

# Group Medical Visit Fee Changes

## Background

At the beginning of the COVID-19 pandemic, temporary amendments were made to the MSC Payment Schedule to ensure continued patient access to healthcare services during a period of significant uncertainty. These adjustments allowed certain in-person fees to be temporarily billed for virtual services, such as Group Medical Visits (GMVs).

The widespread adoption of Telehealth during the pandemic redefined expectations for both patients and health care providers regarding service delivery. To effectively integrate virtual care in the post-pandemic landscape, the 2022 Physician Master Agreement (PMA) established a collaborative review process for virtual care fees, aiming to ensure both sustainability and efficacy. As part of this initiative, a Virtual Care Working Group was formed, with representatives from Doctors of BC, the Ministry of Health, BC Family Doctors, and Consultant Specialists of BC, to evaluate the temporary virtual care fee modifications implemented during COVID-19.

Based on this review, the Virtual Care Working Group recommended the upcoming changes to ensure patients continue to have access to virtual GMV services while implementing measures that promote quality care and clarify billing guidelines. Additionally, these changes are intended to align the billing rules for Specialist and Family Medicine GMVs. The revisions will take effect on September 1, 2025. A summary of these changes is provided below, along with updated GMV fee code details from the Family Medicine and Consultant Specialist of BC fee schedules.

## Key changes

- New, permanent virtual GMV fee codes are being introduced, separate from the in-person GMV fees (which will continue to be billed using existing fees).
- There will be a cap of 20 patients per virtual GMV sessions only; there is no maximum group size for in-person GMVs.
- GMVs conducted in a hybrid format (both in-person and virtual) must be billed using the new fee codes.
- A minimum of 30 minutes and a maximum of 90 minutes can be claimed per patient per day.
- If a patient participates in more than 2.5 hours of GMVs in any 7-day period, a claim note-record is required.

## Updated Fee Guide Information

### 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 visits. 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 GMV is a 1:1 interaction between each patient and the attending physician. While portions of the GMV may be delegated to other allied health providers, the physician must be physically present at the GMV 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 GMV 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 Visits 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 visit, start and end times must be entered in both 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.*

## **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 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.

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.*

## **Specialist In-Person Group Medical Visits G78763 – G78781 Inclusive**

### **Eligibility**

A Group Medical Visit provides medical care in a group setting. Only Group Medical Visits provided in person are payable as a Specialist 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.

This fee is 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).

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.

### **Referred Cases**

#### **Fee per patient, per 1/2 hour:**

G78763	Three patients .....	51.68
G78764	Four patients .....	41.26
G78765	Five patients .....	35.87

G78766	Six patients .....	31.92
G78767	Seven patients .....	29.13
G78768	Eight patients .....	27.00
G78769	Nine patients .....	25.37
G78770	Ten patients .....	24.00
G78771	Eleven patients.....	21.04
G78772	Twelve patients .....	19.77
G78773	Thirteen patients .....	18.31
G78774	Fourteen patients .....	17.98
G78775	Fifteen patients.....	17.26
G78776	Sixteen patients.....	16.73
G78777	Seventeen patients .....	16.03
G78778	Eighteen patients .....	15.78
G78779	Nineteen patients .....	15.13
G78780	Twenty patients .....	14.76
G78781	Greater than 20 patients (per patient).....	14.26

**Notes:**

- i) A separate claim must be submitted for each patient.
- ii) Each patient must have an active referral.
- iii) When a patient attends a group visit, start and end times must be entered in both in both the billing claim and the patient's chart.
- iv) A separate file should be maintained which documents all participants in each group visit.
- v) Not payable to physicians working under salary, service contract or sessional arrangements, and whose duties would otherwise include provision of care this service.
- vi) A minimum of a full thirty (30) minutes period and a maximum of ninety (90) minutes may be claimed per patient per day.
- vii) 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.
- viii) Service is 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 GMV Group Medical Visit fee is billed will not be paid.
- x) 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.

## Specialist Telehealth Group Medical Visit 78863 – 78880 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.

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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.

This fee is 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.

## Referred Cases

### Fee per patient, per 1/2 hour:

78863	Three patients .....	51.68
78864	Four patients .....	41.26
78865	Five patients .....	35.87
78866	Six patients .....	31.92
78867	Seven patients .....	29.13
78868	Eight patients .....	27.00
78869	Nine patients .....	25.37
78870	Ten patients .....	24.00
78871	Eleven patients.....	21.04
78872	Twelve patients .....	19.77
78873	Thirteen patients .....	18.31
78874	Fourteen patients .....	17.98
78875	Fifteen patients.....	17.26
78876	Sixteen patients.....	16.73
78877	Seventeen patients .....	16.03
78878	Eighteen patients .....	15.78
78879	Nineteen patients .....	15.13
78880	Twenty patients .....	14.76

### Notes:

- i) A separate claim must be submitted for each patient.
- ii) Each patient must have an active referral.
- iii) When a patient attends a group visit, start and end times must be entered in both in both the billing claim and the patient's chart.
- iv) A separate file should be maintained which documents all participants in each group visit.
- v) Not payable to physicians working under salary, service contract or sessional arrangements, and whose duties would otherwise include provision of this service.
- vi) A minimum of thirty (30) minutes and a maximum of ninety (90) minutes may be claimed per patient per day.
- vii) 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.
- viii) Service is 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 Telehealth Group Medical Visit fee is billed will not be paid.
- x) 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.