

Survey of Physician Use of Palliative Care Billing Codes in Canada

Executive Summary April 2023



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Background

This study was conducted to build a clinically validated list of palliative care codes which would also allow for future palliative care research to be more easily conducted using administrative data across Canada. This work has been done already in Ontario but hasn't been done in the rest of the country. First, a list of billing codes that free-for-service physicians across Canada use to bill for palliative care services was compiled using provincial medical services fee code documents. Then, a nationwide survey of palliative care physicians was conducted via the Canadian Society of Palliative Care Physicians to collate the list of billing codes around the country.

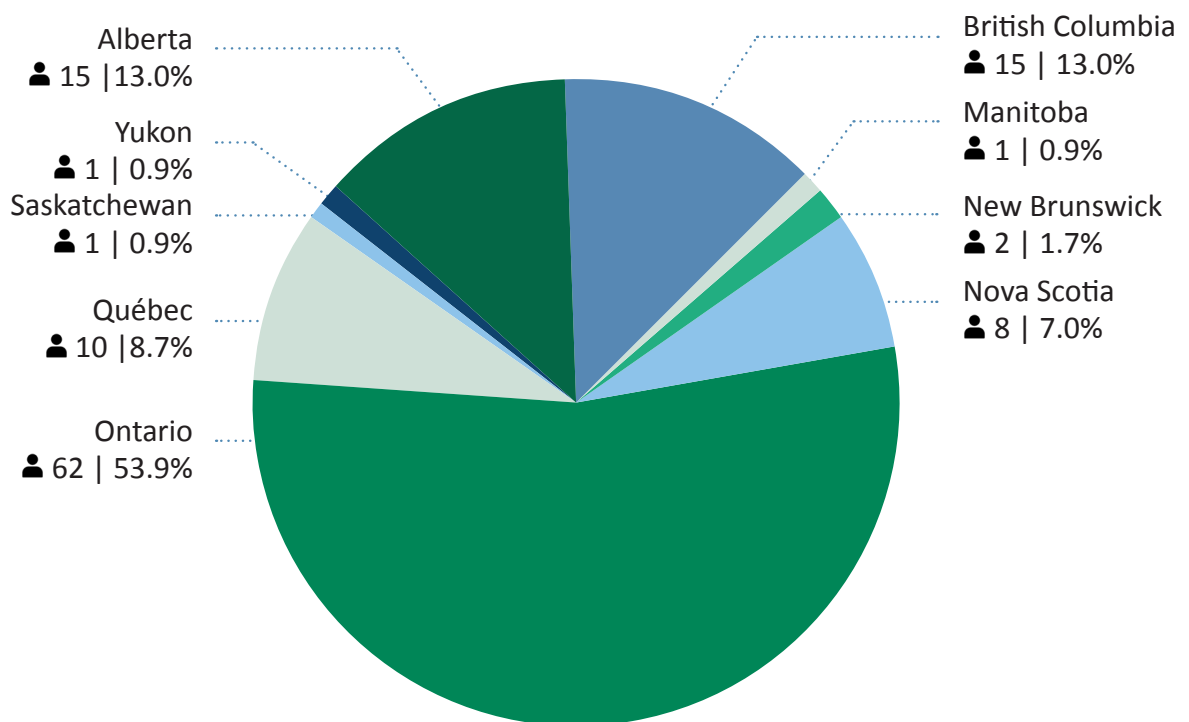
Lastly, palliative care clinicians were invited for province-wide round table discussion sessions. The purpose of these discussion sessions was to share the outcomes of the nationwide survey, collect qualitative feedback and analyse and propose themes around palliative billing codes that could inform provincial and national policies on billing codes to promote high quality palliative care.



