Canada must have been exhausted.
- c) If laboratory and medical imaging tests are not available in Canada, but are of proven value, prior approval will be given by MSP only if the result of the test would significantly alter the management of the beneficiary's condition. In limited circumstances, US Food and Drug Administration (FDA) approved laboratory and medical imaging processes may be deemed medically necessary if promising outcomes have been substantiated by reputable clinical trials, beyond Phase III published in peer reviewed medical literature.
- d) It is the responsibility of the appropriate medical specialist making application on behalf of a beneficiary for prior approval of funding for out of country laboratory and medical imaging tests to provide MSP with peer reviewed medical literature about the laboratory and medical imaging tests requested.

7. Genetic Tests

Predictive genetic testing is not an insured service for beneficiaries of MSP in British Columbia, and is therefore not funded when performed outside of Canada. Genetic testing is an insured service in British Columbia only when it is medically necessary to the medical management of the beneficiary's condition.

** Terms with an asterisk are defined in Appendix 1*

8. Oncology Services

- a) Any service that is considered the responsibility of the British Columbia Cancer Agency (BCCA), because the modality of treatment is delivered by the BCCA or its programs, requires a written recommendation by the Medical Director of the BCCA to be submitted with the application for pre-approval of funding for out of country medical treatment. Such treatments include chemotherapy, radiation or surgery.
- b) It is the responsibility of the beneficiary's medical specialist to provide MSP with written documentation of a review by the appropriate conference or team review of the BCCA regarding the requested treatment.
- c) If the funded treatment is not available in Canada, the negotiated U&C* rates will apply.
- d) Stereotactic Radiotherapy/Radiosurgery

Out of Province gamma knife stereotactic radiosurgery is considered an insured service when pre-authorized by MSP and when undertaken in approved Canadian centres.

Funding of out of country stereotactic radiotherapy/radiosurgery by gamma knife will be approved only if recommended by the BCCA. The beneficiary's medical specialist is responsible for providing MSP with a written recommendation from the Medical Director of the BCCA regarding the medical necessity for gamma knife treatment. If approved, payment will be at the negotiated U&C* rate.

Pre-authorization will be based on the following guidelines:

- Pre-authorization must be sought by a medical specialist actively involved in the beneficiary's care with expert knowledge in the proposed service and/or specialty that will deliver the out-of-province services.
- For referrals for diagnosis where gamma knife radiosurgery is indicated, including, but not limited to, acoustic neuroma, meningioma, arterio-venous malformations and brain tumours, authorization will be based on the recommendation of the clinical specialist.
- For referrals for malignant brain tumours, the request for pre-authorization must be accompanied by a written recommendation from the Medical Director of the Radiation Oncology Division of the BCCA.
- In the case of referral for the treatment of trigeminal neuralgia (tic douloureux), authorization will be granted for patients with severe disability, only when medical/surgical treatment available in BC has not proven successful and/or is not indicated in the clinical circumstances.
- For information of referring specialists, authorization for treatment of movement disorders will not be granted.

9. Solid Organ Transplants

Applications for solid organ transplants must be made directly to the British Columbia Transplant Society (BCTS). MSP funds physician services in connection with solid organ transplants by agreement with the BCTS. Out of country facility* charges are funded by the BCTS.

* Terms with an asterisk are defined in Appendix 1

10. Elective Medical Psychotherapy

- a) Generally, elective medical psychotherapy is not eligible for out of country funding because elective psychotherapy is available in BC. Exceptions may be funded if, following consultation by MSP with Mental Health and Addictions, Ministry of Health, it is determined that medical psychotherapy is not available in Canada for the beneficiary's condition. If approved, payment for treatment will be at negotiated U&C* or contract rates.
- b) When making application under this provision, the appropriate specialist involved in the beneficiary's care must submit the following supporting documentation to MSP:
 - i. details of attempts to locate appropriate treatment within Canada;
 - ii. details of the proposed treatment plan not available in BC or Canada; and
 - iii. the approximate length of stay for the treatment plan.

11. Eating Disorders

- a) Applications for out of country funding for treatment of eating disorders require the following information to be submitted to MSP by the appropriate specialist involved in the beneficiary's care:
 - i. a written recommendation based on an assessment by the Director of the St. Paul's Hospital Eating Disorders Program (located at St. Paul's Hospital in Vancouver) following assessment and referral from a BC tertiary eating disorder program (for adults, St. Paul's Hospital Eating Disorders Program, for children, B.C. Children's Hospital Eating Disorders Program);
 - ii. details of attempts to locate appropriate medical care within Canada;
 - iii. a written treatment plan and transfer protocol*;
 - iv. proof of accreditation of the proposed facility; and
 - v. approximate length of stay for the treatment plan and an undertaking by the out of country treating physician to provide MSP and the referring specialist with monthly follow-up reports on the outcomes of the treatment program.
- b) If funding is approved under this provision, payment will be at the negotiated U&C* or contract rate.

