

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2026-08-01 TARGET TYPE: SP
CANCEL DATE (CCYYMMDD): 2026-08-15 TARGET KEY: 02
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Effective Date Change for 00440, 00452 Amendments

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

On the last remittance statement, a broadcast was sent regarding amendments to fee item 00440 and fee value adjustments to 00452, 00410, 00470, 00407 and 00477 that were to be effective for August 1, 2026. Unfortunately, due to an issue with implementation, the effective date has been moved to September 1, 2026.

The previous broadcast on the last remittance is as follows:

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: 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