



Balance

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Practice Notice: Financial Records

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Billing and Receipts

Registrants are responsible to bill patients and third party insurance companies in an ethical and responsible way that is open, honest and transparent and that aligns with [Schedule A of the TCM Bylaws](#) for ethical and responsible practice.

Financial records must be maintained for every patient to whom a fee has been charged and kept separate from the patient's clinical record. Financial records must be kept for a period of 10 years and may be called upon at any time by a third party (insurance and/or the College) to verify treatment. The rate that a registrant charges for their services should



be clearly outlined for patients 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.

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. Therefore, it is better practice to provide receipts that detail the services and/or products that were provided as part of treatment, rather than one that is generalized (i.e., "acupuncture" as a default description).

***Warning:** It is fraudulent to supply a patient with a receipt for any service/treatment that has not been provided or that is contrary to the service/treatment that was provided for any reason, including to meet the requirements for coverage by a 3rd party insurance provider.*

Receipts for service

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)

***Warning:** It is fraudulent to change the date of service/treatment and/or to provide a receipt in a patient's name that did not receive the service/treatment. Receipts for service/treatment must be issued for the date that they were performed and include the name of the patient for whom the service/treatment was provided.*

Practice Advice: When issuing copies of receipts, ensure that they are clearly marked as such with the original date of treatment clearly indicated. This helps to prevent confusion or potential mistakes when submitting third party billing and ensures financial records are accurate. Fees to patients incurred because of missed or short notice cancellations should be clearly marked as such on receipts to ensure they are not submitted to third party insurance for payment in error.

Registration Numbers

Registrants are responsible for all billing under their name and registration number. In the event that a registrant becomes aware that their information has been misused for billing purposes, they must exercise due diligence and take all reasonable steps necessary to address the issue by reporting the matter immediately to:

- the College,
- their employer (if employed) or, owner of the clinic in which they offer services,
- third party insurance companies such as ICBC's fraud department, MSP Billing Integrity Program, and
- local police/authorities.

Practice Advice: Always protect your registration number. For billing purposes, if your registration number is used on

your behalf, ensure that only authorized persons such as clinic staff responsible for billing, are doing so correctly. If you suspect or have knowledge that your registration number has been compromised or is being used fraudulently, contact PSP@ctcma.bc.ca without delay.

The following online resources provide information on ways in which registrants can prevent identity theft and report benefits fraud to third party insurance providers :

- [CLHIA – How healthcare providers can protect themselves from identity theft](#)
- [CLHIA – How to report benefits fraud](#)

Other **Useful links and resources:**

[College Bylaws and Schedules](#)

[Jurisprudence Handbook](#)

[Clinical Record Keeping \(CTCMA\)](#)



Practice Notice: Point Injection Therapy (PIT) & Tuina Techniques using High Velocity Low Amplitude Thrusts (HVLAT)

This practice notice addresses the issue of whether Point Injection Therapy (PIT) and Tuina using high velocity low amplitude thrusts (HVLAT) fall within the scope of practice for CTCMA registrants.

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The current Regulation **DOES NOT authorize CTCMA registrants to perform RESTRICTED ACTIVITIES that include Tuina techniques “using high velocity, low amplitude thrusts that move joints of the spine beyond the limits the body can voluntarily achieve but within the anatomical range of motion” OR to administer injectables for Point Injection Therapy and other injectable therapies.**

Sections 1 and 4 of the current Regulation in force state:

An acupuncturist may practise acupuncture, including:

1. *a) the use of traditional Chinese medicine diagnostic techniques, and*
2. *b) the recommendation of dietary guidelines or therapeutic exercise.*

“acupuncture” means an act of stimulation, by means of needles, of specific sites on the skin, mucous membranes or subcutaneous tissues of the human body to promote, maintain, restore or improve health, to prevent a disorder, imbalance or disease or to alleviate pain and includes:

1. *a) the administration of manual, mechanical, thermal and electrical stimulation of acupuncture needles,*
2. *b) the use of laser acupuncture, magnetic therapy or acupressure, and*
3. *c) moxibustion (Jiu) and suction cup (Ba Guan);*

A traditional Chinese medicine practitioner may practise traditional Chinese medicine.

“traditional Chinese medicine” means the promotion, maintenance and restoration of health and prevention of a disorder, imbalance or disease based on traditional Chinese medicine theory by utilization of the primary therapies of

1. a) *Chinese acupuncture (Zhen), moxibustion (Jiu) and suction cup (Ba Guan),*
2. b) *Chinese manipulative therapy (Tui Na),*
3. c) *Chinese energy control therapy (Qi Gong),*
4. d) *Chinese rehabilitation exercises such as Chinese shadow boxing (Tai Ji Quan), and*
5. e) *prescribing, compounding or dispensing Chinese herbal formulae (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao);*

As with any methods and techniques used on patients, registrants must “exercise appropriate judgement in performing treatments”, “explain services to clients and others”, “practise within own level of competency” as part of being ethical, accountable, and competent (References: Bylaws Schedule A Code of Ethics and Schedule B Standards of Practice, Practice Standard on Ethical Practice and Professional Accountability).



