

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-01-15 TARGET TYPE: SP
CANCEL DATE (CCYYMMDD): 2025-01-31 TARGET KEY: 02
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Retro Payment Correction of FI 00440

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

Effective April 1, 2024, fee item 00440 (Virtual Neurologic Assessment) was retroactively adjusted to a value of \$242.61. Those claims should have been paid at the correct rate of \$122.66; this value was previously amended to the correct value.

A retroactive debit for claims previously paid at the incorrect old rates has now been processed and will appear on this remittance statement under adjustment code 81.

Retroactive debits are made to the payee number associated with the claim receiving the retroactive debit. Please ensure that you have updated your banking information for all of your payment numbers. To update your banking information, complete a Direct Bank Deposit Form and fax to (250) 405-3592.

The Direct Bank Deposit Form can be found on the HIBC website at:

<http://www.gov.bc.ca/mspphysicians>

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: Evan Stafford

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 RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM