BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): **2026-07-15** **TARGET TYPE:** **SP**
CANCEL DATE (CCYYMMDD): **2026-07-31** **TARGET KEY:** **02**
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Amend Fis 00440 and 00452

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

Effective August 1, 2026, fee item 00440 has had its monthly limit increased and is description amended. In addition, fee items 00452, 00410, 00470, 00407 and 00477 have had their values amended. The amended fee items are now as follows:

P00440 Neurologic review and written care plan $122.66
Notes:

i) Restricted to Neurology specialists.
ii) Includes review of referral materials, acquisition of additional necessary data, communication with the patient (through telephone or email) as necessary, and delivery of comprehensive written individualized report & care plan to the referring physician within 14 days of referral being received.
iii) If billed within 6 months of a 00410, 00470, 00440, 00441, 0485, or 40441 for the same diagnosis, the medical necessity must be provided in the note record.
iv) Not payable in addition to a consultation or visit.
v) Not payable on the same day with 00487, 00488, 00491, 00492, 00900, 00901, or 00902 by the same practitioner on the same date of service.
vi) Limited to 20 virtual assessments per practitioner per month.

00452 Neurology in-hospital consultation – extra $75.00
Notes:

i) Not for patients seen within the last 6 months by the same physician for the same or related condition.
ii) Payable in addition to 00410, 00441, 00485 and 40441.
iii) Not payable for hospital outpatients, or for patients located in transient ischemic attack (TIA) or rapid access neurology clinics.
iv) Daily maximum of 5 claims per day per Neurologist.

00410 Consultation: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report …….…… $204.82

00407 Subsequent office visit…….……..…… $112.44

00470 Telehealth Consultation: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report …… $204.82

00477 Telehealth subsequent office visit…….……..…… $112.44

Copy to DoBC: **Yes**

INITIATED BY: **MoH**

AUTHORIZED BY: **Evan Stafford**

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