



*Medicare Protection Act*

**MEDICAL AND HEALTH CARE  
SERVICES REGULATION**

**B.C. Reg. 426/97**

Deposited December 18, 1997 and effective January 1, 1998  
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**Consolidated Regulations of British Columbia**

*This is an unofficial consolidation.*

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This consolidation includes any amendments deposited and in force as of the currency date at the bottom of each page. See the end of this regulation for any amendments deposited but not in force as of the currency date. Any amendments deposited after the currency date are listed in the B.C. Regulations Bulletins. All amendments to this regulation are listed in the *Index of B.C. Regulations*. Regulations Bulletins and the Index are available online at [www.bclaws.ca](http://www.bclaws.ca).

See the User Guide for more information about the *Consolidated Regulations of British Columbia*. The User Guide and the *Consolidated Regulations of British Columbia* are available online at [www.bclaws.ca](http://www.bclaws.ca).

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*Medicare Protection Act*

**MEDICAL AND HEALTH CARE SERVICES REGULATION**

**B.C. Reg. 426/97**

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*Medicare Protection Act*

**MEDICAL AND HEALTH CARE  
SERVICES REGULATION**

**B.C. Reg. 426/97**

**PART 1 – DEFINITIONS**

**Definitions**

**1** In this regulation:

“**Act**” means the *Medicare Protection Act*;

“**agent**” means

- (a) an employee of ICBC,
- (b) a government agent who has entered into an agreement with ICBC for the purposes of section 25 of the *Motor Vehicle Act*, or
- (c) a person who is authorized in writing by ICBC for the purposes of section 25 of the *Motor Vehicle Act*;

“**BC Driver’s Licence with PHN**” means the driver’s licence that

- (a) is issued by ICBC on or after February 10, 2013, as indicated on the licence, to a person in accordance with the *Motor Vehicle Act*, and
  - (b) contains the person’s personal health number,
- and includes a duplicate of that licence, as issued under section 33 of the *Motor Vehicle Act*;

“**BC Services Card with PHN**” means the physical credential that

- (a) is issued on or after February 10, 2013 by a provincial identity information services provider to a person on enrolment, or renewal of enrolment, with the plan, and
  - (b) contains the person’s personal health number,
- and includes a replacement or a duplicate of that card, as issued by a provincial identity information services provider;

“**CareCard**” means the identity card that

- (a) is issued by the commission before February 10, 2013 to a person on enrolment with the plan, and
  - (b) contains the person’s personal health number,
- and includes a replacement or duplicate of that card, as issued by the commission;

“**commission**” in Parts 4, 5 and 6 includes a special committee exercising the powers, duties or functions of the commission specified by the Lieutenant Governor in Council under section 5 (1) of the Act;

“**definition**” means the definition of “resident” in section 1 of the Act;

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**“ICBC”** means the Insurance Corporation of British Columbia, as continued under the *Insurance Corporation Act*;

**“international student”** means a person admitted to Canada as a student who

- (a) possesses a valid study permit issued under the *Immigration and Refugee Protection Act* (Canada) for a period of 6 or more months,
- (b) continues to retain such valid authorization,
- (c) meets the criterion under paragraph (b) of the definition of “resident” in the Act, and
- (d) either
  - (i) meets the criterion under paragraph (c) of the definition of “resident” in the Act, or
  - (ii) arrived in British Columbia after June 30 of the calendar year;

**“personal health number”** or **“PHN”** means the unique identity number issued by the commission to a beneficiary;

**“provincial identity information services provider”** means a public body that is designated as a provincial identity information services provider under section 69.2 (1) of the *Freedom of Information and Protection of Privacy Act*;

**“services card”** means a BC Driver’s Licence with PHN or a BC Services Card with PHN.

[am. B.C. Regs. 223/2012, App. ss. 1 and 2, as am. by B.C. Reg. 342/2012; 223/2016, s. 1; 188/2019, s. 1.]

**PART 2 – BENEFICIARIES****Deemed residency**

**2** The following persons are deemed to be residents for the purposes of the definition:

- (a) an international student;
- (b) a person admitted to Canada to work who,
  - (i) possesses a valid work permit issued under the *Immigration and Refugee Protection Act* (Canada) for a period of 6 or more months,
  - (ii) continues to retain such valid authorization, and
  - (iii) meets the criteria under paragraphs (b) and (c) of the definition;
- (b.1) a person who
  - (i) is admitted to Canada under a Canada-Ukraine authorization for emergency travel issued by the government of Canada, and
  - (ii) meets the criteria under paragraphs (b) and (c) of the definition;
- (c) a diplomat accredited to represent another country in Canada who meets the criterion under paragraph (c) of the definition;
- (d) a person who

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- (i) is a spouse or child of a resident if the person has applied for permanent resident status and as long as the application remains active, and
  - (ii) meets the criteria under paragraphs (b) and (c) of the definition;
- (e) a person who is a spouse or child of a resident if the person meets the criteria under paragraphs (b) and (c) of the definition and
  - (i) the resident has filed with Citizenship and Immigration Canada an undertaking to assist the person and paid the fee required by Citizenship and Immigration Canada, and
  - (ii) the application of the person for permanent resident status remains active;
- (f) a child adopted, or being adopted, by a resident if the child meets the criteria under paragraphs (b) and (c) of the definition;
- (g) a person who has applied for permanent resident status and as a result has been issued a permit by the federal minister responsible for immigration if
  - (i) issuance of the permit has been recommended by the committee established by the minister responsible for the Act to review the admissibility of persons on medical grounds, and
  - (ii) the person meets the criteria under paragraphs (b) and (c) of the definition;
- (h) a person who moves to British Columbia and meets the criteria under paragraphs (a) and (b) of the definition, but not that under paragraph (c) of the definition because the person arrived in British Columbia after June 30 in the calendar year;
- (i) a person who moves to British Columbia and would be deemed to be a resident under paragraphs (b) to (g) of this section except that the criterion under paragraph (c) of the definition is not met because the person arrived in British Columbia after June 30 in the calendar year;
- (j) a spouse or child of a person deemed to be a resident under paragraph (a), (b), (b.1), (c) or (g) of this section if the spouse or child meets the criteria
  - (i) under paragraphs (b) and (c) of the definition, or
  - (ii) under paragraph (b) of the definition but not that under paragraph (c) of the definition because the spouse or child arrived in British Columbia after June 30 in the calendar year.

[am. B.C. Regs. 111/2005, s. 1; 223/2012, App. s. 2; 188/2019, s. 2; 108/2022.]

**Absence for study**

- 3** (1) Subject to subsection (3), a person who is absent from British Columbia to attend a university, college or other educational institution is deemed to be a resident for the purposes of the definition if
- (a) the university, college or other educational institution is recognized by the commission,

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- (b) the person is in attendance at that educational institution on a basis recognized by the commission as full time, and
  - (c) at the time of leaving, the person meets the criteria under
    - (i) paragraphs (a) to (c) of the definition, or
    - (ii) paragraphs (a) and (b) of the definition and was physically present in Canada for 6 of the 12 months immediately preceding departure.
- (2) Repealed. [B.C. Reg. 111/2005, s. 2.]
- (3) A person who is deemed to be a resident under subsection (1) is no longer deemed to be a resident within one month of the last day of the month in which the person ceased to be in full time attendance at the university, college or other educational institution.
- (4) A spouse or child of a deemed resident under subsection (1) who accompanies that deemed resident is also deemed to be a resident for the purposes of the definition if, at the time of leaving British Columbia, the spouse or child meets the criteria under subsection (1) (c) or section 2 (d) to (g).
- [am. B.C. Reg. 111/2005, s. 2.]

**Vacation absence for 7 months**

- 3.1** (1) This section applies to a person who is absent from British Columbia for vacation purposes only.
- (2) A person who is absent from British Columbia for not more than 7 months in a calendar year is deemed to be a resident for the purposes of the definition if all of the following conditions are met:
- (a) the person, before any absence of more than 6 months within the current calendar year, gives notice to the commission that the person intends to be absent for up to an additional month;
  - (b) the person does not establish residency outside British Columbia;
  - (c) the person meets the criteria under paragraphs (a) and (b) of the definition.
- (3) A child of a deemed resident under subsection (2) who accompanies that deemed resident is also deemed to be a resident for the purposes of the definition if, at the time of leaving British Columbia, the child meets the criteria under subsection (2) (b) and (c).
- (4) Notice under subsection (2) must be given in the form and manner required by the commission.
- [en. B.C. Reg. 147/2013, s. 1.]

**Absence for vacation or work**

- 4** (1) A person who is absent from British Columbia for vacation or work for more than 6 months is deemed to be a resident for the purposes of the definition for up to the initial 24 consecutive months of absence if the person



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- (a) obtains prior approval from the commission for status as a resident during the absence,
  - (b) does not establish residency outside British Columbia,
  - (b.1) is not physically present in British Columbia for more than 30 consecutive days during the absence,
  - (c) has not been granted approval under this subsection during the preceding 60 months, and
  - (d) at the time of leaving, meets the criteria under
    - (i) paragraphs (a) to (c) of the definition, or
    - (ii) paragraphs (a) and (b) of the definition and was physically present in Canada for 6 of the 12 months immediately preceding departure.
- (1.01) If a person who is a deemed resident under subsection (1) is physically present in British Columbia for one or more periods of no more than 30 consecutive days during an absence approved under that subsection,
  - (a) the person continues to be absent for the purposes of that subsection, and
  - (b) those periods count towards the 24 consecutive months of absence referred to in that subsection.
- (1.1) A person who is deemed to be a resident under section 3.1 for the purposes of a calendar year is not eligible to be deemed a resident under subsection (1) of this section for either that calendar year or the calendar year immediately following that calendar year.
- (2) A spouse or child of a deemed resident under subsection (1) who accompanies that deemed resident is also deemed to be a resident for the purposes of the definition if, at the time of leaving British Columbia, the spouse or child meets the criteria under section 2 (d) to (g).
- (3) A person who is engaged in an occupation that requires the person to routinely travel outside British Columbia for more than 6 months in a calendar year is deemed to be a resident for the purposes of the definition if the person
  - (a) obtains approval from the commission for status as a resident for the period specified by the commission prior to leaving British Columbia,
  - (b) does not establish residency outside British Columbia,
  - (c) continues to have British Columbia as the person's primary base for occupational purposes,
  - (d) meets the criteria under paragraphs (a) and (b) of the definition, and
  - (e) is physically present in British Columbia at least once a month or on a sufficient number of occasions to satisfy the commission that the person continues to reside in British Columbia.
- (4) A person who is not physically present in British Columbia for 6 or more months in a calendar year, but is physically present in Canada for 6 or more months in a

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calendar year, is deemed to be a resident for the purposes of the definition if the person

- (a) obtains prior approval from the commission for status as a resident for the period specified by the commission,
  - (b) does not establish residency outside British Columbia,
  - (c) at the time of leaving British Columbia, meets the criteria under paragraphs (a) to (c) of the definition, and
  - (d) is physically present in British Columbia on a sufficient number of occasions to satisfy the commission that the person continues to reside in British Columbia.
- (5) A person who is a deemed resident under section 2 (d) to (g) at the time of leaving British Columbia continues to be deemed to be a resident for the purposes of the definition if the person is the spouse or child of a deemed resident under subsection (4) and accompanies that deemed resident.

[am. B.C. Regs. 111/2005, s. 3; 147/2013, s. 2; 53/2014, s. 1; 76/2022, s. 4.]

**Extension of absence**

- 5** (1) For a resident who is temporarily absent from British Columbia or a person who is deemed to be a resident under section 3, 3.1 or 4, the commission may approve continued status as a resident for one further period if
- (a) there are extenuating health circumstances which preclude return to British Columbia at that time, and
  - (b) the commission is satisfied that the person would have returned to British Columbia were it not for the extenuating circumstances.
- (2) The further period referred to in subsection (1) must not exceed 12 months.
- (3) This section applies to a spouse or a child of the resident if the spouse or child
- (a) is with the resident who is temporarily absent from British Columbia, and
  - (b) is also a resident or a deemed resident.

[am. B.C. Regs. 111/2005, s. 4; 147/2013, s. 3.]

**Permanent departure from British Columbia**

- 6** (1) Subject to subsection (2), if the commission determines that a person has permanently departed from British Columbia, that person continues to be a beneficiary until midnight on the last day of the month in which that person departed from British Columbia.
- (2) If a person has permanently departed from British Columbia but continues to live in Canada, that person remains a beneficiary of British Columbia until the expiration of both
- (a) a further 2 months ending at midnight of the last day of the second month following the period referred to in subsection (1), and
  - (b) a reasonable period of necessary travelling time.

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**Consequence to beneficiary of withdrawal from the plan**

- 7** The prescribed period for the purposes of section 7.2 of the Act is 12 months.

[am. B.C. Regs. 223/2012, App. s. 2; 51/2015, Sch. 2, s. 1.]

**PART 2.1 – ENROLMENT OF BENEFICIARIES****Enrolment**

- 7.1** (1) In this section, “**adult resident**” includes a person who is deemed to be a resident under section 2 (h).
- (2) An adult resident must apply for enrolment as a beneficiary by
- (a) attending in person before an agent to provide proof of the applicant’s identity and confirmation that the applicant is a resident of British Columbia, and
  - (b) submitting to the commission
    - (i) an application in the form required by the commission, and
    - (ii) the documents required to be provided as set out in the applicable application form referred to in subparagraph (i).
- (3) For the purposes of subsection (2) (a) of this section, the applicant must provide proof of the applicant’s identity that meets the identity proving requirements set out in Direction 3/12, as amended from time to time, given to the commission by the minister responsible for the *Freedom of Information and Protection of Privacy Act* under section 69.2 (3) of that Act.
- (4) An adult resident who, under section 7 (1) (b) of the Act, must apply for enrolment of each of the applicant’s children as a beneficiary must do so by submitting to the commission
- (a) an application in the form required by the commission, and
  - (b) the documents required to be provided as set out in the applicable application form referred to in paragraph (a).

