

## Palliative Care/End-of-Life Related Fees

Service Type	Fee code	When to use
		<b>General Practice</b>
<b>Palliative Care Planning</b>	<b>14063</b>	Once a patient is deemed to be palliative (fulfills eligibility for Palliative Benefits Program), the GP may undertake a Palliative Care Planning visit (30 min) to review prognosis, course of condition, patient/family wishes, etc. Care following is then billed using appropriate visit codes.
	<b>14079</b>	Following the planning visit, the GP may access up to 5 telephone/e-mail follow up management fees with the patient or patient's representative.
<b>Terminal care facility visit</b> (depending on patient Dx/condition only regardless if in "palliative bed" or not (acute/LTC/hospice))	<b>00127</b>	Facility care for patients deemed to be palliative (last six months of life) – billable up to daily for up to 180 days. For services beyond 180 days, bill with e-note outlining reasons for need
	<b>13338</b>	First patient of the day bonus billed in addition to 13008, 13028 or 00127 (only 1 per day regardless how many facilities attended) (Nov 1, 2010, 13127 no longer available)
<b>Long Term Care</b> (Billable until patient deemed to be palliative then can switch to 00127)	<b>00115</b>	0800 – 2300 hrs 7 days per week for urgent (called to see) care
	<b>00114</b>	Routine care – billable up to once very two weeks, if more frequent needed, bill with e-note
	<b>13334</b>	First LTC patient of the day bonus – billed for first patient (non urgent) seen of the day in addition to 00114 for visit (Nov 1, 2010, 13114 no longer available)
<b>Facility Patient Conferencing</b>	<b>14015</b>	Billed when attending a care conference with at least 2 other AHPs, at a facility
<b>Community Patient Conferencing</b>	<b>14016</b>	Billed when patient located in community (home or assisted living) when conferencing with at least 1 other health professional (includes specialists) about a palliative/end-of-life patient to develop and implement a plan to keep the patient safe in their location. Per 15 min or greater portion thereof.
<b>Discharge Planning Conferencing (GP)</b>	<b>14017</b>	Billed when attending a discharge planning care conference with at least 2 other AHPs, at an acute care facility in order to safely transfer a patient to the community or another facility.
<b>Urgent (&lt;2hr) Telephone advice from Spec/GP with spec training</b>	<b>14018</b>	Billed by GP requesting urgent telephone advice from a Specialist or GP with Specialty training < 2 hrs from request for advice – urgency based on patient condition – needed to keep patient safely in community or current facility (prevent transfer)
		<b>GP or Specialist</b>
<b>HIV/AIDS Primary Care Management</b>	<b>13015</b>	Billable per half hour or portion thereof – in or out of office. Billed by physician providing primary management of HIV/ADS. (Section of Infectious Disease is developing HIV/AIDs management fee specific to their members)
<b>Telephone/Fax Advice to AHP</b>	<b>13005</b>	Billed when called by AHP (eg. Home care nurse) for advice about a patient "in care" (in LTC or community care at home) – includes palliative patients

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		<b>Specialist &amp; GP with Specialty Training</b>
<b>Specialist Advance Care Planning Discussion</b>	<b>78720</b>	<p>This fee premium is to facilitate a Specialist Physician to have a discussion with the patient about advance care planning based on the patient's beliefs, values and wishes for future health care. Paid only to the Specialist Physician for Advance Care Planning discussions and plan development for patients presenting with:</p> <ul style="list-style-type: none"> <li>a) a chronic medical illness or complex comorbidities, and</li> <li>b) a deteriorating quality of life or end-stage disease state.</li> </ul> <p>The advance care planning discussion should include sharing information and resources on how a patient can create an advance care plan, including Advance Directives. A care plan form is required to be completed and added to the patient's chart and the discussion summarized in the consultation report including any decisions about the patient's future health care wishes. (The care plan form template is available at: <a href="http://www.sscbc.ca">www.sscbc.ca</a>).</p> <p>The care plan template form must be completed and shared with:</p> <ul style="list-style-type: none"> <li>- the patient, and</li> <li>- the patient's primary health care provider.</li> </ul>
<b>Urgent (&lt; 2 hrs) Specialist Telephone advice</b>	<b>10001</b>	Billed by specialist for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient. Conversation must take place within two hours of the initiating physician's request. Not payable for written communication.
<b>Urgent (&lt; 2 hrs) GP with spec training Telephone advice</b>	<b>14021</b>	Billed by GP with specialty training for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient. Conversation must take place within two hours of the initiating physician's request. Not payable for written communication.
<b>Non-urgent (Up to 1 week) Specialist Telephone advice</b>	<b>10002</b>	Billed by a Specialist for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient. Conversation must take place within 7 days of initiating physician's request. Initiation may be by phone or referral letter.
<b>Non-urgent (Up to 1 week) GP with specialty training Telephone advice</b>	<b>14022</b>	Billed by a GP with specialty training for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient. Conversation must take place within 7 days of initiating physician's request. Initiation may be by phone or referral letter.
<b>Specialist advice telephone follow up with patient</b>	<b>10003</b>	This fee applies to two-way direct telephone communication (including other forms of electronic verbal communication) between the Specialist and patient, or a patient's representative. Not payable for written communication (i.e. fax, letter, e-mail). This fee is only payable for scheduled telephone appointments with the patient. Access to this fee is restricted to patients having received a consultation, visit, diagnostic procedure or surgical procedure from the same GP with specialty training.

<p><b>GP with Specialty training telephone follow up with patient</b></p>	<p><b>14023</b></p>	<p>This fee applies to two-way direct telephone communication (including other forms of electronic verbal communication) between the GP with specialty training and patient, or a patient's representative. Not payable for written communication (i.e. fax, letter, e-mail). This fee is only payable for scheduled telephone appointments with the patient. Access to this fee is restricted to patients having received a consultation, visit, diagnostic procedure or surgical procedure from the same GP with specialty training.</p>
<p><b>Specialist Discharge Care Plan for Complex Patients</b></p>	<p><b>78717</b></p>	<p>This fee is intended to support clinical coordination leading to effective discharge and community based management of complicated patients. It is to be billed for patients who require community support upon discharge and are otherwise at risk of readmission. Payable to the Specialist Physician who is the MRP for the majority of the patient's in-hospital care and writes the care plan. Payable for the communication and clinical oversight of a patient care plan for complex patients. Primary care provider must be notified of admission by phone, fax, or electronic means within 24 hours for patients with an estimated length of stay greater than 4 days. Patient must be an admitted in-patient with length of stay greater than 4 days. The written Discharge Care Plan must be completed and shared with:</p> <ul style="list-style-type: none"> <li>a) the patient at time of discharge, and</li> <li>b) the patient's primary health care provider within 24 hours of discharge.</li> </ul>