

BROADCAST MESSAGES

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COPY MESSAGE FROM

BROADCAST TITLE (50 char): New FM Telehealth Group Medical Visit fees

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

Effective April 1, 2025, new Family Medicine (FM) Telehealth Group Medical Visit (GMV) fees 13783 – 13800 are added to the MSC Payment Schedule. Any FM GMV services provided virtually must be billed using these new fees, while FM GMV services provided in-person should continue to be billed using existing FM GMV fees 13763 – 13781.

Please note, the FM telehealth GMV fees are paid to a maximum of twenty patients per session. FM telehealth GMV services may include more than twenty patients, but no additional compensation will be provided.

In addition to the creation of the FM telehealth GMVs, the preamble, fee titles and notes of the existing FM in-person GMV fees 13763 – 13781 are also amended.

NEW FAMILY MEDICINE TELEHEALTH GROUP MEDICAL VISIT FEES:

Family Medicine Telehealth Group Medical Visits 13783 – 13800 Inclusive

Eligibility

A Telehealth Group Medical Visit provides medical care in a group setting using telehealth. Group Medical Visits provided as a combination of in-person and telehealth (in a hybrid format) must be billed using Telehealth Group Medical Visit fees.

A requirement of a Telehealth Group Medical Visit is a 1:1 interaction between each patient and the attending physician. While portions of the Telehealth Group Medical Visit may be delegated to other allied health providers, the physician must be physically present at the Telehealth Group Medical Visit for the majority of each time interval billed and assumes clinical responsibility for the patients in attendance. Because this is a time-based fee, concurrent billing for other services during the time intervals billed for Telehealth Group Medical Visit is not permitted.

Group Medical Visits are an effective way of leveraging existing resources; simultaneously improving quality of care and health outcomes, increasing patient access to care and reducing costs. Group Medical Visits can offer patients an additional health care choice, provide support from other patients and improve the patient-physician interaction. Physicians can also benefit by reducing the need to repeat the same information many times and free up time for other patients. Appropriate patient privacy is always maintained and typically these benefits result in improved satisfaction for both patients and physicians.

These fees are not intended for provision of group psychotherapy (00663, 00664, 00665, 00667, 00668, 00669, 00670, 00671, 00672, 00673, 00674, 00675, 00676, 00677, 00678, 00679, 00680, 00681).

Telehealth Group Medical Visit applies only when all patients in the group are receiving medically required treatment. Telehealth Group Medical Visits are not for efforts to persuade patients to alter diet or other lifestyle behavioral patterns other than in the context of the individual medical condition.

Paid to a maximum of 20 patients per Telehealth Group Medical Visit.

Fee per patient, per 1/2 hour

| | \$ |
|--------------------------------|-------|
| 13783 Three patients | 28.34 |
| 13784 Four patients | 22.86 |
| 13785 Five patients | 19.66 |
| 13786 Six patients | 17.51 |
| 13787 Seven patients | 15.96 |
| 13788 Eight patients | 14.83 |
| 13789 Nine patients | 13.89 |
| 13790 Ten patients | 12.63 |
| 13791 Eleven patients..... | 11.65 |
| 13792 Twelve patients..... | 10.95 |
| 13793 Thirteen patients | 10.23 |
| 13794 Fourteen patients | 9.63 |
| 13795 Fifteen patients | 9.07 |
| 13796 Sixteen patients..... | 8.81 |
| 13797 Seventeen patients | 8.42 |
| 13798 Eighteen patients..... | 8.24 |
| 13799 Nineteen patients | 7.95 |
| 13800 Twenty patients..... | 7.60 |

Notes:

- i) A separate claim must be submitted for each patient.
- ii) When a patient attends a group medical visit, start and end times must be entered in both the billing claim and the patient's chart.
- iii) A separate file should be maintained which documents all participants in each group visit.
- iv) Not payable to physicians working under salary, service contract or sessional arrangements, and whose duties would otherwise include provision of this service.
- v) A minimum of thirty (30) minutes and a maximum of ninety (90) minutes may be claimed per patient per day.
- vi) Where group medical visits with a patient extend beyond two and one-half (2 ½) hours in any seven (7) day period, a claim note-record is required.
- vii) Service is not payable with other consultation, visit or complete examination services, for the same patient, on the same day.
- viii) Concurrent billings for any other MSP services for any patient during the time interval for which the Telehealth Group Medical Visit fee is billed will not be paid.
- ix) Where two physicians are involved, the group should be divided for claims purposes, with each physician claiming the appropriate rate per patient for the reduced group size. Each claim should indicate "Group medical visit" and also identify the other physician.

