

# Billing Information Sheet

## Physician Remuneration for the Provision of Legislated MAiD (Medical Assistance in Dying) Services

**Revised October 1, 2018**

### OVERVIEW:

- **For the purposes of billing**, this information is for **physicians only**. This includes physicians who are compensated by an alternate payment plan (APP), Saskatchewan Health Authority (SHA)/Saskatchewan Cancer Agency medical leadership contract, and fee-for-service (FFS).
- The physician must be a **willing** practitioner in terms of carrying out legislated MAiD services.
- If service is provided in a facility operated by an SHA, the physician must have privileges to provide MAiD granted by the SHA.
- If service is provided outside a facility operated by the SHA, the physician must have met any requirements to provide service set by the College of Physicians and Surgeons of Saskatchewan (CPSS). If there are questions, please check with the CPSS.

The majority of medical services provided for the provision of legislated MAiD services are billable to the Medical Services Branch under existing visit service codes (provided all the existing policy and billing requirements are met) with the exception of the services described under Tables 2 to 6. Billable services include:

- Partial, subsequent, or follow-up assessments
- Complete or initial assessments
- Consultations
- Individual and **third party counselling**
- Case conferences
- **Travel**

All general billing inquiries can be directed to the Claims Analysis Unit at  
Medical Services Branch: (306) 787-3454

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For non-billing related questions, please contact the SHA or the College of Physicians and Surgeons of Saskatchewan.

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**NON-FEE-FOR-SERVICE PHYSICIANS:**

**Time eligible to bill MAiD service codes:**

- Time spent on providing legislated MAiD services (ie. Initiating practitioner, first willing practitioner, second willing practitioner) by **SHA** leadership and administrative physicians, if the time spent is outside of their administrative contracted responsibilities.

For example: If a physician is contracted for 16 hours of administrative work per week and then provides an additional 3 hours of MAiD services in that week, the 3 hours is billable.

**Time Not Eligible to Bill MAiD service Codes**

- Time spent in providing legislated MAiD services when the physician is already receiving compensation (e.g., salary, contract) for insured clinical work as part of their remuneration package (i.e., no duplicate payments).
- This means any non-fee-for-service physicians who are already being paid through a contract, salary or alternate payment arrangement cannot bill these services in addition, as they are considered to be an inclusion in all existing contracts and alternate payment arrangements.

**Shadow Billing Requirements:**

- Shadow billing is a requirement of the majority of alternate payment arrangements/contracts, therefore, all services provided for the provision of legislated MAiD services must be shadow billed.

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**OVERVIEW OF BILLABLE SERVICES:**

<b>TABLE 1</b>		
<b>INITIATING PRACTITIONER</b>		
<b>Description of Service</b>	<b>Billable as:</b>	
The initiating practitioner is a practitioner who the patient approaches to discuss MAiD. This may be a medical practitioner or nurse practitioner.		
<b>1. a)</b> <u>At initial discussion with patient:</u> <b>A practitioner who is unwilling to discuss MAiD with the patient on grounds of conscience or due to insufficient familiarity with the information that should be provided to the patient related to MAiD should:</b> <ul style="list-style-type: none"> <li>• Inform the patient of this decision and next steps, in accordance with professional regulatory body guidance.</li> <li>• Contact the <b>Saskatchewan</b> Health Authority delegate*.</li> <li>• Continue to provide other care to the patient, or arrange to transfer the patient’s care to another practitioner.</li> </ul>	<u>Existing Visit services:</u> Partial assessments Complete assessments Consultations Counselling  Time-of-day and age premiums are eligible.	
<b>b)</b> <b>A practitioner who is willing to discuss MAiD with the patient should:</b> <ul style="list-style-type: none"> <li>• Provide patient with all information to make an informed choice about their treatment options. This information includes: diagnosis, natural history, prognosis, treatment and palliative care options, and the associated risks and benefits. This information should be provided to the patient in a way that is reasonably likely to be understood by the patient.</li> </ul>		<u>Not billable:</u> Surcharges/special calls are <u>not</u> eligible (815A-839A), as these are all prearranged services.
<b>2. a)</b> <b>A practitioner who is willing to continue caring for the patient but unwilling to provide MAiD should:</b> <ul style="list-style-type: none"> <li>• Inform the patient of this decision and next steps, in accordance with professional regulatory body guidance.</li> <li>• Contact the <b>SHA</b> delegate*, or;</li> <li>• Arrange for a consultation with another practitioner</li> </ul>		
<b>* Saskatchewan SHA delegate is:</b> Rod MacKenzie Executive Director, Provincial Programs-Community Care Box 1930, Humboldt, SK, S0K 2A0 Saskatchewan Health Authority 306-682-8173   Cell: 306-231-5844   email: <a href="mailto:rod.mackenzie@saskhealthauthority.ca">rod.mackenzie@saskhealthauthority.ca</a>		

