

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2026-07-16 **TARGET TYPE:** AI
CANCEL DATE (CCYYMMDD): 2026-07-31 **TARGET KEY:** MD
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Amend Preamble C11 & FIs 00789,14540,14541,14560
BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective June 1, 2026, fee items 14540, 14541, 14560 and 00785 are amended with fee description changes and revised notes. All references to “Pap smears” are replaced with a note that those fee items “include cervical cancer screening when clinically indicated”. In fee item 14540, the reference to “contraceptive” as IUDs are used for multiple indications:

14540 Insertion of intrauterine device (IUD) (operation only)
Notes:
i) Includes cervical cancer screening, if clinically indicated.
ii) Not payable in addition to 14541.

14541 Removal of intrauterine device (IUD)-operation only
Notes:
i) Not payable in addition to 14540 or 14560.
ii) Not billable by Family Physicians.

14560 Pelvic examination
Notes:
i) Includes cervical cancer screening, if clinically indicated.
ii) Not billable by Family Physicians.

S00785 Endometrial biopsy – procedural fee
Note: Includes cervical cancer screening, if clinically indicated.

The following note in the Obstetrics and Gynecology Fee Guide is amended by removing 14540 (IUD Insertion):

Vaginal Operations on the Cervix and Uterus

Note: Surgical assists are not billable in conjunction with fee items 04503, 04508, 04509, 04510, 04515, 04530, 04533, 04536, or 04545 except in exceptional circumstances (e.g., needing concurrent bedside ultrasound assistance or patient's BMI is >40, etc.). In such cases, the medical necessity for the surgical assist must be provided in the note record.

Additionally, note 4. of General Preamble C.11 Reciprocal Claims is amended by removing "including PAP tests for screening only". As cervical cancer screening is no longer performed by physicians as part of routine health examinations, services are eligible for coverage under reciprocal billing agreements when clinically indicated:

C. 11. Reciprocal Claims

Medical Practitioner Services Excluded under the Inter-Provincial Agreements for the Reciprocal Processing of Out-of-Province Medical Claims

4. Routine periodic health examinations including routine eye examinations

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: David Mills

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