

## BROADCAST MESSAGES

**EFFEC. DATE (CCYYMMDD):2017-09-16**

**CANCEL DATE (CCYYMMDD): 2017-09-30      TARGET TYPE: SP**

**TARGET KEY: 56      COPY MESSAGE FROM**

**BROADCAST TITLE: gastroenterology fee increases**

**BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):**

The following fee increases are retroactive to April 1, 2017:

Fee Item	New Amount \$ April 1, 2017	Fee Item	New Amount \$ April 1, 2017
00715	37.55	33313	103.86
33305	110.38	33314	54.19
33306	46.19	33315	52.18
33307	49.13	33360	161.07
33308	30.71	33362	98.00
33309	48.66	33366	46.19
33310	161.07	33367	49.13
33312	98.00	33368	30.71

Any claims in process which were submitted at the previous rates will be adjusted to the current rates with explanatory code BG-Amount adjusted to the rate effective for this date of service.

A retroactive payment will be processed for any claims processed before these increases were applied.

**INITIATED BY: MOH**

**Copy to BCMA -yes**

**AUTHORIZED BY\_\_\_\_\_**

**IF TARGET TYPE IS**

**THEN TARGET KEY IS**

**PY-PAYEES -----PAYEE NO.**

**PR- PRACTITIONER -----PRACTITIONER NO.**

**SP-SPECIALTY -----SPECIALTY CODE**

**AI-ASSOCIATION IDENTIFIER**-----**MD – BC MEDICAL ASSOCIATION**  
**A -ALL** -----**LEAVE TARGET KEY BLANK**  
**PS-PAYEE STATUS** -----**C - VESTED INTEREST LAB**  
**F PRIMARY CARE**  
**H - HOSPITAL**  
**I - INACTIVE PAYEE**  
**L - LABORATORY**  
**M - ACTIVE PAYEE**  
**V - 3<sup>RD</sup> PARTY- OUT OF PROVINCE**  
**Y – ALTERNATIVE PAYMENTS PROGRAM**