[en. B.C. Reg. 223/2012, App. s. 3, as am. by B.C. Reg. 342/2012, s. 4; am. B.C. Regs. 143/2014, s. 1; 223/2016, s. 3; 72/2018, s. 1.]

- 7.2 and 7.3** Repealed. [B.C. Reg. 92/2016, s. (a).]

**Deemed residents**

- 7.4** (1) In this section, “**deemed resident**” means a person who is deemed to be a resident under section 2 except a person referred to in paragraph (h) of that section.
- (2) Despite section 7.1, a deemed resident who is an adult
- (a) must apply for enrolment as a beneficiary, and

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- (b) if the deemed resident must, under section 7 (1) (b) of the Act, apply for enrolment of each of the deemed resident's children as a beneficiary, must do so by submitting to the commission
  - (c) an application in the form required by the commission, and
  - (d) the documents required to be provided as set out in the applicable application form referred to in paragraph (c).
- (3) An adult beneficiary who is a deemed resident must apply to renew the beneficiary's enrolment and, if applicable, each of the beneficiary's children's enrolment,
  - (a) before the expiry date set out on the applicable beneficiary's services card, and
  - (b) by submitting to the commission proof that the adult beneficiary and, if applicable, each child beneficiary, is a deemed resident for a period of time that ends after the expiry date set out on the applicable beneficiary's services card.
- (4) If a person who is a beneficiary is no longer a deemed resident, the person's enrolment as a beneficiary expires on the date the person is no longer a deemed resident.

[en. B.C. Reg. 223/2012, App. s. 3; am. B.C. Regs. 92/2016, s (b); 223/2016, ss. 3 and 4; 72/2018, s. 2; 76/2022, ss. 3 and 4.]

**Forms****7.41** For the purposes of this Part,

- (a) the commission may establish forms, classes of applicants and different forms for different classes of applicants, and
- (b) applicants may submit forms in writing or, if an online version of the form is available on an internet site maintained by or on behalf of the ministry, electronically.

[en. B.C. Reg. 72/2018, s. 3.]

**7.5** Repealed. [B.C. Reg. 92/2016, s. (a).]**PART 3 – ELIGIBILITY FOR SUPPLEMENTAL SERVICES****Definitions****7.6** In this Part:

**“adjusted net income”**, in relation to an eligible person, means the net income of the eligible person adjusted

- (a) by the following additions, as applicable:
  - (i) if the eligible person has a spouse, the net income of the spouse;

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- (ii) if the eligible person is married to, or in a marriage-like relationship with, another person who is not a resident, the net income of the other person, and
  - (iii) Repealed. [B.C. Reg. 223/2016, s. 5 (a).]
- (b) by the following deductions, as applicable:
  - (i) \$3 000 for a dependent spouse;
  - (ii) \$3 000 for each of the eligible person and the eligible person's spouse who has attained the age of 65 years on or before December 31 of the current taxation year;
  - (iii) \$3 000 for each dependent child who is a resident, minus 1/2 of the child care expense deduction the eligible person is entitled to claim under the *Income Tax Act* (Canada);
  - (iv) \$3 000 for each family member who had a disability within the meaning of the *Income Tax Act* (Canada) during the immediately preceding taxation year;
  - (v) the amount the eligible person or the eligible person's spouse received under section 4 of the *Universal Child Care Benefit Act* (Canada) in the immediately preceding taxation year;
  - (vi) the amounts in respect of a registered disability savings plan the eligible person or the eligible person's spouse was required, by section 146.4 of the *Income Tax Act* (Canada), to include in computing income for the immediately preceding taxation year;
  - (vii) \$3 000 for each post-secondary student who is supported by the eligible person;

**“eligible person”** means a beneficiary who satisfies the commission that the beneficiary

- (a) has, for the 12 consecutive months immediately prior to the date on which the beneficiary's determination of eligibility for supplemental services first takes effect under section 11, made the beneficiary's home in Canada and been a citizen of Canada or lawfully admitted to Canada for permanent residence,
- (b) is not a minor or a post-secondary student,
- (c) is not exempt from liability to pay income tax by reason of any other Act, and
- (d) is not a person
  - (i) for whom medical, surgical or obstetrical care or diagnostic services are provided under an agreement or arrangement that the care or services are paid for by the government of British Columbia other than under the *Hospital Insurance Act*, or
  - (ii) for whose health and welfare care the government of Canada is responsible;

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**“family member”**, in relation to an eligible person, means any of the following who is enrolled under section 7 of the Act:

- (a) the eligible person;
- (b) a child of the eligible person;
- (b.1) a post-secondary student who is supported by the eligible person;
- (c) the spouse of the eligible person;

**“net income”**,

- (a) in relation to an individual who is a resident of Canada for the purposes of the *Income Tax Act* (Canada), means the net income of the individual in the immediately preceding calendar year as shown on the individual’s notice of assessment or notice of reassessment, and
- (b) in relation to an individual other than an individual described in paragraph (a), means the total income that the individual received from any source in the immediately preceding calendar year less any taxes the individual has paid on that income;

**“post-secondary student”** means a resident who

- (a) is older than 18 and younger than 25 years of age,
- (b) is in attendance at a post-secondary institution approved by the commission on a basis recognized by the commission as full time,
- (c) does not have a spouse, and
- (d) is supported by an eligible person who is the resident’s parent, or who stands in the place of the resident’s parent;

**“qualifying spouse”**, in relation to an eligible person, means a beneficiary who

- (a) is the spouse of the eligible person, and
- (b) is not a minor or an international student;

**“supplemental services”** means the services referred to under section 25.1.

[en. B.C. Reg. 53/2014, s. 2; am. B.C. Regs. 223/2016, s. 5; 208/2017, Sch. 1, s. 1; 188/2019, s. 3; 180/2019, App. 6, s. 2; 76/2022, ss. 3 and 4.]

**8 to 9** Repealed. [B.C. Reg. 180/2019, App. 6, s. 3.]

**No premiums payable by specified beneficiaries**

- 10** (1) A beneficiary is eligible for supplemental services if the beneficiary
- (a) is a recipient of hardship assistance or income assistance under the *Employment and Assistance Act*,
  - (a.1) is a continued person under section 66.3 or 66.4 of the *Employment and Assistance Regulation*,
  - (b) is a recipient of hardship assistance or disability assistance under the *Employment and Assistance for Persons with Disabilities Act*,

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- (b.1) is a continued person under section 61.1 of the Employment and Assistance for Persons with Disabilities Regulation,
  - (c) was a person described in paragraphs (a) to (b.1) within the immediately preceding 6 months and satisfies the commission that the beneficiary has, for the immediately preceding 12 consecutive months, made the person's home in Canada and has been a citizen of Canada or lawfully admitted to Canada for permanent residence,
  - (c.1) is a child of a person referred to in paragraph (a), (b) or (c),
  - (d) is an inmate in a correctional centre in British Columbia as defined under the *Correction Act*,
  - (e) is in a facility that is designated by the commission, or
  - (f) is enrolled by an agency that is designated by the commission.
- (1.1) Repealed. [B.C. Reg. 180/2019, App. 6, s. 4 (c).]
- (2) A beneficiary is eligible for supplemental services if
- (a) the beneficiary
    - (i) is admitted to Canada as a convention refugee,
    - (ii) holds permanent resident status as defined in the *Immigration and Refugee Protection Act* (Canada),
    - (iii) is not employed in Canada, and
    - (iv) has resided in Canada for fewer than 12 months, or
  - (b) the beneficiary is a child of a person described in paragraph (a).
- [am. B.C. Regs. 111/2005, s. 5; 208/2017, Sch. 1, s. 2; 180/2019, App. 6, s. 4; 76/2022, ss. 3 and 4.]

**10.1** Repealed. [B.C. Reg. 180/2019, App. 6, s. 5.]

**Eligibility for supplemental services based on income**

- 11** (1) An applicant for supplemental services must
- (a) submit to the commission an application in a form and manner specified by the commission, and
  - (b) include in the application any information, authorizations, declarations and verifications required by the commission.
- (2) For the purposes of subsection (1) (b), the commission may require information, authorizations, declarations and verifications reasonably necessary
- (a) to determine that the applicant is an eligible person, or
  - (b) to verify the net income or adjusted net income of the applicant.
- (3) If the adjusted net income of an eligible person does not exceed \$42 000, the eligible person and, if applicable, the following persons, are eligible for supplemental services:
- (a) if the eligible person has a qualifying spouse, the spouse;

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- (b) a child of the eligible person;
- (c) if the eligible person supports a post-secondary student, the post-secondary student.
- (4) Repealed. [B.C. Reg. 180/2019, App. 6, s. 6 (b).]
- (5) Repealed. [B.C. Reg. 223/2016, s. 8.]  
[en. B.C. Reg. 53/2014, s. 3; am. B.C. Regs. 223/2016, s. 8; 208/2017, Sch. 2, s. 2; 180/2019, App. 6, s. 6.]

**Eligibility of estranged spouse for supplemental services**

- 12** Eligibility for supplemental services for an eligible person who is separated, divorced, widowed or has been otherwise abandoned by the eligible person's spouse is determined, so long as that condition endures, on the basis of that eligible person's adjusted net income, excluding the income of the eligible person's spouse, despite the fact that, during the previous taxation year, that eligible person's spouse was in receipt of an income.

[am. B.C. Regs. 223/2016, s. 9; 180/2019, App. 6, s. 7; 76/2022, s. 4.]

**Premium assistance if spouse in care****12.1** (1) In this section:

**“in care”**, in relation to a person, means to be

- (a) an in-patient at an institution designated as a hospital under section 1 of the *Hospital Act* and operated primarily for the reception and treatment of persons described in paragraph (c) of the definition of “hospital” in that section,
- (b) an in-patient at a nursing home licensed as a private hospital under the *Hospital Act*, or
- (c) in receipt of long-term care at a community care facility licensed under the *Community Care and Assisted Living Act*;

**“long-term care”** means the type of care described in section 2 (2) (c) of the Residential Care Regulation, B.C. Reg. 96/2009.

- (2) Subject to subsection (3), eligibility for supplemental services for an eligible person whose spouse is in care is determined, so long as that condition endures, on the basis of that eligible person's adjusted net income, excluding the income of the eligible person's spouse, despite the fact that, during the previous taxation year, that eligible person's spouse was in receipt of an income.
- (3) Subsection (2) does not apply to an eligible person whose spouse is in care if
  - (a) Repealed. [B.C. Reg. 180/2019, App. 6, s. 8 (b).]
  - (b) there are no fees for the care or the fees for the care are being paid by a person other than the eligible person or the spouse, or



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- (c) the sum of the net income of the eligible person and the net income of the spouse is greater than \$54 000.

[en. B.C. Reg. 53/2014, s. 4; am. B.C. Regs. 223/2016, s. 10; 180/2019, App. 6, s. 8; 76/2022, s. 4.]

**13 to 14** Repealed. [B.C. Reg. 180/2019, App. 6, s. 9.]

**15** Repealed. [B.C. Reg. 223/2012, App. s. 5.]

**15.1** Repealed. [B.C. Reg. 180/2019, App. 6, s. 9.]

**PART 4 – SERVICES OF HEALTH CARE PRACTITIONERS****Definition**

**16** In this Part, “**adequate clinical record**” means a record of a health care practitioner, prepared in accordance with the applicable payment schedule, that contains sufficient information to allow another practitioner of the same profession, who is unfamiliar with both the beneficiary and the attending practitioner, to determine from that record, together with the beneficiary’s clinical records from previous encounters, information about the service provided to the beneficiary including:

- (a) the date, time and location of the service;
- (b) the identity of the beneficiary and the attending practitioner;
- (c) if the service resulted from a referral, the identity of the referring practitioner and the instructions and requests of the referring practitioner;
- (d) the presenting complaints, symptoms and signs, including their history;
- (e) the pertinent previous history including family history;
- (f) the positive and negative results of a systematic inquiry relevant to the beneficiary’s problems;
- (g) the identification of the extent of the physical examination and all relevant findings from that examination;
- (h) the results of any investigations carried out during the encounter;
- (i) the differential diagnosis, if appropriate;
- (j) the provisional diagnosis;
- (k) the summation of the beneficiary’s problems and the plan for their management.

**Definition of health care practitioner**

**17** The following health care professions and occupations are prescribed for the purposes of paragraph (b) of the definition of “health care practitioner” in section 1 of the Act:

- (a) physical therapy;
- (b) massage therapy;

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- (c) naturopathic medicine;
- (d) midwifery;
- (e) acupuncture.

[am. B.C. Regs. 442/99, s. 3; 378/2007, s. (a); 52/2008 s. (a); 351/2010; 223/2012, App. s. 2.]

**18** Repealed. [B.C. Reg. 301/2001, s. 1.]

**Dental and orthodontic services**

- 19** (1) Subject to section 27, a dental or orthodontic service is a benefit if the service is
- (a) related to the remedying of a disorder of the oral cavity or a functional component of mastication,
  - (b) listed in a payment schedule for dentists and described in subsection (2),
  - (c) rendered by an enrolled dentist, and
  - (d) described in an adequate clinical record.
- (2) The following are services for the purpose of subsection (1) (a) or (b):
- (a) an oral surgical procedure rendered to a beneficiary who
    - (i) has been properly admitted to a hospital, or
    - (ii) is a patient under the Day Care Services Programand for whom hospitalization is medically required for the safe and proper performance of the surgery;
  - (a.1) an oral surgical procedure rendered to a beneficiary
    - (i) who is a patient at a health facility that
      - (A) delivers services under an agreement with one or more regional health boards designated under the *Health Authorities Act* or with the Provincial Health Services Authority, and
      - (B) is accredited by the College of Physicians and Surgeons of British Columbia, and
    - (ii) in accordance with the agreement referred to in subparagraph (i) (A), if hospitalization is medically required for the safe and proper performance of the surgery and the health facility provides services in relation to the procedure that are equivalent to those that would be provided by a hospital;
  - (b) a medically required service rendered in association with, and followed by, an oral surgical procedure meeting the requirements of paragraph (a) or (a.1);
  - (c) a medically required service rendered by a specialist in oral medicine to a beneficiary with a severe systemic disease;
  - (d) orthodontic service if
    - (i) the beneficiary is 20 years of age or younger,

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- (ii) the service arises as part of or following plastic surgical repair performed by a medical practitioner in the treatment of severe congenital facial abnormalities, and
  - (iii) the service is a dental technical procedure provided by an oral and maxillofacial surgeon or orthodontist and provided in conjunction with a hospital-based surgical correction of malocclusion of patients registered with the Orthodontic Program for Cleft Lip/Palate and Severe Congenital Cranial-Facial Abnormalities.
- (e) Repealed. [B.C. Reg. 111/2005, s. 8 (a).]
- (3) There will not be payment for a service covered by subsection (2) (d) if performed outside British Columbia unless the service is rendered
  - (a) by a person authorized to practise dentistry in the place where the service is rendered,
  - (b) to a beneficiary who resides in British Columbia for whom the location for the service nearest the place of residence is outside British Columbia but in Canada, and
  - (c) following approval of payment of the service by the commission.[am. B.C. Regs. 111/2005, s. 8; 75/2015.]

