



MEDICAL SERVICES COMMISSION

MINUTE OF THE COMMISSION 26-105

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Amendment to the Medical Services Commission Payment Schedule Multiple Sections

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:

All telehealth headings are amended as follows (additions in bold, deletions struck through):

Telehealth Services with Direct Interactive Video Link with the Patient:

Amendment:

The General Preamble is amended as follows (additions in bold, deletions struck through):

D. 1. Telehealth Services

~~“Telehealth Service” is defined as a medical practitioner delivered health service provided to a patient via live image transmission of those images to a receiving medical practitioner at another approved site, through the use of video technology or telephone. “Video technology” means the recording, reproducing and broadcasting of live visual images utilizing a direct interactive video link with a patient.~~
“Synchronous services” are defined as two-way, real-time, interactive communications, for example telephone or video calls. “Asynchronous services” are defined as time-delayed communication, for example fax, email, voice mail, text messaging or voice messaging. If the sending and/or receiving medical practitioner are not in a Health Authority approved site, the medical practitioner is responsible for the confidentiality and security of all records and transmissions related to the telehealth service. In order for payment to be made, the patient must be in attendance at the sending site at the time of the video capture. Only those services which are designated as telehealth services are payable by MSP. ~~Other services/procedures require face-to-face encounters.~~ Telehealth services do not include teleradiology or tele-ultrasound, which are regulated by their specific Sectional Preambles.

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Telehealth services are payable only when provided as defined under the specific Preamble pertaining to the service rendered (e.g.: telehealth consultation - see Preamble D. 2.) to a patient with valid medical coverage. Patients must be informed and given opportunity to agree to services rendered using ~~this modality~~ **telehealth modalities**, without prejudice. **Medical practitioners, in consultation with patients, are responsible for determining the most appropriate modality for the provision of care.**

Notwithstanding the above, "telehealth examination" means an examination of a patient by the ~~consultant~~ **practitioner** at the receiving site using "telehealth services" as defined above but does not include the "face-to-face encounter" requirements referred to under Preamble A. 2.

In those cases where a specialist service requires a family physician at the patient's site to assist with the essential physical assessment, without which the specialist service would be ineffective, the specialist must indicate in the "Referred by" field that a request was made for a family physician assisted assessment.

Telehealth visits are generally payable once per patient/per day/per medical practitioner. Any exceptions to this policy must comply with all Payment Schedule criteria for multiple visits. Information regarding the medical necessity and times of service should accompany claims.

Where a ~~receiving~~ medical practitioner, after having provided a telehealth consultation ~~service~~ to a patient, decides ~~she~~ **the patient** must ~~be~~ examined ~~the patient~~ in person, the medical practitioner **or their in-person substitute (see preamble D. 2. 6. Referral and Transferral)** may claim a subsequent visit.

Where a telehealth service is interrupted for technical failure and is not able to be resumed within a reasonable period of time, and therefore is unable to be completed, the ~~receiving~~ medical practitioner should submit a claim under the appropriate miscellaneous code for independent consideration with appropriate substantiating information.

~~Compensation for travel, scheduling and other logistics is the responsibility of the Regional Health Authority. Rural Retention fee-for-service p~~Premiums are applicable to telehealth services and are payable based on the location of the receiving medical practitioner in eligible **Rural Subsidiary Agreement (RSA)** communities.

Telehealth services are available to MSP beneficiaries as well as residents of Alberta and Yukon.

A medical practitioner must be located in British Columbia to be eligible to bill for telehealth services except for medical practitioners who are temporarily absent from British Columbia for 30 consecutive days or less. Exceptions may be made for programs approved by the Medical Services Commission.

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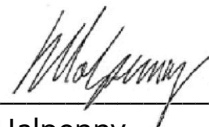
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The College of Physicians and Surgeons of British Columbia ~~have~~s confirmed that in this province, licensure is defined by the location of the medical practitioner. However, other jurisdictions may have other definitions. BC medical practitioners providing care via telehealth to patients outside the province must abide by the regulations set in the patient's home province.

See the appropriate Section for specific fee items and further criteria.

D. 3. 3. Counselling

MSP payment of counselling under the counselling listings is limited to four sessions per year per patient unless otherwise specified. Subsequent counselling is payable under the other visit listings. ~~Counselling by telephone is not a benefit under MSP.~~



Dr. Robert Halpenny
Chair
Medical Services Commission

Dated this 1st day of October AD 20 26