Phase One: Nationwide Survey

Survey respondent characteristics

There was a total of 115 survey responses. More than half of the survey responses were from the province of Ontario (53%) followed by Alberta (13%) and British Columbia (BC) (13%) [Table 1]. 114 out of 115 participants were identified as current or previous Canadian Society of Palliative Care Physicians (CSPCP) members, and more than 63% reported themselves as palliative care experts. When asked about their primary specialty, more than 84% of respondents were associated with Palliative Medicine (67/115) and Family Medicine (30/115) combined, whereas more than 75% (87/115) had more than 5 years of palliative care work experience.



Almost one-third of the survey participants (39/115) were currently working within multiple healthcare settings comprising inpatient, outpatient, home care, and hospice. More than 96% of survey participants had received special palliative care training in the past. Over 62% of participants agreed that COVID-19 has affected the service, fee, or billing codes they have used for palliative care services and shared that more virtual care and virtual billing codes were introduced due to the pandemic.

Phase Two: Round Table Discussions

Volunteers who participated in the national survey were also invited to participate in a voluntary follow-up virtual meeting with other survey participants to discuss the full list of province/territory-specific palliative service codes. A total of 3 sessions with participants from Ontario, Alberta, and British Columbia have been conducted, with 3 more sessions planned for May-June 2023. At these meetings, billing codes with their service descriptions were presented to validate (1. Use by palliative care physicians; 2. Can ONLY be used by palliative care physicians thereby, denoting potential use in program evaluation, planning and research on models of care) and obtain qualitative feedback. We also confirmed with clinicians if any of the listed codes are currently not in practice or updated due to the pandemic.



Summary of qualitative findings



General

- Concise, palliative specific, time-based billing codes that can be used in all settings is highly recommended
 - Ontario has the most billing codes used commonly by palliative physicians (86 in total; 17 that are palliative specific). But this makes it difficult to bill correctly
 - Alberta has 3 palliative billing codes that are all time based that made it easy to bill for direct and indirect (e.g., team meetings) patient care
 - British Columbia has a lot of billing codes as well (70 in total), but only 3 that are palliative specific
 - BC is soon moving towards time-based billing codes as well, that can be applied in any setting
 - Quebec has no palliative care billing codes with a lot of care by salaried physicians
 - Eastern provinces of Nova Scotia and New Brunswick mostly have salaries palliative specialists and only home visits can be billed as a palliative-specific services
- Non-palliative specific billing codes and salaried physicians can be a barrier to measuring how palliative care is delivered at a population level. This has to be balanced with ease of use by busy physicians
- All provinces expressed a desire to have palliative specialty focused billing codes that cannot be used by other specialties including family physicians





Care complexity & Multidisciplinary care

- Age based billing codes (e.g. BC), where taking care of older adults is paid at a higher rate, doesn't work for palliative care, where palliative care tends to be more complex in the younger adults
- Bereavement care might benefit from specific billing codes
- Collaborative care with allied health should be recognized and compensated adequately. Current billing codes are too restrictive to allow billing for multiple patients during team rounds
- High quality palliative care necessarily involves a lot of time on chart review and in-depth and personalized care plans, but this is usually not compensated and should be



After hours

- Offer after-hour modifiers to boost billings. Some provinces have these but only for care that are facility based and therefore disadvantages community / home-based care.
- Care during evening and weekends should be incentivized to enable 24/7 coverage
- On-call funding to cover community and hospital based palliative services should be offered
 - Ontario has Hospital and Community On Call funding programs that groups can apply to
 - Alternative Relationship / Funding Plans also provide mechanism for this in some provinces



Home Visits

Part of service model that leads to high quality care, and thus should be incentivized. Currently, British Columbia, Ontario, Quebec, Nova Scotia and New Brunswick have these, at varying levels of compensation



Rural

Driving time to make home visits is often not billable, thereby disadvantaging communities where palliative physicians have to drive longer distances (Ontario does have billing code for this, but doesn't take into account distance/time taken to drive)



Uninsured / Out of province patients

Often a gap and can't bill for it, Ontario allowed this temporarily during pandemic until Mar 31, 2023



COVID-19

COVID-19 led to reduced home visits, but more in-depth virtual (phone/video) visits which were now compensated (but previously brief and uncompensated)



Virtual

- Universally, all provinces wanted more virtual options with equitable pay (but perhaps still less than direct in person care, to still incentivize home visits, in-person care)
- Ontario had pandemic only virtual phone and video palliative codes that worked very well. Unfortunately, these have been removed now, impacting team based virtual palliative care
- Email / Text communication with patients / caregivers should be compensated



Research / Program Evaluation

- To measure how palliative care is delivered at a population level, billing codes need to be comprehensive to cover almost all settings (outpatient, inpatient, home visit) and types of care (consultation, follow-up visits, virtual), AND specific (ie can ONLY be used for palliative care delivery)
- Ontario and Alberta have these highly specific palliative care codes
- BC, Quebec does not and most palliative care clinicians use billing codes that can also be used for non-palliative clinical work



Other

- Ontario has a weekly palliative management billing codes that compensates for being Most Responsible Physician (MRP) (such as phone management with home care nurses, refills, 24/7 coverage). It was created with good intentions and does provide good remuneration. However, it can be used by any specialty and is sometimes inappropriately used by specialists like oncologists. It also seems to have incentivized some palliative physicians to take over care from family physicians, thereby disincentivizing shared, collaborative care models (palliative physicians work with family physicians)
- Specific billing codes for use by Medical Assistance in Dying providers should be created for all provinces (Alberta is the only province that has this)
- Specific billing codes for bereavement care should be created

Conclusion

The main objective of this study was to build a clinically validated list of palliative care codes that fee-for-service physicians across Canada use to bill for palliative care services. The initial list of billing codes prepared by the research team (compiled from provincial medical services fee code documents), was discussed with participants from various provinces during the qualitative discussion sessions.

All provinces expressed a desire to have palliative specialty-focused billing codes that cannot be used by other specialties including family physicians. They also recommended concise, palliative-specific, time-based billing codes that can be used in all settings. There are opportunities to improve in most provinces for home based physician care including rural areas. Indirect patient care is an important component of palliative care but is often not remunerated properly. Finally, physician team based virtual care should continue to be offered as a reasonable option especially in palliative care where in-person attendance by patients can be difficult, and team based support of home care nursing can be greatly facilitated virtually by palliative physicians.

In conclusion, many discrepancies were observed regarding the billing codes currently used by clinicians across Canada. All provinces desired comprehensive billing codes that can cover almost all settings (outpatient, inpatient, home visit) and types of care (consultation, follow-up visits, virtual), along with the specific billing codes for use by palliative specialties.

Appendix 1

Round Table Discussions: Ontario (February 02, 2023)

During the discussion session with Ontario-based clinicians, it was found that the B (special visit) codes currently in use were not all unique to the palliative care services except B966 and B998. Participants also showed concern about the home visit code being used to identify palliative visits, as the home visits may not always be carried out by the palliative care physician or specialists but by the nurse or nurse practitioner and end up counted as no visits or purely virtual visits. Few health professionals wished that there should be a specialty billing code for CFPC and RCPC physicians with appropriate credentialing. They argued that billing codes should tie to the complexity of the healthcare setting because hospitalized patient care is more complex than hospice patients and similarly allied health ends up with more non-compensated collaborative work. Participants also mentioned that although G512 was meant to compensate for all of the work involved outside of direct patient care (e.g. pre-visit chart review, documentation, prescription, renewals, written communications with home care, email communication with team members and patients), it continues to be an undervalued code. Some of the survey

participants wished that G512 should be exclusive to palliative care medical doctors who provide 24/7 coverage. It was also raised that although more virtual codes are encouraged in the workplace, some virtual billing codes are too strict/complex to work for palliative care and do not fully compensate for the service provided. Hence, clinicians suggested that home visitors/and evening visits, and care for minority/underserved populations should be incentivized, and differing travel times to visit patient homes should also be accounted for. Participants also pointed out that there is a gap regarding bereavement care and MAiD-specific codes. Ontario has weekly palliative management billing codes that compensate for being Most Responsible Physician (MRP) (such as phone management with home care nurses, refills, 24/7 coverage). It was created with good intentions and does provide good remuneration. However, it can be used by any specialty and is sometimes inappropriately used by specialists like oncologists. It also seems to have incentivized some palliative physicians to take over care from family physicians, thereby disincentivizing shared, collaborative care models (palliative physicians work with family physicians).

