

## BROADCAST MESSAGES

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

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

**TARGET KEY:** 45      **COPY MESSAGE FROM**

**BROADCAST TITLE:** Immunology/Allergy 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:

	New Amount \$
Fee Item	April 1, 2017
30010	173.56
30070	173.56

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