

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-09-01 TARGET TYPE: SP
CANCEL DATE (CCYYMMDD): 2025-09-30 TARGET KEY: 00
COPY MESSAGE FROM

BROADCAST TITLE (50 char): LFP FI T98101 2025 Dates Amended

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

Effective October 1, 2025, the following temporary fee item is added to the LFP Payment Schedule as a separate web link on the MSC Payment Schedule website. Billing direction is also provided in the publication.

LFP Respiratory Immunization Provided by an Allied Care Provider.....\$14.00

Notes:

- a) Payable only to physicians who have billed 98000/98005 Enrolment Code and 98002 Clinic-based Services Registration Code.
- b) Payable for influenza (using ICD-9 code V048), pneumococcal (using ICD 9 code V05), pertussis (using ICD-9 code V036), and COVID-19 (using ICD-9 code C19) immunizations.
- c) Payable only when the immunization is provided by an Allied Care Provider who is employed by a physician practice. The Allied Care Provider must be paid out of practice earnings to work directly within the practice team with no cost recovery either directly or indirectly from a third party (e.g. Health Authority, Division of Family Practice, Ministry of Health).
- d) Payable for a maximum of three immunizations per patient per day.
- e) Payable only for immunizations provided from October 1, 2025 to March 31, 2026.
- f) This code is not subject to the daily maximum of 50 clinic-based interaction codes.
- g) This code is not subject to the 30% limit on Clinic Non-Panel Services.

Please refer to the MSC LFP Payment Schedule on the following website:

<http://www.gov.bc.ca/msp/lfp>

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: Kimberly Au

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 - 3RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM