OHIP Payments for Medical Assistance in Dying (MAID)

Quick Reference Guide

Produced in partnership by the OMA and the Ministry of Health and Long-Term Care (MOHLTC)

OMA
ONTARIO MEDICAL ASSOCIATION

Updated: July 2026

OHIP Payments for Medical Assistance in Dying (MAID) [1]

The purpose of this communication is to provide a general overview on how to appropriately bill OHIP for *Medical Assistance In Dying (MAID)* services based on the payment rules laid out in the OHIP Schedule of Benefits[2] (the "Schedule").

Please note that the information contained in this communication is strictly for OHIP payment purposes and is intended to provide a general overview (does not address all possible scenarios that may arise). As such, the fee code that best describes the service provided should be submitted for payment.

For additional information on professional and legal obligations, please refer to the College of Physicians and Surgeons of Ontario (CPSO) website (http://www.cpso.on.ca/).

This guide contains the following sections:

(A) Initial Assessment for Eligibility
(B) Independent Second Assessment for Eligibility
(C) Provision of Medical Assistance in Dying
(D) Procedural Planning and Case Management
(E) Travel to Patient's Home

A: Initial Assessment for Eligibility

Effective April 1, 2026, two new fee codes were introduced for MAID services: the Special Medical Assistance in Dying Consultation (A320), which may be billed as the consultation service, and the Medical Assistance in Dying Support fee (K321). These codes were created to mirror the Special palliative care consultation (A945) and palliative care support (K023) as used previously for MAID. The K321 fee code is discussed in greater detail later in this guide.

The A320 consultation is a consultation conducted for the purpose of assessing the eligibility for MAID in a patient who has submitted a written request for MAID. This service is a consultation rendered by a physician who provides all the elements of a consultation and spends a minimum of **fifty (50) minutes in direct contact** with the patient exclusive of time spent rendering any other separately billable intervention to the patient. A320 includes the preparation and transmission of all necessary documentation. The start and stop times must be recorded in the patient's permanent medical record.

When the duration of a special MAID consultation (A320 or C320) exceeds 50 minutes, one or more units of K321 are payable in addition to A320 or C320, provided that the minimum time requirements for K321 are met. The time periods for A320 or C320 and K321 are mutually exclusive (i.e. the start time

[1] **Disclaimer**: Every effort has been made to ensure that the contents of this Guide are accurate. Members should, however, be aware that the laws, regulations and other agreements may change over time. The Ontario Medical Association assumes no responsibility for any discrepancies or differences of interpretation of applicable Regulations with the Government of Ontario including but not limited to the Ministry of Health (MOH), and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing – by contacting their regional OHIP office.

[2] The current version of the OHIP Schedule of Benefits (SOB) can be accessed at https://www.ontario.ca/page/ohip-schedule-benefits-and-fees

for determination of minimum time requirements for K321 occurs 50 minutes after start time for A320 or C320). For payment criteria including time requirements for K001 Detention, please refer to page GP20 of the OHIP Schedule of Benefits.

With the exception of A320/C320, no other insured services or premiums are eligible for payment during the same period of time when MAID support (K321) is claimed.

B: Independent Second Assessment for Eligibility

When a physician provides the second independent assessment of the patient to ensure eligibility criteria for medical assistance in dying is met, the physician must be independent of the first assessing physician or nurse practitioner and must provide a written opinion confirming whether or not the patient meets the requisite criteria for medical assistance in dying.

In most cases, the appropriate fee for rendering the independent second assessment for eligibility is a consultation fee. **A** physician may bill A320 with K321, if applicable, for the visit.

C: Provision of Medical Assistance in Dying

Medical Assistance in Dying support (K321) support is a time-based service payable for providing MAID assessment, support and counselling to patients requesting MAID, and provision of MAID by a physician. MAID support is o*nly eligible for payment* when *rendered personally by the physician.*

K321 should be claimed for the duration of time spent on the provision of medical assistance in dying. This includes travel time spent picking up and returning any drugs used in the provision of medical assistance in dying and continues with time spent with the patient and family, obtaining final consent, drug administration, pronouncement and certification of death, counselling of relatives as necessary, meeting reporting requirements and notification of the coroner's office.

With the exception of A320/C320, no other insured services or premiums are eligible for payment during the same period of time when MAID support is claimed. K321 is payable in circumstances where the patient is found to be ineligible for MAID on the day of planned MAID intervention or where the patient does not provide consent for MAID intervention.

A maximum of two (2) physicians are eligible to be paid K321 for the provision of medical assistance in dying. Medically necessary services provided by physicians other than the physician(s) providing the MAID service rendered to the patient on the day of the provision of medical assistance in dying, are eligible for payment.

