

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2026-01-16 **TARGET TYPE:** SP
CANCEL DATE (CCYYMMDD): 2026-01-31 **TARGET KEY:** 15, 57
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Increase 32208, 32308, 32378 - retro payment

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

Effective April 1, 2025, payment rates for the indicated fee items are increased to the following:

Fee	Description	Current Rate	New Rate (April 1, 2025)
32308	Subsequent hospital visit, complex patient – 3 medical conditions.	\$92.83	\$94.86
32378	Telehealth subsequent hospital visit	\$79.04	\$80.99
32208	Subsequent hospital visit	\$79.04	\$80.99

The retroactive payments for claims for fee items that were previously paid at the old rates have now been processed and will appear on this remittance statement under adjustment code 80.

Retroactive payments are made to the payee number associated with the claim receiving the retroactive payment. 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: Donna Bell

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