

MEDICAL SERVICES COMMISSION

MINUTE OF THE COMMISSION

20-057

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Amendment to the Medical Services Commission Payment Schedule Preamble

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 May 1, 2020:

Amendment:

The following description and list of fees have been added temporarily to C. 27. Business Cost Premium

C. 27. Business Cost Premium

Effective May 1, 2020 on a temporary basis

The BCP list of eligible fees has been temporarily amended to include telehealth fee items during Covid-19 pandemic to ensure BCP is paid given the majority of these services would have otherwise been provided to patients face-to-face at eligible physician offices.

Eligible BCP claims require a registered facility number and a community-based office service location code. While telehealth services do not need to be provided by the physician in their office, the appropriate facility number and service location code that should be entered on the claim is based on where the service would have been provided if it had been performed face-to-face.

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00470	00471	00477	01155	01470	01472	01770	01772	01777	03310
03312	03317	04070	04072	04077	08070	08072	08077	13036	13037
13038	13041	13042	20207	20210	20214	22007	22010	22011	30070
30071	30072	30077	31107	31110	31112	32107	32110	32112	32114
32270	32271	32272	32277	32370	32372	33107	33110	33112	33114
33260	33262	33267	33270	33272	33277	33360	33362	33367	33421
33422	33423	33424	33427	33470	33472	33473	33474	33477	33570
33572	33577	33630	33632	33637	33730	33732	33737	50507	50510
50511	50512	50514	50515	50516	50517	50518	50519	60607	60610
60613	60614	60622	60625	60626	60630	60631	60632	60633	60635
60636	60638	60639	66007	66010	66012	70070	70072	70077	70080
70087	77707	77710	77712	78007	78010	78012	79207	79210	79212
83070	94070	94072	94077						

Temporary list of eligible Telehealth fee items:

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Dr. Robert Halpenny Chair Medical Services Commission

Dated this

28th

_{day of} April

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