

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2026-06-01 TARGET TYPE: SP
CANCEL DATE (CCYYMMDD): 2026-06-15 TARGET KEY: 02
COPY MESSAGE FROM

BROADCAST TITLE (50 char): 24-25 One-Time Retro Payment for Neurology

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

For the 2024/25 fiscal years, a temporary fee increase has been made in order to process a one-time retroactive payment for the fee items and dates of service listed below.

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>

	April 1, 2024 – March 31, 2025	
Fee Item	Base Rate	Temporary Rate
00406	\$151.45	\$161.89
00408	\$146.43	\$156.53
00410	\$205.47	\$207.90
00450	\$70.64	\$72.50
00457	\$68.65	\$70.46
00470	\$205.47	\$207.90
00476	\$151.45	\$161.89
00478	\$146.43	\$156.53

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: Munmun Biswas

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