**Oral and maxillofacial surgical services  
in relation to public health emergency****19.1** (1) In this section:

“**public health emergency**” means an emergency that is the subject of a notice provided by the provincial health officer under section 52 (2) of the *Public Health Act*;

“**qualifying period**” means a period of time specified under subsection (3).

- (2) During a qualifying period, section 19 (2) is to be read as though it also specified the following services:
  - (a) a medically required oral surgical procedure rendered by an oral and maxillofacial surgeon to a beneficiary;
  - (b) any other medically required service rendered by an oral and maxillofacial surgeon to a beneficiary.
- (3) The commission may specify a period of time during a public health emergency as a qualifying period for the purposes of this section if the commission considers that the availability of dental services will be greatly reduced during the period because of the emergency.
- (4) For the purposes of this section, a public health emergency ends on the date on which the provincial health officer provides notice under section 59 (b) of the *Public Health Act* that the emergency has passed.

[en. B.C. Reg. 211/2020.]

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**20 and 21** Repealed. [B.C. Reg. 301/2001, s. 1.]

**Nursing services**

- 22** (1) Subject to section 27, the extended role services of a registered nurse are benefits if
- (a) an arrangement for the rendering and for the payment of these services is approved by the commission, and
  - (b) Repealed. [B.C. Reg. 177/2019, s. (b).]
  - (c) the services are described in an adequate clinical record.
- (2) A registered nurse performing the services described in subsection (1) is a health care practitioner for the purposes of paragraph (b) of the definition of “health care practitioner” in the Act.

[am. B.C. Regs. 351/2010; 223/2012, App. s. 2; 177/2019.]

**Optometric services**

- 23** (1) Subject to subsection (2) and to section 27, the examination of a beneficiary’s eyes is a benefit if the service is
- (a) listed in a payment schedule for optometrists,
  - (b) rendered to a beneficiary
    - (i) in British Columbia, or
    - (ii) in Alberta or the Yukon Territory, whichever is the nearest reasonable location for the beneficiary,
- and the beneficiary submits a claim for reimbursement in accordance with the terms set by the Medical Services Commission,
- (c) rendered by an enrolled optometrist, and
  - (d) described in an adequate clinical record.
- (2) An examination referred to in subsection (1) is not a benefit unless the beneficiary
- (a) suffers from a disease or condition, has experienced trauma or injury, or is using a medication which could reasonably be expected to cause a change in refractive status, or
  - (b) is under the age of 19 years or over the age of 64 years.
- (3) For the purposes of this section:
- “**change in refractive status**” means a change of not less than 0.5 dioptres to the spherical or cylinder lens, or a change in axis equal to or greater than
- (a) 20 degrees for a cylinder lens of 0.50 dioptres or less,
  - (b) 10 degrees for a cylinder lens of more than 0.50 dioptres but not more than 1.0 dioptre, and
  - (c) 3 degrees for a cylinder lens of more than 1.0 dioptre;

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“examination of a beneficiary’s eyes” includes

- (a) the determination of the refractive status and all tests necessary for this determination,
- (b) the determination of any observed abnormality in the visual system, and
- (c) the provision of a written prescription if lenses are required.

[am. B.C. Regs. 247/2001; 111/2005, s. 9.]

**24** Repealed. [B.C. Reg. 301/2001, s. 1.]

**Podiatric services**

- 25** (1) Subject to section 27, a surgical podiatric service is a benefit if the service is
- (a) listed in a payment schedule for podiatrists,
  - (b) rendered to a beneficiary
    - (i) in British Columbia, or
    - (ii) in Alberta or the Yukon Territory, whichever is the nearest reasonable location for the beneficiary,
- and the beneficiary submits a claim for reimbursement in accordance with the terms set by the Medical Services Commission,
- (c) rendered by an enrolled podiatrist, and
  - (d) described in an adequate clinical record.

(2) Repealed. [B.C. Reg. 301/2001, s. 2.]

[am. B.C. Regs. 301/2001, s. 2; 111/2005, s. 10.]

**Midwifery services**

**25.01** Subject to section 27, midwifery services are benefits if the services are

- (a) listed in a payment schedule for midwives,
- (b) rendered to a beneficiary by an enrolled midwife, and
- (c) described in an adequate clinical record.

[en. B.C. Reg. 378/2007, s. (b).]

**Supplemental services**

- 25.1** (1) Subject to section 27, an acupuncture, chiropractic, massage, naturopathic, physical therapy or non-surgical podiatric service is a benefit if the service is
- (a) listed in a payment schedule for supplemental services,
  - (b) rendered in British Columbia to a beneficiary who
    - (i) is eligible for supplemental services under section 10, or
    - (ii) has been determined under section 11 to be eligible for supplemental services,
  - (c) rendered by an enrolled health care practitioner, and
  - (d) described in an adequate clinical record.

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- (2) Subject to subsection (1), acupuncture, chiropractic, massage, naturopathic, physical therapy and non-surgical podiatric services are benefits up to a combined maximum of 10 visits during each calendar year.

[en. B.C. Reg. 301/2001, s. 3; am. B.C. Regs. 52/2008, ss. (b) and (c); 208/2017, Sch. 1, s. 3; 180/2019, App. 6, s. 10.]

**26** Repealed. [B.C. Reg. 301/2001, s. 1.]

**Excluded benefits**

**27** Benefits under the plan do not include services rendered by a health care practitioner that a person is eligible for and entitled to under

- (a) the *Aeronautics Act* (Canada),
- (b) the *Civilian War-related Benefits Act*,
- (c) the *Government Employees Compensation Act* (Canada),
- (d) the *Merchant Seaman Compensation Act* (Canada),
- (e) the *National Defence Act* (Canada),
- (f) the *Pension Act* (Canada),
- (g) Repealed. [B.C. Reg. 127/2013, Sch. s. 3.]
- (h) the *Royal Canadian Mounted Police Pension Continuation Act* (Canada),
- (i) the *Royal Canadian Mounted Police Superannuation Act* (Canada),
- (j) the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*,
- (j.1) the *Department of Veterans Affairs Act*,
- (k) the *Corrections and Conditional Release Act* (Canada),
- (l) the *Workers Compensation Act*,
- (m) the *Hospital Insurance Act*, or
- (n) the *Insurance (Vehicle) Act*.

[am. B.C. Regs. 158/2007, s. 2; 127/2013, Sch. s. 3; 154/2015, App. A; 51/2015, Sch. 2, s. 2.]

**General hospital services**

**28** General hospital services provided by a health care practitioner under the *Hospital Insurance Act* are not benefits.

[am. B.C. Reg. 111/2005, s. 11.]

**Personal services**

- 29** (1) Services are not benefits if they are provided by a health care practitioner to the following members of the health care practitioner's family
- (a) a spouse,
  - (b) a son or daughter,
  - (c) a step-son or step-daughter,
  - (d) a parent or step-parent,

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- (e) a parent of a spouse,
  - (f) a grandparent,
  - (g) a grandchild,
  - (h) a brother or sister, or
  - (i) a spouse of a person referred to in paragraphs (b) to (h).
- (2) Services are not benefits if they are provided by a health care practitioner to a member of the same household as the health care practitioner.
- [am. B.C. Reg. 374/2012.]

**PART 4.1 – VERIFYING ENROLMENT AND REPORTING****Duty to verify enrolment**

- 29.1** (1) If a person requesting benefits from a practitioner has a previously scheduled appointment with the practitioner, the practitioner, before providing benefits to the person, must take reasonable steps to verify whether the person is or is not a beneficiary.
- (2) If a person requesting benefits from a practitioner does not have a previously scheduled appointment with the practitioner, the practitioner, before providing benefits to the person, must verify whether the person is or is not a beneficiary, by
- (a) requiring the person to provide
    - (i) the person's services card or, before March 1, 2018, the person's CareCard,
    - (ii) the person's personal health number accompanied by
      - (A) one piece of identification showing the person's photograph and legal name, or
      - (B) two pieces of identification showing the person's legal name, or
    - (iii) if the information or documentation referred to in subparagraphs (i) and (ii) is not available, information that is necessary to verify whether the person is or is not a beneficiary, including the person's legal name, date of birth, address or gender,
  - (b) disclosing the information collected under paragraph (a) to the commission, and
  - (c) obtaining confirmation from the commission whether the person is or is not a beneficiary.
- [en. B.C. Reg. 223/2012, App. s. 7, as am. by B.C. Reg. 342/2012, s. 7; am. B.C. Reg. 208/2017, Sch. 1, s. 4.]

**Duty to report**

- 29.2** The following persons are required to report for the purposes of section 47.1 of the Act:
- (a) a practitioner from whom a person requests benefits;

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- (b) an employee of a diagnostic facility approved to provide benefits under section 33 of the Act;
- (c) an agent;
- (d) a person employed by
  - (i) a person referred to in paragraph (a),
  - (ii) a regional health board under the *Health Authorities Act*,
  - (iii) the Provincial Health Services Authority,
  - (iv) a society that reports to the Provincial Health Services Authority, or
  - (v) a hospital within the meaning of Part 2 of the *Hospital Act*.

[en. B.C. Reg. 223/2012, App. s. 7.]

**PART 5 – DIRECT BILLING****Matters for which a practitioner may charge a beneficiary**

**30** For the purposes of section 18 of the Act, a practitioner or other person on a practitioner's behalf may charge a beneficiary for

- (a) the services of diagnostic facilities and practitioners which have not been determined under section 5 (1) (j) of the Act to be benefits,
- (b) the cost to a practitioner of therapeutic drugs, appliances, implants, materials or dental laboratory services if
  - (i) these items are related to a benefit but are not themselves benefits, and
  - (ii) the commission or special committee determines that the individual cost of these items is significant in comparison to the fee payable for the related benefit, and
- (c) the difference between the amount that is actually paid under the appropriate payment schedule to a specialist and the amount that would have been payable under the appropriate payment schedule had the beneficiary been referred, in a case in which a specialist sees a beneficiary without a referral from a practitioner in a category approved by the commission.

[am. B.C. Reg. 223/2012, App. s. 2.]

**PART 6 – PAYMENT OF CLAIMS****Submission of claim**

**31** A practitioner, other than a practitioner who has made an election under section 14 of the Act or who is subject to an order under section 15 (2) (b) of the Act, must submit a claim by an electronic data processing system, or other system, approved by the commission and

- (a) is responsible for the accuracy of the information which is submitted, and



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- (b) must maintain and make available to the commission such sources of information as may be required by it, which must include
  - (i) the name and identity number of the beneficiary,
  - (ii) the practitioner number of the practitioner who personally rendered or was personally responsible for the benefit, and
  - (iii) the details of the benefit including, but not limited to an adequate clinical record, the location where the benefit was rendered, the length of time spent rendering the service and the diagnosis.

[am. B.C. Reg. 223/2012, App. s. 2.]

**Alternative manner of submitting claim**

- 32** The commission may approve a system for submitting claims other than an electronic data processing system but only for a practitioner

- (a) who bills for less than 2 400 services per year, and
- (b) whose gross billings total less than \$72 000 per year.

**Submission, payment and reassessment of claim**

- 33** For the purposes of section 27 (3) (a) and (b) of the Act, the prescribed period is 90 days.

[en. B.C. Reg. 111/2005, s. 12; am. B.C. Reg. 223/2012, App. s. 2.]

- 34** Repealed. [B.C. Reg. 111/2005, s. 12.]

**Benefits rendered outside British Columbia**

- 35** (1) In this section, “**medical practitioner**” has the same meaning as in section 29 of the Act.
- (2) If a medical practitioner renders to a beneficiary outside British Columbia services that the commission determines are medically required, the beneficiary is entitled to payment for the cost of the services as follows:
- (a) without the commission’s prior approval if the beneficiary resides in British Columbia and the nearest convenient location for the services is outside British Columbia but within Canada;
  - (b) with prior approval of the commission if the services are elective, non-emergency services and are rendered outside Canada;
  - (c) with the prior approval of the British Columbia Patient Transfer Network program operated by British Columbia Emergency Health Services if the services are emergency services and the required medical care is not available in Canada.

[en. B.C. Reg. 143/2008; am. B.C. Regs. 223/2012, App. s. 2; 145/2013, App. 2, s. 10; 229/2017, s. (b).]

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**Indirect payment for benefits**

- 36** (1) Payment under the plan for benefits on behalf of a beneficiary must be made directly to the practitioner who renders the benefit, except payment may be made
- (a) to any person to whom a practitioner has assigned the practitioner's right to collect the practitioner's fees under the plan, or
  - (b) to a beneficiary who submits a substantiated claim as required by the commission in respect of a benefit as provided in section 10 (2) or 29 (4) of the Act.
- (2) An assignment made under subsection (1) (a) has no force or effect for purposes of the plan unless the commission approves of the terms and conditions of the assignment including the period of time for which the assignment is to be in effect, and a copy of the assignment is filed with the commission.

[am. B.C. Regs. 223/2012, App. s. 2; 76/2022, s. 4.]

