



MEDICAL SERVICES COMMISSION

MINUTE OF THE COMMISSION 26-093

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Amendment to the Medical Services Commission Payment Schedule Consultant Specialist of BC Fee Listings

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 Specialist In-Person Group Medical Visits eligibility and fee items are replaced with the following:

Specialist In-Person Group Medical Visits 78763 – 78781 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 Specialist 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 Group Medical Visit is not permitted.

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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).

Referred Cases

Fee per patient, per 1/2 hour

		\$
G78763	Three patients.....	53.23
G78764	Four patients.....	43.14
G78765	Five patients.....	36.94
G78766	Six patients.....	32.69
G78767	Seven patients.....	29.57
G78768	Eight patients.....	27.16
G78769	Nine patients.....	25.22
G78770	Ten patients.....	23.61
G78771	Eleven patients.....	22.25
G78772	Twelve patients.....	21.08
G78773	Thirteen patients.....	20.05
G78774	Fourteen patients.....	19.14
G78775	Fifteen patients.....	18.32
G78776	Sixteen patients.....	17.59
G78777	Seventeen patients.....	16.91
G78778	Eighteen patients.....	16.30
G78779	Nineteen patients.....	15.73
G78780	Twenty patients.....	15.20
G78781	Greater than 20 patients (per patient).....	14.71

Notes:

- i) Each patient must have a referral.
- ii) Each patient must receive medically required assessment, advice, and/or treatment which is documented in the patient's chart.
- iii) 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.
- iv) A separate claim must be submitted for each patient.
- v) A separate file should be maintained which documents all participants in each group visit.
- vi) Start and end times must be entered in both the billing claim and the patient's chart.
- vii) A minimum of 30 minutes and a maximum of 90 minutes may be claimed per patient per day.
- viii) 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.

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- ix) Not payable with other consultation, visit or complete examination services, for the same patient, on the same day.*
- x) 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.*
- xi) 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.*
- xii) Not payable to physicians working under salary, service contract or sessional arrangements, and whose duties would otherwise include provision of this service.*

New fees:

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

Specialist Telehealth Group Medical Visit 78863 – 78890 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.

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).

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

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Referred Cases

Fee per patient, per 1/2 hour

		\$
78863	Three patients.....	53.23
78864	Four patients.....	43.14
78865	Five patients	36.94
78866	Six patients	32.69
78867	Seven patients	29.57
78868	Eight patients	27.16
78869	Nine patients.....	25.22
78870	Ten patients	23.61
78871	Eleven patients	22.25
78872	Twelve patients.....	21.08
78873	Thirteen patients	20.05
78874	Fourteen patients.....	19.14
78875	Fifteen patients	18.32
78876	Sixteen patients	17.59
78877	Seventeen patients	16.91
78878	Eighteen patients	16.30
78879	Nineteen patients	15.73
78880	Twenty patients	15.20
78881	Twenty-one patients	14.71
78882	Twenty-two patients.....	14.26
78883	Twenty-three patients	13.83
78884	Twenty-four patients	13.42
78885	Twenty-five patients.....	13.04
78886	Twenty-six patients.....	12.68
78887	Twenty-seven patients	12.34
78888	Twenty-eight patients	12.02
78889	Twenty-nine patients	11.71
78890	Thirty patients	11.42

Notes:

- i) Each patient must have a referral.
- ii) Each patient must receive medically required assessment, advice, and/or treatment which is documented in the patient's chart.
- iii) 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.
- iv) A separate claim must be submitted for each patient.
- v) A separate file should be maintained which documents all participants in each group visit.
- vi) Start and end times must be entered in both the billing claim and the patient's chart.
- vii) A minimum of 30 minutes and a maximum of 90 minutes may be claimed per patient per day.
- viii) 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.
- ix) Not payable with other consultation, visit or complete examination services, for the same patient, on the same day.

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- x) *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.*
- xi) *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.*
- xii) *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