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— **Robert Melrose**  
College Librarian

## billing tips

### Audit red flag: Treating a family member or yourself and billing for it

In the last 2 years the Billing Integrity Program has seen an increase in the number of physicians treating and billing for family members or themselves. Physicians whose family billings exceed \$1000 are now being reported to the College of Physicians and Surgeons of British Columbia.

Preamble C. 19(1) of the MSC Payment Schedule and the *Doctors of BC Guide to Fees* states:

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*This article is the opinion of the Patterns of Practice Committee and has not been peer reviewed by the BCMJ Editorial Board. For further information contact Juanita Grant, Audit and Billing Advisor, Physician and External Affairs, at 604 638-2829 or [jgrant@doctorsofbc.ca](mailto:jgrant@doctorsofbc.ca).*

Services are not benefits of MSP if a medical practitioner provides them to the following members of the medical practitioner's family:

- a) a spouse,
- b) a son or daughter,
- c) a step-son or step-daughter,
- d) a parent or step-parent,
- e) a mother-in-law or father-in-law,
- f) a grandparent,
- g) a grandchild,
- h) a brother or sister, or
- i) a spouse of a person referred to in paragraph (b) to (h).

You should also be aware that billing for services to a family member is in contravention of the *CMA Code of Ethics*, which states: "Limit treatment of yourself or members of your imme-

diately family to minor or emergency services and only when another physician is not readily available; there should be no fee for such treatment."

Billing for family members raises an ethical flag, which can lead to increased attention from the Billing Integrity Program—something most doctors would like to avoid. Billing a \$30 visit for a family member is not worth the risk of being audited.

The CMA has also written an article in the April CMA e-bulletin on this subject: "Know the rules, avoid the risks: Treating family and friends." To view this article, visit <http://bit.ly/1jvwgFr>.

— **Keith White, MD, Chair,**  
Patterns of Practice Committee