12. Addiction Services

- a) Appropriate and acceptable substance abuse treatment is available in BC and elsewhere in Canada. As a result, only in rare circumstances is out of country residential treatment funded by MSP.
- b) The appropriate specialist submitting an application on behalf of a beneficiary for treatment of substance abuse and addictions out of country must provide MSP with the following information:
 - i. details of attempts to locate appropriate medical care within Canada;
 - ii. a written treatment plan and transfer protocol;
 - iii. proof of accreditation of the out of country facility; and
 - iv. approximate length of stay for the treatment plan and an undertaking by the out of country treating physician to provide MSP with monthly follow-up reports on the outcomes of the treatment program.

Exceptions may be funded following consultation by MSP with Mental Health and Addictions, Ministry of Health. If approved, funding will be at negotiated U&C* or contract rate.

* Terms with an asterisk are defined in Appendix 1

For further information please contact:

Administrator
Out of Country Claims
Health Insurance BC
866 456-6950 Toll Free Victoria and Other Areas in BC
604 456-6950 Vancouver
250 405-3588 Facsimile

Medical Services Branch
Ministry of Health
250 952-3231

Appendix 1

DEFINITIONS

"**accredited facility**" in the continental United States means a facility located in the continental United States that has been certified according to standards established by the Joint Commission on Accreditation of Healthcare Organizations. <http://www.jointcommission.org>

"**appropriate specialist**" means a medical professional actively involved in the beneficiary's care with expert knowledge in the proposed service and/or specialty that will deliver the out of country service;

"**BC rate**" means the payment level for medical services identified in the Medical Services Commission Payment Schedule and the amount paid for in-patient hospital services in Canadian funds as established by Performance Management and Improvement Division, Ministry of Health. If comparable services are available in Canada and if there are compelling extenuating circumstances which support approval for an out of country medical claim, payment will be made at BC rates;

"**emergency rate**" means the rate of \$75 per day which is reimbursed for in-patient hospital care at approved acute care facilities outside of British Columbia;

"**experimental and developmental treatment**" means treatment that **has not** been the subject of reputable Phase III clinical trials with the trial findings published in peer reviewed medical literature;

"**facility**" means a hospital or part of a hospital, the prime function of which is to provide medically necessary services and/or treatment to patients. Facilities must be duly registered with the appropriate accreditation body in the jurisdiction in which they are located;

"**health care practitioner**" means the following persons entitled to practice under an enactment:

- a) a chiropractor,
- b) a dentist,
- c) an optometrist,
- d) a podiatrist,
- e) a midwife,
- f) a nurse practitioner,
- g) a physical therapist,
- h) a massage therapist, or
- i) a naturopathic physician;

"**medical practitioner**" means a medical practitioner as entitled to practice under the *Medical Practitioners Act*,

"**practitioner**" means a medical practitioner, as defined above, or a health care practitioner who is registered with the Medical Services Plan;

"**payment schedule**" means a payment schedule established under section 26 of the *Medicare Protection Act*;

"**proven value**" means a treatment that has been the subject of a reputable Phase III clinical trial with the results of the trial published in peer reviewed medical literature;

"**reciprocal agreement**" means an agreement between British Columbia and another province or territory to pay for insured services provided to a resident of another province when a beneficiary presents with a valid Provincial Health Registration Card;

"supplementary benefits" means those services provided by a chiropractor, podiatrist, physical therapist, naturopath, optometrist, massage therapist, and osteopath;

"transfer protocol" means a written plan detailing date and manner of return of the beneficiary to BC following the provision of out of country medical care;

"usual and customary rate" (U&C) is the preferred customer rate that MSP will negotiate in advance of the provision of out of country medical services during the pre-approval process. It is a preferred rate received by other large insurance providers within the country in which the service is to be provided.

Appendix 2

APPLICATION AND REVIEW PROCESS FOR FUNDING OF OUT OF COUNTRY MEDICAL CARE

A. INTRODUCTION

Prior approval of MSP funding of elective out of country medical care is the responsibility of Out of Country Claims Branch, HIBC, and the Medical Services Branch, Ministry of Health, in accordance with Guidelines established by the Medical Services Commission. These Guidelines are established under the authority of the Medical and Health Care Services Regulation and the Hospital Insurance Act Regulations.

