

## **BROADCAST MESSAGES**

**EFFECTIVE DATE (CCYYMMDD):** 2025-03-15      **TARGET TYPE:** AI  
**CANCEL DATE (CCYYMMDD):** 2025-03-31      **TARGET KEY:** MD  
**COPY MESSAGE FROM**

**BROADCAST TITLE (50 char):** New Specialist Telehealth Group Medical Visit fees

**BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):**

Effective April 1, 2025, new Specialist Telehealth Group Medical Visit (GMV) fees 78863 – 78880 are added to the MSC Payment Schedule. Any specialist GMV services provided virtually must be billed using these new fees, while specialist GMV services provided in-person should continue to be billed using existing specialist GMV fees 78763 – 78781.

Please note, the specialist telehealth GMV fees are paid to a maximum of twenty patients per session. Specialist telehealth GMV services may include more than twenty patients, but no additional compensation will be provided.

In addition to the creation of the specialist telehealth GMVs, the preamble, fee titles and notes of the existing specialist in-person GMV fees 78763 – 78781 are also amended.

### **NEW SPECIALIST TELEHEALTH GROUP MEDICAL VISIT FEES:**

**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.

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.

These fees are 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 medical visit, start and end times must be entered 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 "Telehealth group medical visit" and also identify the other physician.

AMENDMENTS TO EXISTING SPECIALIST GROUP MEDICAL VISIT FEES:

Specialist In-Person Group Medical Visits 78763 – 78781 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.

These fees are 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 medical visit, start and end times must be entered 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-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.

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