



Long-Term Care Billing Form

Patient Label or Notes	Date	Facility Visits: Scheduled (S) Unscheduled (U)	ICD 9 Code*	Billing Code	Time Start*
	Time IN				Duration*
	Time OUT				Time End*
		S U			
		S U			
		S U			
		S U			

Name: _____

Facility: _____



Billing Code	Description	Amount	Details
Typical Resident Care Billing			
00114	Long term care facility visit	36.31	One per patient seen, billable twice monthly, add note for additional visits, add time if also doing conference 14077
13334	First visit of day bonus	34.23	Billable for first patient of the day in addition to visit
Advice/Conferences			
13005	Advice about patient in community care – fax/call	18.22	Typical to LTC orders, and pt. in community care, cannot be billed in addition to a visit.
14076	Attachment Telephone Management	20.00	Discussion with patient or patient’s medical representative
14077	Facility patient conference fee (attached)	40	Document time (15min or greater portion) with 1 other care providers, maximum of 18 units (270mins) per calendar year per patient with a maximum of 2 units (30mins) per patient on any single day, bill in addition to visit, can be a phone conversation.
14019	Consult with NP	40	Providing advice to NP who is pt MRP, not billable if signed as a sessional provider or an attached GP, cannot bill visit same day, 5pts/day, 6 total/pt/year
Attachment Fees			
14070	CLFP/LTC Portal Code	0	Annual code billed to participate in GPSC incentive program allows billing of 14076, 14077, 14050-14053
14050, 14051, 14052, 14053	Chronic Care Bonus Codes	50-125	billable annually by MRP for 14050 (DM), 14051 (CHF), 14052 (HTN), 14053 (COPD), must see twice for same yearly.
Special Call Visits			
00115	Special call long-term care 0800-2300h	115.73	One patient, must be called by facility, document time, within 24h of request
00127	Terminal care visit	53.87	For any pt. with end stage disease, billable daily up to 180 days when pt. is seen
01201	Call out charge – night	86.26	Bill in addition to out of office consult, call out b/w 2300-0800, document time
Out of Office Visits			
1X200	Out of Office visit	37.95-56.91	For any condition(s) requiring partial or regional examination and history that does not fall under parameters of 00114 – This fee includes both initial and subsequent examination for same or related condition(s)
1X201	Complete exam out of office	83.82-125.74	For condition requiring complete exam, exclusive of 00114 (80+), 15201 (ages 50-59), 16201 (ages 60-69), 17201 (ages 70-79), 18201 (>age80)
1X210	Consult out of office	92.13-138.21	Must be asked to consult on patient by another GP
1X220	Counselling out of office	67.67-101.52	Must be greater than 20min, 4 per pt/year, 15220 (ages 50-59), 16220 (ages 60-69), 17220 (ages 70-79), 18220 (>age 80)

Common ICD9 Codes				
Acute CVA 436	Back pain 724.5	Depression 311	Heart failure 428	Pneumonia 486
Agitation 308.2	Cachexia 799	Diabetes 250	Hip fracture 808	Rash 782
Anemia 285	Cellulitis 682	Diarrhea 564.5	Hypertension 401	Respiratory failure 518
Anorexia 783	Chronic Pain 338.2	Drug induced hypersomnia 292.85	Hypokalemia 726.8	Seizure 780
Anxiety 300	Constipation 564	Dyskinesia 333	Hypothyroid 244	SOB 786
Arthritis 715	COPD 491	Dysphagia 787	Injury/trauma 959	Syncope/collapse 780
Asthma 493	Delirium 293	Fever unknown 780	Nail Disease 703	UTI 599
Atrial Fibrillation 427	Dementia 290	Fungal rash 690	Parkinson’s 332	Vascular dementia with delusions 290.42
B12 low 281				