

Palliative Care Billing Update for Physicians

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Consultations

- Refer to Schedule of Benefits (SOB) p. GP16
- Must have physician referral unless patient seen in hospital (need referring physician number)
- A945 (Clinic, office, home, LTC)
- C945 (hospital)
- Minimum 50 minutes time spent,
 - add K023 if >20 min past 50 min.
- Complete assessment (Hx, Px, Psych/soc)
- Written report to referring physician

Telephone Consultations

- As of Oct 1, 2010
- K730 – referring Physician \$27.50
- K731-Consultant Physician \$35.50
- Min 10 minutes

Community Case Conference

- K700- 10 minute increments
- At least 2 other physicians and or professionals for purpose of discussing or directing the management of an outpatient.
- Prescheduled meeting, teleconf, videoconf
 - (eg Interprofessional case rounds or individual pt/team/fam conference)

Multidisciplinary Case Conf

- K708 – participant
- 10 min discussion in person or by tele/videoconference, prescheduled
- MCCs are treatment planning meetings usually held at a regional cancer centre for surgery, med onc and rad onc, however there is a role for family medicine and palliative docs to be there for their cases

Follow Up Visits

- K023 Palliative Care Support (all inclusive)
 - Finish your tasks during the visit (call CCAC etc)
 - \$55.05
- Use in any setting
- Add housecall premium if indicated
- Add W990/W994/W996 for LTC special visits
- Each unit is at least 20 min
- Must record start & stop times
- May bill more than one unit for a visit

Follow Up Visits

- C882 Routine Hospital Palliative Visit for Most Responsible Physician (MRP)
 - \$29.20
- Add E083 – subsequent visit and palliative visit by MRP
 - 30% premium
- W882 Routine LTC Palliative Visit
 - Monthly limit does not apply, as for W002

Special Visit Premiums

- Add to assessment fee (K023, A007, A003 etc.)
- Refer to SOB p. GP49
- B998 Palliative Housecall (Mon-Sun 0700-2400)
 - \$61.90
- B997 Night Housecall 0000- 0700 hrs
- B966 for travel premium for palliative home visit
 - \$36.40
- C990 Hospital special call 0700-1700
- C994 Hospital 1700-0000
- C996 Hospital 0001-0700
- (W990, W994, W996) LTC home visit, same as above
- U990 Outpatient Clinic daytime special visit
- U992 Outpt Clinic day visit w. sacrif. office hrs)

Additional Patients Seen

- During a special visit, if another patient requires urgent assessment, they are an “additional patient seen”
- In hospital C992 days C995 evg/hol
- In hospital C997 nites

Home Visit Codes

- Always add B code for special visit, +
- K023 if > 20 min spent
- A901 if < 20 min spent
- A902 if sole reason for visit is to pronounce
- Remember to add E542 for home paracentesis

CCAC Related Codes

- K070 Initial referral form
- K071 Acute care Case Manager contact
 - once q2wk x 12 wk (document)
- K072 Chronic care Case Manager contact
 - once/mo from 13 wk on (document)

Case Conference Fees

- K121 Hospital Case Conference
- \$27.50
- Time based per unit, 10 min increments
- 4 per patient per year per same physician
- Pre booked
- Each physician at conference can bill
- One note in chart, each physician initials or signs, record stop and start times

Telephone advice code

- G511 for palliative care support
- 2 per week per physician for same patient
- Can't be billed with G512

Death Certification

- Refer to SOB p. GP23
- C771 – death certification (RN pronounce)
- W771 LTC
- C777 – pronouncement of death
- W777 LTC
- A902 Pronounce Death at Home (add B code)
- A771 – Death certificate (at home)
- Need to call OHIP re spec call to funeral home for EDITH protocol

Hospital Visits

- C003 Admission Hx & Px (SOB p. GP28)
- C122 1st day of care for direct admits
- C123 2nd day following admission
- C124 discharge day
- C122,C123, C124 only billed by MRP (\$55.45)
- Refer to SOB p. GP31-32
- C882 routine visits for hospital palliative, billed by MRP
- C002 concurrent care if not MRP

First Visit After Hospital Discharge

- Refer to SOB p. GP24
- E080 \$25.00
 - Add to A001, A007, K023
 - Office/clinic visit

Following Transfer from ICU

- C142 – first subsequent visit by MRP following transfer
- C143 – second subsequent visit by MRP following transfer
- \$55.45

Procedure Codes

- Z591 Paracentesis
 - \$46.50
 - add K023 for time spent
 - add E542 when performed outside hospital
 - E108 Enucleation (\$131.25)
 - Add special visit and after hours premium
- K014 Transplant Counselling /per unit
 - For history and informed consent pre eye donation
- K015 Counselling of relatives, catastrophically ill patient /per unit

Urinary Catheterization

- Z603 at home
- Z611 in hospital
- Z609 Manual declotting of catheter and irrigation of bladder

Procedure Premiums

- Refer to SOB p. GP60
- E409 1700-2400 hrs
- E410 2401-0700 hrs
- Add to procedure code depending on time of day (enucleations, paracentesis)

Time Based Codes

Refer to SOB p. GP41

- 1 unit 20 min
- 2 units 46 min
- 3 units 76 min
- 4 units 106 min (1hr 46 min)
- 5 units 136 min (2 hr 16 min)
- 6 units 166 min (2 hr 46 min)

Weekly Supervision

- G512
- \$55.05
- Bill once a week for overall palliative supervision
- Takes the place of G511, K071, K071
- Any palliative patient expected to die in 1 yr.

Miscellaneous Codes

- G271 Anticoagulant Supervision
 - Refer to SOB p.J8 1 per month
- G420 Ear Syringing
- Z153 Debridement of pressure ulcer

Common Forms

- K035 - Mandatory Reporting of Medical Contion to Ontario Ministry of Transportation
- K038 – LTC application form
- K070 – Home care application
- K055 – Special Diet Application Form
- Cannot charge
 - Accessible Parking Permit (APP)
 - Transit forms for the Disabled

Example Billings

- Housecall to pronounce death
 - B998 + B966+ A902
- Housecall for paracentesis
 - B998 + B966+ K023 for time spent + Z591 + E542
- Special Call to Hospital to Admit Direct
 - B990 or B994 + A003
- Special Call to hospital for urgent consult
 - B990/4 + C945
- Special Call to hospital for enucleation
 - B990/4/6 + E108 + after hours premium E409/E410
- Special Call to hospital to pronounce death
 - B990/4/6 + C771