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b)	<p><b>An Initiating Practitioner who is willing to assist the patient in a formal request for MAiD once satisfied that the criteria are met becomes the First Willing Practitioner.</b></p> <ul style="list-style-type: none"><li>• If service is provided in a facility operated by the <b>SHA</b>, Practitioner must have privileges to provide MAiD granted by the <b>SHA</b>.</li><li>• If service is provided outside a facility operated by the <b>SHA</b>, Practitioner must have met any requirements to provide service set by Practitioner’s Regulatory Body. If any question check with the appropriate body (College of Physicians and Surgeons of Saskatchewan).</li></ul>	
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<b>FIRST WILLING PRACTITIONER</b>		
<p>The First Willing Practitioner is the medical or nurse practitioner who is willing to initiate the patient’s formal request for MAiD and provide the first assessment of eligibility in compliance with Legal Requirements. The First Willing Practitioner may also be the practitioner who provides MAiD in the form of administering a substance or providing a prescription, if willing and adequately trained to do so.</p>		
<b>3. a)</b>	<p><i>The patient is provided information regarding eligibility requirements and the steps of the process to access MAiD.</i></p>	<p><u>Existing Visit services:</u>            Partial assessments            Complete assessments            Consultations            Counselling</p> <p>Time-of-day premiums are eligible.</p> <p><u>Non-clinical related work:</u> Time spent performing administrative functions such as coordinating the remaining process: Temporary code on a per 15 minute basis - see Table 4.</p> <p><u>Not billable:</u>            Surcharges/special calls are <u>not</u> eligible (815A-839A), as these are all prearranged services.</p>
<b>b)</b>	<p><b>If the patient still wishes to proceed, the First Willing Practitioner should:</b></p> <ul style="list-style-type: none"> <li>Assess eligibility under criteria from federal legislation. Particular attention should be paid to competency and vulnerability in this assessment.</li> <li>If the practitioner concludes it is appropriate, seek opinion from specialists or other experts (e.g. psychologists, social workers, etc.).</li> <li>Ensure that all other potential care options to relieve the patient’s suffering, including palliative care, have been discussed with the patient.</li> <li>Complete the form: “First Willing Practitioner Record For Medical Assistance in Dying”</li> </ul>	
<b>c)</b>	<p><b>If the patient is deemed ineligible after assessment, the First Willing Practitioner should:</b></p> <ul style="list-style-type: none"> <li>Inform the patient of the decision.</li> <li>Complete the First Willing Practitioner Record For Medical Assistance in Dying, file in patient’s medical record, and send a copy to the SHA delegate (where applicable).</li> </ul>	<p><u>Non-clinical related work:</u> Time spent performing administrative functions such as coordinating the remaining process: Temporary code on a per 15 minute basis -</p>
<b>d)</b>	<p><b>If the patient is deemed eligible after assessment, the First Willing Practitioner should:</b></p> <ul style="list-style-type: none"> <li>Complete the First Willing Practitioner Record For Medical</li> </ul>	

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	<p>Assistance in Dying, file in patient’s medical record, and send a copy to the SHA delegate (where applicable).</p> <ul style="list-style-type: none"> <li>• Inform <b>SHA</b> delegate* of pending request.</li> <li>• Provide support to the patient in completing a written request for MAiD, if they wish to proceed, and verifies this form is witnessed appropriately.</li> <li>• Document assessments according to professional regulatory body guidelines.</li> <li>• Arrange for, or work with the <b>SHA</b> delegate* to arrange for, a second independent assessment.</li> </ul>	<p>see Table 4.</p>
<p><b>4.</b></p>	<p><b>Once the Second Willing Practitioner has approved the request and the patient will proceed with MAiD, the First Willing Practitioner should:</b></p> <ul style="list-style-type: none"> <li>• Determine if a 10-day waiting period is appropriate given patient’s circumstances.</li> <li>• Ensure, in consultation with the <b>SHA</b> delegate*, that a process is in place to arrange for a location and process is in place for MAiD.</li> </ul>	
<p><b>SECOND WILLING PRACTITIONER</b></p>		
<p>The Second Willing Practitioner is a medical or nurse practitioner who acts as an independent consultant for a second opinion regarding the eligibility requirements. A practitioner who has previously provided care to the patient is not excluded from acting as Second Willing Practitioner provided they are independent of the First Willing Practitioner. Independence from the First Willing Practitioner is defined, per the federal legislation, as not being a mentor to the First Willing Practitioner nor being responsible for supervising their work, and not knowing or believing that they are connected to the First Willing Practitioner “in any other way that would affect their objectivity.” The Second Willing Practitioner may also ultimately provide MAiD in the form of administering a substance or providing a prescription, if they are willing and adequately trained to do so.</p>		
<p><b>5. a)</b></p>	<p><i>Patient sees the Second Willing Practitioner and eligibility is assessed</i></p> <p><b>If the patient is deemed ineligible by the Second Willing Practitioner, the Second Willing Practitioner should:</b></p> <ul style="list-style-type: none"> <li>• Discuss reasons for ineligibility with the patient</li> <li>• Complete appropriate form/documentation</li> <li>• Report to the First Willing Practitioner and <b>SHA</b> delegate* (if applicable)</li> </ul>	<p><u>Existing Visit services:</u>  Partial assessments  Complete assessments  Consultations  Counselling</p> <p>Time-of-day and age premiums are eligible.</p>
<p><b>b)</b></p>	<p><b>If the patient is deemed eligible by the Second Willing Practitioner, the Second Willing Practitioner should:</b></p> <ul style="list-style-type: none"> <li>• Complete appropriate form/documentation</li> <li>• Report to the First Willing Practitioner and <b>SHA</b> delegate* (if applicable)</li> </ul>	<p><u>Non-clinical related work:</u> Time spent performing administrative functions such as coordinating the</p>

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		<p>remaining process:  Temporary code on a per 15 minute basis - see Table 4.</p> <p><u>Not billable:</u>  Surcharges/special calls are <u>not</u> eligible (815A-839A), as these are all prearranged services.</p>
<b>PRESCRIBING PRACTITIONER</b>		
<p>The Prescribing Practitioner is the practitioner who is willing to administer the prescription protocol or provide a prescription to the patient. This may be the First Willing Practitioner, the Second Willing Practitioner, or another independent practitioner who is willing to provide MAiD after consultation with the First Willing Practitioner and the Second Willing Practitioner. A third practitioner must be independently satisfied that the patient meets the criteria.</p>		
<p><b>6.</b></p>	<p><b>Once the patient is deemed eligible by two independent practitioners and has expressed an enduring desire to access MAiD, the Prescribing Practitioner should:</b></p> <ul style="list-style-type: none"> <li>• Work with the patient and family (if applicable) to finalize location and process.</li> <li>• Work with a pharmacist to obtain necessary pharmaceuticals. Inform pharmacist of the intended use of the pharmaceuticals and confirm that the patient has been assessed and meets the criteria for MAiD. In the case of patient administration, ensure the patient understands how they will obtain the medication and how it should be used.</li> <li>• As required by professional regulatory body, relevant standards, and legislation reaffirm that the patient voluntary consents to MAiD. Document this consent in the patient’s record as required.</li> <li>• Pronounce the patient’s death (if applicable)</li> <li>• Report death to Provincial Coroner as required by law.</li> <li>• Follow up with patient’s family if appropriate.</li> </ul>	<p><u>Administration of medication:</u>  Continuous personal attendance (918A) per 15 minutes of time at existing rates.</p> <p><u>Non-clinical related work:</u> Time spent performing administrative functions such as coordinating the remaining process and working with the pharmacist to obtain necessary pharmaceuticals: billable under temporary code per 15 minutes – see Table 4.</p> <p>Existing counselling codes.</p>



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		<p><u>Any third party counselling to family/caregivers:</u> Existing counselling codes – see Table 5.</p> <p>Time-of-day premiums are eligible.</p> <p><u>Not billable:</u> Remuneration is <u>not</u> provided for completion of death certificate. This is an uninsured service.</p> <p>Surcharges/special calls are <u>not</u> eligible (815A-839A), as these are all prearranged services.</p> <p>Remuneration for travel is provided – per Table 6.</p> <p>See Table 3 for more information.</p>
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**DIAGNOSTIC CODES:**

All services billed for the provision of legislative MAiD services must be submitted with one of the following 3-digit diagnostic codes.

These are MSB internally assigned diagnostic codes for the purposes of tracking MAiD-related services billed to MSB.

**Major Group:** The primary diagnosis and most prevalent reason for the MAiD request.

TABLE 2		
3-digit code	Major Group	Sub-Group
Z31	Malignant Neoplasms	
Z32	Nervous system diseases	<u>Includes, but is not limited to:</u> <ul style="list-style-type: none"> <li>• Amyotrophic lateral sclerosis (ALS)</li> <li>• Multiple sclerosis (MS)</li> <li>• Parkinson’s disease</li> <li>• Huntington’s disease</li> </ul>
Z33	Chronic lower respiratory diseases	
Z34	Heart disease	
Z36	Other illnesses	<u>Includes, but is not limited to:</u> <ul style="list-style-type: none"> <li>• Benign or unknown neoplasms</li> <li>• Musculoskeletal and connective tissue diseases</li> <li>• Cerebrovascular diseases</li> <li>• Diabetes mellitus</li> <li>• Gastrointestinal diseases</li> <li>• Liver diseases</li> </ul>
Z37	Third Party Counselling	

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**ADMINISTRATION OF MEDICATION:**

<b>TABLE 3</b>	
<b>Description of Service</b>	<b>Bill as:</b>
As required by professional regulatory body, relevant standards, and legislation (if applicable), reaffirm that the patient voluntary gives informed consent at the time that MAiD is provided	Continuous personal attendance (918A) on a per 15-minute basis if directly with the patient.
In the case of patient administration, ensure the patient understands how they will obtain the medication and how it should be used.	
Work with a pharmacist to obtain necessary pharmaceuticals. Inform pharmacist of the intended use of the pharmaceuticals and confirm that the patient has been assessed and meets the criteria for MAiD.	Non-clinical/administrative work is billable under 941A – see Table 4.
Pickup of medication for patient.	Remuneration for travel is provided - per Table 6.
Discussion with family members present for death.	Counselling under codes 40B/41B on a per 15 minute basis see Table 5.  Should be billed in the name of the patient (person requesting MAiD services) – see Table 5.
Preparation of medication to be administered.	Continuous personal attendance (918A) on a per 15-minute basis
IV start and injection or presence when oral medication is being consumed.	
Waiting for medications to act and possible managing of side effects.	
All ancillary services medically and/or legislatively required.	
Completing death certificate and notifying the provincial coroner.	Remuneration is not provided for completion of the death certificate. This is an uninsured service.

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**NON-CLINICAL / ADMINISTRATIVE WORK BY WILLING PRACTITIONER TO CARRY OUT  
 LEGISLATED MAiD SERVICES (941A)**

Note: this is a temporary code that has been added to facilitate legislated MAiD services and will be reviewed going forward.

Non-clinical/administrative work performed by a willing practitioner for the provision of legislated MAiD services associated with coordinating or arranging services under points 3a), 3b), 3c), 3d), 4), 5a), 5b) and 6 in Table 1.

Any assessments or counselling done directly with the patient is billable under existing visit service codes as described in Table 1 and 5, and cannot overlap with any time billed under code 941A.

