



College of
TRADITIONAL
CHINESE MEDICINE
PRACTITIONERS +
ACUPUNCTURISTS
of British Columbia

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Practice Guidance - Billing & Insurance

Fees for service aren't set by the College but may be investigated in cases of reported third party misbilling or excessive fees for service. The College trusts the profession to set reasonable rates for services that align with [Schedule A of the TCM Bylaws](#) for ethical and responsible practice.

The rate that a registrant charges for their services should be clearly outlined for patients (before services are rendered) and in alignment with the industry standard. Excessive or fraudulent billing is unethical and considered an act of professional misconduct which could result in disciplinary action. Registrants are responsible to bill patients and insurance companies ethically and responsibly and to be open, honest, and transparent in their billing practices.

What is acceptable practice?

As in all other areas of professional practice, registrants must ensure that their fees for service, including those for products they sell are reasonable, consistent, and clearly explained. Patients must be told the amount of the registrant's fees before the service is provided. This includes the cost of any products before they are sold to the patient.

Practice Note: The best way for registrants to inform patients of their fee schedule is to provide a written list. This list of description of fees must include all charges including any penalties for late payment and/or missed or short notice cancellations.¹

Some examples of how fee schedules could be listed are:

- signs clearly displaying fees in the reception area of the practice,
- advertising or marketing materials, and
- websites, etc.

It is not ideal to relay information only verbally as this information can easily be forgotten and/or misunderstood.

¹ C.E <https://www.ctcma.bc.ca/wp-content/uploads/2023/03/media/1063/jurisprudence-handbook-en-web.pdf>



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What is necessary for financial record keeping?

Financial records must be maintained for every patient to whom a fee has been charged. Like clinical records, financial records must be kept for a period of 10 years and be kept separate from the patient's clinical record. Receipts must be provided at the time of service and include the clinic name and address, registrant's legally registered name, registration number, treatment provided, and any products sold (with their descriptions). Requests for duplicate receipts from patients may be granted, provided they indicate that they are duplicate copies. This helps to prevent confusion or potential mistakes when submitting receipts to third party billing and ensures financial records are accurate. Keeping detailed, up to date and accurate financial records is equally as important as maintaining clinical records as they may be called upon at any time by a third party (insurance and/or the College) as a way to verify treatment.

What is an excessive fee?

A fee is considered excessive when it takes advantage of a vulnerable patient or, is so high that the profession would conclude that the registrant is exploiting a patient². It is important to remember that patient vulnerability is inherent in the patient/practitioner dynamic and occurs for any reason that a patient seeks help. An example of an excessive fee would be charging a patient a fee that is disproportionately higher than the professional standard or charging an excessive amount for the registrant's personal gain or for services/products the patient does not need.

Can I bill in advance or sell packages of treatments?

Billing for any service that has not yet been provided is not an acceptable practice. Fees for service must be consistent, fair, and accessible. Packaged treatments often benefit the registrant by receiving a lump sum of money in advance without guarantee of patient follow through for all purchased sessions. Additionally, fee schedules that work in this way are often unfair and financially discriminatory, by creating an advantage for those who can afford larger sums of money upfront, versus those who cannot.

² C.E. <https://www.ctcma.bc.ca/wp-content/uploads/2023/03/media/1063/jurisprudence-handbook-en-web.pdf>



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Can I change the date of treatment on the receipt for the patient's insurance?

According to the [Standard on Clinical Record Keeping](#), receipts for service must include:

- Date of service
- Name of patient
- Professional fees charged
- Itemized services offered
- List of any herbal prescriptions, natural health products, or any other type of product billed to the patient
- Itemized list of equipment, if prescribed
- Total payment charged
- Name and registration number of the registrant performing the service/providing the product(s)

Practice Note: Receipts for service must be issued for the date that treatment was performed and cannot be changed for any purpose. Copies of receipts may be issued provided they are clearly marked as such with the original date of treatment clearly indicated.

Can I offer a discount to help someone experiencing hardship?

If there is a fair and justifiable reason to change a fee, it is acceptable to do so. Patient landscapes in many practice settings are financially diverse and registrants may choose to offer reduced rates for specific populations (like senior citizens) or to individuals experiencing hardship. However, registrants must not offer different rates for unfair or unjustifiable reasons such as race, ethnicity, gender, profession, religion, etc., as this would be discriminatory. If a registrant decides to reduce their fees for a patient, they should ensure to clearly document on the receipt and patient file the justification for why the fee is different or reduced for that individual. If a registrant makes permanent changes to their fee schedule or offer reduced rates that affect a broader patient population, like senior citizens, they should be sure to include the rate difference as part of their written fee schedule, that is visible in their practice and/or on other marketing platforms that they use.



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What can I bill to insurance?

