

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2026-04-01 **TARGET TYPE:** SP
CANCEL DATE (CCYYMMDD): 2026-04-30 **TARGET KEY:** 00
COPY MESSAGE FROM

BROADCAST TITLE (50 char): LFP Time Code Generic PHN

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

This is a reminder that the process for submitting LFP Time Codes was changed February 23, 2026, as part of continuous efforts to evolve and improve the LFP Payment Model.

All claims for LFP time codes with dates of service on or after February 23, 2026, including Direct Patient Care, Indirect Patient Care, Clinical Administration, and Travel, for any setting under the model, must be submitted using the following generic “patient” demographic information:

- PHN: 9646191917
- Patient Surname: Time
- First Name: LFP
- Date of Birth: January 1, 2005

There are no other changes to the requirements for submitting time code claims.

Effective May 1, 2026, the former process of submitting LFP time code claims under the first patient PHN of the day will be discontinued, and any claims will be refused by the Teleplan claims system.

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: Haley Magrill

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