Round Table Discussions: British Columbia (February 08, 2023)

Survey participants shared that, unlike in Ontario, palliative care physicians step in for family physicians more in BC; however, palliative specialists are not well remunerated; approximately 50% lesser than the other jurisdictions. Participants raised that they would like to see more time-based codes which could cover complex family meetings, patient discharge planning, team care planning and phone, email, and text conversation with the team. They also noted that current age-based codes are not appropriate as care for younger patients often is more complex. Moreover, they shared that there is a need for pediatric palliative care-related billing codes in BC and the FP phone advice code should be expanded to other clinicians.

Round Table Discussions: Alberta (February 28, 2023)

The round table discussion participants from Alberta expressed that they always had more telephone/virtual codes in place with equitable pay. Due to the concise list of codes, they find it very flexible, and a single code can be used for many situations (e.g. 03.05i). It was noted that Alberta is the only province in Canada which has separate MAiD codes, however, it has one limitation patient visits and death pronouncements/certificates cannot be billed on the same day. They also mentioned special authorization exists for physicians to bill virtual codes for inpatients. However, clinicians expressed a gap while billing for uninsured or out-of-province patients and community based-codes which do not allow billing after-hours service. Although ARP allows for billing for some administrative work, participants mentioned that travel time, chart preparation, chart review, and other paperwork-related time are still not billable.

Round Table Discussion: New Brunswick (June 01, 2023)

During the round table discussion, it was shared that only Home Visit is considered and billed as a specific palliative care billing code in the province and is strictly used by specialist palliative care as FPs do not provide home visits. Two health regions (Horizon Health Network and Vitalite Health Network) maintain their own database; however, Vitalite Health Network does not have any PC specialists for services. Moreover, all the palliative physicians are salaried in the province, hence FP codes are used for shadow billing.

Round Table Discussion: Nova Scotia (June 01, 2023)

Participants from Nova Scotia shared that the billing codes specific to palliative care were developed 15 years ago for the province and are still in use. Billing code 03.03 is the most common code used by all primary care physicians, family physicians and palliative specialists. Code 03.09c has been introduced recently for palliative-specific consultations and is recognized for all palliative care specialists such as RCPS, CFPC and anyone who has done the palliative care course. While the majority of palliative physician services are covered by the Clinical/Academic Funding Plan (C/AFP) through Medavie Blue Cross, some physicians, particularly family physicians and regional specialists may also choose to bill through Alternative Payment Plan (APP). APP physicians have a contractual commitment of 60% shadow billing and most of them represent urban areas such as Halifax and Sydney; however, the rest of the province does not use shadow billing. As shadow billing for services is significantly low, it might have a negative effect on the funding model, even though no specific penalties have been implemented.

Round Table Discussion: Quebec (June 20, 2023)

Palliative physicians who participated in the round table discussion mentioned that the Palliative specialty is not recognized in Quebec province and this topic is still under discussion with the provincial government and health entities. All physicians or specialists who provide palliative or/and end-of-life care are salaried or contracted and paid hourly rates and hence, no palliative specific billing codes are available. Some shadow billing codes are available for FP, however, they are not specific and poorly billable. Sub-specialists who do palliative care also use their own specialty specific billing codes. One of the most common billing codes used by physicians is 53030 which pays hourly for clinical work and allows to include of additional documents. However, physicians must choose either payment model (mixed or hourly) and location of service (e.g. Palliative care unit, ED, floor etc.) while billing. Any changes in the model afterward involves a complex process and may take months and so physicians choose hourly pay to avoid the extra effort. Participants also contended that home visits are remunerated poorly and need to be improved.

