

mcp newsletter

November 2018

18-06

TO: FFS PHYSICIANS

RE: MEDICAL ASSISTANCE IN DYING (MAiD)

In consultation with the Newfoundland and Labrador Medical Association (NLMA), the Department of Health & Community Services (HCS) will be introducing a new fee code to the Medical Care Plan (MCP) Medical Payment Schedule as well as three new comprehensive time based Alternate Billing System (ABS) codes for the provision of Medical Assistance in Dying (MAiD). **These codes are retroactively effective as of October 1, 2017.**

The ABS fee codes may be billed by physicians acting in the capacity of either First or Second Clinician, as defined in the *Standards of Practice on Medical Assistance in Dying* (“MAiD SOP”), as adopted by the College of Physician and Surgeons of Newfoundland and Labrador (“CPSNL”), for time spent providing MAiD services.

For the purposes of billing, the MAiD process has been divided into Contemplative and Active stages.

All billings must include the institution number where the service has been provided. Where an institution number is not available, use **0505**.

The Contemplative Stage

The Contemplative Stage commences when the individual begins to specifically contemplate and reflect on end of life options, including medical assistance in dying, but is not ready for action-oriented activities suggestive of a decision having been made. In this phase, patients engage in a focused exploration of what services are available and how those services are delivered. During this phase a physician is to use the existing fee schedule for consultations and visits. There is a new fee code for MAiD-related visits provided by family physicians in the hospital setting during the contemplative phase. The contemplative phase ends when a physician receives a formal written request for MAiD services, using approved MAiD documentation.

The Action Stage

The Action Stage begins with the patient’s written request for MAiD. This stage is broken down into two distinct Alternate Billing System (ABS) billing periods, **Period “A”** which commences with the signing of the formal request and includes all activities until the end of the mandatory waiting period, and **Period “B”** which begins at the end of the waiting period and runs until conclusion of the MAiD process.

The ABS MAiD fee(s) include all aspects of the MAiD service, including but not limited to, all procedures, consultations, visits, counselling, and administration/attendance with the patient, and communication between physicians. The ABS fee(s) remunerate physicians for time spent engaging the patient in a discussion of a patient's diagnosis, prognosis, and treatment options, discussing the availability of palliative care for terminally ill patients, assessment of a patient for MAiD criteria, and arrangement for the Second Clinician to assess a patient (where claimant is acting as First Clinician).

The ABS MAiD fee(s) can be billed at the discretion of the First or Second Clinician during the Action phase for a maximum of five units per patient, per fee code (two fee codes) for the First Clinician and to a maximum of four units per patient (one fee code) for the Second Clinician. Billings are to be made in one hour periods. The ABS fee codes may not be combined with any other fee code for the period billed and are available only for time periods after the documented patient request for the termination of life has been received.

New Fee Code to Medical Care Plan (MCP) Medical Payment Schedule

GENERAL PRACTICE (CONSULTATIONS & VISITS)

376 MAiD related hospital in-patient during Contemplative Phase.....\$80.51

New Comprehensive Alternate Billing System Codes

For billing purposes, the Action stage begins with the patient's written request for medical assistance in dying. This stage is broken down into two distinct billing Periods "A" and "B".

604100 First Clinician Comprehensive Assessment (**Period "A"** of the Active Stage)
This fee is payable at an hourly rate of \$150.00 (maximum of 5 units). This fee is not payable with any other fee code for the duration of the time claimed.

The First clinician responsibilities may include:

- Receiving the formal patient request for MAiD
- Evaluating the patient
- Providing a referral for a second opinion
- Communicating with the patient and patient's family
- Observing the appropriate waiting period, etc.

604150 Second Clinician Comprehensive Assessment (**Period "A"** of the Action Stage)
This fee is payable at an hourly rate of \$150.00 (maximum of 4 units).
This fee is not payable with any other fee code for the duration of the time claimed.

The Second Clinician:

- Assesses the patient
- Provides a documented opinion to the First Clinician

604200 Completion of the MAiD Action Stage (**Period "B"** of the Action Stage)
This fee is payable at an hourly rate of \$150.00 (maximum of 5 units). This fee is not payable with any other fee code for the duration of the time claimed and can only be billed by the First Clinician. This is a comprehensive fee designed to compensate the physician for all services related to the final stages of MAiD including providing medical assistance in dying, family consultations and any required time away from clinic, etc. This fee may not be billed on the same day as period "A" (fee codes listed above).

Notes:

1. Services provided must be in accordance with the College of Physicians and Surgeons of Newfoundland and Labrador MAiD Standards of Practice.
2. The patient's written request for MAiD must be received and confirmed.
3. The appropriate documents are to be duly completed, signed and maintained in the patient's file.
4. MAiD must be noted in text on the MCP claim.
5. Start and end times for MAiD related services must be recorded in the patient's medical record and on MCP claims.
6. All other visits, including those during the Contemplative Phase that are not hospital in-patient, should be billed using existing MCP consultation and visit codes. For General Practice hospital in-patient visits performed during the Contemplation phase bill new fee code 376.
7. In the Action stage, no services either related or unrelated to MAiD may be billed in addition to the MAiD fee(s) claimed.
8. If a patient chooses to withdraw his or her request for MAiD, or to pause the process for any reason at any point in the process, a physician may still claim for any related services provided to the patient up until the patient's decision to withdraw his or her request.
9. If a patient who has formally requested MAiD is assessed as ineligible for MAiD services, a physician may still claim for any related services provided.
10. If applicable, premiums are payable for MAiD consultations and visits during the contemplative stage.

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