<b>TABLE 4</b>	
<b>Code</b>	941A, billable with units (maximum 8)
<b>Rate</b>	\$30.00 per 15 minutes or major portion thereof
<b>Policy</b>	<ul style="list-style-type: none"> <li>• <b>BY REPORT</b> --- please provide details on the electronic claim.</li> <li>• Maximum of 2 hours per day.</li> <li>• No other work can be billed for during the same period of time this service is being billed.</li> <li>• Surcharges/special calls are <u>not</u> eligible (815A-839A).</li> <li>• Time-of-day premiums are eligible.</li> </ul>
<b>Not Insured</b>	<ul style="list-style-type: none"> <li>• Completion of death certificate</li> <li>• Contacting the provincial coroner</li> <li>• Telephone calls, texts or emails to or from patients or family/caregivers</li> </ul>
<b>Reporting requirements</b>	<ul style="list-style-type: none"> <li>• Description and type of administrative work being performed</li> <li>• Start time and end time.</li> <li>• Name and position of any third party involved in arranging or coordinating the services as described above.</li> </ul>

**INDIVIDUAL AND THIRD PARTY COUNSELLING BY A WILLING PRACTITIONER:**

<b>TABLE 5</b>	
	<b><u>Individual counselling</u></b>
<b>Codes</b>	40B, 41B
<b>Rate</b>	As outlined in the Payment Schedule
<b>Policy</b>	<ul style="list-style-type: none"> <li>• As per Payment Schedule policy.</li> <li>• No other work can be billed for during the same period of time this service is being billed.</li> <li>• Surcharges/special calls are <u>not</u> eligible (815A-839A).</li> <li>• Time-of-day premiums are eligible.</li> </ul>
<b>Reporting requirements</b>	<ul style="list-style-type: none"> <li>• All reporting requirements as per the Payment Schedule.</li> <li>• Start time and end time is required.</li> </ul>
	<b><u>Third Party Counselling</u></b>
<b>Codes</b>	80A, 81A – effective October 1, 2018.
<b>Rate</b>	As outlined in the Payment Schedule
<b>Policy</b>	<ul style="list-style-type: none"> <li>• As per Payment Schedule policy.</li> <li>• No other work can be billed for during the same period of time this service is being billed.</li> <li>• Surcharges/special calls are <u>not</u> eligible (815A-839A).</li> <li>• Time-of-day premiums are eligible.</li> </ul>
<b>Reporting requirements</b>	<ul style="list-style-type: none"> <li>• All reporting requirements as per the Payment Schedule.</li> <li>• Start time and end time is required.</li> </ul>

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**TRAVEL BY WILLING PRACTITIONER TO CARRY OUT LEGISLATED MAiD SERVICES**

Non-fee-for-service, medical leadership and administrative physicians are eligible to receive compensation for medical assistance in dying travel if the travel time spent is in addition to the time for which they are already receiving compensation (e.g., salary) as part of their remuneration package (i.e., no duplicate payments).

**NOTE:** Travel remuneration is not administered by Medical Services Branch. For more information, please contact:

**Rod MacKenzie**

Executive Director, Provincial Programs-Community Care  
 Box 1930, Humboldt, SK, S0K 2A0  
 Saskatchewan Health Authority | 306-682-8173 | Cell: 306-231-5844 |  
 email: [rod.mackenzie@saskhealthauthority.ca](mailto:rod.mackenzie@saskhealthauthority.ca)

<b>TABLE 6</b>	
<b>Rate</b>	\$150/hour - \$37.50 per 15 minutes (prorate if less)
<b>Policy</b>	<ul style="list-style-type: none"> <li>• All inclusive rate that includes compensation for physician travel time, as well as mileage.</li> <li>• Travel time payable for time incurred in conducting an eligibility assessment, third party counselling, providing medical assistance in dying or picking up and returning any drugs used in the provision of medical assistance in dying</li> <li>• Organizations cannot top-up rates of pay. Travel rates are not intended to be an income replacement, but meant to acknowledge travel time spent on behalf of the patient.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Meals are reimbursed to a maximum of \$41 per day – receipts not required.                             <ul style="list-style-type: none"> <li>○ Breakfast - \$8.00</li> <li>○ Lunch - \$14.00</li> <li>○ Supper - \$18.00</li> </ul> </li> <li>• Accommodation – actual and reasonable charges, supported by receipts.</li> </ul>