BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): **2026-06-15** **TARGET TYPE:** **SP**
CANCEL DATE (CCYYMMDD): **2026-06-30** **TARGET KEY:** **02**
COPY MESSAGE FROM

BROADCAST TITLE (50 char): New Pediatric neurology developmental assessment

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

Effective July 1, 2026, the following fee item is being added to the Payment Schedule in the Section of Neurology, under the heading "Referred Cases":

P00493 Pediatric neurology developmental assessment $40.00

Notes:

i) Restricted to Pediatric Neurologists.

ii) Must include completion of standardized developmental assessment scales including motor, fine motor, communication, cognitive and behavioural development.

iii) Payable once per patient in a 12-month period.

iv) Limited to 24 assessments per practitioner per month.

vi) Payable only in addition to a consult or visit.

Copy to DoBC: **Yes**

INITIATED BY: **MoH**

AUTHORIZED BY: **Duncan Gavin**

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