Appendix 2: Supplementary Tables

Alberta

List of existing Alberta virtual and palliative care billing codes.



Billing codes with the '*' sign represent the codes which are currently in regular clinical use and are highly specific to identifying palliative care services.

S. No.	Billing codes	Description	Regular billing use
1	03.01AA	Modifiers to other codes (e.g. 03.05i)	Yes
2	03.01AD	Advice to patient or agent via phone, email, or videoconference	Yes
3	03.01 LG/LH/LI	MD to MD phone/telehealth video conference (referring MD)	Yes
4	03.01 LJ/LK/LL	MD to MD phone/telehealth video conference (consultant MD)	Yes
5	03.01 NG/NH/NI	Patient care advice to various health professionals (phone, telecommunication)	Yes
6	03.01 NM	Patient care advice to pharmacist (telephone, telecommunication)	Yes
7	03.01S	MD to patient secure electronic communication	Yes
8	03.03CV	Assessment of patient via phone/ videoconference	Yes
9	03.05i / 03.05iz	Direct care of a patient requiring palliative care	Yes*
10	03.05 JA	Formal, scheduled, multiple health discipline team conference (social and other issues involved)	Yes
11	03.05 JB/JC	Family conference	Yes
12	03.05 JH/JP	Family conference (via phone)	Yes
13	03.05 JR	MD phone call with patient to discuss patient management / diagnostic test results	Yes
14	03.05t	Formal, scheduled interview relating to a palliative care patient with other MDs, family, allied health staff	Yes*

15	03.05u	Formal, scheduled interview relating to a palliative care patient with other 4MDs, family, allied health staff (2nd a5nd subsequent MD)	Yes*
16	08.19 CW	Phone/Videoconference for scheduled psychiatric treatment, OR palliative care OR chronic pain visit	Yes

Medical Assistance in Dying (MAiD) Codes

1	03.7 BA	Medical Assistance in Dying – Determination phase	Yes
2	03.7 BB	Medical Assistance in Dying – Action phase	Yes
3	03.7 BC	Medical Assistance in Dying – Care after death phase	Yes

British Columbia

List of existing British Columbia virtual and palliative care billing codes.
(Needs to be updated soon as they are moving to time based billings)**

S No.	Billing codes	Description	Regular billing use
1	00103	Home visit	Yes
2	00108	Hospital visit	Yes
3	00109	Hospital acute care admission examination visit	Yes
4	00112	Emergency visit	Yes
5	00114	Long-term care facility visits (one or multiple patients)	Yes
6	00115	Nursing home visit- specially called	Yes
7	00116	Consultation by specialist in hospital	Yes
8	00127	Hospital visit- Terminal (Follow up palliative care)	Yes*
9	00128	Supportive care hospital visit	Yes
10	01016	Anesthesiologist consultation for complex diagnostic and/or therapeutic chronic pain management	Yes
11	01080	Anesthetic procedural fee	Yes
12	01088	Resuscitation by Anesthesiologist	Yes
13	01108	Hospital visit – Anesthesia	Yes
14	01155	Patients visit private office	Yes
15	01116	Repeat consultation by Anesthesiologist	Yes
16	12210/13210/15210/16210/17210/18210/12200/13200/15200/16200/17200/18200/12201/13201/15201/16201/17201/18201/12220/13220/15220/16220/17220/18220	Out-of-office visits- consult, visit, complete examination, counseling (various ages)	Yes*
17	13000	Telephone advice to community health representative in First Nations communities	Yes

18	13005	Advice about patient in community care	Yes
19	13008	Community FP: Hospital visit	Yes
20	13017, 13018, 13037, 13038	Telehealth Visit	Yes
21	13020	Telehealth FP assistant	Yes
22	P13012	Hospital at home FP conf with allied health / MD	Yes
23	P13228	Community FP, hospital visit (courtesy/associate privilege)	Yes
24	P13338	Community FP, 1+ facility visits (for routine, supportive, pall care)	Yes
25	P13036, P13037, P13038	Telehealth GP in-office consultation, in- office visit, in-office individual/group counselling for a prolonged visit	Yes
26	P13016, P13017, P13018	Telehealth GP out of office consult, visit	Yes
27	PG14077	FP conference with allied care / MD (phone, video, in-person)	Yes
28	PG14078	FP email/text/phone medical advice (patient, patient medical rep)	Yes
29	PG14018/19	FP phone advice from specialist or FP	Yes
30	PG14021/22/23	FP phone advice	Yes
31	PG14063	Palliative care planning	Yes*
32	PG10001/02/03	Specialist advice for patient management	Yes*
33	PG10004	Multidiscipline conf for complex patients	Yes
34	S00749	Parietal pleural procedures (Needle biopsy)?	Yes
35	S00759	Thoracic Paracentesis	Yes
36	S00760	Abdominal Paracentesis	Yes
37	T10000	Urgent specialist advice	Yes
38	T13236/436/536 /636/736/836	Telehealth GP consult	Yes
39	T13237/437/537 /637/737/837	Telehealth GP Visit	Yes
40	T13238/438/538 /638/738/838	Telehealth GP individual counseling	Yes*

New Brunswick

Regular billing codes in New Brunswick

S No.	Billing codes	Description	Regular billing use
1	4	Outpatients- Home Visit Without Extra Mural	Yes
2	8	On-call/Outpatients- Emergency home visit	Yes
3	9	Nursing home visit additional patient	Yes
4	23	Emergency room visit	Yes
5	195	EMP visit to office (to discuss patient)	Yes
6	199	Inpatients- Supportive care	Yes
7	208	Home visit additional patient	Yes
8	210	On-call- Extra Mural phone call	Yes
9	216	Family meeting/Family counselling	Yes
10	847	Home Visit with Extra Mural - Palliative	Yes*
11	848	Emergency Home Visit with Extra Mural	Yes*
12	859	For all other virtual care that can be provided in place of face-to-face services	Yes
13	1752	Nursing Home Visit Emergency	Yes
14	2001	Nursing Home Visit	Yes
15	2173	Nursing Home Visit	Yes
16	2831	On-call- Emergency Room Visit	Yes
17	2856	On-call- Emergency Inpatient Visit	Yes
18	2861	Emergency Inpatient Visit Additional Patient	Yes
19	8104	Case conference (in person or by telephone) to review care and treatment plan/decision for continuing care in the collaborative model	Yes
20	8720	Office/Clinic Visit	Yes
21	8893	Indirect patient care i.e. dictating, charting, review, emails, case conference, etc.	Yes

Nova Scotia

Billing codes in Nova Scotia

S No.	Billing codes	Description	Regular billing use
1	03.03	Palliative Care- Medical Chart Review and/or Telephone Call, Fax or E-mail	Yes
2	03.03C	Palliative Care Support Visit	Yes*
3	03.04	Comprehensive visit (complete history, physical assessment, Examination)	Yes
		Regular new consult (usually better for Int Med c/w FP)	Yes
		Continuing care (e.g. FU)	Yes
		Urgent assessment (have to go back to hospital to r/a)	Yes
		Family counselling (for FP only; e.g. family meeting)	Yes
4	03.09C	Palliative care consultation (any setting)	Yes*
5	03.09K	Physician-to-physician phone call (consultant physician), billable for family physician to palliative care family physician	Yes*
6	03.09L	Physician-to-physician phone call (referring physician), billable for family physician to palliative care family physician	Yes*

Ontario

List of palliative care billing codes in Ontario

S. No.	Billing codes	Description	Regular billing use
1	A001/A007	Family physician minor/intermediate assessment	Yes
2	A101 / A102	New limited Virtual codes	Yes
3	A/C771 (home vs hospital)	Death certificate	Yes
4	A/C777 (home vs hospital)	Pronouncing death	Yes
5	A900	Complex house call assessment- Home visit	Yes
6	A902	Home visit – Death pronouncement	Yes
7	A/C905	Limited consultation	Yes
8	A/C945	Special palliative care consultation	Yes*
9	B966	Palliative Care Home Visit - Travel premium	Yes*
10	B997/B998	Palliative Care Home Visit- 1st person seen	Yes*
11	B986/B987/B988	Geriatric home visit	Yes
12	C002	Hospital visit	Yes
13	C003	Hospital General assessment	Yes
14	C005	Hospital Consultation	Yes
15	C010	Supportive care	Yes
16	C101	ICU visit	Yes
17	C121	Additional hospital visits	Yes
18	C122/C123/C124	MRP subsequent visits	Yes
19	C/W882	Special Palliative care	Yes*
20	C933	New Hospital admissions	Yes
21	C960/C961/C962/ C963/C964	Travel Premium to hospital codes	Yes
22	C982	Palliative care	Yes*
23	C986/C987/C990/ C991/C992/C993/ C994/C995/C996/ C997	1st person / Additional persons seen	Yes

24	E080	1st Primary Care visit post hospital discharge	Yes
25	E082	Hospital MRP assessment	Yes
26	G511	Telephone management of palliative care advice	Yes*
27	G512	Palliative care case management fee	Yes*
28	K002/K015	Relatives interview/ counselling	Yes
29	K013	Patient counseling	Yes
30	K023	Palliative care support (>20 minutes)	Yes*
31	K038	LTC health report form	Yes
32	K070	Home care application	Yes
33	K092A, K093A, K094A, K095A	Phone/Video palliative care visits / consults	Yes*
34	K121	Hospital Inpatient Case Conference	Yes
35	K700	Palliative outpatient conference	Yes*
36	K704	Pediatric OP case conf	Yes
37	K708	Cancer conference	Yes
38	K730/K731/K734/K735	Phone consultations (referring/consultant)	Yes
39	Q960/Q962/Q963	Travel premium (other setting)	Yes
40	Q990/Q994/Q996/Q998	1st person seen (other setting)	Yes
41	W102	Long term care admission (Type 1)	Yes
42	W882/W872	Subsequent palliative visit	Yes*
43	W982	Palliative care (Dermatology)	Yes*
44	W972	Palliative care (Community Med)	Yes*
45	Z332	Thoracentesis aspiration	Yes
46	Z591	Paracentesis drainage	Yes

Quebec

Regular billing codes in Quebec

S. No.	Billing codes	Description	Regular billing use
1	13	Death Certificate without displacement	Yes
2	14	Attestation of death with displacement	Yes
3	08858	1st 30 minutes of a complex meeting/assessment	Yes
4	08860	Subsequent 15 minutes of complex meeting/assessment	Yes
5	15647	Admission to specific area (geriatrics, palliative care home)	Yes
6	15648	Follow-up in palliative care home	Yes
7	15650	Transfer visit to a palliative care home	Yes
8	15651	1st consultation (could be done by phone during pandemic; but no longer advised to do by phone; must be in-person)	Yes
9	15652	Fam meetings per 15 minutes (minimum 15 mins) [in person or phone]	Yes
10	15910	Telephone call from intervening party	Yes
11	19860	Hourly pay for providing services in COVID-19-designated clinic	
12	19936, 19937, 19938, 19939	Pediatric palliative care	Yes
13	19942, 19943	Palliative care	Yes
14	53030	Hourly rate for clinical work	Yes
15	53043	Hourly rate for administrative work	Yes
16	XXX352	Telehealth services by telephone	Yes
17	XXX353	Telehealth services by video	Yes
18	Home Care	Home visit	Yes