Complete The Practice Support Program If Your Current QA Cycle Is April 1, 2022 – March 31, 2024

This is a reminder that registrants whose current QA cycle is April 1, 2022 – March 31, 2024, will need to accumulate a minimum of 50 continuing education hours through completing all 5 Steps of the Practice Support Program (PSP) by March 31, 2024. A minimum of 4 hours must focus on ethical practice.

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In the Practice Support Program, registrants reflect on and assess their practice in order to find out where learning can be customized to maintain and improve the quality of their practice (Step 1), design their own learning objectives (Step 2), then pick and complete learning activities (Step 3). To gain more from the learning, registrants then evaluate the learning activities in order to specifically identify and apply their learning to their practice (Step 4). The last Step is an evaluation of the whole learning plan in the PSP (Step 5), which help to ensure the learning is effective and identify further future goals in the next QA cycle. PSP must be completed in the order outlined in the Modal Activity (i.e. Step 1 to Step 5).

Registrants will need to keep the completed PSP Step 1 -5 documents and the [Continuing Competency Activity Log](#) in their Registrant's File. During annual registration renewal, registrants will make the declaration that they are complying with Bylaw 56.1. Proof will be required to provide to the College only at the time when the College requests it (e.g. Audit).

[PSP Templates](#)

Step 1 – 5 PSP templates and completed samples are available on the [Templates & Activity Log](#) webpage located on the College's website. Registrants can claim CE credits for using PSP components as follows:

- [Step 1: Complete Your Self-Reflective Assessment](#) (10 CE credits; This Assessment is also available in the [registrant's online portal](#))

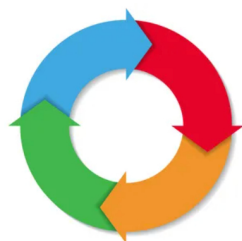
- Step 2: Setting Up Learning Objectives (10 CE credits)
- Step 3: Planning & Undertaking Learning Activities (1 CE per hour of activity)
- Step 4: Evaluating Completed Learning Activities (5 CE credits per evaluation; and up to 20 CE total)
- Step 5: End of QA Cycle Overall Evaluation (5 CE credits)

Additional Notes

- *As outlined in the Continuing Competency Requirements, the Standard First Aid and CPR-C training course(s) that registrants complete to fulfill registration requirements cannot be counted as CE credits concurrently.*
- *For new registrants whose QA cycle began less than one year before April 1, 2022, you must accumulate a minimum of 50 continuing education hours by March 31, 2024. Since your QA cycle began before April 1, 2022, you may complete the 50 CE through either the current Practice Support Program or the previous Continuing Competency Program (Category A, B, C, and D activities).*

Quality Assurance/PSP Resources and Support

- Quality Assurance Program Handbook: A detailed step-by-step guide on how to complete PSP.
- Continuing Competency Requirements
- PSP Support Email: psp@ctcma.bc.ca
- PSP Support Phone Number: (604) 742-6563 extension 5 or toll-free 1-855-742-6563.



How To Check My QA Cycle?

The beginning of a QA reporting cycle is generally April 1 of any given year, ending on March 31, two years later. If “CE next due year” shows “2024”, it means you are obliged to complete CE by March 31, 2024. If it shows “2025”, the QA cycle needs to be completed by March 31, 2025, and so on.

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To check your current reporting cycle, simply sign in to the Registrant Portal in the upper right corner of the [CTCMA homepage](#) or go to <https://portal.ctcma.bc.ca/>. Click the ‘MY ACCOUNT’ button near the top right corner of the window. You will be taken to the information under the ‘About Me’ tab, and you will see the “Continuing Education Next Due Year” information at the bottom left under Registration Info.

A full QA cycle is typically 24 months if it starts on April 1. However, for a new registrant, your QA cycle may or may not immediately coincide with the official QA cycle start and finish dates. For example, if you are a new registrant who started your QA cycle on March 1, 2022, that is, just before the official QA cycle start date of April 1, 2022, your QA cycle will be March 1, 2022 – March 31, 2024. Your QA first cycle will always be at least 2 years, and never less.

For more information, you may wish to review the “How do I know when my QA cycle begins and ends?” section (Page 13) of the [Quality Assurance Program Handbook](#).





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