In order for MSP to consider funding for elective out of country medical care, an application for prior approval must be received by MSP. In cases where out of country funding is appropriate, the pre-approval process enables MSP to negotiate a reasonable and fair compensation rate from out of country service providers prior to the provision of the service.

B. APPLICATION BY APPROPRIATE SPECIALIST

Applications for prior approval of funding for medically necessary out of country services must be submitted to MSP by an appropriate specialist actively involved in the beneficiary's care in BC. An appropriate specialist is one with the most knowledge in the proposed service and/or specialty that will be provided out of country.

C. DOCUMENTATION

It is the responsibility of the appropriate specialist making application on behalf of the beneficiary to submit all supporting documentation, including, when appropriate, a written recommendation from the tertiary care centre or appropriate agency responsible for standards of care in BC regarding the proposed out of country medical care.

D. COMPLETE APPLICATIONS

Only complete applications will be considered by MSP. Incomplete or abandoned applications are not eligible for review by an authority delegated by the MSC. If during the course of processing funding applications, additional information is requested by MSP, it must be submitted within 45 days, or as agreed to by the appropriate specialist and MSP, or the application for out of country funding will be considered abandoned.

E. INCOMPLETE APPLICATIONS

An incomplete application is one that does not include a recommendation from the beneficiary's appropriate medical specialist about the proposed medical care and/or does not provide MSP with necessary or additional written recommendations from a tertiary care centre or the appropriate agency responsible for standards of care in BC.

F. FUNDING DECISION BY MSP

After the completed application and any supporting documentation is reviewed by MSP, a decision will be made as to whether or not funding of out of country care will be provided. The beneficiary will be notified of the MSP decision in writing.

G. ADMINISTRATIVE REVIEW BY MSP

If the decision made by MSP is to deny the application, the beneficiary may request an administrative review of the denial. To request the administrative review, the beneficiary must supply MSP with additional relevant information from an appropriate specialist.

H. FORMAL REVIEW BY MSC

If, after the administrative review is concluded, the application for funding is denied again, the beneficiary may request that the MSC formally review the decision of MSP. The question for the MSC to determine in the formal review is whether MSP properly applied the Out of Province and Out of Country Medical Care Guidelines for Funding Approval.

The MSC formal review is conducted by an MSC Review Panel, consisting of three members.

The following guidelines apply to the MSC formal review process:

- a) Beneficiaries may request an MSC Review Panel hearing only after an application for coverage has been through the MSP regular application process and an administrative review has been completed by MSP.
- b) Incomplete out of country funding applications and applications that are deemed abandoned by MSP are not eligible for review by the MSC Review Panel.
- c) A request for an MSC Review Panel hearing must be submitted in writing to MSP within 30 days of the date of the last decision letter from MSP.
- d) MSC Review Panel hearings may be conducted through written submission, teleconference (depending on location) or in person. Travel, accommodation and other ancillary costs such as legal fees are the responsibility of the beneficiary or his or her legal representative.
- e) The MSC Review Panel will notify MSP and the beneficiary of their decision within 60 working days of the hearing unless otherwise agreed to by both parties.

Appendix 3

EXCLUSIONS UNDER THE RECIPROCAL AGREEMENTS

Effective April 1, 1989

Updated August, 1991

Medical Practitioners in other Canadian provinces and territories (except Quebec) are encouraged to bill reciprocally rather than bill the beneficiary directly. The following are medical services excluded under the inter-provincial agreements for the reciprocal processing of out of province medical claims:

- Surgery for alteration of appearance (cosmetic surgery).
- Sex-reassignment surgery.
- Surgery for reversal of sterilization.
- Therapeutic abortions.
- Routine periodic health examinations including routine eye examinations.
- In-vitro fertilization, artificial insemination.
- Acupuncture, acupressure, transcutaneous elector-nerve stimulation (TENS), moxibustion, biofeedback, hypnotherapy.
- Services to persons covered by other agencies: RCMP, Armed Forces, Worker's Compensation Board, Department of Veteran's Affairs, Corrections Services of Canada (Federal penitentiaries).
- Services requested by a third party.
- Team conference(s).
- Procedures still in the experimental/developmental phase.
- Genetic screening and other genetic investigations, including DNA probes.
- Anaesthetic services and surgical assistant services associated with all of the foregoing.
- Lithotripsy for gall bladder stones.
- The treatment of port-wine stains on other than the face or neck, regardless of the modality of treatment.