



# 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)

## OHIP Payments for Medical Assistance in Dying (MAID)<sup>1</sup>

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<sup>2</sup> (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) Procedural Planning and Case Management
- (D) Provision of Medical Assistance in Dying
- (E) Travel to Patient’s Home

### **A: Initial Assessment for Eligibility**

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When a physician provides the initial assessment of the patient to ensure he/she meets eligibility criteria for medical assistance in dying, the fee code that best describes the service rendered is the one that should be billed.

For example, if the patient is already in the care of the physician, then possible fees could be counselling (e.g., K013 individual counselling), primary mental health (K005), an assessment fee (e.g., specific, intermediate or partial assessment), or palliative care support (K023).

If the patient was referred from another physician or nurse practitioner, then a consultation fee would likely be applicable. In situations where considerable time is taken to render the consultation, then K001 detention may be eligible for payment in addition to the consultation fee or, alternatively, K023 when A945 Special palliative care consultation is billed and time requirements are met (e.g., K023 is eligible for payment with A945 when duration of the consult exceeds 50 minutes). In circumstances where a referring physician billing number is not available, then K023 may be claimed. **Physicians should refer to their specialty general listings for the consultation fee that best describes the service provided, as**

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<sup>1</sup> **Disclaimer:** Every effort has been made to ensure that the contents of this communication 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 and Long-Term Care (MOHLTC), 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 OHIP Claims Office.

<sup>2</sup> The current version of the OHIP Schedule of Benefits (SOB) can be accessed at [http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/physserv\\_mn.html](http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/physserv_mn.html)

**some specialties have consultation fees that are time based (e.g., special and comprehensive consultations).**

For payment criteria including time requirements for K001 Detention, please refer to page GP20 of the OHIP Schedule of Benefits.

## **B: Independent Second Assessment for Eligibility**

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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. As described above, in situations where considerable time is taken to render the consultation, then K001 detention may be eligible for payment in addition to the consultation fee or K023 when A945 Special palliative care consultation is billed and time requirements are met. Physicians should refer to their specialty general listings for the consultation fee that best describes the service provided, as some specialties have consultation fees that are time based (e.g., special and comprehensive consultations).

## **C: Procedural Planning and Case Management**

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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), palliative care support (K023) 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 minimum cumulative time requirements twenty (20) minutes for the first unit – see page GP37) for the above service must be met for the day before K023 can be billed. 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). The claim should also be flagged within the applicable billing software when submitted for payment to indicate payment is for the provision of medical assistance in dying.

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.

## **D: Provision of Medical Assistance in Dying**

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Palliative care support (K023) 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.

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

A maximum of two (2) physicians are eligible to be paid K023 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.

Please note:

- That in all circumstances, claims should be flagged within the applicable billing software when submitted for payment to indicate payment is for the provision of medical assistance in dying to avoid having the claim delayed or rejected.
- The maximum number of units allowed for K023 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.

## E: Travel to Patient's Home

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Travel for an assessment or for the provision of medical assistance in dying should be claimed using K023. As travel time can be claimed using K023, special visit premiums are not payable.

### Additional information and resources:

1. [OHIP INFOBulletin #4670 dated June 6, 2016](#)
2. [CPSO Policy #4-6, 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. [Provincial Care Coordination Service: 1.866.286.4023 \(Referral Services available Monday - Friday, 9 am - 5 pm\)](#)

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

**Your feedback about this resource is important to us.**

Click [here](#) to complete a two-question survey.

Document compiled in partnership by the OMA and the Ministry of Health and Long-Term Care

Please forward questions to [economics@oma.org](mailto:economics@oma.org)

## Initial & Independent Second Assessment for Eligibility

### Palliative Patient Assessments

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|---|--|
| A/C945 Special Palliative Care Consultation             | <ul style="list-style-type: none"> <li>Referred patient</li> <li>Consultation &gt; 50 minutes</li> <li>If consultation is &gt; 50 minutes, add K023 Palliative Care Support in 30 minute increments</li> </ul>   |
| K023 Palliative Care Support                            | <ul style="list-style-type: none"> <li>Non-referred patient</li> <li>Service is &gt; 20 minutes</li> </ul>   |
| Consultation (as per physician's own specialty listing) | <ul style="list-style-type: none"> <li>Referred patient</li> <li>Consultation is &lt; 50 minutes</li> <li>Consultation &gt; 50 minutes                             <ul style="list-style-type: none"> <li>Special or comprehensive consultations for applicable specialties, otherwise, add K001 Detention if minimum time requirement met (70 minutes +)</li> </ul> </li> </ul> |

### Non-Palliative Patient Assessments

|   |  |
|---|--|
| Consultation (as per physician's own specialty listing) | <ul style="list-style-type: none"> <li>Referred patient</li> <li>Consultation is &lt; 50 minutes</li> <li>Consultation &gt; 50 minutes                             <ul style="list-style-type: none"> <li>Special or comprehensive consultations for applicable specialties, otherwise, add K001 Detention if minimum time requirement met (70 minutes +)</li> </ul> </li> </ul> |
| K013 Individual Counselling                             | <ul style="list-style-type: none"> <li>Non-referred patient and counselling is &gt; 20 minutes</li> </ul>  |
| K005 Primary Mental Health Care                         | <ul style="list-style-type: none"> <li>Non-referred patient and assessment is &gt; 20 minutes</li> </ul>   |
| Assessment (as per physician's own specialty listing)   | <ul style="list-style-type: none"> <li>Non-referred patient and assessment is &lt; 20 minutes</li> </ul>   |

## Procedural Planning and Case Management

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| K023 Palliative Care Support | <ul style="list-style-type: none"> <li>Discussions with other health care providers (e.g., physicians, pharmacist, coroner, CCAC) involved in management of the patient's MAID</li> <li>Minimum of 20 minutes (cumulative) in a day of procedural planning/case management activity</li> <li>Medical record must indicate the name(s) of health care providers and the start and stop times</li> </ul> |
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## Provision of Medical Assistance in Dying

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|------------------------------|--|
| K023 Palliative Care Support | <ul style="list-style-type: none"> <li>Travel time for picking up and returning drugs used for the procedure</li> <li>Time spent with patient and family obtaining final consent</li> <li>Drug administration</li> <li>Pronouncement and certification of death</li> <li>Counselling of relatives</li> <li>Meeting reporting requirements</li> <li>Notification of the coroner's office</li> <li>A maximum of two physicians are eligible to be paid K023 for the provision of medical assistance in dying.</li> </ul> |
| G379 Intravenous             | <ul style="list-style-type: none"> <li>For the insertion of the IV, where applicable</li> </ul>  |

## Travel to Patient's Home

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|------------------------------|---|
| K023 Palliative Care Support | <ul style="list-style-type: none"> <li>Travel time to patient's home for visits or provision of MAID</li> <li>Travel time for picking up and return of drugs used for MAID</li> <li>Special visit premiums are not payable</li> </ul> |
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#### Notes:

- K023 claims for procedural planning, case management, the provision of MAID and travel to patient's home should be flagged to indicate patient encounter is for the provision of MAID. For these services, patient does not need to be palliative.**
- 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.