**Delivery of statement of payment**

- 37** (1) For the purposes of sampling and confirming claims submitted for payment, the commission may request that a beneficiary or a practitioner verify the details of the benefit which is the subject of a claim.
- (2) If a request for verification is made under subsection (1), a statement of a payment made under the plan for benefits will be mailed to the beneficiary who received the benefits, and the statement must show
- (a) the name of the practitioner to whom the payment was made,
  - (b) the amount charged by the practitioner,
  - (c) the amount paid under the plan,
  - (d) the date or dates upon which the service or services were rendered, and
  - (e) the type or types of service rendered.

**PART 7 – DIAGNOSTIC FACILITIES****Interpretation**

- 38** (1) In paragraph (a) of the definition of “diagnostic facility” in section 1 of the Act “prescribed diagnostic services, studies or procedures” means the services, studies or procedures of
- (a) Repealed. [B.C. Reg. 51/2015, Sch. 2, s. 3 (a).]
  - (b) diagnostic radiology,
  - (c) diagnostic ultrasound,
  - (d) nuclear medicine scanning,
  - (e) pulmonary function,
  - (f) computerized axial tomography (CT, CAT),
  - (g) magnetic resonance imaging (MRI),

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- (h) positron emission tomography (PET), or
- (i) electrodiagnosis, including electrocardiography, electroencephalography, and polysomnography.

## (2) In this Part

**“application”**, unless otherwise indicated, means an application for approval of

- (a) a new diagnostic facility,
- (b) the relocation of an existing diagnostic facility,
- (c) an expansion of an existing diagnostic facility, or
- (d) a transfer of a material financial interest in a diagnostic facility;

**“material financial interest”** means

- (a) the interest of a sole proprietor,
- (b) the interest of a partner, or
- (c) an interest of more than 10% of the shares in the corporation;

**“public diagnostic facility”** means

- (a) a hospital as defined in section 1 of the *Hospital Act*, or
- (b) an establishment which has been designated a diagnostic and treatment centre under the *Hospital Insurance Act*

which provides diagnostic services prescribed in subsection (1).

## (3) For the purposes of this Part, a practitioner has a potential conflict of interest respecting a diagnostic facility who has a material or indirect financial interest in

- (a) a diagnostic facility, existing or proposed, which is within the same catchment area and provides the same services as a public diagnostic facility at which the practitioner provides diagnostic services, or
- (b) a diagnostic facility to which the practitioner could potentially refer beneficiaries for diagnostic services.

## (4) For the purposes of this Part, a practitioner has an indirect financial interest in a diagnostic facility if

- (a) the practitioner or the practitioner’s nominee has a material financial interest in a corporation which has a material financial interest in a diagnostic facility,
- (b) the practitioner is a partner of a person, is a member of a firm or is in the employment of a person or firm that has a material financial interest in a diagnostic facility, or
- (c) a material financial interest in the diagnostic facility is held by the following members of the practitioner’s family,
  - (i) a spouse,
  - (ii) a son or daughter,
  - (iii) a step-son or step-daughter,

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- (iv) a parent or step-parent,
  - (v) a parent of a spouse,
  - (vi) a grandparent,
  - (vii) a grandchild,
  - (viii) a brother or sister, or
  - (ix) a spouse of a person referred to in subparagraph (ii) to (viii),
- and the practitioner is aware of the financial interest.

[am. B.C. Regs. 223/2012, App. s. 2; 374/2012; 51/2015, Sch. 2, s. 3.]

**Application for approval**

- 39** (1) In order to apply for approval of a diagnostic facility, a person who owns or intends to own a diagnostic facility must apply in writing to the commission at least 60 days prior to the date on which the person requests the approval to be effective and must provide
- (a) the proposed address of the diagnostic facility or, if it will be a mobile service, the specific addresses for the proposed services and the address of the base facility,
  - (b) a map showing the locations of the proposed diagnostic facility and all other diagnostic facilities of the same category, both public and private, located within the catchment area of the proposed facility, and designating distances to these facilities, both in kilometres and in usual driving times,
  - (c) appropriate descriptions of the capabilities and capacities of the major equipment which is intended to be used in the diagnostic facility,
  - (d) the names of the owner and the medical director of the diagnostic facility,
  - (e) the names of all persons who have a material financial interest in the diagnostic facility and, if the persons are shareholders, the percentage of the shares which they own,
  - (f) information about any existing or potential conflict of interest,
  - (g) the names and qualifications of all medical, scientific, technical and supervisory staff employed by or providing occasional services at the diagnostic facility,
  - (h) the proposed hours of operation of the diagnostic facility, and
  - (i) a list and description of all quality control procedures planned for the facility, including quality control programs of a formal nature.
- (2) If there is a transfer of material financial interest in a diagnostic facility, the facility must apply for, and have received a new approval prior to the material change in financial interest.

[am. B.C. Regs. 51/2015, Sch. 2, s. 4; 76/2022, s. 3.]

**Criteria for approvals**

- 40** (1) The commission must not issue a certificate of approval for

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- (a) a new diagnostic facility,
- (b) the relocation of an existing diagnostic facility, or
- (c) the expansion of an existing diagnostic facility

unless it is satisfied that

- (d) there is sufficient medical need to warrant the proposed services,
  - (e) the quality of diagnostic services will be maintained at a sufficiently high level,
  - (f) there is reasonable utilization of existing approved diagnostic facilities which render the services for which approval is sought and which are located within the catchment area under consideration, and
  - (g) the person applying for the certificate of approval does not have a potential conflict of interest.
- (2) Subsection (1) (g) does not apply if the commission concludes that the service to be provided at the diagnostic facility for which the certificate of approval is sought can not reasonably be provided by another diagnostic facility for which a potential conflict of interest does not exist.
- (3) If a transfer of a material financial interest in a diagnostic facility gives rise to a potential conflict of interest, the commission must not issue a certificate of approval for the transfer unless the services provided by the diagnostic facility for which the certificate of approval is sought could not reasonably be provided by another diagnostic facility for which a potential conflict of interest does not exist.

**Communication of approval**

**41** An approval, renewal of an approval or amendment of an approval

- (a) must be communicated in writing to the owner of the diagnostic facility by registered mail addressed to the address of the diagnostic facility specified in the certificate of approval unless otherwise agreed to by the commission, and
- (b) is effective from the date specified by the commission.