Some third party insurance providers cover more than acupuncture treatment, whereas others do not. In some cases, only acupuncture with needles but not techniques with laser or without needles may be billable, and other TCM treatment techniques may not. Missed or short notice cancellations are not eligible to be billed to third party insurance providers as no service was provided.

Billing to the MSP Supplementary Benefits Program is only available for patients who qualify as MSP Supplementary Program beneficiaries, by enrolled practitioners. Acupuncture with needles is the only service billable to this program, and enrolled practitioners may not bill to this program for themselves or members of their own family. More information on the requirements for billing to this program can be found here:

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msp-preamble-acupuncture.pdf>

Can I provide a receipt or bill for acupuncture when other TCM treatments were performed instead of acupuncture (e.g., acupressure, moxibustion or cupping)?

To avoid confusion or misbilling accidents, it is best to provide patients with receipts that are itemized for the services that were provided as part of their treatment. Despite the definition of acupuncture in the current [TCMPA Regulation](#) including other TCM treatments such as magnetic therapy, acupressure, moxibustion and cupping as part of acupuncture practice, not all third party insurance companies cover treatments that do not include the use of acupuncture needles being inserted, as treatment.

How should I bill if I'm registered with another profession?

Registrants who are also registered to practise in another profession should ensure that their practice appointment books, and billing records clearly distinguish traditional Chinese medicine and acupuncture (TCM/A) service from other professional services. Invoices/receipts for services must clearly identify which service was performed as part of treatment (i.e. be itemized), and billing for these services should be separated. For example, a registrant who is also a registered massage therapist (RMT) and provides 30 minutes of acupuncture services and 30 minutes of registered massage therapy services in a 60-minute session for a patient, should invoice, book, and bill each treatment separately.



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What does misbilling or fraudulent billing mean?

Misbilling and/or fraudulent billing occurs when:

- A fee is billed for a service without the service having been provided
- A fee is billed for more than the cost of the service.
- A receipt is provided for a service that was not performed.
- A receipt is generated for treatment on a date that is different from the date the actual treatment was performed.
- A receipt is provided for more than what the patient has paid for the cost of treatment.
- A fee is billed more or differently due to the patient's insurance benefits coverage.
- A receipt is provided for service using a registrant's name and registration number when another practitioner/therapist has provided treatment.

Practice Note: Examples of fraudulent billing include billing to insurance for acupuncture treatment when the service provided by the registrant is not covered by the insurer (i.e., acupuncture treatment not for health reasons but for cosmetic or aesthetic purposes; other treatment service that is not covered by the insurer. E.g. tuina therapy, cupping, etc.), or when issuing receipts written with a name not matching with the patient who received treatment; or when billing the MSP Supplementary Benefits program for treatment sessions that have not been provided; when providing a receipt to a patient for a larger sum than the cost of treatment for submission to third party billing with the intention of profiting from the provider or, billing to a third party provider for missed or short notice cancellations. Section 2.E on pages 26 and 27 of the [Jurisprudence Handbook](#) covers this topic in detail.

Can I bill to insurance for missed or short notice cancellations?

A fee may be charged in cases of missed or short notice cancellations provided the patient is aware in advance that the fee may apply, however, **these fees may not be billed to insurance for payment.**

Can cosmetic treatments be billed to insurance as acupuncture?

Cosmetic practices do not meet the requirements for acupuncture set by many third party insurance companies. Health services plans, and extended health insurance plans cover only medical expenses deemed necessary. Cosmetic treatments and procedures are not medically necessary treatments, therefore, not eligible as claimable expenses. Patients should be aware



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that aesthetic services cannot be billed under their extended health insurance and advised of the fees for treatment before services are performed.

In the Income Tax Act s.118.2(2) it is specifically worded that medical or dental services or related expenses which are provided for cosmetic purposes are not eligible medical expenses for the purposes of the medical tax credit unless the services are necessary for medical or reconstructive purposes.

BC's registered acupuncturists and traditional Chinese medicine practitioners and doctors are considered "authorized medical practitioners"; hence their services (but not any products) can be considered for medical expense tax credit only when it is for a medical purpose.

Practice Note: For record keeping purposes, it is better to clearly distinguish health services vs aesthetic services that may be available in the same clinical setting by maintaining separate records and consent forms for each.

Useful links and resources:

<https://www.ctcma.bc.ca/wp-content/uploads/2023/07/ctcma-bylaws-and-schedules.pdf>

C.E <https://www.ctcma.bc.ca/wp-content/uploads/2023/03/media/1063/jurisprudence-handbook-en-web.pdf>

<https://www.youtube.com/watch?v=IA6zagCx6NE>

<https://www.ctcmpao.on.ca/resources/forms-and-documents/Draft-Standards-for-Fees-and-Billing-V08.pdf>