AMENDMENTS TO EXISTING FAMILY MEDICINE
GROUP MEDICAL VISIT FEES:

Family Medicine In-Person Group Medical Visits 13763 – 13781 Inclusive

Eligibility

A Group Medical Visit provides medical care in a group setting. Only Group Medical Visits provided in-person are payable as a Family medicine In-Person Group Medical Visit. Group Medical Visits provided by telehealth or as a combination of in-person and telehealth (in a hybrid format) must be billed using Telehealth Group Medical Visit fees.

A requirement of a Group Medical Visit is a 1:1 interaction between each patient and the attending physician. While portions of the Group Medical Visit may be

delegated to other allied health providers, the physician must be physically present at the Group Medical Visit for the majority of each time interval billed and assumes clinical responsibility for the patients in attendance. Because this is a time-based fee, concurrent billing for other services during the time intervals billed for Group Medical Visit is not permitted.

Group Medical Visits are an effective way of leveraging existing resources; simultaneously improving quality of care and health outcomes, increasing patient access to care and reducing costs. Group Medical Visits can offer patients an additional health care choice, provide them support from other patients and improve the patient-physician interaction. Physicians can also benefit by reducing the need to repeat the same information many times and free up time for other patients. Appropriate patient privacy is always maintained and typically these benefits result in improved satisfaction for both patients and physicians.

Group Medical Visit applies only when all patients in the group are receiving medically required treatment. Group Medical Visits are not for efforts to persuade patients to alter diet or other lifestyle behavioral patterns other than in the context of the individual medical condition.

Fee per patient, per 1/2 hour

| | \$ |
|--------------------------------|-------|
| 13763 Three patients | 28.34 |
| 13764 Four patients | 22.86 |
| 13765 Five patients | 19.66 |
| 13766 Six patients | 17.51 |
| 13767 Seven patients | 15.96 |
| 13768 Eight patients | 14.83 |
| 13769 Nine patients | 13.89 |
| 13770 Ten patients | 12.63 |
| 13771 Eleven patients..... | 11.65 |
| 13772 Twelve patients..... | 10.95 |
| 13773 Thirteen patients | 10.23 |
| 13774 Fourteen patients | 9.63 |
| 13775 Fifteen patients | 9.07 |
| 13776 Sixteen patients..... | 8.81 |
| 13777 Seventeen patients | 8.42 |
| 13778 Eighteen patients | 8.24 |
| 13779 Nineteen patients | 7.95 |
| 13780 Twenty patients..... | 7.60 |

13781 Greater than 20 patients (per patient) 7.32

Notes:

- i) A separate claim must be submitted for each patient.
- ii) When a patient attends a group medical visit, start and end times must be entered in both the billing claim and the patient's chart.
- iii) A separate file should be maintained which documents all participants in each group visit.
- iv) Not payable to physicians working under salary, service contract or sessional arrangements, and whose duties would otherwise include provision of this service.
- v) A minimum of thirty (30) minutes and a maximum of ninety (90) minutes may be claimed per patient per day.
- vi) Where group medical visits with a patient extend beyond two and one-half (2 ½) hours in any seven (7) day period, a claim note-record is required.
- vii) Service is not payable with other consultation, visit or complete examination services, for the same patient, on the same day.
- viii) Concurrent billings for any other MSP services for any patient during the time interval for which the-Group Medical Visit fee is billed will not be paid.
- ix) Where two physicians are involved, the group should be divided for claims purposes, with each physician claiming the appropriate rate per patient for the reduced group size. Each claim should indicate "Group medical visit" and also identify the other physician.

Copy to DoBC: Yes

INITIATED BY: MoH

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