**Term of an approval or renewal**

**42** The commission may establish the period for which an approval or renewal of an approval applies.

**Approval subject to conditions**

- 43** (1) In addition to other conditions which may be specified by the commission under section 33 (1) (c) of the Act, every approval granted after this Part comes into force is subject to the following conditions:
- (a) the diagnostic facility must not submit a claim for any service under the payment number of a medical practitioner who has not rendered or

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supervised that service in accordance with paragraph (c) of the definition of “benefits” in the Act;

- (b) the diagnostic facility must not render benefits in respect of a beneficiary on the referral of a practitioner who, directly or indirectly, would receive financial profit or other material benefit as a result of those services being rendered by the diagnostic facility unless the certificate of approval issued to the diagnostic facility authorizes the diagnostic facility to accept referrals from that particular practitioner;
- (c) the diagnostic facility must comply with diagnostic protocols and guidelines which are adopted and communicated by the commission from time to time;
- (d) the diagnostic facility must not provide to its referring practitioners requisition forms which do not comply with requisition standards which are established by the commission from time to time;
- (e) there must not be, without the prior approval of the commission,
  - (i) any change in the location of the diagnostic facility from that designated in the certificate of approval,
  - (ii) any significant changes in the diagnostic facility’s operating hours or to its capability or capacity to perform diagnostic services, and
  - (iii) any transfer of material financial interest in the diagnostic facility;
- (f) the standards of testing and analysis of the diagnostic facility, the number of skilled and qualified personnel employed by the diagnostic facility, the level of supervision by medical personnel, and the range and availability of services provided by the diagnostic facility must be maintained at a level the commission considers satisfactory;
- (g) the commission must be notified of any changes made to the diagnostic facility’s medical staff or supervisory personnel, as previously represented to the commission in an application or otherwise;
- (h) the owner of the diagnostic facility must keep the books, accounts, and financial transactions of the diagnostic facility in the form and manner required by the commission;
- (i) the owner of the diagnostic facility must retain all records of requisitions, referrals, internal protocols and results of diagnostic investigations in a readily retrievable manner and for the length of time specified or agreed to by the commission;
- (j) a certificate of approval which is granted with respect to an application or other submission which
  - (i) contains information that the applicant knew or ought to have known to be false or inaccurate, or

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## Part 7 – Diagnostic Facilities

- (ii) omits information which the applicant knew or ought to have known was pertinent to the consideration of the application by the commission

is void, and all services rendered under it were not benefits.

- (2) Every approval that is in force in respect of a diagnostic facility at the time this section comes into force is amended to include the conditions in subsection (1).

[am. B.C. Reg. 223/2012, App. s. 2.]

**Required address of diagnostic facility**

- 44** Approval of a diagnostic facility must be for a specific address or specific addresses of that diagnostic facility, and if a diagnostic facility operates from more than one address, the application for approval must include information concerning each of the addresses and their inter-relationship.

**Availability of services**

- 45** (1) In this section, “**registered nurse (certified)**” means a registered nurse certified in accordance with section 8 (2) (b) (ii) of the Nurses (Registered) and Nurse Practitioners Regulation.
- (2) For the purpose of paragraph (c) of the definition of “benefits” in the Act, a practitioner referred to in Column 1 of the Table below is permitted to request those diagnostic services specified opposite the practitioner in Column 2:

Item	Column 1 Practitioner	Column 2 Diagnostic Services That May Be Requested
1	Medical practitioner	All diagnostic services
2	Nurse practitioner	Those diagnostic services associated with the scope of practice of a nurse practitioner
3	Registered nurse (certified)	Those diagnostic services associated with the scope of practice of a registered nurse (certified), if requested without an order having been made by an enrolled practitioner referred to in any of items 1, 2, 4, 5 or 6
4	Dentist	Those diagnostic services associated with the scope of practice of a dentist
5	Podiatrist	Those diagnostic services associated with the scope of practice of a podiatrist
6	Midwife	Those diagnostic services associated with the scope of practice of a midwife

- (3) For the purpose of paragraph (c) of the definition of “benefits” in the Act, a person who, at the time the diagnostic service was ordered, is entitled, in a jurisdiction of Canada outside British Columbia, to practise in a capacity equivalent to a medical practitioner is permitted to request all diagnostic services.

**MEDICAL AND HEALTH CARE SERVICES REGULATION**Part 8 – Audit and Inspection

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- (4) Despite subsections (2) and (3), this section does not apply to the extent of any prohibition or limitation on requesting diagnostic services to which a person is subject under protocols approved by the commission.

[en. B.C. Reg. 225/2016, Sch. 4.]

**PART 8 – AUDIT AND INSPECTION****Access to information**

- 46** For the purposes of section 5 (1) (r) of the Act, the following may be provided information concerning claims submitted by a practitioner to the commission:

- (a) an appropriate disciplinary body or appropriate licensing body under the Act;
- (b) the Health Care Practitioners Special Committee for Audit Hearings;
- (c) the Patterns of Practice Committee or the Reference Committee of the Association of Doctors of BC;
- (d) the Patterns of Practice Committee of the Chiropractic Association;
- (e) the Patterns of Practice Committee of the Association of Dental Surgeons of British Columbia;
- (f) the Patterns of Practice Committee of the Massage Therapists' Association of British Columbia;
- (g) the Patterns of Practice Committee of the British Columbia Naturopathic Association;
- (h) the Patterns of Practice Committee of the British Columbia Association of Optometrists;
- (i) the Patterns of Practice Committee of the Physical Therapists' Association of British Columbia;
- (j) the Patterns of Practice Committee of the British Columbia Association of Podiatrists;
- (k) the Patterns of Practice Committee of the Midwives Association of British Columbia.

[am. B.C. Regs. 111/2005, s. 13; 378/2007, s. (c); 223/2012, App. s. 2; 238/2013; 247/2022, s. (b).]

**PART 9 – PRESCRIBED FORMS****Prescribed forms**

- 47** (1) The form in Schedule A is prescribed for the purpose of section 8.2 (1) of the Act.
- (2) Repealed. [B.C. Reg. 72/2018, s. 4.]

[en. B.C. Reg. 208/2017, Sch. 1, s. 5; am. B.C. Reg. 72/2018, s. 4.]



**MEDICAL AND HEALTH CARE SERVICES REGULATION**

Part 10 – Orders of the Commission

**PART 10 – ORDERS OF THE COMMISSION****Prescribed surcharge**

- 48** The prescribed surcharge for the purposes of section 37 (1.1) of the Act is 5% of the amount ordered under section 37 (1) (d) of that Act.

[en. B.C. Reg. 180/2002; am. B.C. Reg. 223/2012, App. s. 2.]

**SCHEDULE A**

[am. B.C. Regs. 223/2012, App. s. 8; 180/2019, App. 6, s. 11.]

Action No. ....

Registry .....

Ministry File # .....

**IN THE SUPREME COURT OF BRITISH COLUMBIA  
IN THE PROVINCIAL COURT OF BRITISH COLUMBIA**

**IN THE MATTER OF THE *MEDICARE PROTECTION ACT*****R.S.B.C. 1996, c. 286****CERTIFICATE**

Pursuant to section 10 (1) (b) (iii) and (2) of the *Medicare Protection Amendment Act, 2019*, IT IS HEREBY CERTIFIED that

- (a) ..... is in default of payment of premiums including any interest on premiums, payable under that Act;
- (b) the amount remaining unpaid as of the date of this certificate including interest is \$.....;
- (c) that amount is payable by .....

CERTIFIED AND DATED at ....., British Columbia, this ..... day of ....., .....

.....  
Medical Services Commission  
(By its duly Authorized Representative)

Ministry File # .....

Date .....

TO: .....

.....

.....

.....

**NOTICE OF FILING**

TAKE NOTICE THAT a certificate under the *Medicare Protection Amendment Act, 2019* will be filed in the Supreme Court of British Columbia/Provincial Court of British Columbia, ..... Registry, in 30 days. A copy of the certificate is attached.

.....  
Medical Services Commission  
(By its duly Authorized Representative)

**SCHEDULES B TO E**  
Repealed. [B.C. Reg. 72/2018, s. 5.]

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