



MEDICAL SERVICES COMMISSION

MINUTE OF THE COMMISSION

26-092

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Amendment to the Medical Services Commission Payment Schedule Section of Family Medicine

In accordance with Section 26(3) of the *Medicare Protection Act*, the following modification to the Payment Schedule has been approved by the Medical Services Commission, effective November 1, 2026.

Amendment:

The Family Medicine In-Person Group Medical Visit eligibility and fee items are replaced with the following:

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

Eligibility

A Group Medical Visit provides medical care in a group setting. Only a Group Medical Visit provided in-person are payable as a Family Medicine In-Person Group Medical visit. A Group Medical Visit 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 direct physician-patient interaction which requires that each patient must be directly asked if they have any questions (or given the opportunity to contribute) regarding their individual symptoms/condition/experiences which is documented in the patient's chart. A Group Medical Visit is not for efforts to persuade patient(s) to alter diet or other lifestyle behavioural patterns other than in the context of the individual medical condition.

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 a 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.

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Fee per patient, per 1/2 hour

		\$
13763	Three patients.....	29.19
13764	Four patients.....	23.55
13765	Five patients	20.10
13766	Six patients	17.75
13767	Seven patients	16.03
13768	Eight patients	14.71
13769	Nine patients.....	13.65
13770	Ten patients	12.78
13771	Eleven patients	12.05
13772	Twelve patients.....	11.42
13773	Thirteen patients	10.87
13774	Fourteen patients.....	10.38
13775	Fifteen patients	9.95
13776	Sixteen patients	9.56
13777	Seventeen patients.....	9.21
13778	Eighteen patients	8.88
13779	Nineteen patients.....	8.58
13780	Twenty patients	8.31
13781	Greater than 20 patients (per patient)	8.05

Notes:

- i) Each patient must receive medically required assessment, advice, and/or treatment which is documented in the patient's chart.
- ii) A requirement of a Group Medical Visit is a 1:1 direct physician-patient interaction which requires that each patient must be directly asked if they have any questions (or given the opportunity to contribute) regarding their individual symptoms/condition/experiences which is documented in the patient's chart.
- iii) A separate claim must be submitted for each patient.
- iv) A separate file should be maintained which documents all participants in each group visit.
- v) Start and end times must be entered in both the billing claim and the patient's chart.
- vi) A minimum of 30 minutes and a maximum of 90 minutes may be claimed per patient per day.
- vii) Payable to a maximum of 2 group medical visit sessions per patient per physician Group Practice per week. Services which exceed the maximum will be given independent consideration when a claim note record is submitted.
- viii) Not payable with other consultation, visit or complete examination services, for the same patient, on the same day.
- ix) 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.
- x) When 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.
- xi) Not payable to physicians working under salary, service contract or sessional arrangements, and whose duties would otherwise include provision of this service.

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New fees:

The following new Family Medicine Telehealth Group Medical Visit heading, eligibility and fee items are added to the MSC Payment Schedule following the listings for Family Medicine In-Person Group Medical Visits:

Family Medicine Telehealth Group Medical Visits 13783 – 13810 Inclusive

Eligibility

A Telehealth Group Medical Visit provides medical care in a group setting using telehealth. A Group Medical Visit 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 direct physician-patient interaction which requires that each patient must be directly asked if they have any questions (or given the opportunity to contribute) regarding their individual symptoms/condition/experiences which is documented in the patient's chart. A Telehealth Group Medical Visit is not for efforts to persuade patient(s) to alter diet or other lifestyle behavioural patterns other than in the context of the individual medical condition.

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.

Telehealth 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. Telehealth 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.

Paid to a maximum of 30 patients per Telehealth Group Medical Visit.

Fee per patient, per 1/2 hour

		\$
13783	Three patients.....	29.19
13784	Four patients.....	23.55
13785	Five patients	20.10
13786	Six patients	17.75
13787	Seven patients	16.03
13788	Eight patients	14.71
13789	Nine patients	13.65
13790	Ten patients	12.78
13791	Eleven patients	12.05
13792	Twelve patients.....	11.42
13793	Thirteen patients.....	10.87
13794	Fourteen patients.....	10.38
13795	Fifteen patients	9.95

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13796	Sixteen patients	9.56
13797	Seventeen patients	9.21
13798	Eighteen patients	8.88
13799	Nineteen patients	8.58
13800	Twenty patients	8.31
13801	Twenty-one patients	8.05
13802	Twenty-two patients	7.81
13803	Twenty-three patients	7.58
13804	Twenty-four patients	7.37
13805	Twenty-five patients	7.17
13806	Twenty-six patients	6.99
13807	Twenty-seven patients	6.81
13808	Twenty-eight patients	6.64
13809	Twenty-nine patients	6.48
13810	Thirty patients	6.33

Notes:

- i) *Each patient must receive medically required assessment, advice, and/or treatment which is documented in the patient's chart.*
- ii) *A requirement of a Group Medical Visit is a 1:1 direct physician-patient interaction which requires that each patient must be directly asked if they have any questions (or given the opportunity to contribute) regarding their individual symptoms/condition/experiences which is documented in the patient's chart.*
- iii) *A separate claim must be submitted for each patient.*
- iv) *A separate file should be maintained which documents all participants in each group visit.*
- v) *Start and end times must be entered in both the billing claim and the patient's chart.*
- vi) *A minimum of 30 minutes and a maximum of 90 minutes may be claimed per patient per day.*
- vii) *Payable to a maximum of 2 group medical visit sessions per patient per physician Group Practice per week. Services which exceed the maximum will be given independent consideration when a claim note record is submitted.*
- viii) *Not payable with other consultation, visit or complete examination services, for the same patient, on the same day.*
- ix) *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.*
- x) *When 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.*
- xi) *Not payable to physicians working under salary, service contract or sessional arrangements, and whose duties would otherwise include provision of this service.*



Dr. Robert Halpenny
Chair

Medical Services Commission

Dated this 24th day of September AD 20 26