

PALLIATIVE MEDICINE

Complete understanding of the following paragraphs is essential to appropriate billing of the palliative medicine fees. Not payable to physicians for services when working under salary, service contract, or sessional arrangement.

PREAMBLE

These listings are applicable for referred services to a palliative medicine physician.

Palliative medicine fees do not apply when unexpected death occurs after prolonged Hospitalization for another diagnosis unrelated to the cause of death.

The palliative medicine fees are comprehensive time-based fees.

- Applicable only for palliative care patients and diagnostic code V66.7 must be submitted on the claim.
- Start and end times are for direct face-to-face time with the patient and include all services provided within those times.
- Documentation which occurs outside of the direct face-to-face times is not billable in addition and is compensated through the rate set for the palliative medicine fees.

These listings cannot be correctly interpreted without reference to the Preamble.

	Non-MSP- Insured Fee (\$)	MSP & WSBC Fee (\$)
REFERRED CASES		
P43000 Consultation: To consist of examination, review of history, laboratory and imaging findings, and written report – per 15 minutes, or greater portion thereof.....	180.00	75.00
NOTES:		
i) Paid to a maximum of 4 units.		
ii) Not billable by or payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.		
iii) Start and end times must be included with the claim and documented in the patient chart.		
<u>Continuing care by consultant:</u>		
P43001 Subsequent office or home visit – per 15 minutes, or greater portion thereof.....	120.00	50.00

(see notes on next page)

**Non-MSP-
Insured
Fee (\$)** **MSP &
WSBC
Fee (\$)**

NOTES:

- i) Paid to a maximum of 2 units.
- ii) Not billable by or payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.
- iii) Start and end times must be included with the claim and documented in the patient chart.

P43002 Subsequent hospital or facility visit – per 15 minutes, or greater portion thereof 120.00 50.00

NOTES:

- i) Paid to a maximum of 2 units.
- ii) Not billable by or payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.
- iii) Start and end times must be included with the claim and documented in the patient chart.

Telehealth Service:

P43010 **Telehealth Consultation:** To consist of examination, review of history, laboratory and imaging findings, and written report – per 15 minutes, or greater portion thereof..... 180.00 75.00

NOTES:

- i) Paid to a maximum of 4 units.
- ii) Not billable by or payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.
- iii) Start and end times must be included with the claim and documented in the patient chart.

P43011 Telehealth subsequent office or home visit – per 15 minutes, or greater portion thereof..... 120.00 50.00

NOTES:

- i) Paid to a maximum of 2 units.
- ii) Not billable by or payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.
- iii) Start and end times must be included with the claim and documented in the patient chart.

	Non-MSP- Insured Fee (\$)	MSP & WSBC Fee (\$)
MISCELLANEOUS		
P43003 Hospital or facility admission examination – per 15 minutes, or greater portion thereof	180.00	75.00
NOTES:		
i) Paid to a maximum of 4 units.		
ii) Not billable by or payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.		
iii) Start and end times must be included with the claim and documented in the patient chart.		
P43004 Family Conference (planning for patient) – per 15 minutes, or greater portion thereof	104.52	43.55
NOTES:		
i) Restricted to Palliative Medicine.		
ii) One or more family members/representatives must be present.		
iii) Billable after a consult, subsequent office or hospital visit by a Palliative Medicine physician in the last 6 months.		
iv) Service may be provided face-to-face, telephone or video technology.		
v) Paid to a maximum of 4 units per patient, per sitting.		
vi) Annual maximum of 8 units per patient.		
vii) The results of the conference, as well as the names and roles of those who participated in the meeting must be documented in the patient’s chart, and result communicated to the Family Physician, Specialist and/or appropriate Allied Care Provider involved in the care of the patient.		
viii) Claim must state start and end times of this service.		
ix) Visit paid in addition, if medically required and does not take place concurrently with the conference. Not payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.		

(notes continued on the next page)

Non-MSP- Insured Fee (\$)	MSP & WSBC Fee (\$)
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- x) Not billable or payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.
- xi) Start and end times must be included with the claim and documented in the patient chart.

P43005 Interdisciplinary Conference with Allied Care Provider and/or Physician – per 15 minutes, or greater portion thereof.....	180.00	75.00
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NOTES:

- i) Restricted to Palliative Medicine.
- ii) Billable after a previous service consult, subsequent office, or hospital visit by a Palliative Medicine physician in the last 6 months.
- iii) Service may be provided face-to-face, telephone or video technology.
- iv) Payable for two-way collaborative conferencing with another physician and/or an allied care provider.
- v) Paid to a maximum of 2 units per sitting.
- vi) Details of care conference must be documented in the patient’s chart (in office or facility as appropriate), including particulars of participant(s) involved in conference, role(s) in care, and information on clinical discussion and decisions made.
- vii) Not billable by or payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.
- viii) Start and end times must be included with the claim and documented in the patient chart.