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
Follow Up Visits

- K023 Palliative Care Support (all inclusive)
- Time unit based code
- Use in any setting
- Add housecall + travel 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)
• 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)
- B996 Night Housecall 0000-0700 hrs
- 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)
Travel Premium

- B966 daytime home visit
- Add to B998
- C960 daytime hospital special visit
- C961 daytime hospital sacr office hrs
- C962 evg
- C963 holiday – w/e
- C964 nites
- See SOB p GP 59 for specifics
Additional Patients Seen

- During a special visit, if another patient requires urgent assessment, they are an “additional patient seen”
- In hospital C991 days C995 evg/hol
- In hospital C997 nites
- See OHIP SOB p GP 58
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)

All of these codes are replaced by the G512 when you bill it. Do not use them together.
Case Conference Fees

- K121 Hospital Case Conference
- Time based per unit
- 2 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
- Not to be used if you are billing the G512 for this patient
Form Fees

- K038 LTC Application
- Disability Tax Form?
- Canada Pension Application?
Death Certification

- Refer to SOB p. GP23
- C777 Pronounce Death in hosp
- W777 LTC
- C771 Certify Death (RN pronounce)
- W771 LTC
- A902 Pronounce Death at Home (add B code)
Hospital Visits

- C003 Admission Hx & Px (SOB p. GP28)
- E082 – premium for MRP doing adm assess’t
- C122 1st day of care for direct admits
- C123 2nd day following admission
- C124 discharge day
- C122,C123, C124 only billed by MRP
- Refer to SOB p. GP31-32
- C882 routine visits for hospital palliative, billed by MRP
- C008 concurrent care if not MRP
First Visit After Hospital Discharge

- Refer to SOB p. GP24
- For patient’s primary care physician (us if you are taking on an unattached or orphan pt for ongoing care)
- E080 $25.00
  - Add to A001, A007, K023
  - Office/clinic visit
Procedure Codes

• Z591 Paracentesis
  – add K023 for time spent
  – add E542 when performed outside hospital
  – E108 Enucleation
  – 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
• $51.70
• Bill once a week for overall palliative supervision
• Takes the place of G511, K070, 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
Teaching

• Bill for all resident services
• Refer to OHIP SOB p GP63 re presence in teaching unit
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, + B960/1/2/3/4 + A003

• Special Call to hospital for urgent consult
  – B990/4 + B960/1/2/3/4 + C945

• Special Call to hospital for enucleation
  – B990/4/6 + B960/1/2/3/4 + E108 + after hours premium E409/E410

• Special Call to hospital to pronounce death
  – B990/4/6 + B960/1/2/3/4 + C771
Billing Example

• New Palliative Patient at home:
  – B998 home visit fee
  – B966 palliative travel fee
  – E080 first visit after hospitalization
  – A945 consult to referring physician (50 min)
  – G512 weekly supervision fee
  – Add K023 units for each 30 min interval after
    the 50 min consult