

## BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-03-01      TARGET TYPE: SP  
CANCEL DATE (CCYYMMDD): 2025-03-15      TARGET KEY: 05  
COPY MESSAGE FROM

BROADCAST TITLE (50 char): 04250 payable with surcharges 04719, 04720

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

Effective August 1, 2024, fee item 04250 (Hysteroscopic removal of endometrial polyp(s), retained placental or other intrauterine tissue(s), and/or fragmented intrauterine device) has been added to the list of fees eligible with the modifiers 04719 (gynecology surgical surcharge for patients 75 years and older) and 04720 (Body Mass Index surgical surcharge). The amended descriptions for fee items 04719 and 04720 are now the following:

- G04719      Gynecology surgical surcharge for patients 75 years and older
- Notes:
- i) Restricted to Obstetrics and Gynecology specialists.
  - ii) Fee item G04719 will only be paid once whether single or multiple procedures are performed under the same anesthetic.
  - iii) Paid with the following surgical procedures: 04701, G04702, G04703, G04704, G04705, G04706, 04707, 04709, 00704, 00705, 00770, 00807, 00808, 00878, 04001, 04003, 04011, 04029, 04032, 04033, 04041, 04042, 04048, 04202, 04203, 04212, 04217, 04218, 04219, 04220, 04223, 04227, 04228, 04229, 04232, 04233, 04250, 04301, 04303, 04306, 04307, 04309, 04311, 04312, 04316, 04318, 04320, 04322, 04401, 04402, 04405, 04406, 04408, 04410, 04411, 04421, 04422, 04424, 04427, 04429, 04500, 04508, 04510, 04512, 04530, 04531, 04551, 04605, 04621, 04622, 04623, 04624, 04628, 04662, 04728, 04729, 07027, 07597, 07634, 08178, 08205, 08232, 08250, 08255, 08257, 08263, 08278, 08282, 08283 or 70120.
  - iv) Applies to procedures performed in hospital operating room, ambulatory care or office setting.

P04720

Body Mass Index Surgical Surcharge payable at 25% of listed fee for surgery or procedure performed for patients with a BMI of 35 or greater.

Notes:

- i) Payable only to Obstetricians and Gynecologists.
- ii) Patient's BMI must be provided in the claim note record and documented in the patient's chart and/or operative report.
- iii) Maximum of one surcharge per operation unless two obstetricians or gynecologists perform two synchronous surgeries that are both eligible for the surcharge.
- iv) When multiple procedures are performed during the same operation, the surcharge applies to all eligible procedures based on the prorated value according to the applicable preamble(s).
- v) The surcharge does not apply to surgical fee modifiers 04715, 04716 or 04719, but may be paid in addition.
- vi) Not payable if 04708 or 04714 is billed with the surgery or procedure.
- vii) Out-of-Office Hours operative surcharges (01210, 01211 and 01212) are not to be paid on the BMI surcharge.
- viii) The surcharge is excluded from the calculation of total operative fee(s) for which surgical assist fees are based.
- ix) Payable when the following Obstetrics and Gynecology fee items are performed for patients with a BMI of 35 or greater:  
00770, 00775, 00776, 00787, 00794, 00807, 00808, 00815, 00819, 04000, 04001, 04003, 04011, 04014, 04017, 04018, 04022, 04023, 04024, 04025, 04026, 04029, 04032, 04033, 04034, 04035, 04036, 04037, 04040, 04041, 04042, 04043, 04044, 04045, 04047, 04048, 04049, 04050, 04052, 04080, 04085, 04106, 04110, 04111, 04114, 04116, 04141, 04142, 04201, 04202, 04203, 04204, 04206, 04208, 04212, 04216, 04217, 04218, 04219, 04220, 04221, 04222, 04223, 04224, 04225, 04227, 04228, 04229, 04230, 04232, 04233, 04250, 04300, 04301, 04303, 04304, 04305, 04306, 04307, 04309, 04311, 04312, 04316, 04318, 04320, 04322, 04401, 04405, 04406, 04408, 04410, 04411, 04421, 04422, 04424, 04427, 04429, 04500, 04502, 04503, 04508, 04510, 04512, 04515, 04516, 04517, 04530, 04531, 04536, 04551, 04602, 04605, 04616, 04617, 04620, 04621, 04622, 04623, 04624, 04628, 04630, 04631, 04632, 04633, 04640, 04641, 04660, 04662,

04664, 04680, 04701, 04702, 04703, 04704, 04705, 04706,  
04707, 04709, 04728, 04729.

As the effective date for these amendments is retroactive, pre-approval has been granted for claims past 90 days from the date of service. Please submit any claims for surcharges that are now eligible using Submission Code “A” in order to avoid refusals due to the claims being past the submission cut-off.

These over-age claims must be submitted using the instructions above within 60 days of this remittance payment date or they will be refused with Explanatory Code “BV.”

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: Donna Bell

**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>
	<b>M - ACTIVE PAYEE</b>
	<b>V - 3<sup>RD</sup> PARTY- OUT OF PROVINCE</b>
	<b>Y – ALTERNATIVE PAYMENTS PROGRAM</b>