If administration of the fatal dose of medication is by intravenous (IV), then G379 can be billed for insertion of the IV.

Please note:

- The maximum number of units allowed for K321 that will be paid without additional information being submitted with the claim is twelve (12). If more than 12 units are being claimed, then a manual review indicator and supporting documentation should be included with the claim. This will avoid rejection or delay in payment.

- K321 service is claimed in units. Unit means ½ hour or major part thereof - see General Preamble GP7, GP55 for definitions and time-keeping requirements. Start and stop times must be recorded in the patient's permanent medical record. Minimum time requirements can be consecutive or non-consecutive time on the same day.

D: Procedural Planning and Case Management

For discussions with other health care providers (e.g., other physicians, pharmacist, coroner, CCAC) involved in the management of an individual patient's medical assistance in dying request (e.g., procedural planning), MAID support (K321) fee is eligible for payment for the duration of time spent. The total time represents the cumulative time of all discussions on that day pertaining to the same patient. The patient's medical record should indicate the name(s) of the health care providers and the start and stop times of the discussion(s).

Please note that there is no fee eligible for payment to OHIP for procedural debriefing; this is a quality assurance and learning process, similar to mortality rounds in a hospital or elsewhere, which also do not have fees billable to OHIP.

E: Travel to Patient's Home

Travel for an assessment or for the provision of medical assistance in dying should be claimed using K321. As travel time can be claimed using K321, special visit premiums are not payable.

Additional information and resources:

1. OHIP INFOBulletin #4670 dated June 6, 2016
2. CPSO Policy, Medical Assistance in Dying
3. Centre for Effective Practice Clinician Tool – Medical Assistance in Dying (MAID): Ontario
4. Clinician Aid A: Patient Request for Medical Assistance In Dying
5. Clinician Aid B: (Primary) "Medical Practitioner" or "Nurse Practitioner" Medical Assistance in Dying Aid
6. Clinician Aid C: (Secondary) "Medical Practitioner" or "Nurse Practitioner" Medical Assistance in Dying Aid
7. Medical Assistance in Dying

Note: A table summarizing key points contained in this guide appears on the following page.

Document compiled by the OMA's Economics, Policy & Research department
Please forward questions to economics@oma.org

Initial & Independent Second Assessment for Eligibility	
Palliative Patient Assessment	
Fee Code	**Criteria / Notes**
A/C320 Special Medical Assistance in Dying (MAID) consultation	Referred patient • Consultation > 50 minutes • If consultation is > 50 minutes, add K321 Medical Assistance in Dying Support in 30-minute increments • otherwise add K001 if minimum time requirement met (90 minutes+)
K321 Palliative Care Support	Non-referred patient • Service is > 20 minutes
Non-Palliative Patient Assessments	
Fee Code	**Criteria / Notes**
A/C320 Special Medical Assistance in Dying (MAID) consultation	Referred patient • Consultation > 50 minutes • If consultation is > 50 minutes, add K321 Medical Assistance in Dying Support in 30-minute increments; otherwise add K001 if minimum time requirement met (90 minutes+)
K321 Palliative Care Support	Non-referred patient • Service is > 20 minutes
Assessment (as per physician's own specialty listing)	Non-referred patient and assessment is < 20 minutes
Procedural Planning and Case Management	
Fee Code	**Criteria / Notes**
K321 Palliative Care Support	• Discussions with other health care providers involved in management of the patient's MAID • Minimum 20 minutes (cumulative) in a day of procedural planning/case management • Medical record must indicate provider names and start/stop times
Provision of Medical Assistance in Dying	
Fee Code	**Criteria / Notes**
K321 Palliative Care Support	• Travel time for picking up and returning drugs • Final consent discussions with patient/family • Drug administration • Pronouncement and certification of death • Counselling of relatives • Reporting requirements • Notification of coroner's office • Maximum of two physicians may bill K321
G379 Intravenous	• For insertion of IV, where applicable
Travel to Patient's Home	
Fee Code	**Criteria / Notes**
K321 Palliative Care Support	• Travel time to patient's home for visits or provision of MAID • Travel time for picking up and returning drugs used for MAID • Special visit premiums are not payable

Notes:

- **No fee is eligible for payment for procedural debriefing; this is a quality assurance and learning process, similar to mortality rounds in a hospital or elsewhere, which also do not have fees billable to OHIP.**

Please note that the information contained in this document sheet is strictly for general reference and may not address all possible billing scenarios that may arise. The information included may not contain all payment rules and/or medical record requirements. Physicians are to select the most appropriate service code, which best represents the service provided.