

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2026-04-16 **TARGET TYPE:** AI
CANCEL DATE (CCYYMMDD): 2026-04-30 **TARGET KEY:** MD
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Palliative Medicine Fee Guide Update – Part 1 of 2

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Broadcast Message Part 1 of 2.

Effective May 1, 2026, the Palliative Medicine Fee Guide has been updated, including amendments to existing fees and the addition of eight new fee items.

MSP plans to release a billing guide for Palliative Medicine fees in the near future.

Summary of new fees:

- Services performed in a patient’s home: consultations (43100, 43101) and subsequent visits (43200, 43201).
- Complex End-of-Life Visit fees (43006, 43007) are payable in addition to the final visit with a patient to the physician with primary responsibility for performing end-of-life duties. These may include: completing a death certificate, finalizing discharge documentation, communicating with and supporting the patient’s family, notifying other healthcare providers or services.
- New First-of-the-Day Visit Bonus fees (43008, 43009).

Summary of amendments:

- Palliative Medicine preamble: note added that travel time is not billable in addition to the service provided.
- Consultation fee items (43000, 43010): daily maximum units per patient increased to six.
- Subsequent visit fees items (43001, 43002, 43011): allow an explanatory note record to be submitted for additional units claimed beyond the daily maximum per patient.
- Hospital or Facility Admission Examination (43003): daily maximum units per patient increased to six.

- Family Conference (43004): annual maximum units per patient increased to twelve.
- 43003, 43004 and 43005 (Interdisciplinary Conference) are amended to:
 - Allow an explanatory note record to be submitted for additional units claimed beyond the daily maximum per patient.
 - Clarify that start and end times must not be concurrent with another service.

As a reminder, when a patient is seen on a referred basis and a claim for a consultation has been billed, subsequent services should be claimed under the applicable “continuing care by consultant” listings in the Palliative Medicine section of the MSC Payment Schedule.

For example, subsequent services on a referred patient should be submitted as fee items 43001 or 43002 rather than 00103, 00100, 15300, 16100, 17100, 18100, or 00127.

Updated Fee Guide:

PALLIATIVE MEDICINE

These listings cannot be correctly interpreted without reference to the Preamble

Referred Cases

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Consultation: To consist of examination, review of history, laboratory and imaging findings, and written report	
P43000 – per 15 minutes, or greater portion thereof.....	75.75

Notes:

- i) Paid to a maximum of 6 units.
- ii) Start and end times must be included with the claim and documented in the patient chart.
- iii) Not payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.

Consultation in patient's home: To consist of examination, review of history, laboratory and imaging findings, and written report

P43100 – first 15 minutes or greater portion thereof 175.75

P43101 – each additional 15 minutes or greater portion thereof (extra) 75.75

Notes:

- i) Paid to a maximum of 6 units (43100 and 43101 combined).
- ii) Start and end times must be included with the claim and documented in the patient chart.
- iii) Palliative Medicine fee items are payable only for direct, face-to-face patient interactions. Travel time is not eligible for reimbursement. See Palliative Medicine preamble.
- iv) Not payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.

Continuing care by consultant

Subsequent office visit

P43001 – per 15 minutes, or greater portion thereof..... 50.50

Notes:

- i) Paid to a maximum of 2 units. Submit an explanatory note record for additional units claimed beyond the maximum.
- ii) Start and end times must be included with the claim and documented in the patient chart.
- iii) Not payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.

Subsequent hospital or facility visit

P43002 – per 15 minutes, or greater portion thereof..... 50.50

Notes:

- i) Paid to a maximum of 2 units. Submit an explanatory note record for additional units claimed beyond the maximum.

- ii) Start and end times must be included with the claim and documented in the patient chart.
- iii) Not payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.

Subsequent visit in patient's home

P43200	– first 15 minutes or greater portion thereof	150.50
P43201	– each additional 15 minutes or greater portion thereof (extra)	50.50

Notes:

- i) Paid to a maximum of 4 units (43200 and 43201 combined).
Submit an explanatory note record for additional units claimed beyond the maximum.
- ii) Start and end times must be included with the claim and documented in the patient chart.
- iii) Palliative Medicine fee items are payable only for direct, face-to-face patient interactions. Travel time is not eligible for reimbursement. See Palliative Medicine preamble.
- iv) Not payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.

Complex End-of-Life Visits

Complex end-of-life visit in hospital or facility (extra)

P43006	– per 15 minutes, or greater portion thereof	75.75
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Notes:

- i) Payable for the final clinical encounter with the patient to the physician with primary responsibility for performing end-of-life duties. These may include: completing a death certificate, finalizing discharge documentation, communicating with and supporting the patient's family, notifying other healthcare providers or services.
- ii) Payable only in addition to 43002.
- iii) Paid once per patient to a maximum of 2 units. Submit an explanatory note record for additional units claimed beyond the maximum.

- iv) Start and end times must be included with the claim and documented in the patient chart.
- v) Not payable in addition to out-of-office-hours premiums
- vi) Not payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.

P43007 Complex end-of-life visit in patient's home (extra)
 – per 15 minutes, or greater portion thereof 75.75

Notes:

- i) Payable for the final clinical encounter with the patient to the physician with primary responsibility for performing end-of-life duties. These may include: completing a death certificate, finalizing discharge documentation, communicating with and supporting the patient's family, notifying other healthcare providers or services.
- ii) Payable only in addition to 43200 and 43201.
- iii) Paid once per patient to a maximum of 4 units. Submit an explanatory note record for additional units claimed beyond the maximum.
- iv) Start and end times must be included with the claim and documented in the patient chart.
- v) Not payable in addition to out-of-office-hours premiums
- vi) Not payable to physicians for services when working under salary, service contract, or if clinical service is covered by a sessional arrangement.

Broadcast message continued in part 2 of 2.

Copy to DoBC: Yes

INITIATED BY: MoH

AUTHORIZED BY: Donna Bell

IF TARGET TYPE IS

THEN TARGET KEY IS

PY-PAYEES -----	PAYEE NO.
PR- PRACTITIONER -----	PRACTITIONER NO.
SP-SPECIALTY -----	SPECIALTY CODE
AI-ASSOCIATION IDENTIFIER -----	MD – BC MEDICAL ASSOCIATION
A -ALL -----	LEAVE TARGET KEY BLANK
PS-PAYEE STATUS -----	C - VESTED INTEREST LAB
	F - PRIMARY CARE
	H - HOSPITAL
	I - INACTIVE PAYEE
	L - LABORATORY
	M - ACTIVE PAYEE
	V - 3RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM