

## BROADCAST MESSAGES

**EFFEC. DATE (CCYYMMDD):2018-01-01**

**CANCEL DATE (CCYYMMDD): 2018-01-15      TARGET TYPE: AI**

**TARGET KEY:    MD                      COPY MESSAGE FROM**

**BROADCAST TITLE: Start and End Time Required**

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

For the fee items listed below, start and end times must be included on the claim submission (billing) and documented in the patient chart for dates of service commencing January 1, 2018.

07920	00313	00026	33401	03135
33013	00314	00027	33402	03222
33015	00315	00028	33421	03066
T33089	00322	00046	33422	04039
00845	00121	00081	33514	04118
00846	00122	00082	33513	04119
33014	13041	00083	33515	25300
33114	13042	00084	33614	25301
00228	13021	10087	33613	02613
33214	13022	71290	33615	02623
33213	13020	71292	33620	02277
33215	13015	70021	33714	02278
33314	14199	33413	33713	00511
33313	00193	33414	33715	00585
33315	00025	33415	03130	00513

00515	00633	00673	60639
50511	00636	00674	60645
50514	00638	00675	10901
00514	00639	00677	10916
01714	00645	00678	10917
01713	00663	00679	08632
01715	00664	00680	08633
01721	00665	00681	32014
06083	00666	60630	32114
06084	00667	60631	31014
61210	00668	60632	
00611	00669	60633	
00630	00670	60635	
00631	00671	60636	
00632	00672	60638	

Claims submitted without start and end times will be refused with explanatory code CF: Time service was rendered is missing or invalid.

**INITIATED BY: MoH**

Copy to BCMA \_yes\_\_\_\_\_

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

**IF TARGET TYPE IS**

**THEN TARGET KEY IS**

<b>PY-PAYEES</b> -----	<b>PAYEE NO.</b>
<b>PR- PRACTITIONER</b> -----	<b>PRACTITIONER NO.</b>
<b>SP-SPECIALTY</b> -----	<b>SPECIALTY CODE</b>
<b>AI-ASSOCIATION IDENTIFIER</b> -----	<b>MD – BC MEDICAL ASSOCIATION</b>
<b>A -ALL</b> -----	<b>LEAVE TARGET KEY BLANK</b>
<b>PS-PAYEE STATUS</b> -----	<b>C - VESTED INTEREST LAB</b>
	<b>F PRIMARY CARE</b>
	<b>H - HOSPITAL</b>
	<b>I - INACTIVE PAYEE</b>
	<b>L - LABORATORY</b>

**M - ACTIVE PAYEE**

**V - 3<sup>RD</sup> PARTY- OUT OF PROVINCE**

**Y – ALTERNATIVE PAYMENTS PROGRAM**